DISABILITY SUPPORT ADVISORY COMMITTEE AND COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE

Wednesday, 2 July 2014, 10.00 am

Community Services Building, Southland Hospital Campus, Invercargill

A G E N D A

Item

1. Welcome
2. Apologies
3. Interests Registers
4. Previous Minutes
5. Matters Arising
6. Review of Action Sheet
7. Planning & Funding Team Report
8. Strategic Health Services Plan Timeline
9. Health of Older People and Disability
10. Public Health South Report
11. Public Health Service Annual Plan 2014/2015
12. Southern PHO Report
13. PHO Health Target Performance Quarter 3 - 2013/14
14. DHB Performance Reporting Quarter 3 – 2013/14
15. Financial Performance Report
16. Work Plan

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. Hāpai te Tūmanako – Raise HOPE: Bimonthly update	To allow activities to be carred on without prejudice or disadvantage.	As above, section 9(2)(j).
3. Planning and Funding Report ▪ Laboratory Contract ▪ Rural Hospital Contracts	To allow commercial activities and negotiations to be carred on without prejudice or disadvantage.	As above, sections 9(2)(i) and 9(2)(j).

No apologies have been received at time of agenda publication.

SOUTHERN DISTRICT HEALTH BOARD

INTERESTS REGISTER

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
Joe BUTTERFIELD (Chairman)	21.11.2013 06.12.2010	Membership/Directorship/Trusteeship: 1. Beverley Hill Investments Ltd 2. Footes Nominees Ltd 3. Footes Trustees Ltd 4. Ritchies Transport Holdings Ltd (alternate) 5. Ritchies Coachlines Ltd 6. Ritchies Intercity ltd 7. Robert Butterfield Design Ltd 8. SMP Holdings ltd 9. Burnett Valley Trust 10. Burnett Family Charitable Trusts Son-in-law: 11. Partner, Polson Higgs, Chartered Accountants. 12. Trustee, Corstorphine Baptist Community Trust	1. Nil 2. Nil 3. Nil 4. Nil 5. Nil 6. Nil 7. Nil 8. Nil 9. Nil 10. Nil 11. Does some accounting work for Southern PHO. 12. Has a mental health contract with Southern DHB.
Tim WARD (Deputy Chair)	14.09.2009 01.05.2010 01.05.2010	1. Partner, BDO Invercargill, Chartered Accountants. 2. Trustee, Verdon College Board of Trustees. 3. Council Member, Southern Institute of Technology (SIT).	1. May have some Southern DHB patients and staff as clients. 2. Verdon is a participant in the employment incubator programme. 3. Supply of goods and services between Southern DHB and SIT.
John CHAMBERS	09.12.2013	1. Employee Southern DHB and Vice President of ASMS (Otago Branch) 2. Employed 0.05 FTE as an Honorary Lecturer of the Dunedin Medical School 3. Director of Chambers Consultancy Ltd Wife: 4. Employed by the Southern DHB (NIR Co-ordinator)	1. Union (ASMS) role involves representing members (salaried senior doctors and dentists employed in the Otago region including by SDHB) on matters concerning their employment and, at a national level, contributing to strategies to assist the recruitment and retention of specialists in New Zealand public hospitals. 2. Possible conflicts between SDHB and University interests. 3. Consultancy includes performing expert reviews and reports regarding patient care at the request of other DHBs and the Office of the Health and Disability Commissioner.

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
Neville COOK	04.03.2008 26.03.2008 11.02.2014	1. Councillor, Environment Southland. 2. Trustee, Norman Jones Foundation. 3. Southern Health Welfare Trust (Trustee).	1. Nil. 2. Possible conflict with funding requests. 3. Southland Hospital Trust.
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 14.08.2008 12.02.2009 05.09.2012 01.03.2012	1. Employee of Crowe Horwath NZ Ltd 2. Trustee of Wakatipu Plunket Charitable Trust. 3. Corresponding member for Health and Family Affairs, National Council of Women. 4. Trustee for No 10 Youth Health Centre, Invercargill. 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 2. Nil. 3. Nil. 4. Possible conflict with funding requests. 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	1. Chairman, Southern PHO Community Advisory Committee and ex officio Southern PHO Board. 2. Secretary/Manager, Lakes District Air Rescue Trust. Daughter: 3. Registrar, Dunedin Hospital.	1. Possible conflict with PHO contract funding. 2. Possible conflict with contract funding.
Tuari POTIKI	09.12.2013	1. University of Otago staff member. 2. Deputy Chair, Te Rūnaka o Ōtākou. 3. Chair, NZ Drug Foundation.	1. Possible Conflicts between Southern DHB and University interests. 2. Possible conflict with contract funding. 3. Nil.
Branko SIJNJA	07.02.2008 04.02.2009 22.06.2010 08.05.2014	1. Director, Clutha Community Health Company Limited. 2. 0.8 FTE Director Rural Medical Immersion Programme, University of Otago School of Medicine. 3. 0.2 FTE Employee, Clutha Health First General Practice. 4. President, New Zealand Medical Association	1. Operates publicly funded secondary health services under contract to Southern DHB. 2. Possible conflicts between Southern DHB and University interests. 3. Employed as a part-time GP.

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
Richard THOMSON	13.12.2001 23.09.2003 29.03.2010 06.04.2011 21.11.2013 & 03.04.2014	1. Managing Director, Thomson & Cessford Ltd. 2. Chairperson and Trustee, Hawksbury Community Living Trust. 3. Trustee, HealthCare Otago Charitable Trust. 4. Chairman, Composite Retail Group. 5. Councillor, Dunedin City Council. 6. Three immediate family members are employees of Dunedin Hospital (Radiographer and 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. 2. Hawksbury Trust runs residential homes for intellectually disabled adults in Otago and Canterbury. It does not have contracts with Southern DHB. 3. Health Care Otago Charitable Trust regularly receives grant applications from staff and departments of Southern DHB, as well as other community organisations. 4. May have some stores that deal with Southern DHB.
Janis Mary WHITE (Crown Monitor)	31.07.2013	1. Member, Pharmac Board. 2. Chair, CTAS (Central Technical Advisory Service).	

SOUTHERN DISTRICT HEALTH BOARD

INTERESTS REGISTER FOR THE EXECUTIVE MANAGEMENT TEAM

As at April 2014

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
Peter Beirne	20.06.2013	Nil	
Sandra Boardman	07.02.2014	Nil	
Richard Bunton	17.03.2004 22.06.2012 29.04.2010	1. Managing Director of Rockburn Wines Ltd. 2. Director of Mainland Cardiothoracic Associates Ltd. 3. Director of the Southern Cardiothoracic Institute Ltd. 4. Director of Wholehearted Ltd. 5. Chairman, Board of Cardiothoracic Surgery, RACS. 6. Trustee, Dunedin Heart Unit Trust. 7. Chairman, Dunedin Basic Medical Sciences Trust.	1. The only potential conflict would be if the Southern DHB decided to use this product for Southern DHB functions. 2. This company holds the Southern DHB contract for publicly funded Cardiac Surgery. Potential conflict exists in the renegotiation of this contract. 3. This company provides private cardiological services to Otago and Southland. A potential conflict would exist if the Southern DHB were to contract with this company. 4. This company is one used for personal trading and apart from issues raised in '2' no conflict exists. 5. No conflict. 6. No conflict. 7. No conflict.
Donovan Clarke	02.02.2011 26.08.2013	1. Te Waipounamu Delegate, Te Piringa, National Māori Disability Advisory Group. 2. Chairman, Te Herenga Hauora (Regional Māori Health Managers' Forum). 3. Member, Southern Cancer Network Steering Group. 4. Board member, Te Rau Matatini. 5. Te Waipounamu Māori Cancer Leadership Group	1. Nil. 2. Nil. 3. Nil. 4. Nil. 5. Nil.
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.

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
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 2. Director of the NZ Formulary 3. Trustee of the Waitaki District Health Trust 4. Employed 2/10 by the University of Otago and am now Deputy Dean of the Dunedin School of Medicine. 5. Partner at Caversham Medical Centre and a Director of RMC Medical Research Ltd.	
Leanne Samuel	01.07.2007 01.07.2007 16.04.2014	1. Southern Health Welfare Trust (Trustee). 2. Member of Community Trust of Southland Health Scholarships Panel. 3. Member National Lead Directors of Nursing and Nurse Executives of New Zealand.	1. Southland Hospital Trust. 2. Nil. 3. Nil.
David Tulloch	23.11.2010 02.06.2011 17.08.2012	1. Southland Urology (Director). 2. Southern Surgical Services (Director). 3. UA Central Otago Urology Services Limited (Director). 4. Trustee, Gilmour Trust.	1. Potential conflict if DHB purchases services. 2. Potential conflict if DHB purchases services. 3. Potential conflict if DHB purchases services. 4. Southland Hospital Trust.

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	1. Chair, Southern PHO 2. Director, Positiona Ltd 3. Director, NZ Cricket 4. Director, Pioneer Generation Ltd 5. Chair, University Bookshop Otago Ltd 6. Director, Southern Rural Fire authority 7. Director, Triple Seven Distribution Ltd 8. Director, Speak Easy Cellars Ltd 9. Board Member, Otago Community Hospice	1. PHO is contracted to the Southern DHB. 9. Hospice provides contracted services for Southern DHB.

Southern District Health Board

Minutes of the Joint Meeting of the Disability Support Advisory Committee and Community & Public Health Advisory Committee held on Wednesday, 7 May 2014, commencing at 10.00 am, in the Board Room, Southland Hospital Campus, Invercargill

Present:	Ms Sandra Cook	Chair
	Mr Neville Cook	
	Mrs Kaye Crowther	
	Dr Branko Sijnja	
	Mr Tim Ward	
In Attendance:	Dr John Chambers	Board Member
	Mr Tony Hill	Board Member (from 10.10 am)
	Dr Jan White	Crown Monitor (from 10.55 am)
	Mrs Sandra Boardman	Executive Director, Planning & Funding
	Mr Peter Beirne	Executive Director Finance
	Ms Carole Heatly	Chief Executive Officer
	Mrs Lexie O'Shea	Deputy CEO/Executive Director Patient Services (from 10.30 am)
	Mr Ian Macara	Chief Executive, Southern PHO (until 11.25 am)
	Dr Keith Reid	Medical Officer of Health, Public Health South (by videoconference until 11.25 am)
	Mrs Leanne Samuel	Executive Director Nursing & Midwifery (from 10.30 am)
	Mr David Tulloch	Chief Medical Officer
	Ms Jeanette Kloosterman	Board Secretary (by videoconference)

1.0 WELCOME

The Chairperson welcomed everyone to the meeting.

2.0 APOLOGIES

An apology was received from Mr Stuart Heal.

3.0 MEMBERS' DECLARATION OF INTEREST

Dr Branko Sijnja declared that he had been appointed President of the New Zealand Medical Association and he was no longer a Director of Southern Community Laboratories.

It was resolved:

"That, with the changes notified, the Interests Register be noted."

4.0 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 5 March 2014 be approved and adopted as a true and correct record."

5.0 MATTERS ARISING

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

6.0 ACTION SHEET

The Committees reviewed the action sheet (agenda item 5) and were informed:

- That GP fees for under six year-olds were now in a consolidated format on the Southern PHO website;
- That the contract with Bpac was with its Board for consideration.

7.0 PLANNING & FUNDING REPORT

The Executive Director Planning & Funding presented the monthly report on Planning and Funding activities (agenda item 6), then took questions from members.

Mr Tony Hill joined the meeting at 10.10 am.

8.0 SOUTHERN HEALTH ALLIANCE

A report from Prof Robin Gauld, Independent Chair of the Southern Health Alliance Leadership Team (SHALT), on SHALT activities and progress to date was circulated with the agenda (item 7).

The Executive Director Planning & Funding provided the following updates:

- The appointment of members to the rural health work stream was under way;
- SHALT was taking a more proactive approach to driving change, which had resulted in Rapid Improvement Process (RIP) workshops being held on respiratory and the frail elderly, as outlined in the Planning & Funding report.

Mrs Lexie O'Shea and Mrs Leanne Samuel joined the meeting at 10.30 am.

Management outlined the work that was being undertaken as "community enablers".

9.0 PUBLIC HEALTH

Dr Keith Reid, Medical Officer of Health, presented a report on Public Health South activity (agenda item 8), then took questions from members.

2014 Influenza Season

The Executive Director Patient Services reported that the uptake of the influenza vaccine by staff was currently at 48.3%.

10.0 SOUTHERN PRIMARY HEALTH ORGANISATION (PHO)

Mr Ian Macara, Chief Executive, Southern PHO, presented a report on Southern PHO strategic and governance matters, an update on programmes and operational activity, and the PHO's financial position (agenda item 9), then took questions from members.

The Committees noted Mr Macara's advice:

- That the health targets were a key focus for the PHO and he was optimistic that the Cardiovascular Disease (CVD) and smoking advice and cessation targets would be achieved by the end of June;
- A report on after-hours services would be submitted to the PHO Board by 28 May, with the intention of having a solution in place by July.

Dr Jan White joined the meeting at 10.55 am.

11.0 PHO PERFORMANCE PROGRAMME

The Committees considered a report on Southern PHO's Performance Programme results for the period October to December 2013 (agenda item 10).

12.0 WORK PLAN

The Committees reviewed the DSAC/CPHAC work plan for 2014 (agenda item 11) and noted that the Executive Director Planning & Funding would be developing a reporting format for the 2014/15 Annual Plan for their consideration.

13.0 DHB PERFORMANCE – QUARTERLY REPORT

The Committees considered an overview of DHB performance against non-financial indicators for Quarter Two 2013/14 (agenda item 12).

14.0 FINANCIAL REPORT

The Executive Director Finance presented the Funder Financial Report for the period ended 31 March 2014 (agenda item 13), then took questions from members.

CONFIDENTIAL SESSION

At 11.15 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	To allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(j).
3. Orthotics Contract	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	As above, sections 9(2)(i) and 9(2)(j).

The meeting closed at 11.40 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 25 June 2014

MEETING	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
Nov 13 Feb 14 Mar 14	Pharmaceutical Expenditure	Comparative DHB drug costs to be defined per head of population in future reporting. Report to be submitted to March meeting. Timelines and more progressive action requested.	EDP&F	A Service Level Alliance Team is being established, which will oversee work streams including the detailed analysis of prescribing trends within the SDHB district. An Agreement with Bpac has been reached to undertake the analysis and establish mechanisms to ensure prescribing trends are in line with national trends. Bpac will report to the SDHB in April identifying any prescribing outliers, and a process to develop alternative prescribing approaches to align with national prescribing trends.	Ongoing
Mar 14	Southern Health Alliance	▪ Request timelines and major KPIs for future reports; ▪ Suggest that continuity of care and patient pathways be a focus of the acute demand work programme.	EDP&F	Noted.	Ongoing

SOUTHERN DISTRICT HEALTH BOARD

Title:	Planning and Funding Report
Report to:	Disability Support and Community & Public Health Advisory Committees
Date of Meeting:	2 July 2014

7

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: Planning & Funding Team Date: 20 June 2014	Presented by: Sandra Boardman Executive Director Planning & Funding

RECOMMENDATIONS:

That CPHAC/DSAC:

Note the content of this paper.

PLANNING AND FUNDING REPORT TO THE DISABILITY SUPPORT ADVISORY COMMITTEE AND COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE
March 2014

RECOMMENDATION:

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

Health of Older People Portfolio

A separate report on age related residential care and home and community support services is provided as item 9 on the agenda.

Mental Health, Addiction & Intellectual Disability Portfolio

Hāpai te Tūmanako – Raise HOPE
Feedback from the four workshops held across the district (Dunedin, Invercargill, Oamaru and Cromwell) has been considered and the proposed network model has been revised. The draft District Network Model for the Mental Health and Addictions sector is now in the final stage of development.

The Implementation Plan for Hāpai te Tūmanako – Raise HOPE has been completed and a final draft will be discussed with the Implementation Advisory Group (IAG) on 24 June 2014.

Both documents are on schedule to be completed by June 30, 2014.

Public and Population Health Portfolio

Public and Population Health Portfolio

Social Sector Trials

The DHB was advised in May 2014 that Cabinet had agreed to the following for Social Sector Trials:

1. Tranche one Trials will extend to 5-18 years from 12-18 years in their focus, and all tranche one Trials will be staffed by two FTEs, effective 1 July 2014.
2. A large scale mapping exercise was to be undertaken across the five contributing agencies.
3. A new mechanism focussed on ensuring Trial leads can influence those programmes and services that they do not have direct control of – with the following cumulative key measures:
    - *Engagement*: requiring agencies to seek from Trial leads a community-level perspective on service gaps, service type and skill sets needed, and a perspective on the capability and capacity of local providers to deliver those services.
    - *Monitoring*: requiring agencies to seek from Trial leads independent advice of provider and service performance, involvement in quality assurance processes, potentially as a co-signatory on service providers' monitoring reports to funding agencies.

- *Service design and delivery*: requiring agencies to seek lead involvement in processes to review and design services, determine existing and future providers of the services (e.g. as a member of a tender or review panel), and demonstrate they have responded to Trial lead engagement.
- *Formal agency accountabilities:* requiring agencies to ensure the alignment of agency work programmes and services with Trials communities and their activities and outcomes.

Additional information was subsequently received to explain the intention of the new mechanisms:

- Better incorporate local knowledge into government decisions, with respect to the qualities of providers and suitability of services to meeting local needs, enabling funders to gain cross-agency expertise in their decision-making processes and improve the quality and sustainability of those services

- Provide a vehicle for a stronger local voice in the purchasing, delivery and ongoing development of services and a means to improve local buy-in to government services

- Enable both funders and Trials better visibility of cross-agency investment as a whole

- Build the performance and relevance of government services (fit for purpose), ensuring that the right providers are in place and providing effective and timely services

- Improve the transparency and accountability of government procurement

- Improve the efficiency, effectiveness, cohesiveness and overall value of cross-agency government investments in locations.

What's involved to make this happen?

- The make-up of this mechanism is a combination of processes and systems for government agencies, agreed to by Cabinet. These are:

- Regular communication of proposed funding opportunities and new programmes and services relevant to Trial outcomes, target population groups and geographical coverage, and sharing tender documents with Trial leads

- Consultation with Trial leads on the review and development of initiatives relevant to locations, target groups and outcomes areas

- Engagement: requiring agencies to seek from Trial leads a community-level perspective on service gaps, service type and skill sets needed, and a perspective on the capability and capacity of local providers to deliver those services.

- Monitoring: requiring agencies to seek from Trial leads independent advice of provider and service performance, involvement in quality assurance processes, potentially as a co-signatory on service providers' monitoring reports to funding agencies.

- Service design and delivery: requiring agencies to seek lead involvement in processes to review and design services, determine existing and future providers of the services (e.g. as a member of a tender or review panel), and demonstrate they have responded to Trial lead engagement.

- Formal agency accountabilities: requiring agencies to ensure the alignment of agency work programmes and services with Trials communities and their activities and outcomes.

When and how?

The decisions were to make these processes and measures effective immediately, with a report back to Trial Ministers in July 14 on how the new mechanism has been implemented.

The above decisions are strong signals from Ministers about their support for the SSTs. The decisions recognise that further testing of the SST approach is supported at the highest levels before other decisions are taken, such as mainstreaming the SSTs.

Gore Social Sector Trial

An Action Plan supplement is currently being developed to take account of changes in the Gore Social Sector Trial outcome areas. The changes are an expansion of the age range down to five years of age for all outcome areas and an increase the age range up to 24 years for the alcohol and drug harm reduction outcome area.

South Dunedin Social Sector Trial

All tasks within the South Dunedin Social Sector Trial Action Plan are currently on track. A meeting to progress the SDHB responsibilities within the plan was recently held with key drug and alcohol service providers. The discussion focussed on the development of a Memorandum of Understanding between these providers specifically relating to drug and alcohol services and the need for a standard referral form.

Pacific Health

Two 0.5FTE community link positions were recently established in the Pacific Trust Otago. These positions aim to improve the linkages between the Otago Pacific Community, their support agencies and service providers. A meeting between the Trust and the SDHB paediatric team is planned to encourage engagement with an aim of supporting people to attend appointment thus reducing DNAs.

Vaccine Preventable Disease

The national immunisation target is 90 percent of 8 month-old children to have their primary course of immunisation at six weeks, three months and five months on time by July 2014. The target will increase to 95 percent by December 2014.

As at 18 June 2014 Southern DHB is tracking well at 93% of 8 month old children immunised in the last month and 94% immunised in the past three months.

The National Immunisation Schedule has been updated and training is currently being provided via education sessions in GP practices throughout the SDHB. National immunisation resources have been updated to reflect changes and are available on order through the MoH.

Screening Programmes

Cervical Screening

A new two-year contract has been received for cervical screening and treatment services. An additional 400 subsidised smears have been agreed for priority group women. This takes the current number of these subsidised smears from 1000 to 1400 per annum. This increase will support those priority group women who find cost a barrier to participating in the programme.

Southern DHB Child and Youth Steering Group

The Child and Youth Steering Group serves as the governance body for child and youth health initiatives in Southern DHB and will lead the implementation of Children's Action Plan initiatives.

The Steering Group includes primary care and community partners and the SDHB CEO has agreed to act as the Sponsor for the group. The Steering Group meets on a bi-monthly basis with the next meeting scheduled for 26 June.

The Child and Youth Steering Group will lead the process to prioritise actions in relation to Compass implementation plans.

Before Schools Check (B4SC)

The Ministry of Health recently released a report of B4SC coverage as at 7 June 2014. Southern DHB features very well in this report - 101% of target population reached and also above target for the high deprivation target at 102%. Importantly timeliness is also improving within Southern DHB. The Ministry of Health has passed on their thanks to SDHB staff for their continued efforts in delivering a quality B4SC to as many children as possible.

Primary and Community Portfolio

COMMUNITY PHARMACY

Stage 4 Roll out Consultation

The consultation paper sent to Community Pharmacy for informal consultation and feedback has now been received and a decision made by DHB Shared Services Pharmacy Group (with input from members of the Funding Fee Setting and Monitoring (FFSM) Group, representatives from the Community Pharmacy Sector, DHBs, the Ministry of Health, the Community Pharmacy Services Operational Group (CPSOG), Governance Group (CPSGG) and Community Pharmacy Service (CPS) Programme Team)

Roadshows have now been conducted in Dunedin, Invercargill and Queenstown to outline the proposed service and funding model. The Roadshows were generally well received and community pharmacists encouraged to send in submissions to express any concerns or suggestions to improve the proposed service and funding model. The deadline for submissions expired on the 16th June and DHB Shared Services is in the process of collating feedback information to be reviewed by the CPS Programme Team, Pharmacy Sector Agents and DHB Portfolio Managers.

A paper on the outcome of consultation will be provided for the next CPHAC and DSAC meetings.

PRIMARY CARE

More Heart and Diabetic checks

SDHB continues to work with SPHO to increase the number of Cardiovascular Risk Assessments (CVDRA) with a target of 90% of eligible people within 5 years to have their CVDRAs completed by June 2014. SDHB is assured that there is commitment to increasing the number of CVDRAs however, SDHB is concerned about the lack of timely and accurate data to provide evidence of increases in Risk Assessments.

Diabetes Care Improvement Plan

SDHB has been working with SPHO the past two years to implement the Diabetes Care Improvement Plan (DCIP) which has received praise from the MoH. This has included the Local Diabetes Team which has provided advice and support for the plan. The DCIP replaced the previous Get Checked Diabetes service with similar funding levels diverted to the DCIP.

The MoH has expressed concern about the lack of data indicating the status of the Plan and SDHB is currently working with SPHO (and indirectly South Link Health) to obtain accurate and timely data to forward to the MoH.

National PHO Services Agreement V2

A Revised PHO Services Agreement has been developed as a result of negotiations between the mandated representatives of the 20 DHBs, 32 PHOs and the Ministry of Health, a District / Regional Alliance Agreement underpins the new PHO Services Agreement. During the development of version 1 a number of 'technical tidy ups' were identified. The 'technical tidy ups' mainly focused on clarifying clauses that were unclear, removing redundant or repetitive clauses, and rewording clauses that were repetitive.

As well as the 'technical tidy ups', version two incorporates some of the recent policy decisions, including the development of an Integrated Performance and Incentives Framework, the decision to extend the ability to make General Medical Services (GMS) claims to health practitioners that meet the criteria, the Very Low Cost Access (VLCA) Sustainability initiative, the patient access subsidy and the decision that rural funding should come under a Local Service Alliance.

Changes from Version1 include:

GMS changes

The GMS changes will enable health practitioners, including Nurse Practitioners and Registered Nurses working within their professional scope within General Practice Teams, to claim GMS. The agreed definition of General Practice Team is:

General Practice Team means a multidisciplinary team whose members have the complementary knowledge and skills of Medical Practitioners and Nurses, who may include other Practitioners, and who work together to provide primary health care to improve the health of the Enrolled Population

Any GMS clawback risk will be managed through a number of new business rules.

Integrated Performance and Incentive Framework (IPIF)

The IPIF aims to encourage DHBs and PHOs to drive system integration and align primary care activity with health system objectives to better deliver on Government priorities. The IPIF provides a mechanism for assessing PHO readiness to undertake an increasing role in the design, delivery and funding of services in their district. While initially the IPIF will focus on the performance relationship between DHBs and PHOs, it is designed so that other parts of the health sector can be added over time.

A Joint Project Steering Group has been established by the Ministry of Health to lead the next steps. The Executive Director of Planning and Funding from Southern DHB has been invited to be a member of the group.

Substantial changes have made to IPIF schedule to reflect the decision to discontinue the PPP and replace it with IPIF. The schedule focuses on transitional arrangements and a phased implementation of IPIF and incorporates key elements of IPIF, including:

1. The targets for which performance payments will be made.
2. How payments will be calculated.

The targets are:
(i) more heart and diabetes checks;
(ii) better help for smokers to quit; and
(iii) increased immunisation rates at 8 months old; and
(iv) increased immunisation rates at 2 years old; and
(v) cervical screening.

Patient access subsidy

The Ministry and DHBs have agreed that where practices merge and one of the practices has previously been VLCA but the combined register does not meet the 50 percent or more criterion then the newly merged practice can apply for the continuation of the historical level of VLCA (excluding the under sixes component) paid as a 'patient access support subsidy'. The Ministry and the DHB will assess each application on a case by case basis and the process and criteria are set out in version two.

Very Low Cost Access (VLCA) Sustainability

The new VLCA sustainability policy has been incorporated into the agreement. It provides additional funding for VLCA practices with 50% or more high needs patients. The funding is provided to DHBs and PHOs as a flexible funding pool so that DHBs and PHOs make the decisions about how the funding is allocated to eligible VLCA practices.

Rural changes

The changes reflect the decision that rural funding should move into a local Service Alliance. The decision to move Rural Funding into the Rural Alliance must have the support of at least 75% of Rural Contracted Providers and Rural Contracted Providers whose Enrolled Population is at least 75% of the Enrolled Population of all Rural Contracted Providers; and the Alliance must engage all Rural Contracted Providers when determining its recommendations on Rural Funding.

Southern Health Alliance Leadership Team Update (SHALT)

Following the Rapid Improvement Process (RIP) workshops held in May, a Rapid Response service was established on the Southland site on 16 June 2014 with a Dunedin service due to commence on 30 June 2014. Launching a Rapid Response Service to help assist our elderly people remain safely in their home with support where previously they may have been transported to hospital.

The six month pilot of this nurse-led service will provide an immediate Monday to Friday 8:30-5pm response that will include assessment and coordination of Nursing, Allied and Home and Community Support Services for people 65 years and over. The Rapid Response Service will also liaise with other health providers, such as general practice, pharmacy, Age Concern or hospice for advice and to arrange timely follow up care with the emphasis being on keeping the patient in their own home. Referrals are initially only being accepted from St John with the service being extended to include referrals from General Practice by September 2014. During the pilot period, the service will be monitored and reviewed to enable the extension of this service to become a 7 day a week service from January 2015.

The Community and Hospital Pharmaceutical Service Level Alliance have received the first analysis of community dispensed pharmaceutical in the Southern DHB report. The report is now being reviewed. This will then inform the priority areas to focus on.

Expressions of interest for membership of the Rural Service Level Alliance has been advertised and closed on 16 June 2014 attracting candidates with a wide spread of skill mix and expertise as well as across a wide geographical area. Shortlisting of candidates will occur late June, followed by interviews with offers of appointment to occur over the month of July.

At their May meeting SHALT endorsed a draft work programme for the 2014/15 year with the following additional areas being added to the work plan:

- Minimum Technology Standards for Providers
- Diagnostics- Primary Radiology Guidelines
- Child and Youth Health

The development and detail of the workplan will now progress.

Sandra Boardman
Executive Director Planning & Funding

SOUTHERN DISTRICT HEALTH BOARD

Title:	Strategic Health Services Plan Timeline
Report to:	Disability Support and Community & Public Health Advisory Committees
Date of Meeting:	2 July 2014

Summary:

An updated timeline for the Strategic Health Services plan attached.

8

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

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

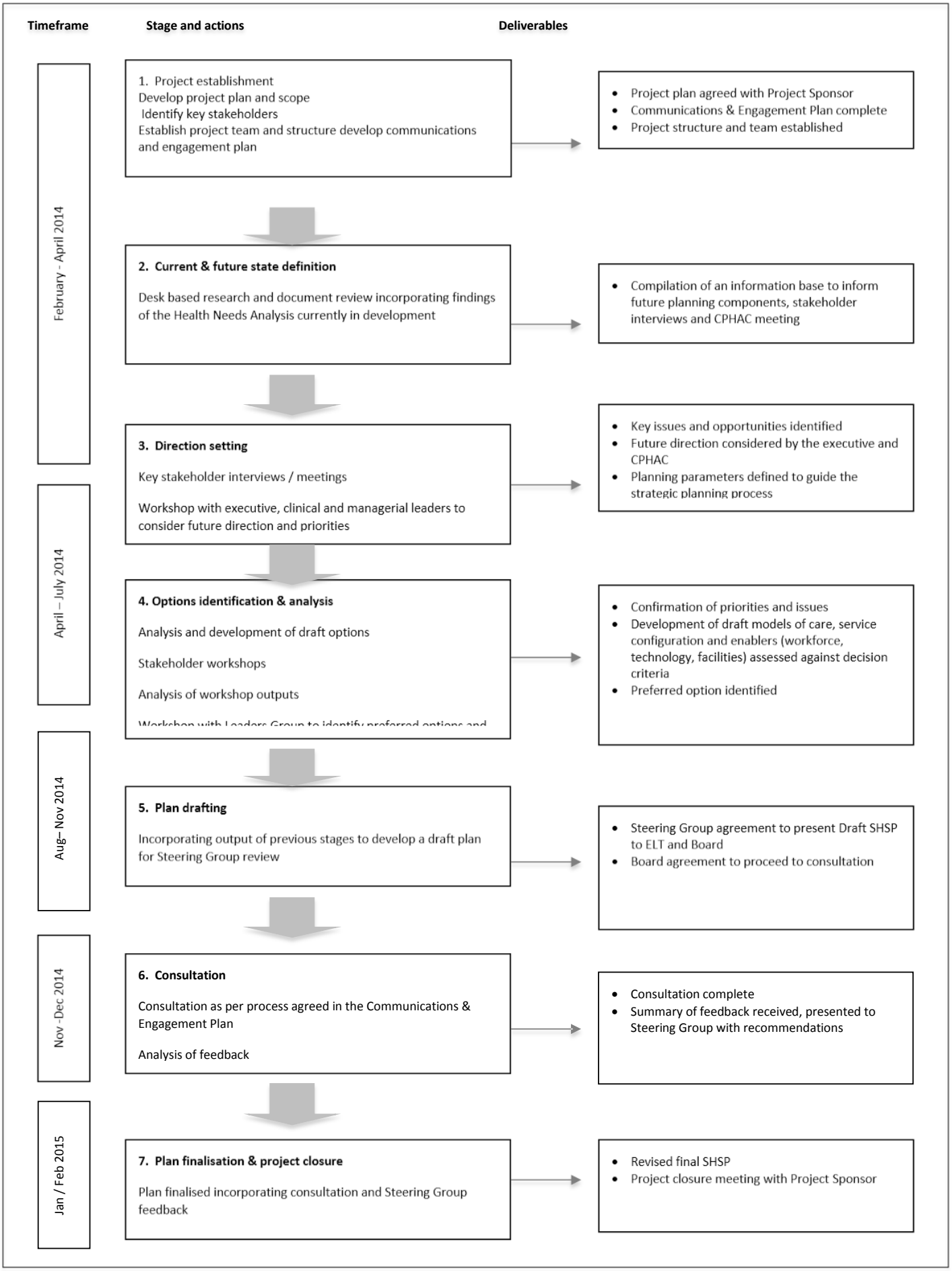
Document previously submitted to:	N/A	Date:
Approved by Chief Executive Officer:	N/A	Date:

Prepared by: Pim Allen Programme Director Date: 20th June 2014	Presented by: Sandra Boardman Executive Director Planning & Funding

RECOMMENDATIONS:

That DSAC/CPHAC recommends Board adopt the attached timeline for the Strategic Health Services Plan.

Milestone	Completed by	Lead
Stage 1: Project establishment		
Draft project plan developed	31 Jan	R Wong
Planning meeting (videoconference) with SDHB	11 Feb	C Mules
Revised scope, plan and proposal approved by SDHB	24 Feb	P Allen
Stage 2: Current and future state definition		
Data and information spec provided to SDHB	31 Jan	L Williams
Data and information received from SDHB	10 Feb	SDHB
Compilation of information base to inform planning	28 Feb	L Williams
Stage 3: Direction setting		
Stakeholder interviews	7 March	C Mules
Board workshop	7 May	S McKernan / C Mules
Stage 4: Options identification & analysis		
Development of draft options	19 May	S McKernan / L Williams
Stakeholder workshops	30 May	S McKernan / C Mules
Workshop with Leadership Group	20 June	S McKernan / C Mules
Stage 5: Plan drafting		
Completion of draft Plan and roadmap for Steering Group review	29 August	C Mules
Draft Plan presented to Board via CPHAC	1 / 2 Oct	C Heatly
Stage 6: Consultation		
Consultation	October November	SDHB
Stage 7: Plan finalisation		
Final Plan delivered to Steering Group	9 January 2015	SMcKernan
Final Plan presented to Board via CPHAC	4/5 February 2015	SMcKernan
Project Closure meeting	February	SMcKernan


Timeframe
Stage and actions
Deliverables
February - April 2014
1. Project establishment
Develop project plan and scope
Identify key stakeholders
Establish project team and structure develop communications and engagement plan
Project plan agreed with Project Sponsor
Communications & Engagement Plan complete
Project structure and team established
2. Current & future state definition
Desk based research and document review incorporating findings of the Health Needs Analysis currently in development
Compilation of an information base to inform future planning components, stakeholder interviews and CPHAC meeting
April – July 2014
3. Direction setting
Key stakeholder interviews / meetings
Workshop with executive, clinical and managerial leaders to consider future direction and priorities
Key issues and opportunities identified
Future direction considered by the executive and CPHAC
Planning parameters defined to guide the strategic planning process
4. Options identification & analysis
Analysis and development of draft options
Stakeholder workshops
Analysis of workshop outputs
Confirmation of priorities and issues
Development of draft models of care, service configuration and enablers (workforce, technology, facilities) assessed against decision criteria
Preferred option identified
Aug– Nov 2014
5. Plan drafting
Incorporating output of previous stages to develop a draft plan for Steering Group review
Steering Group agreement to present Draft SHSP to ELT and Board
Board agreement to proceed to consultation
Nov -Dec 2014
6. Consultation
Consultation as per process agreed in the Communications & Engagement Plan
Analysis of feedback
Consultation complete
Summary of feedback received, presented to Steering Group with recommendations
Jan / Feb 2015
7. Plan finalisation & project closure
Plan finalised incorporating consultation and Steering Group feedback
Revised final SHSP
Project closure meeting with Project Sponsor

SOUTHERN DISTRICT HEALTH BOARD

Title:	Health of Older People & Disability
Report to:	Disability Support and Community & Public Health Advisory Committees
Date of Meeting:	2 July 2014

Summary:

Monthly reporting to CPHAC/DSAC on volumes and expenditure compared to Budget for

Residential Care

- Aged Related Residential Care (ARRC), by level
- New placements in ARRCs by level and facility
- Palliative Care in Residential Facilities
- Long Term Support/Chronic Health Conditions (LTS/CHS) Care in Residential Facilities

Home & Community Support Services

- Health of Older People
- Short Term and Palliative
- Long Term Support / Chronic Health Conditions (LTSCHC)
- Mental Health & Addiction

will occur for the 14/15 year as information is available (often a 2 month lag).

This is an update for Aged Residential Care and HCSS and reports volumes and expenditure for Aged Residential Care.

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

Financial:	
Workforce:	
Other:	

Document previously submitted to:	(Eg EMT, Board or management committee, etc)	Date: dd/mm/yy
Approved by Chief Executive Officer:	Pending	Date: dd/mm/yy

Prepared by: Sharon Adler Date: 19/6/14	Presented by: Sandra Boardman

RECOMMENDATIONS:

That CPHAC/DSAC:

Note the content of this paper.

9

Background
Southern DHB spends approximately $78m annually on aged residential care and approximately $16m annually on Home & Community Support Services for older people.

Five per cent of our over 65s receive age related residential care and another nine per cent receive Home and Community Support Services.

Age Related Residential Care
There are currently 66 Aged Residential Care Facilities in the Southern District offering differing levels of care including Rest Home, Dementia, Hospital and Psychogeriatric services.

The results from a Comprehensive Clinical Assessment (interRAI) determine if a resident is eligible for Age Related Residential Care, and the level of care required. If an older person is referred for an assessment, a Clinical Needs Assessor (who is a Registered Health Professional) conducts an interRAI assessment to determine their level of functional disability and whether supports can be put into their home, to allow them to age in place, or if they are eligible for residential care. If their condition is considered reversible, they will not be eligible for long term residential care. Facilities are required to refer residents for reassessment when the resident's care requirements change. From 1 July 2015, all aged care facilities will use interRAI as their main assessment tool.

Rest Home level care is for residents who are no longer safe living independently, even with supports in place. They generally need overnight care and regular input from professional nursing.

Hospital level care is for residents who require 24/7 oversight from professional nursing, have often lost their mobility, may require assistance with food and fluids and have more complex health needs.

Dementia level care is for residents who require a secure environment, a higher level of supervision and specialised programmes.

Psychogeriatric care is similar to general hospital level care but is a secure environment. These residents often have challenging behaviours.

Supply/Demand:
Rest Home: There is a surfeit of rest home level beds throughout the district, especially in Gore. Historically the level of Southern DHB rest home usage on a bed day per head of over 65 population has been high. This is now declining due to the use of the Comprehensive Clinical Assessment (interRAI) to inform eligibility, our aging in place strategy, and our Restorative Model of Care for Home and Community Support Services (HCSS).

Dementia: There is an ongoing shortage of dementia beds in Central Otago. Presbyterian Support Otago has plans to build a Care Facility in Wanaka in 2015 which will provide all four levels of care. Dementia beds are often in short supply in the Dunedin area. A facility added a 10 bed dementia unit at the end of last year which has helped.

Hospital Level: Recently, we experienced a severe shortage of hospital level beds in the Dunedin area. However, with the opening of a new facility, this has been resolved.

Psychogeriatric: We sometimes experience a shortage of psychogeriatric beds in the Dunedin area. With the opening of more hospital level beds, we will encourage facilities to reassess their psychogeriatric residents to see if some might require hospital level care ongoing.

Ownership:
The facilities have a variety of ownership models, from independent owner/managers to large corporate organisations. We contract with them via a nationally negotiated agreement that is reviewed annually. The ARRC agreement will receive a 1% uplift from 1 July 2014.

Certification and Audit:
Facilities are certified by HealthCERT, an arm of the Ministry of Health. Certification periods generally range from 1 year to 4 years, determined by audit results. A full certification audit occurs at the beginning of each certification period. The audit requires the facility to meet both the terms of the Age Related Residential Care (ARRC) Agreement and the Health and Disability Services Standards 2008. An unscheduled surveillance audit occurs approximately halfway through the certification period. Any findings are followed up with Corrective Actions by the Health of Older People Portfolio Manager. Facilities submit evidence, within a given time period, to show that corrective actions has occurred.

The ARRC agreement allows us to conduct an unannounced Issues Based Audit if we become aware of issues that might put residents at risk.

Home & Community Support Services (HCSS)
From 1 July 2013, we contract for a Restorative Model of HCSS Services with our 3 HCSS Alliance Partners (Access Homehealth, Healthcare NZ, and Royal District Nursing Service NZ).

The results from a Comprehensive Clinical Assessment (interRAI) determine if a client is eligible for Home & Community Support Services. The results also determine the 'casemix' of the client. The casemix is used to group together clients who have similar levels of disability for the purpose of planning and funding. The Registered Health Professional conducting the assessment will work with the client to determine their goals, and the HCSS provider will develop a care plan and determine a package of care to support those goals.

From October of 2013, we have been 'bulk funding' HCSS for Health of Older People clients, allowing the providers to be flexible in delivering services that meet the individual's needs.

Reporting
Please note the following reporting for Aged Residential Care.

In future, reporting will be shared for HCSS and other residential and community supports.

SOUTHERN Residential Care - Rest Home Level - Apr 14

Rest Home Beds	Actual	Budget	Variance	
Apr 14 - Bed nights	29,706	33,067	3,361	Fav
YTD - Bed nights	315,397	335,075	19,678	Fav

Lower Rest Home bed utilitsation continues the trend of tracking under budget.

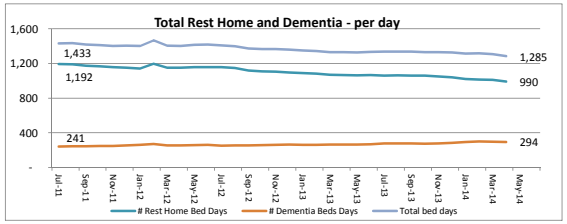
Dementia Beds	Actual	Budget	Variance	
Apr 14 - Bed nights	8,829	7,927	- 902	Unfav
YTD - Bed nights	86,526	80,329	- 6,197	Unfav

Higher Dementia bed utilitsation continues the trend of tracking over budget.

Total Beds	Actual	Budget	Variance	
Apr 14 - Bed nights	38,535	40,994	2,459	Fav
YTD - Bed nights	401,923	415,404	13,481	Fav
Apr 14 - $ Expenditure	2,855,633	2,949,048	93,415	Fav
YTD - $ Ledger vs Budget	29,002,362	29,883,684	881,322	Fav
YTD - $ Service vs Ledger	28,648,976	29,002,362	353,386	Fav
YTD - $ Total Variance			**1,234,708**	Fav

Variance Analysis		
YTD Rest Home - Price Variance	209,058	Fav
YTD Dementia - Price Variance	280,741	Fav
YTD Rest Home - Volume Variance	1,318,399	Fav
YTD Dementia - Volume Variance	- 573,491	Unfav
	1,234,708	

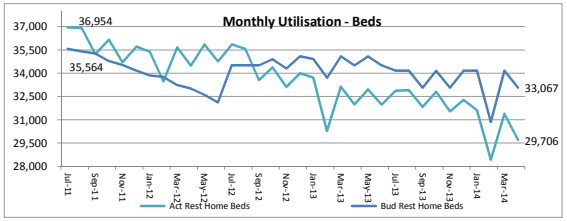
Finanical Years	Actual	Budget	Variance	
11/12 Year	35,731,858	34,169,680	- 1,562,178	Unfav
12/13 Year	34,889,991	36,213,476	1,323,485	Fav
13/14 estimate	34,398,432	35,880,081	1,481,649	Fav
14/15		35,274,468		



This graphs show the monthly bed utilitsation, divided by the number of days in the month, to take out the variations caused by the different amount of days in each month.

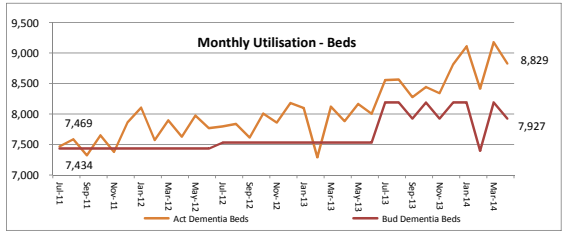
Southern's population traditionally has had a higher utilisation of Rest Home beds than other DHB's on a population basis. This trend is slowly changing and Rest Home Beds have been decreasing steadily over time.

With an aging population, whom are living longer we are seeing a steady increase in Dementia bed demand



This graphs show the monthly utilisation against budget

As per the above trend: Rest Home bed continue to track below budget.



This graphs show the monthly utilisation against budget

As per the above trend: Dementia Beds continue to track over budget

Data Table		Actual			Budget			Bed days			Avg DHB Subsidy $		DHB Subsidy $ Budget		Total $ based on month of service							Rest Home	Dementia	Rest Home	Dementia
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 Bed Days	# Dementia Beds Days	Total bed days	Rest Home	Dementia	Rest Home	Dementia	Rest Home	Dementia	Total	General ledger	Budget	Variance Service vs Ledger	Variance Ledger vs budget	Price Variance	Price Variance	Volume Variance	Volume Variance
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**	**7,931,205**	**35,838,480**	**35,731,858**	**34,169,680**	**106,622**	**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**	**90.68**	-	-	**26,538,427**	**8,601,451**	**35,139,878**	**34,889,991**	**36,213,476**	**249,887**	**- 1,323,485**	-	-	-	-
Jul-13	31	32,876	8,555	41,431	34,169	8,191	42,360	1,061	276	1,336	66.54	91.48	67.00	92.55	2,187,461	782,648	2,970,109	2,966,244	3,047,349	- 3,865	81,105	15,192	9,080	86,613	- 33,644
Aug-13	31	32,909	8,563	41,472	34,169	8,191	42,360	1,062	276	1,338	66.54	91.62	67.00	92.55	2,189,865	784,533	2,974,398	3,030,977	3,047,349	56,579	16,372	14,995	7,935	84,405	- 34,384
Sep-13	30	31,828	8,276	40,104	33,067	7,927	40,994	1,061	276	1,337	66.56	91.57	67.00	92.55	2,118,458	757,889	2,876,347	2,970,137	2,949,048	93,790	- 21,089	13,943	8,049	83,018	- 32,309
Oct-13	31	32,821	8,446	41,267	34,169	8,191	42,360	1,059	272	1,331	66.56	89.77	67.00	92.55	2,184,527	758,197	2,942,724	2,955,742	3,047,349	13,018	91,608	14,443	23,420	90,295	- 23,533
Nov-13	30	31,539	8,340	39,880	33,067	7,927	40,994	1,051	278	1,329	66.44	88.11	67.00	92.55	2,095,492	734,907	2,830,399	2,943,194	2,949,048	112,795	5,853	17,588	36,960	102,338	- 38,238
Dec-13	31	32,280	8,815	41,096	34,169	8,191	42,360	1,041	284	1,326	66.39	87.85	67.00	92.55	2,143,004	774,425	2,917,429	2,944,844	3,047,349	27,415	102,505	19,743	41,370	126,519	- 57,712
Jan-14	31	31,623	9,110	40,733	34,169	8,191	42,360	1,020	294	1,314	66.38	88.32	67.00	92.55	2,099,249	804,625	2,903,874	2,983,408	3,047,349	79,534	63,941	19,437	38,508	170,580	- 85,050
Feb-14	28	28,435	8,416	36,851	30,862	7,399	38,261	1,016	301	1,316	66.35	88.31	67.00	92.55	1,886,584	743,191	2,629,775	2,552,026	2,752,445	- 77,749	200,419	18,552	35,673	162,588	- 94,143
Mar-14	31	31,379	9,175	40,554	34,169	8,191	42,360	1,012	296	1,308	66.35	88.80	67.00	92.55	2,081,946	814,751	2,896,696	2,800,157	3,047,349	- 96,540	247,192	20,433	34,355	186,887	- 91,022
Apr-14	30	29,706	8,829	38,535	33,067	7,927	40,994	990	294	1,285	65.16	87.40	67.00	92.55	1,935,530	771,695	2,707,225	2,855,633	2,949,048	148,408	93,415	54,733	45,390	225,156	- 83,456
May-14	31	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Jun-14	30	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
13/14 YTD Total		**315,397**	**86,526**	**401,923**	**335,075**	**80,329**	**415,404**	**10,372**	**2,848**	**13,220**	**66.33**	**89.32**	**67.00**	**92.55**	**20,922,115**	**7,726,861**	**28,648,976**	**29,002,362**	**29,883,684**	**353,386**	**881,322**	**209,058**	**280,741**	**1,318,399**	**- 573,491**

14/15 Budget																			35,274,468						

SOUTHERN Residential Care - Hospital Level - Apr 14

Hospital Care Beds	Actual	Budget	Variance	
Apr 14 - Bed nights	26,236	24,096	- 2,140	Unfav
YTD - Bed nights	259,279	244,171	- 15,108	Unfav

Psychogeriatric Beds	Actual	Budget	Variance	
Apr 14 - Bed nights	2,799	3,096	297	Fav
YTD - Bed nights	28,794	31,377	2,583	Fav

Total Beds	Actual	Budget	Variance	
Apr 14 - Bed nights	29,035	27,192	- 1,843	Unfav
YTD - Bed nights	288,073	275,548	- 12,525	Unfav
Apr 14 - $ Expenditure	3,689,954	3,510,711	- 179,242	Unfav
YTD - $ Ledger vs Budget	36,796,213	35,575,209	- 1,221,003	Unfav
YTD - $ Service vs Ledger	36,673,095	36,796,213	123,118	Fav
YTD - $ Total Variance			- **1,097,885**	Unfav

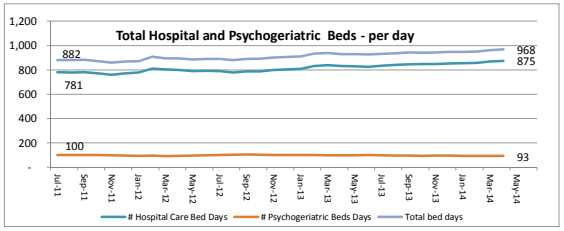
Variance Analysis		
YTD Hospital Care - Price Variance	313,790	Fav
YTD Psychogeriatric - Price Variance	109,398	Fav
YTD Hospital Care - Volume Variance	- 1,909,415	Unfav
YTD Psychogeriatric - Volume Variance	388,342	Fav
	- **1,097,885**	

Finanical Years	Actual	Budget	Variance	
11/12 Year	40,489,080	39,188,664	- 1,300,416	Unfav
12/13 Year	42,364,651	41,939,535	- 425,116	Unfav
13/14 estimate	44,031,119	42,713,656	- 1,317,463	Unfav
14/15		44,916,204		

Hospital Care bed utilitsation continues the trend of exceeding the monthly budget.

Lower Psychogeriatric bed utilitsation continues the trend of beilng slightly under budget each month.

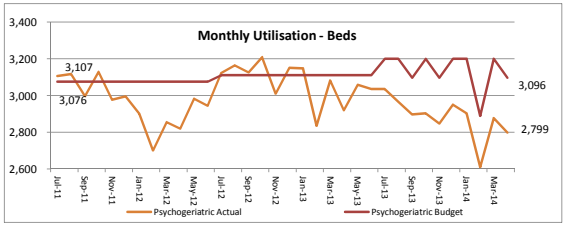
Included within the Actual cost a figure of $92K which relates to Hospital beds invoices from BUPA. Two invoices (quarterly) have been received YTD and the activity is not recorded within the CCPS bed day data.



This graphs show the monthly bed utilitsation, divided by the number of days in the month, to take out the variations caused by the different amount of days in each month.

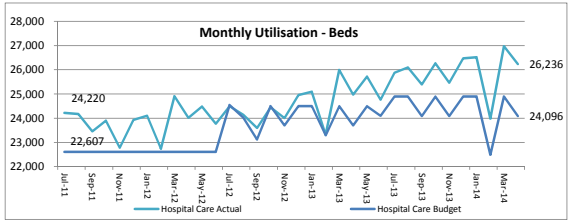
Comment to be added

Comment to be added



This graphs show the monthly utilisation against budget

Comment to be added



This graphs show the monthly utilisation against budget

Comment to be added

Data Table		Actual			Budget			Bed days			Avg DHB Subsidy $		DHB Subsidy $ Budget		Total $ based on month of service								Rest Home	Dementia	Rest Home	Dementia
Month	Days in month	Hospital Care	Psychogeriatric	Total Hospital and Psychogeriatric	Hospital Care	Psychogeriatric	Total Rest Home and Dementia	# Rest Home Bed Days	# Dementia Beds Days	Total bed days	Hospital Care	Psychogeriatric	Hospital Care	Psychogeriatric	Hospital Care	Psychogeriatric	Total	General ledger	Budget	Variance Service vs Ledger	Variance Ledger vs budget	Price Variance	Price Variance	Volume Variance	Volume Variance
11/12 Total		**286,491**	**35,532**	**322,023**	**271,284**	**36,912**	**308,196**	**9,421**	**1,168**	**10,589**	**123.71**	**147.35**	-	-	**35,441,576**	**5,234,856**	**40,676,432**	**40,489,080**	**39,188,664**	**187,352**	**1,300,416**	-	-	-	-
12/13 Total		**295,552**	**36,868**	**332,420**	**289,005**	**37,340**	**326,345**	**9,719**	**1,212**	**10,931**	**125.58**	**149.41**	-	-	**37,117,699**	**5,508,546**	**42,626,245**	**42,364,651**	**41,939,535**	**261,593**	**425,116**	-	-	-	-
Jul-13	31	25,872	3,036	28,908	24,899	3,200	28,099	835	98	933	126.78	149.01	126.38	150.32	3,279,991	452,417	3,732,408	3,615,997	3,627,735	- 116,411	11,738	- 10,221	3,964	- 123,004	24,588
Aug-13	31	26,093	2,966	29,059	24,899	3,200	28,099	842	96	937	126.83	148.47	126.38	150.32	3,309,403	440,335	3,749,737	3,605,286	3,627,735	- 144,451	22,449	- 11,768	5,494	- 150,870	35,141
Sep-13	30	25,400	2,898	28,298	24,096	3,096	27,192	847	97	943	125.88	146.98	126.38	150.32	3,197,291	425,953	3,623,244	3,698,253	3,510,711	75,008	- 187,541	12,794	9,670	- 164,828	29,832
Oct-13	31	26,273	2,904	29,177	24,899	3,200	28,099	848	94	941	125.61	147.48	126.38	150.32	3,300,276	428,283	3,728,559	3,747,089	3,627,735	18,531	- 119,354	20,140	8,242	- 173,651	44,445
Nov-13	30	25,462	2,848	28,310	24,096	3,096	27,192	849	95	944	125.38	147.13	126.38	150.32	3,192,366	419,031	3,611,396	3,640,272	3,510,711	28,876	- 129,561	25,505	9,076	- 172,614	37,348
Dec-13	31	26,467	2,951	29,418	24,899	3,200	28,099	854	95	949	124.86	147.39	126.38	150.32	3,304,699	434,959	3,739,658	3,630,863	3,627,735	- 108,795	- 3,128	40,250	8,631	- 198,184	37,381
Jan-14	31	26,520	2,903	29,423	24,899	3,200	28,099	855	94	949	124.75	146.39	126.38	150.32	3,308,500	424,974	3,733,474	3,723,565	3,627,735	- 9,908	- 95,830	43,167	11,400	- 204,901	44,596
Feb-14	28	23,988	2,612	26,600	22,489	2,890	25,379	857	93	950	124.68	144.93	126.38	150.32	2,990,704	378,547	3,369,251	3,570,481	3,276,664	201,230	- 293,817	40,931	14,085	- 189,395	41,793
Mar-14	31	26,968	2,877	29,845	24,899	3,200	28,099	870	93	963	124.47	144.10	126.38	150.32	3,356,587	414,578	3,771,165	3,874,453	3,627,735	103,288	- 246,718	51,664	17,888	- 261,486	48,504
Apr-14	30	26,236	2,799	29,035	24,096	3,096	27,192	875	93	968	122.52	142.83	126.38	150.32	3,214,411	399,792	3,614,203	3,689,954	3,510,711	75,751	- 179,242	101,329	20,949	- 270,483	44,714
May-14	31	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Jun-14	30	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
13/14 YTD Total		**259,279**	**28,794**	**288,073**	**244,171**	**31,377**	**275,548**	**8,530**	**947**	**9,477**	**125.18**	**146.47**	**126.38**	**150.32**	**32,454,227**	**4,218,868**	**36,673,095**	**36,796,213**	**35,575,209**	**123,118**	- **1,221,003**	**313,790**	**109,398**	- **1,909,415**	**388,342**
14/15 Budget																			**44,916,204**						

SOUTHERN DISTRICT HEALTH BOARD

Title:	PUBLIC HEALTH SERVICE REPORT		
Report to:	Community & Public Health Advisory Committee		
Date of Meeting:	2 July 2014		
Summary: The issues considered in this paper are: ▪ Public Health Service activity			
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: Lynette Finnie Date: 11/6/14		Presented by: Dr Keith Reid	
RECOMMENDATIONS: 1. That CPHAC receive this report.			

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PUBLIC HEALTH SERVICE REPORT TO THE SOUTHERN DHB
COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE
2 July 2014

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

Settings and Lifestyles

Outcome 1	Reduce the impact and incidence of smoking related disease
Outcome 2	Reduce the impact and incident of obesity and overweight
Outcome 3	Reduce the impact and incidence of harm from alcohol and other drugs

World Smokefree Day
This has been a busy month for staff with World Smokefree Day on 31 May. There have been many activities across the region including:

- Zumba atomic and storytelling session at Early Childhood Centres who have supported the little lungs project.
- Manning a "Quit" table outside an Invercargill pharmacy situated by a local supermarket and giving out quit advice and quit cards.
- A celebration at Molyneux Park in Alexandra to note the Park going smokefree. All Primary Schools and Early Childhood Centres were invited.
- Staff worked alongside Open Wananga staff at a South Dunedin market to promote WSD and also had a window display for a week.
- Numerous other community based promotions and displays across the SDHB district all carrying the " Quit It's about Whanau" message,

Smokefree Seminar
Staff organised a seminar for Smokefree staff from a wide range of agencies and members of our local coalitions across the region and prepared an interesting agenda which included research presentations, report from the Tobacco conference last year, current local projects and also addresses from national groups such as the Quit group and ASHNZ. This was a valuable opportunity for many different providers to get together and hear updates from the various speakers and also network with each other.

Psychoactive Substances
A public health staff member has been designated as a Psychoactive Enforcement Officer. This provides limited powers under the Psychoactive Substances Act 2013 when dealing with retailers, importers and manufactures of the product. Officers work with Police in a collaborative way and any noncompliance or charge files are dealt with by the Ministry of Health. Currently premises are not able to retail in psychoactive substances, however there has been a significant amount of work by officers and police to get it to this stage. This includes monitoring, control purchase operations, education to retailers, compliance checks and responding to complaints and breaches of the Act. Because the product has shown to be harmful to many users in the community, meetings with health service providers and the public throughout Southland and Otago have been attended by staff to provide clarification and direction around our role in dealing with the product. On-going correspondence and dialog with the Ministry of Health and Police will continue to support harm minimisation approaches.

Breastfeeding
Public Health South support for public facilities to be breastfeeding friendly is ongoing. In May, Invercargill Airport was approached about their plans for the new airport redevelopment

(due for completion in Dec 2015) in being family friendly. A breastfeeding area will be incorporated into a Parents Room which will also include a change table and microwave. A playground is proposed to be in full view from the cafe which will be pram friendly. Contact with Stadium Southland about making their facility breastfeeding friendly has resulted in new seating added in the Nursing Area in the foyer.

Healthy Environments

Outcome 5 Promote safe and healthy social and physical environments

Implications of the New Zealand Suicide Prevention Action Plan 2013 – 17

The recent release of the NZ Suicide Prevention Action Plan spells out a shift in the approach being taken to suicide prevention in New Zealand. Like the Southern District Health Board Suicide Prevention Plan, the national strategy identifies a number of action items under a small number of goals/objectives:

- Support families, whanau, hapu, iwi and communities to prevent suicide.
- Support families, whanau, hapu, iwi and communities after a suicide.
- Improve services and support for people at high risk of suicide who are receiving Government Services.
- Use social media to prevent suicide.
- Strengthen the infrastructure for suicide prevention.

It is recognised that not all of these can be the sole responsibility of the health sector and that effective suicide prevention requires a whole of society approach. Over the past three years local suicide prevention coordinators have been active in supporting the development of postvention plans (one example of a highly successful plan is Wakatipu), training and workforce development, media watching and intervention, strategies aimed at reducing access to means of suicide and working with the Coroner and researchers to get access to contemporaneous (current) suicide data. The coordinator has also been active in postvention responses to suicides with a particular focus on those that could have potential to cluster.

The Ministry of Health have made it clear to all District Health Boards that suicide prevention is an important part of core business. In the 2014-15 District Annual Plan the Southern District Health Board has identified following activities:

- Deliver a suicide prevention training programme designed for health workers and community stakeholders.
- Continue to build community postvention capacity.
- Southern DHB suicide response plan developed for the management of suicide contagion.

Communicable Disease and Food Safety

Outcome 4 Reduce the impact and incidence of communicable disease

An Outbreak of Outbreaks in Southern DHB

From the start of May through to 4 June, Public Health South has investigated 11 outbreaks of gastroenteritis, involving two early childhood centres, one disability support home, six rest homes, Clutha Health First and two wards in Dunedin Hospital (see Graph 1). In total 252 people have been unwell, including 171 patients/residents, 19 children and 62 staff of these facilities. In five of these outbreaks, Norovirus has been identified as the causative organism, with laboratory results still pending from several outbreaks. Although many people recover from gastroenteritis after several days, Norovirus can be a very serious infection in the elderly and very young, with high levels of morbidity and mortality.

For several of the recent outbreaks in the elderly care facilities and hospitals, it has been difficult to determine whether they reflect high levels of infection circulating in the community, cross infection due to patient and/or staff movements between facilities, or a combination of both.

Outbreaks happen without warning, so it's important that facilities have adequate supplies of personal protective gear (face masks, disposable gowns/aprons, gloves) on hand and staff with gastroenteritis be excluded from work until they have been symptom-free for 48 hours. Quick implementation of outbreak control measures help minimise the spread of illness to both staff and residents.

Although outbreaks occur year round, they are more common during the winter months. Public Health South has run Outbreak Management workshops in Dunedin and Invercargill for staff of early childhood centres and elderly care facilities, timed to take place prior to the winter "outbreak season". The focus of these workshops is to reinforce good outbreak management practices, with an emphasis on early identification of outbreaks, appropriate exclusion of unwell people, disinfection procedures and improved communication with Public Health South. Three workshops for elderly care facilities and two workshops for early childhood centres have been run since April, with an additional early childhood workshop coming soon in Dunedin.

Outbreaks within facilities represent a significant threat to the health of vulnerable people. Outbreaks within hospitals represent a serious breach of the duty of care and highlight a need for system responses.

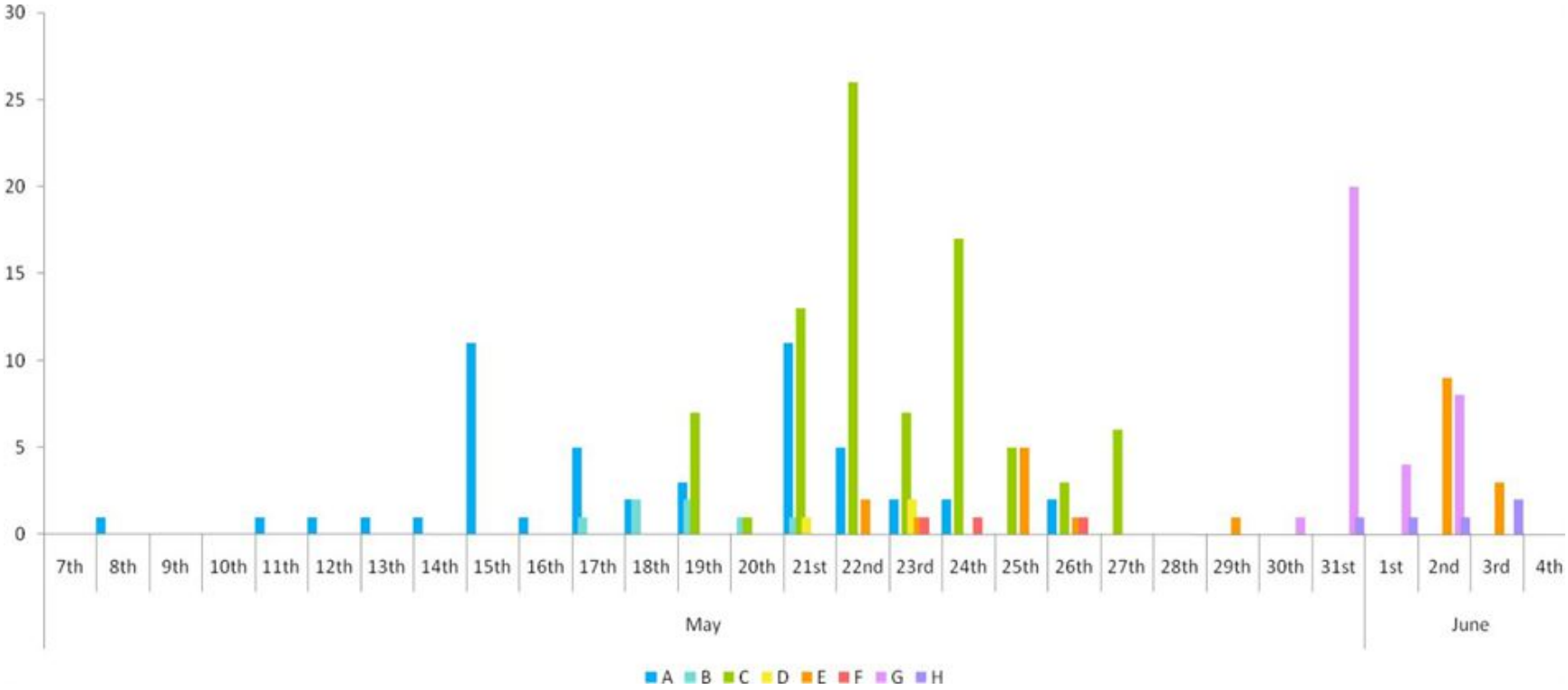
Recent events have shown the need to rapidly develop a surveillance system for all healthcare acquired infections within this district. A surveillance system is one which captures information on acquired infections and then provides analysis and information to enable action to reduce levels of infection and promote preventative actions.

This surveillance system will facilitate the timely identification of outbreaks and analyse if interventions are working. Such an approach will support analysis which will lead to the identification of systems issues and the development of appropriate local responses. The Infection Prevention and Control team has recently reconfigured to a district-wide service. This evolution creates a foundation for the development of programmes of work to identify and respond to system wide issues of healthcare acquired infection and is to be welcomed.

Measures which we propose should be implemented include (but are not limited to):

- The use of mandatory reporting of all healthcare acquired infections in both DHB settings and DHB contracted providers to a district surveillance system.
- The use of root cause analysis approaches to identify systemic issues in relation to acquired infections.
- The use of performance reporting to provide feedback to service providers.
- Systematic use of audit to drive sustained improvements in performance.
- Support to develop improved communications between sectors in relation to infection control issues generally and also in relation to the management of individual patients as they move between providers.

Graph 1: Epidemic curve showing the cases that have occurred in various rest homes or hospital wards within the Southern region during May



SOUTHERN DISTRICT HEALTH BOARD

Title:	Southern DHB Public Health Service Annual Plan 2014-2015
Report to:	Disability Support and Community & Public Health Advisory Committees
Date of Meeting:	2 July 2014

Summary:

The issues considered in this paper are:

- The Ministry of Health contracts directly with the Public Health Service, Southern DHB to deliver Public Health services in the Southern District.
- The content of the annual plan is based around the requirements in the current Ministry of Health Public Health Service specifications
- The PHS Annual plan is structured around the five core functions of public health using a outcome focused framework that has been agreed by the South Island Public Health Alliance
- The Annual Plan focus on issues identified in the 2013 Southern DHB Profile including:
- Alcohol - development of an Alcohol harm minimisation strategy, reorientating the environment alcohol is sold in through liquor licensing work
- Smoke free – Promoting the Smokefree 2025 charter in the southern District,
- Reducing inequalities
- Improving health outcomes for Maori – working with Kai Tahu ki Otago and Te Ao Marama Inc and stakeholders around healthy housing stock, Promote Auahi Kori Kaupapa
- Nutrition – promotion of healthy food policies, breastfeeding

Specific implications for consideration (financial/workforce/risk/legal etc):	
Financial:	nil
Workforce:	nil
Other:	

Document previously submitted to:	(Eg EMT, Board or management committee, etc)	Date:
Approved by Chief Executive Officer:		Date:

Prepared by: Lynette Finnie, Acting Service Manager, Public Health Date: 29 May 2014	Presented by: Lynette Finnie, Acting Service Manager, Public Health

RECOMMENDATION:

1. That DSAC/CPHAC recommend the Board approve the Southern DHBs Public Health Service 2014-2015 Annual Plan.

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Southern DHB
Public Health Services

Plan 2014-15

30 May 2014

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1. SOUTHERN DISTRICT HEALTH BOARD'S PUBLIC HEALTH PLAN FOR 2014–15

Our Vision:

Better Health, Better Lives, Whānau Ora

Our Mission:

We work in partnership with people and communities to achieve their optimum health and wellbeing.

The Southern Way:

- The community and patients are at the centre of everything we do.
- We are a single unified DHB which values and supports its staff.
- We are a high performing organisation with a focus on quality.
- We provide clinically and financially sustainable services to the community we serve.
- We work closely with the entire primary care sector to provide the right care in the right place at the right time at the right time to improve the health of the community.

The vision and mission of Southern District Health Board, encapsulates the aspirations of all the DHB's staff and services. With strong public health overtones, these aspirations are particularly relevant to Public Health Services. The 2014 – 2015 annual plan outlines in detail the activities the Service intends to undertake in the coming year to make its contribution to this vision. At the same time, the Service recognises the need to respond to the challenge from the top - "Improving health outcomes while lifting the quality of services within a sustainable growth path is the major challenge for the health and disability sector over the next three years." (MOH BIM 2011).

This plan accompanies the Southern DHB Annual Plan. It describes public health services provided by Southern DHB's public health unit and key relationships with other agencies.

The plan uses a planning template which reflects the Core Public Health Functions framework. South Island Public Health Units developed the template in partnership and have agreed on shared outcomes which are included in the annual plans of all South Island Public Health Units (PHUs).

A. Our Public Health Service

Public Health South (PHS) is Southern DHB's public health unit and the largest provider of public health services within Southern District. A significant majority of our work derives from the Public Health Services contract funded by Ministry of Health. This plan outlines activities planned for the 2014-15 year intended to fulfil both our statutory and contractual obligations as holders of that contract.

PHS also holds a small number of additional contracts, funded by Ministry of Health, Ministry of Primary Industries and Southern DHB. Activity pertaining to these contracts is not detailed in this plan. In addition to 'core' public health services, PHS also provides services under the Food Safety; Drinking Water Assistance programme, Health Promoting Schools, Primary and Secondary Better Help for Smokers to Quit coordination and Violence intervention Programme contracts.

Alongside PHS a number of other providers deliver public health services, either funded by Ministry of Health, Southern DHB or as part of their core services. Key among these are:

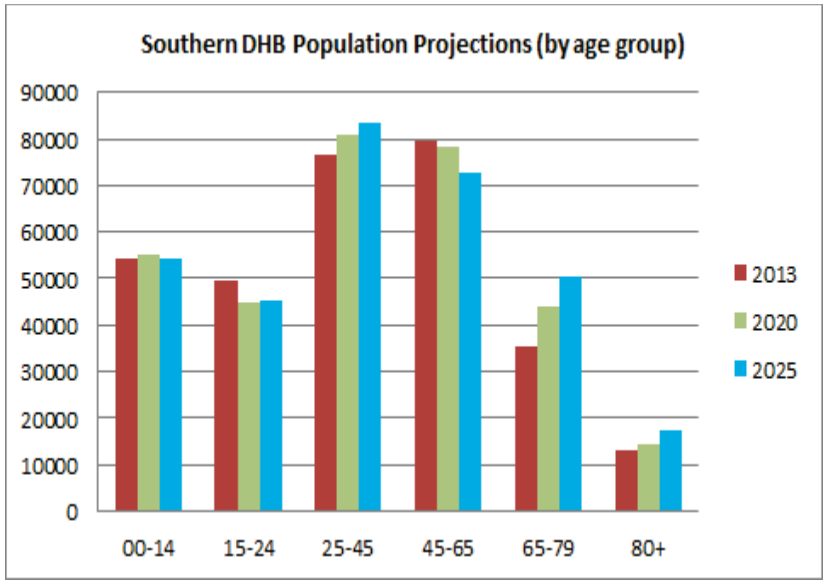
- Southern PHO
- Papatipu runaka agencies –Te Ao Marama and Kai Tahu Ki Otago,
- Māori Providers – Uruuruwhenua Health; Nga Kete Matauranga Pounamu; Arai Te Uru Whare Hauora
- Non Government Organisations – Heart Foundation; Cancer Society; Regional Sports Trusts
- Local government

Demographics

The Southern DHB population is gradually increasing and is estimated to be 304,800 in 2017. There is a projected growth of 3.7% (11,120 people) over the next 20 years to 2031. This compares to the projected national population growth rate of 11.3% over the same period.
Although the district population is increasing, there are significant differences in projected population trends for each of the eight TAs (see Table 1). Queenstown Lakes and Central Otago are

Table 1. Population Projections for each TA in the Southern DHB 2011-31

Territorial Local Authority	Population Projections (at 30 June)					Change	
	2011	2016	2021	2026	2031	Number	%
Waitaki District	20800	20410	19880	19240	18550	-2250	-10.8%
Central Otago District	18880	19580	20150	20580	20940	2060	10.9%
Queenstown-Lakes District	28180	31730	35100	38410	41660	13480	47.8%
Dunedin City	124780	126670	128040	129100	129680	4900	3.9%
Clutha District	17450	17330	17130	16920	16630	-820	-4.7%
Southland District	29540	29660	29610	29400	28980	-560	-1.9%
Gore District	12220	11890	11470	11000	10420	-1800	-14.7%
Invercargill City	52410	52410	51510	50210	48520	-3890	-7.4%
Total	**304260**	**309680**	**312890**	**314860**	**315380**	**11120**	**3.7%**



forecast to experience significant growth along with some growth in Dunedin. In contrast Waitaki, Clutha, Gore, Invercargill and rural Southland are forecast to experience overall population decline.

Population projections based on the 2013 Census data are currently not available.

Figure 1: Projected DHB population by age group to 2025

Those aged over 65 years will almost double from 41,000 to 78,000 between 2011 and 2031. There will be a decline in the number of younger people in the district which may impact on the availability of New Zealanders to enter the health workforce (there may be an increase in foreign trained workers). Together these forecasted population trends will influence the DHB's long term planning so that the needs of a changing population in terms of its size, age and location are met.

Compared to the rest of New Zealand, Southern DHB's current population has:

- A higher proportion aged over 50 years
- A lower proportion below 15 years
- An increase in those aged 15-25 years.

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Table 2: Ethnicity Profile in Southern DHB – 2013 Estimate.

Ethnicity	Population	Percentage
Asian	12,490	4%
Maori	27,820	9%
Other	263,430	85%
Pacific	4,670	2%
Total	308,410	

The ethnic profile of the district can be seen in Table 2.

Less than 15% of the population identify as Māori, Pacific or Asian. The proportion of the Southern DHB population expected to identify as Māori or Asian is expected to increase over this period. At the 2006 Census NgāiTahu/KāiTahu was the most common iwi affiliation in Otago and Southland (with 29 percent and 35 percent, respectively) Ngā puhi and Ngāti Porou were the next most common. In the Otago and Southland regions, a total of 22 and 21 percent of Māori, respectively, did not know or did not want to comment on Iwi affiliation.

Health Needs

Southern DHB's Health Needs Assessment (HNA) describes our population and their health status and identifies the key health issues facing the population. Table 2 shows the main health conditions / sickness and healthcare issues identified from the HNA.

Table 3: Key health and healthcare issues in Southern District

HEALTHCARE ISSUE	IMPACT OF HEALTH OR HEALTHCARE ISSUE
Smoking	There are more smoking-attributable hospital admissions than on average for New Zealand and slightly higher smoking prevalence rates
Cardiovascular Disease	There are more deaths in the district from cardiovascular disease than for New Zealand overall
Cancer Mortality Rates	In the Southland area, these are higher than national averages, however lower than average in the Otago area
Self-inflicted Injuries	There are more deaths and hospital admissions in the district than expected
Access to Health Services	There is better access to General Practitioners in the district measured by the number of GP's per 100,000 of population although there are some pockets of rural areas where GP numbers are low
Access to Inpatient Services	The district's elective service provision is higher than national averages in most specialities as evidenced by standardised discharge rates
Access to Disability Support Services	The district spends more per head of population (over 65 years) than national averages for most disability support services including aged residential care where utilization is higher per 1,000 of population aged 75 years or over.

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New Zealand Health Survey 2011-2012

Statistically significant differences between the Southern District Health Board population and the total New Zealand population aged 15 years and over has been identified in the several areas of the New Zealand Health Survey 2011-2012 (age standardized).

People aged 15 years and over in Southern District are more likely to:

- Be a current and/or daily smoker
- Display hazardous drinking behaviours
- Be physically active
- Experience psychological distress
- Experience unmet need for Primary Care in the past 12 months
- Visited a dental health care worker in the past 12 months (among dentate adults)

People aged 15 years and over in Southern District are less likely to:

- Have visited after hours care in the past 12 months
- Only visit dental health care worker for toothache or never (among dentate adults)

Public Health Approach

These findings suggest that our five 'vital few' outcomes are still relevant and we will continue to work towards achieving these in 2013-2014. These are:

- Reduced impact and incidence of obesity and overweight
- Reduced impact and incidence of harm from alcohol and other drugs
- Decreased incidence and impact of smoking related disease
- Reduced impact and incidence of communicable disease
- Healthier and safer social and physical environments

The work of PHS is underpinned by the public health principles of:

a. focusing on the health of **communities** rather than individuals
b. influencing **health determinants**
c. prioritising improvements in **Māori health**
d. reducing **health disparities**
e. basing practice on the best available **evidence**
f. building effective **partnerships** across the health sector and other sectors
g. remaining **responsive** to new and emerging health threats.

Quality

Southern DHB Quality Improvement programme is based on the fourfold aim. This incorporates the following:

- Improve the health of our population
- Improve the care experience by our patients
- Improve the efficiency of our DHB

- Improve learning opportunities for current and future staff.

The Public Health Service incorporates the intent of the fourfold aim into its every day work. Examples include an IANZ accredited Drinking-water assessment unit; project based work which incorporates evidence-based best practice to improve population health; professional development around best practice for the sector (e.g. smokefree and sexual health updates), monthly service quality meetings and systems quality improvement initiatives (e.g. review of disease notification processes).

B. Southern DHB's Strategic Direction

National context:

At the highest level DHBs are guided by the New Zealand Health Strategy, Disability Strategy, and Māori Health Strategy (He Korowai Oranga) and by the requirements of the New Zealand Public Health and Disability Act. Southern DHB is also expected to meet Government commitments to: increase access to services and reduce waiting times; improved quality, patient safety and performance; and provide better value for money**.**

Alongside these national strategies and commitments, the Minister of Health's 'Letter of Expectations'[1] and the National Health Board's planning guidelines signal annual priorities for the health sector. In summary, the Minister's 2013/14 priorities are: [1]

- Better public services – in particular, supporting vulnerable children
- Care closer to home
- Health of older people
- Regional and national collaboration
- Living within our means.

DHBs are also expected to deliver against the six national health targets:

- Shorter stays in emergency departments
- Improved access to elective surgery
- Shorter waits for cancer treatment
- Increased immunisation
- Better help for smokers to quit
- More heart and diabetes checks. [2]

[1] Minister of Health's Letter of Expectations 2014/15, Ministry of Health, www.health.govt.nz.

As part of the continuum of care for Southern DHB's population, public health action makes a contribution to each of the Minister's priorities and the National Health Targets. At Southern DHB, the Public Health Service has a particular responsibility for progressing *Better Help for Smokers to Quit*. More information on Southern DHB's response to National Strategy is available in section 2.2 of its 2013/14 Annual Plan.

Public health legislation provides a legal and administrative framework for managing risks, protecting public health and safety, implementing standards and informing the public about a range of public health and consumer issues and risks.

Regulatory services provide a common framework to ensure co-ordination, certainty and national consistency in the application and enforcement of public health law administered and/or implemented by the Ministry and its agents. Enforcement of public health legislation is one of a number of techniques available to the public health service providers but is usually used only when other techniques are insufficient to achieve necessary standards or otherwise protect public health. Responsibility for public health legislation is shared between the Ministry and designated officers employed in DHB-based public health units.

Regional context:

In delivering the goal of '*better, sooner, more convenient health services*' the Government has clear expectations of increased regional collaboration and alignment between DHBs. Southern DHB is part of the South Island region along with Nelson Marlborough, Canterbury, West Coast, and South Canterbury DHBs. Together we provide services for 1,050,571 people, representing 23% percent of the total New Zealand population. While each DHB is individually responsible for the provision of services to its own population, working regionally enables us to better address our shared challenges and support improved patient care and more efficient use of resources. Together, the South Island DHBs have established the South Island Alliance: a partnership between the five DHBs that is committed to a '*best for patients, best for system*' framework and strong clinical engagement (cf. Southern DHB Annual Plan 2013/14 s. 2.3)

The South Island Health Services Plan (HSP) is the collective strategic direction for the five South Island DHBs for the next three to five years. Each year the South Island DHBs prepare a supplementary SIHSP Implementation Plan with a one to three year focus which details how DHBs are collaboratively working together to plan and implement change.[3]

South Island Public Health Partnership

The Public Health Service's principal role in regional activity is as a member of the South Island Public Health Partnership, which aims for:

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[2] Refer to Southern DHB Annual Plan 2014-2015 for a summary of the Southern DHB's commitments towards the six national health targets.

[3] 2013/14South Island Regional Health Services Plan is available from the Alliance Programme Office website: www.siapo.govt.nz.

"A healthier South Island population through effective regional and local delivery of core public health functions."

The main providers of public health services in the South Island are the three District Health Board Public Health Units:

- Southern Distict Health Board Public Health Service
- Community and Public Health (Canterbury DHB, also covering West Coast and South Canterbury); and
- Nelson-Marlborough Public Health Service.

The three PHUs agreed in 2012 to continue with a South Island Public Health Partnership under the South Island Alliance Programme, and to broaden the Partnership's focus from alignment of current PHU work to a more outcomes-focused and DHB and community-focused programme, with a major emphasis on a Health in All Policies (Social Determinants of Health) approach. In 2013 the priorities of the South Island Public Health Partnership became:

- Alcohol – DHB wide alcohol harm strategies
- Tobacco – Smokfree promotion – Smokefree 2025
- Sustainability- supporting the foundations fo suistainability and cost reduction
- Strengthen collaborative ways of working – information sharing, workforce, emergency management, communicable diseaes protocols, South Island Drinking Water Assessment Unit
- Working with outher Service level alliances Child Health (Alcohol), Mental Health (Alcohol) and Support Services (Sustainability)
- Rheumatic Fever – South Island Rheumatic Fever Prevention management Plan and business case.

The template of this annual plan; the short term outcomes we are working towards and the accompanying short term outcome indicators were developed by members of the partnership and are used by each PHU for their 2013/14 plans and has continued in the 2014/2015 annual plan cycle.

Local Context:

Southern DHB's priorities for 2014/15 are guided by the Minister of Health's Letter of Expectations, the South Island Regional Health Services Plan, and aligned with the needs of its community and patients and the organisation itself. At the higher level, the priorities facing Southern DHB are consistent with the rest of New Zealand. Local priorities are influenced by how Southern DHB is to address and implement the national and regional priorities in the Southern environment:

- Care closer to home – better use of primary care, community providers and rural health services
- Health of Older People – services to meet the growing number of older people and the associated increase in demand and expectations
- Improving our performance – health targets, effectiveness, and efficiency
- Integration – clinical, systems, processes
- Living within our means – managing with our workforce, facilities, funding.

The Public Health Service is guided by a number of Southern DHB strategic and operational plans, the principal ones being:

Relevant Southern District Health Board Strategies and Plans	
Southern DHB Annual Plan 2013 -14[4]	• Cf. section 2
Maori Health Action Plan 2013-14[5]	• Access to care • Child health • Cardiovascular disease • Cancer • Smoking • Immunisation • Rheumatic Fever • Respiratory Conditions • Diabetes • Ethnicity data collection
Raise Hope Southern DHB's Mental Health and Addiction Strategic Plan[6]	• More people with mental illness and/or addiction will have good physical health • The health and wellbeing of the community is improved • Family/whanau are better able to support themselves and their family/whanau • Fewer people will be affected by the misuse of alcohol and drugs
Southern DHB Tobacco Control Plan 2011-2014[7]	*Long-term outcomes* - Decreased smoking prevalence - Decreased exposure to second hand tobacco smoke

[4] http://www.southerndhb.govt.nz/index.php?pageLoad=662

[5] http://www.southerndhb.govt.nz/index.php?pageLoad=2906

[6] http://www.southerndhb.govt.nz/index.php?pageLoad=2886

[7] http://www.southerndhb.govt.nz/index.php?pageLoad=2917

	Intermediate outcomes - Increased cessation in youth and adults - Reduced smoking initiation in youth - Increased smokefree environments - Increased leadership for smokefree *Short-term outcomes* - Increased quit attempts - Knowledge and attitude change - Reduced availability of tobacco and visibility of smoking
Southern DHB Performance Excellence and Quality Improvement Strategy	*The Southern DHB fourfold aim:* • Enhance the health of the whole population • Improve the experience of care for individuals in the population • Decrease the cost per capita of providing care to our population • Promote high quality teaching and learning, research and scholarship.
Southern DHB Family Violence Intervention Programme Strategic Plan	*In Draft*

C. A Renewed Focus

The five core public health functions agreed by the Public Health Clinical Network and included in the draft revised Ministry of Health Tier One Public Health Service Specifications are:

1. Health assessment and surveillance
2. Public health capacity development
3. Health promotion
4. Health protection
5. Preventative interventions

This plan groups public health initiatives according to their primary public health function. However, the core public health functions are interconnected; core functions are rarely delivered individually. Effective public health service delivery generally combines strategies from several core functions to achieve public health outcomes in one or more public health issue or setting.

Southern DHB's public health service has also prepared an operational 'matrix' which provides additional detail of activities planned for the 2013/14 year.

Treaty of Waitangi

The Treaty of Waitangi embodies the fundamental relationship between the Crown and Iwi that provides for Māori well-being. The New Zealand Public Health and Disability Act 2000 part 1, section 4 identified that District Health Boards (DHBs) must work to improve Māori health gain through the provision of "mechanisms to enable Māori to contribute to decision-making on and to participate in the delivery of, health and disability services."

This is reiterated in the Māori Health Strategy, 'He Korowai Oranga', which states that "[t]he Government is committed to fulfilling the special relationship between Iwi and the Crown under the Treaty of Waitangi". The principles of partnership, participation and protection with, by and of Māori communities are integral parts of programme planning within the Public Health Service.

Reducing inequalities is a guiding principle of population health. By working with, by and for communities that may experience inequalities, we can ensure that the 'gap' between illness and health is narrowed to ensure better health outcomes for our population. Working within an equitable framework is non-negotiable and reflected in our programme planning.

Achieving Whānau Ora – the underpinning of our work

"The overall aim of He Korowai Oranga is Whānau Ora; Māori families supported to achieve their maximum health and well-being."[8]Whānau Ora is consequently a priority for reducing inequalities between the health outcomes of Māori and other New Zealanders. Achieving Whanau Ora is a principal feature of Southern DHB's vision for its population. Consequently in the course of service planning and delivery Public Health South will:

- Engage with Iwi and local Māori providers in Southern District public health leadership
- Ensure programme designs support Whānau Ora (assessing these with the Whānau Ora Tool)[9]
- Ensure service delivery improves access for Māori
- Develop the capacity of Māori providers
- Improve the capacity of mainstream providers to support Whānau Ora
- Contribute to research and evaluation to best in understand what works for Māori

The 'Whānau Ora' approach and Public Health Service's commitment to the principles of the Treaty of Waitangi underscores work towards achieving our five vital few outcomes and its contribution to the outcomes of Southern DHB's Maori Health Plan 2013/14.

[8]Ministry of Health (2002) He Korowai Oranga – Maori Health Strategy p. 1

[9]Ministry of Health (2008)

A. FINANCIALS

The main source of funding comes from the Ministry of Health to deliver core public health services. We also receive funding from other sources for a small number of additional contracts including the New Zealand Food Safety Authority; and other divisions of the Ministry of Health.

B. KEY RELATIONSHIPS

Government/Crown

- Ministry of Health
- Department of Conservation
- Ministry of Primary Industries
- NZ Police
- Ministry of Social Development
- Department of Corrections
- Environmental Science and Research
- Environmental Risk Management Authority
- Health Promotion Agency
- University of Otago
- Nelson Marlborough District Health Board
- Canterbury District Health Board
- South Island Alliance

Regional Councils/Territorial Local Authorities:

- Environment Southland
- Otago Regional Council
- Central Otago District Council
- Clutha District Council
- Dunedin City Council
- Gore District Council
- Invercargill City Council
- Queenstown Lakes District Council
- Waitaki District Council

Papatipu Runaka and Maori Providers

- Oraka Aparima
- Awarua
- Waihopai
- Hokonui
- Otakou
- Moeraki
- Puketeraki
- Te Ao Marama
- Kai Tahu Ki Otago
- Awarua Health and Social Services
- Nga Kete Matauranga Pounamu Charitable Trust
- Arai TeUruWhareHauora
- Uruuruwhenua Health
- Te Roopu Tautoko ki te Tonga

Non Government Organisations

- Southern Primary Health Organisation
- National Health Foundation
- Sports Southland
- Sport Otago
- Cancer Society
- Pacific Island Advisory and Cultural Trust
- Otago Pacific People's Health Trust
- New Zealand Family Planning Association

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C. ACTIVITIES

This part of Southern DHB's Public Health Services Plan for 2014/15 presents activities for each service line in the context of the core functions of public health for New Zealand.

These are:

1. Health assessment and surveillance

Strategies

- **Monitoring, analysing and reporting** on population health status, health determinants, disease distribution, and threats to health, with a particular focus on health disparities and the health of Māori.
- Detecting and investigating **disease clusters and outbreaks** (both communicable and non-communicable).

2. Public health capacity development

Strategies

- Developing and maintaining public health **information systems**.
- Developing **partnerships** with iwi, hapü, whānau and Māori to improve Māori health.
- Developing partnerships with Pacific leaders and communities to improve Pacific health
- Developing **human resources** to ensure public health staff with the necessary competencies are available to carry out core public health functions.
- Conducting **research, evaluation and economic analysis** to support public health innovation and to evaluate the effectiveness of public health policies and programmes.
- **Planning, managing, and providing expert advice** on public health programmes across the full range of providers, including PHOs, Planning and Funding, Councils and NGOs.
- **Quality management** for public health, including monitoring and performance assessment.

3. Health promotion

Strategies

- Developing public and private sector **policies** beyond the health sector that will improve health; improve Māori health and reduce disparities.
- Creating physical, social and cultural **environments** supportive of health.
- Strengthening **communities' capacity** to address health issues of importance to them, and to mutually support their members in improving their health.
- Supporting **people to develop skills** that enable them to make healthy life choices and manage minor and chronic conditions for themselves and their families.
- Working in **partnership with other parts of the health sector** to support health promotion, prevention of disease, disability, injury, and rational use of health resources

4. Health protection

Strategies

- Implementing and reviewing public health laws and regulations[10].
- Supporting, monitoring and enforcing compliance with legislation.
- Identifying, assessing, and reducing communicable disease risks, including management of people with communicable diseases and their contacts.
- Identifying, assessing and reducing environmental health risks, including biosecurity, air, food and water quality, sewage and waste disposal, and hazardous substances.
- Preparing for and responding to public health emergencies, including natural disasters, hazardous substances emergencies, bioterrorism, disease outbreaks and pandemics.

[10]Public health legislation covers a wide variety of issues, including communicable disease control, border health protection, food quality and safety, occupational health, air and drinking water quality, sewerage, drainage, waste disposal, hazardous substances control, control of alcohol, tobacco and other drugs, injury prevention, health information, screening programmes, and control of medicines, vaccines and health practitioners.

5. Preventative interventions

Strategies

- Developing, implementing and managing **primary prevention programmes** (targeting whole populations or groups of well people at risk of disease: eg immunisation programmes).
- Developing, implementing and managing population-based **secondary prevention programmes** (screening and early detection of disease: eg. cancer screening).

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Physical Environment – Environmental Health

	Short term outcomes	Short term Outcome Indicators	Activities	Performance Measures	
				Quality	Quantity
Health Assessment and Surveillance	Robust population health information available for planning health and community services	Availability of information for planning	Establish systems for monitoring environmental effects that have the potential to impact on public health.	Review reports and data on key environmental indicators relating to: • Air quality • Population connected to adequate and safe water supplies • Population at risk due to inappropriate means of disposing of sewage. • Solid and hazardous waste and its impact on public health • Contact recreation water and its impact on public health	
Public Health Capacity Development	Effective partnerships with iwi, hapü, whānau and Māori	Joint processes and initiatives	Kai Tahu Ki Otago (KTKO) and Te Ao Marama Inc (TAMI) are consulted with regards to local and regional government decisions that may impact on Maori health and well-being	Issues identified in partnership with Kai Tahu Ki Otago and Te Ao Marama	
	A highly skilled public health workforce		Joint training opportunities with KTKO and Te o Marama Staff		At least one joint training opportunity
	Improved collaboration in the public health	Organisations working collaboratively on	Develop, strengthen and maintain partnership with wider public	Relationships developed and defined with Regional Councils	10

	sector and intersectorally	integrated plans and activity	health sector including iwi providers to enable joint planning and mutual support for public health providers	and Territorial Local Authorities in the Southern District	
Health Promotion			Advocate to Local Authorities to support water fluoridation where it is a cost-effective option for water supplies in the Southern District	Engagement with Local Authorities as part of Annual Planning processes and as required	Eight submissions on fluoride
Health Protection	Improved Outdoor Air Quality	Regional Council Air Quality monitoring results	Work collaboratively with Local and Regional councils in the Southern District to reduce harmful emissions in priority locations	Identify priority locations being worked on with an emphasis on reducing inequalities Submissions on Regional Air Plans and Annual Plans	Seven priority locations identified in the Southern District Two submissions
	Less disease caused by human contact with sewerage	Sewage-related outbreaks Environmental contamination events	Work collaboratively with councils to promote and ensure safe sewage disposal that manages public health risk	Number of sewage contamination incidents notified to Public Health South Number of submissions advocating safe sewage disposal	10 Five submissions
	Less illness caused by contamination of beach, river and lake water	Waterborne disease outbreaks Beach and river water gradings	Agree recreational water protocols with councils annually and monitor implementation Work with councils to address contamination sources Contribute to adverse water quality event response	Recreational water protocols in place with all councils Work done with Councils on impacts associated with land use activities Number of adverse water quality events responded to	Three sets of protocols Five

			Promote greater public awareness of recreational water monitoring programmes	Evidence of improved communication systems	
	Regional and local council resource management practices and decisions reflect health priorities	Evaluation of council decisions, implementation and enforcement	Establish relationships with Territorial Authorities/Regional Councils so as to be involved in policy and planning at an early stage	Number and type of policies and plans that PHS works collaboratively with Territorial Authorities/Regional Councils on prior to formal consultative processes	Ten
				Submissions on plans with relevance to public health are made to Territorial Authorities/Regional Councils	25
			Establish good communication with consent authority to 'forecast' consents and other matters, with greater public health impacts	Number to times Public Health Service has been approached to address resource consent issues prior to formal notification	Ten
			Undertake submissions on resource consent applications that may have public health impacts	Recommendations in submissions have been accepted	12
	Public Protected from other health hazards		Provide education/advice/ enforcement of relevant Public Health Legislation: Health Act 1956, Burial and Cremation Act 1964 as required	Record the number of requests for information received and the types of advice given	25
			Attend all disinternments and ensure they meet all regulatory	Ministry of Health approve all disinternment applications'	Five disinternments

			requirements. Undertake six monthly audits of all Solaria in the Southern District in accordance with the processes and templates defined in the relevant Ministry of Health Circular Letter	Six –monthly reports provided in accordance with Ministry of Health deadlines	17
Sustainability	Greater understanding of and action on sustainability	Evidence of increased awareness and development of sustainable approaches within our DHBs and partner organisations	Raise awareness regarding sustainability issues and advocate for effective adaptation and mitigation strategies where it is clear that public health will be compromised through unsustainable activity	Provide narrative reports on sustainability activities in the Southern District	
Key stakeholders: Local and Regional Councils, Kai Tahu Ki Otago Limited (KTKO), Te Ao Marama Incorporated (TAMI) , Pacific providers and stakeholders, Ministry of Health, Ministry for the Environment, Ministry of Social Development, NZ Land Transport Authority (NZTA), Department of Building and Housing, Department of Conservation, Fish and Game Council.					
Relevant documents/legislation:					

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D. Physical Environment – *Hazardous Substances*

	Short term outcomes	Short term Outcome Indicators	Tasks	Performance Measures	
				Quality	Quantity
Health Assessment and Surveillance	Robust population health information available for planning health and community services	Availability of information for planning	Monitor poisoning data collected by Massey University's Centre for Public Health Research	Chemical poisoning notifications from Primary Care forwarded via HSDIRT	

Public Health Capacity Development	Effective partnerships with iwi, hapü, whānau and Māori	Joint processes and initiatives	Strategic alliances are developed between Public Health South and KTKO and TAMI in formal advocacy issues of mutual interest	Reduce Hazardous Substances injuries to whanau	
	A highly skilled public health workforce	PHS staff are competent in HSNO work	Provide training and review meetings for all key HPO/HSNO staff	Quarterly review meetings held for HSNO Officers HSNO officers attend required Ministry Training every 3 years (8 officers over 3 years)	Four
	Improved collaboration in the public health sector and intersectorally	Organisations working collaboratively on integrated	Develop, strengthen and maintain partnership with wider public health sector including iwi providers and TBFree to enable joint planning, planning and mutual support	Working with Pest Control operators on strategies aimed at minimising perceptions of public health risk Regular newsletters to Pest Control Contractors Annual meeting with TBFree to understand work programme and resolve technical issues	 Two One
			Participate in Hazardous Substances Technical Liaison Committee and activities organised by it	Hazardous substances Technical Liaison meetings	Four
Health Protection	Reduced incidence of notifiable diseases	Notifiable diseases and influenza rates and trends	Follow up on notifications of non-occupational cases of chemical injury as required	Number of notified Hazardous Substances Injuries.	Ten
	Public Protected from	Reports of public exposure	Assess applications for the use of	100% applications for use of	50

	exposure to hazardous substances		selected vertebrate toxic agents, and issue and audit permissions as required	vertebrate toxic agents are assessed	
			Undertake audits of 1080 operations	Number of high risk operations audited	Ten
			Follow-up enquiries and complaints associated with the use of Hazardous Substances	Number of enquiries/complaints	15
			Ensure PCB exemption holders have updated risk management plans, dispose of their PCBs and/or maintain their exemptions	Annual assessment PCB exemption holder undertaken.	One
			Work with councils and other agencies to reduce public exposure to hazardous substances, including responding to hazardous substance incidents and injuries as required	Number of hazardous incidents responded to	15
			Provide public information and advice e.g. asbestos, lead paint	Number of samples processed	45
			Undertake one HAZNO compliance survey in either low-cost retail or large national retail chains.	Survey planned and delivered and findings directed accordingly	One
			Provide other HSNO functions as required.	Number and type of spray-drift incidents/recall of graphics materials etc	Three
			Input into Local and Regional Government Plans, Policies and	Number of submissions involving hazardous substances	Five

			Resource Consents Review Disposal of Tyres in the Southern District	Implementation and project and production of report	One
Key stakeholders: Ministry of Health, Ministry for the Environment, Ministry of Consumer Affairs, Department of Conservation, Worksafe New Zealand, NZ Transport Authority (NZTA), Civil Aviation Authority, New Zealand Fire Service, Maritime New Zealand, Environmental Protection Agency, local and regional councils, New Zealand Police, TB Free, Ministry of Primary Industries, New Zealand Customs, Southern Primary Health Organisation, Hospital Emergency Departments, Kai Tahu ki Otago limited (KTKO) , Te Ao Marama Incorporated (TAMI).					
Relevant documents/legislation: Hazardous Substances and New Organisms Act 1996 Ministry of Health 2010-16 Hazardous Substances Action Plan					

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Built Environments – Early Childhood Education Centres

	Short term outcomes	Short term Outcome Indicators	Activity	Performance Measures	
				Quality	Quantity
Public Health Capacity Development	Effective partnerships with iwi, hapü, whānau and Māori	Joint processes and initiatives	Establish relationships with Kohanga regional groups and Maori providers	Provide examples of how PHS works collaboratively with Kohanga regional groups and Maori providers	
	Effective partnerships with Pacific and other ethnic communities	Joint processes and initiatives	Maintain relationships with the Ministry of Education Maintain relationships with Well Child providers/networks	Number of meetings arranged Number of Well Child provider networks PHS contributes to Issues addressed/information provided to Well Child Providers	Two across the district Three across the district
	Improved collaboration in the public health sector and	Organisations working collaboratively on integrated	Develop, strengthen and maintain partnership with wider public health sector including iwi	Growing competence within the workforce to address noise issues within ECE's	

	intersectorally		providers to enable joint planning, and mutual support for public health providers	Working with MoE around noise issues.	
Health Promotion	Communities educated and aware of health issues and healthy choices and behaviours		Provide professional development to the Early Childhood Education Centres (ECEC)	Number of Professional Development sessions provided (refer also to Communicable disease section) Number of teachers attending Professional Development sessions	Six over the district 120
Health Protection	Reduced incidence of notifiable diseases Reduced incidence of influenza	Notifiable diseases and influenza rates and trends	Investigate and manage disease notifications and outbreaks in Early Childhood Education Centres[11] Provide information and advice on disease risk reduction, and hand washing to Early Childhood Education Centres	Number of outbreaks of disease in Early Childhood Education Services Number of Early Childhood Education Services provided with advice Type of advice provided	10 (average over last five years) 25
	Health hazards reduced in Early Childhood Education Centres	Compliance with ECES Regulations, including infection control and lead exposure	Health assessments are carried out for all Early Childhood Education Services prior to licensing and as requested by the Ministry of Education Promote awareness of child health issues to Early Childhood Education Services and stakeholders through the regular production of the Healthy Hints	Number of Early Childhood Education Services assessed Review Health Assessment Tool Number of Healthy Hints for Tot's newsletter that are distributed to all Early Childhood Education Services in the Southern DHB area.	Eight Four

[11] This activity corresponds to the Communicable Disease section of the PHS service plan

			for Tot's newsletter	Number of Healthy Hints for Tots planning Meetings Evaluation of the newsletter by ECE's.	Two
			Respond to enquiries/ complaints from staff/parents/public	Number and type of enquiries/complaints responded to	Five
Key stakeholders: Worksafe, Ministry of Education, Territorial Local Authorities, Kohanga Reo, Maori Providers, Early Childhood Education Centres, Well Child Provider Networks, Public Health Nurses, Kindergarten Associations, and Playcentre Associations.					
Relevant documents/legislation: Education (Early Childhood Services) Regulations 2008, Environmental Health Manual, Na Kupu Oranga.					

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Built Environments – *Housing*

	Short term outcomes	Short term Outcome Indicators	Tasks	Performance Measures	
				Quantity	Quality
Health Assessment and Surveillance	Robust population health information available for planning health and community services	Availability of information for planning	Undertake an Whanau ora impact assessment of housing in Invercargill and Dunedin Undertake a stock take of organisations within the region that advocate for healthy homes	Assessment completed List of housing associated organisations and the services they provide is developed	One list developed

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Public Health Capacity Development	Public health information accessible to public health and other health workers		Engage with sectors who have existing initiatives striving for healthy homes Collate information on healthy homes	Existing initiatives are identified Information and resources are available for distribution	
	Effective partnerships with iwi, hapü, whānau and Māori	Joint processes and initiatives	Work with KTKO to implement the housing components of the Whenua Ora Plan Active working relationships between PHS and regional Maori stakeholders are developed	Overview of housing components (6) of the plan implemented Explanation of initiatives planned and implemented in partnerships with Maori communities and health providers	Three of the housing components of the plan implemented. Six initiatives planned and implemented
	Effective partnerships with Pacific and other ethnic communities	Joint processes and initiatives	Active working relationships between PHS and Pacific Stakeholders	Outline of initiatives between PHS and Pacific Stakeholders	Three initiatives planned and implemented
	Improved collaboration in the public health sector and intersectorally	Organisations working collaboratively on integrated service delivery	Develop, strengthen and maintain partnership with wider public health sector including iwi providers to enable joint planning, planning and mutual support for public health providers	Work with the Southern Primary Health Organisation on planning how we can work together to deliver positive health outcomes though housing	
	A highly skilled public health workforce		Work collaboratively with organisations that advocate for healthy homes including Warm Homes Trusts to develop a shared understanding of the health conditions impacted on by cold and damp housing Work collaboratively with	Shared understanding of the health conditions impacted on by cold and damp housing is reflected in insulation programmes with targeted health condition components across the region Identify councils supported	Eight Councils Supported

			councils and the public to build competencies and develop processes among housing/compliance staff in e.g. dealing with people with a mental illness who face housing issues		
Health Promotion	Policies and practices within and beyond the health sector that will improve health, improve Maori health, and reduce disparities	New and reviewed strategies, plans and policies reflecting health priorities	Establish relationships between PHS, councils and other organisations within the region that advocate for healthy homes Work collaboratively with councils and other stakeholders to review or develop policies around healthy homes as appropriate Work with primary and secondary health care providers on programmes aimed at referring those with hosing attributable health conditions to insulation and heating programmes. Make submissions on Healthy Homes as appropriate	Identify councils PHS has worked with on Housing initiatives Identify and explain type of policies reviewed or developed Relationships established between health care providers and organisations responsible for allocation of support for home insulation and/or heating Number of submissions made	 Three Submissions
	Communities educated and aware of health issues and healthy choices and behaviours		Information on health issues and healthy choices and behaviours, as relevant to healthy homes is distributed	Summary of articles printed in the Southern DHB community publication Better Health Describe information available on the Southern District Health Board	Two articles printed

			Raise awareness of housing related health issues by providing resources at events and integrate housing issues into workplace wellness programmes Disseminate Healthy Homes resources by responding to resource requests	and stakeholder websites Describe the type of events attended/supported Outline workplaces that include Healthy Homes in their workplace wellness programs[12] Summarise resource requests responded to	Four workplaces
Health Protection	Less disease caused by inadequate housing	Housing quality improvements Trends in Population Attributable Fraction of housing related conditions	Work with councils and other agencies to ensure warm and dry housing, especially for vulnerable groups (including identification and referral of vulnerable households) Engage with councils to establish whether a District wide Memorandum of Understanding for Section 126 applications is required Work with Regional Councils to factor in inequalities in their criteria for subsidised home heating programmes Establish methods for calculating suitable indicators of health conditions attributable to	Description of vulnerable households identified and referred MOU established if required Effective engagement with Regional Councils with a view to integrating them with insulation programmes. Baseline for housing related ill-health established for the purposes of monitoring future	

[12] This activity corresponds to the Social Environments section of the PHS Service Plan

			housing in relation to hospital and primary/community care	trends.	
Key stakeholders: Local councils, Kai tahu ki Otago Limited, Community Organisations advocating for adequate housing, Warm Homes Trusts, Te Ao Marama Inc.					
Relevant documents/legislation: Whanau Ora Health Impact Assessment Tool					

RM00101

Communicable Disease

	Short term outcomes	Short term Outcome Indicators	Tasks	Performance Measures	
				Quality	Quantity
Health Assessment and Surveillance	Prompt identification and analysis of emerging disease trends, clusters and outbreaks	Timely reports of trends and outbreaks of concern	Accurate and appropriate information is available about notifiable disease statistics. Activities include – - Fortnightly meetings to review disease statistics - disease statistics disseminated internal and external stakeholders Investigate and respond to identified potential and actual outbreaks. Coordinate influenza surveillance at sentinel GP practices in Otago and Southland	Meetings identify potential trends or clusters of disease Disease statistics disseminated Ministry of Health and/or Ministry for Primary Industries (MPI) advised of significant issues/incidents as required Sentinel GP influenza surveillance data is reported to Environmental Science and Research (ESR)	25 12 7 Practices
Public Health Capacity Development	A highly skilled public health workforce	External Public Health workforce supported to increase skills and capacity	Inform stakeholders of disease risk through various avenues. Activities include –	Provide examples of how PHS informs stakeholders of potential	

		to manage risk	- Outbreak management Educational sessions and tools for rest homes, hospitals and early childcare centres	risk Outbreak management education sessions delivered. (Refer also to Early Childhood section)	 6 sessions
			MOH authorised Vaccinators as required by legislation	Authorisation sign off is completed by MOH	170 vaccinators approved
			As required MOH provide education sessions as part of vaccinator training	Number of training sessions delivered	
		Highly skilled internal work force	Maintain a well trained workforce	PHS Workforce will include individuals with - - Current vaccinator certificate - Gazetted for BCG vaccinations	
			MOH provides clinical oversight to the outreach nurses and immunisation co-ordinators (Note Outreach, NIR and Immunisation coordinators work stream is not delivered via the public health service)	Provide examples of MOH support to VPD programme MOH chairs the Otago Southern Immunisation steering group committee	 Three meetings
			Ongoing review and updating of protocols and procedures. Work with South Island Public Health Units to align protocols and procedures.	Listed protocols and procedures are up to date	
			Support Southern DHB activities to vaccinate staff against influenza		

			MOH attends DHB Infection Prevention and Control meetings to develop/implement health care pathways across the DHB.	Develop/implement health care pathways as required	Number and type
	Improved collaboration in the public health sector and intersectorally	Organisations working collaboratively	Develop a partnership with Southern to enable joint planning, planning and mutual support for public health providers	Regular communications with Southern PHOs regarding communicable diseases	
Health Promotion	Communities educated and aware of health issues and healthy choices behaviours		Promote immunisation including influenza, measles and other vaccine preventable diseases Inform stakeholders / practitioners / public of disease information and disease risk.	Information disseminated is evidence based.	Ten media releases / publications
Health Protection	Reduced incidence of notified diseases	Notifiable disease and influenza rates, outbreak rates and trends Approved needle exchanges operating in the district	Investigate and manage disease notifications and outbreaks in accordance with Communicable Disease Manual, Ministry of Health Guidelines and our internal procedures. Communicate with internal and external stakeholders regarding disease notifications and processes. Activities include – Communication with GP practices Assess the two needle exchanges to review activities for compliance with certification requirements and best practice	Disease notifications and outbreaks investigated are investigated in accordance with protocols Number and type of PHS communications with GP's and stakeholders Needle exchanges operating in accordance with required standards. Documented evidence of reviews carried out.	50 outbreaks 1460 diseases notified 10 Two approved needle exchanges

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Primary Prevention	Increased immunisation coverage, especially priority groups	Immunisation rates	Immunise babies at high risk of tuberculosis (neonatal BCG vaccination)	Notifications followed up. Number of babies given Neonatal BCG	120
Key stakeholders: Ministry of Health, ESR, Southern Primary Health Organisation, GP practices, local councils, Rodger Wright Centre, DIVO, SHRP, Hep C centre, Midwives, Southern DHB (Hospital Emergency Departments, Public Health Nurses, Vaccine Preventable disease programme, Infection prevention and control team), Residential and hospital Elderly Care Sector, Early Childhood Sector, Ministry of Primary Industries.					
Relevant documents/legislation: Health Act 1956, Communicable Disease Manual 2012, Immunisation Handbook, Health Infectious Diseases Regulations 1966,					

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Border Health

	Short term outcomes	Short term Outcome Indicators	Tasks	Performance Measures	
				Quality	Quantity
Public Health Capacity Development	Population health interventions are based on best evidence and advice	Organisations work collaboratively	Foster relationships with key stakeholders at international airports and ports to raise public health issues and awareness of response plans	Attend at least 2 meetings with stakeholder at: - Port Otago Dunedin International Airport - Queenstown International Airport - SouthPort Attend at least 2 meetings with district Customs & MPI representatives	 Two Two Two Two Two
	A highly skilled public health workforce	PHS staff are competent in border health work	Staff attend ministry of health run courses to maintain competencies Staff complete WHO online Training Ongoing internal training on port and airport response plans	Staff attend border health related courses Key Border Health Staff complete by 31/12/2014 Annual training for PHS staff on response plans Annual exercise with one international port or airport	Two Five One
Health Protection	Reduced International Spread of Infectious disease	Evidence of imported or exported disease Port and airport compliance with international health regulations and health act Quarantine requirements	Undertake activities in accordance with the International Health Regulations 2005. Activities include - - Pratiques - Shipping sanitation certificates	Requirements of International Health Regulations 2005 are adhered to	 164 Five

		Exotic Mosquito Surveillance reporting	- Six monthly water samples from International airports and ports		Eight
			Complete annual point of entry verification of designated Airports and seaports	Annual POE verification completed	Four verificati ons
			Activities are conducted in accordance with the Environmental Health Manual	Notification of Chief Technical Officer (CTO) Health as required • Within two hours of identification of exotic mosquitoes of public health significance and provide situation reports (activities undertaken during interception responses • Immediately notify of any control measures applied to any conveyance that are other than routine, and copy the Office of the Director of Public Health.	
			Mosquito Surveillance at International sea ports and airport	Number of surveillance samples obtained	1550
			Annual review of all sampling sites	Review completed and required changes made.	
Key stakeholders: Ministry of Health, Ministry of Primary Industries, NZ Customs, International Airports, International Sea ports, Airlines, Civil Aviation Authority, New Zealand Fire Service, Maritime New Zealand, local and regional councils, New Zealand Police, Southern Primary Health Organisation, Hospital Emergency Departments.					
Relevant documents/legislation: Health Act 1956, Environmental Health Manual, Health (Quarantine) Regulations 1983, International Health Regulations 205					

RM00108

Drinking Water

	Short term outcomes	Short term Outcome Indicators	Tasks	Performance Measures	
				Quality	Quantity
Public Health Capacity Development	Continuous improvement culture and robust quality systems for all public health work	Quality improvement plan reports Accreditation results PHS staff are competent in drinking water work	Maintain International Accreditation New Zealand (IANZ) accreditation Drinking water assessors (DWAs) attend training as required to maintain competencies Medical Officer of Health /Health Protection Officers attend relevant training	Annual IANZ accreditation assessment completed DWAs attend Ministry Training every 3 years DWA's maintain competency for individual accreditation Training attended when available	1 new DWA 4 current DWA 3 branch offices
Health Promotion			Advocate to Local Authorities to support water fluoridation where it is a cost-effective option for water supplies in the Southern District.	*Reference to Resource Management Section, physical environments*	
Health Protection	Improved water quality and protection measures in community drinking water supplies Increased public awareness of the importance of drinking	Percentage of drinking water supplies complying with the Health Act 1956	Progressively work with Supplies to ensure compliance with the Health Act. Activities include: - Water Safety Plans (WSPs) - WSP Implementation assessments - Compliance reports - Registration of Water carriers	All WSPs assessed within the 20 working day timeframe. Number of WSPs approved Drinking water supplies with populations between 101 - 500	26 WSPs

	water quality			and water carriers obtaining water from these supplies have submitted PHRMP's by the 1 July 2015. PHRMP Implementation assessments are completed as required Annual compliance reports completed	Ten Water Carriers WSP 25
			Complete annual drinking water survey Public health risks related to drinking water including are managed.	Annual registration of water carriers completed Annual survey completed within required time frame PHS ensures that public health risk is managed by water suppliers Ministry of Health advised of all major transgressions within 24 hours	13
Key stakeholders: Ministry of Health, Local Councils, Drinking Water Suppliers, Water Carriers, ESR, SIDWAU.					
Relevant documents/legislation: Health Act 1956, NZ Drinking Water Standards, National Technical Manual, SIDWAU Administration Manual, Environmental Health Manual					

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RM00110 Social Environment					
	Short term outcomes	**Short term Outcome Indicators**	**Tasks**	**Performance Measures**	
				Quality	**Quantity**
Health Assessment and Surveillance				Relationship Register updated	
Public Health Capacity Development	Effective partnerships with iwi, hapü, whānau and Māori	Joint processes and initiatives	Strategic alliances are developed between Public Health South and KTKO and TAMI in formal advocacy issues of mutual interest Work collaboratively with Maori communities to identify issues and appropriate stakeholders to work with to address them	Regular Hui are held with KTKO and TAMI Relationship Agreement between TAMI and PHS is maintained and adhered to Relationships developed with appropriate stakeholders described	
	Improved collaboration in the public health sector and intersectorally	Organisations working collaboratively on integrated plans and activity.	Develop, strengthen and maintain partnership with wider public health sector including iwi providers to enable joint planning, planning and mutual support for public health providers	Relationship agreement with Southern Primary Health Organisation developed and maintained Formal relationships between other key public health stakeholder defined and documented Wider public health sector stakeholder canvassed for views on how Southern District Health Board's Public Health Service can improve	10

			Work with Social Sector Trials and Healthy Families initiatives to support the development of effective public health approaches.	service delivery. Describe effective public health approaches incorporated into: • Healthy Families NZ Invercargill City • Gore Social Sector Trial • South Dunedin Social Sector Trial.	Three
	A highly skilled public health workforce		Outside agencies in priority settings support a Health in All Policies Approach Engage with and co-ordinate efforts of key external agencies, including local iwi, to identify and support HIAP, HIA and Whanau Ora Impact Assessment opportunities	Number of agencies/stakeholders acknowledging a health in All Policies Approach Document "impact assessment" (HIA), "health in all policies" (HIAP) and "Whanau ora Impact Assessment" approaches	25
Health Promotion	Policies and practices within and beyond the health sector that will improve health, improve Maori health, and reduce disparities	New and reviewed strategies, plans and policies reflecting health priorities	Implement activities from the Murihiku Whenua Ora Plan 2011-2014	Report on progress to implementation of the Whenua Ora Plan	
	Communities educated and aware of health issues and healthy choices and behaviours		Contribute Health Promotion articles to Southern DHB community publication "Better Health" Social Sector Trials/Community action/development programmes are developed and implemented	Number of articles published and topics covered Describe support given to community development initiatives and Social Sector	11 2 Social Sector Trials

			to improve access to priority populations, including Maori, Pacific and low socioeconomic communities to the determinants of health Promote Health Promotion training and development opportunities to key stakeholders	Trials Report on progress towards increasing community capacity Number of staff from external agencies attending PHS in-house training	 80 per annum
	Priority settings, such as primary, secondary and tertiary settings, workplaces, marae and community settings support healthy choices and behaviours	Settings evaluation reports	Priority settings are identified Priority workplaces are identified on an ongoing basis and recruited to a workplace wellness program Priority communities are identified on an ongoing basis Relationships with identified settings and communities are built and requests for specialist input are referred to appropriate provider/s	Number of settings actively engaged in Number of new workplaces recruited Number of new relationships with existing community development programmes or new programmes established Number of requests for specialist services referred to appropriate provider/s • Internal • External	Ten Two workplaces Two communities Three referrals Two
	Communities able to address health issues of importance to them	Changes achieved by community partnerships	Support workplaces to develop health promotion infrastructure e.g. health teams and internal processes, supported to develop a shared vision, conduct needs assessment, develop an action plan and evaluate progress	Description of the type of infrastructure they are supported to develop	Five workplaces

			Support communities to develop health promotion infrastructure e.g. internal processes, supported to develop a shared vision, conduct needs assessment, develop an action plan and evaluate progress	Description of the type of infrastructure they are supported to develop	Five communities
Key stakeholders: Ministry of Health, Ministry of Education, Heart Foundation of New Zealand, Cancer Society, Regional Sports Trusts, Workplaces, University of Otago, Local and Regional Councils, Kai Tahu Ki Otago Ltd, Te Ao Marama Inc, Pacific Health Trusts, Primary and Secondary Health Providers, ACC, Health Promotion Agency, Community groups, Southern PHO, Future Directions Network.					
Relevant documents/legislation: Murihiku Whenua Ora Action Plan 2011-2014					

RM00100

Prevention of Alcohol and other Drug Related Harm

	Short term outcomes	Short term Outcome Indicators	Tasks	Performance Measures	
				Quality	Quantity
Health Assessment and Surveillance	Robust population health information available for planning health and community services	Availability of information for planning	Monitor alcohol and other drug harm data from local and national sources Maintain data on Risk assessments undertaken	Data is available and used to inform PHS planning Data is available and provided to District Licensing Authority	100% applications – club, On, Off and specials are risk assessed at application time
Public Health Capacity Development	Effective partnerships with iwi, hapü, whānau and Māori	Joint processes and initiatives	Maintain and foster relationships with local Runaka, Maori providers and Maori community groups Build capacity with Runaka to	Percentage of local Runaka are aware of Local Alcohol Plan processes	Record number of Runaka sent information

			contribute to Local Alcohol Plans		
	Effective partnerships with Pacific and other ethnic communities	Joint processes and initiatives	Maintain and foster relationships with Pacific Trusts and community groups	Report on progress of initiatives planned and implemented in partnerships with pacific communities and health providers	Two initiatives yearly across districts
	Improved collaboration in the public health sector and intersectorally	Organisations working collaboratively on integrated plans and activity	Develop, strengthen and maintain partnership with wider public health sector including iwi providers to enable joint planning, planning and mutual support for public health providers	Standardised approaches that reflect best practice Representation on Public Health Regulatory Group	Three meetings
	A highly skilled public health workforce	PHS staff are competent	Staff are provided with adequate training to maintain their knowledge and experiences	PHS has experienced enforcement officers on staff	Training from MoH attended by staff
Health Promotion	Policies beyond the health sector that will improve health, improve Maori health and reduce disparities	New and reviewed strategies, plans and policies reflecting health priorities	Support the review or development of alcohol policies in local bodies, workplaces and other institutions Participate in the South Island Public Health Partnership alcohol work	Engagement of Settings with PHS around Alcohol and Other Drug polices Number of standardised alcohol policies and procedures created and implemented across the region Southern DHB Alcohol harm minimisation strategy developed	As required

	Communities educated and aware of health issues and healthy choices and behaviours		Distribute information through DLA newsletters, community newspapers articles , 'better health' articles etc Disseminate Alcohol and Other Drug information by responding to resource requests and supporting the provision of information at events	Evidence based information disseminated Respond to community requests for input as: - meetings - articles - submissions	Two Better Health articles Six articles to partnership newsletters
	Priority settings, such as primary, secondary and tertiary settings, workplaces, marae and community settings support healthy choices and behaviours	Settings evaluation reports	Support and encourage tertiary institutes to minimise alcohol related harm e.g. University of Otago Workplace wellness programmes include promotion and support of alcohol and other drug policies and practices[13]	Relationships support activity to minimise alcohol related harm Number of work places working to promote alcohol and other drug policies and practices	Five
	Communities able to address health issues of importance to them	Changes achieved by community partnerships	Maintain relationships with District Councils, tertiary institutions and other stakeholders Support communities to reduce alcohol related harm for young people and other priority populations	Number and type of collaborative activities undertaken with stakeholders Report on progress in supporting communities to reduce alcohol related harm	Five

[13] This activity corresponds to the Social Environments section of the PHS Service Plan

			Provide clear guidelines for people organising young people's functions	Encourage use of guidelines to by people hosting youth events where alcohol is present	Guidelines offered to 10 schools
Health Protection	Less alcohol-related trauma	ED presentations Police data (violence, road, trauma)	Foster working relationships with the Police and District Licensing Authority (DLA) Up skill staff in licensed premises by offering workshops in collaboration with our partners Provide onsite educational training as part of the relicensing and new licensing process	Engage with local partnerships on collaborative actions e.g. Performance Management plans Collaborate with partners to deliver workshops. Assist with training as requested Pre and post surveys evaluating change in participants knowledge and attitude	Five collaborative actions Six Three trainings sessions are evaluated

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			Promote host responsibility before large special licence events occur	100% of large events have host responsibility alcohol management plans	90%
				Special licence pre meetings attended to support a partnership approach	90%
		Retailer compliance during controlled purchase operations (CPOs)	CPO's are planned and undertake with local partners across the District	CPOs conducted according to national guidelines	12
				Report on the actions taken as a result of CPO's	Actions recorded in monthly report.
			Undertake campaigns to promote and monitor host responsibility in licensed premises	Number of premises and participants engaged in campaigns	Four
				Premises monitored according to risk criteria as required	Actions recorded in monthly report.
			Monitor alcohol advertising and promotion	Project evaluation shows increase in staff knowledge and awareness	Three evaluations
				Number of advertising and promotional breaches bought to the attention of the Police and DLA	Document in monthly report

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Other Psychoactive Substances	Improved compliance with Psychoactive Substances Act 2013	Retailer compliance during controlled purchase operations	Work with Police and other agencies to undertake regulatory activities in line with the Psychoactive Substances Act 2013 and Regulations	Educational Visits CPOs conducted according to national guidelines	95% visited 80% CPO'd
	Policies beyond the health sector that will improve health, improve Maori health and reduce disparities	New and reviewed strategies, plans and policies reflecting health priorities	Support Local Government to development of Local Psychoactive substances plans as required		Number of LAPPs in place
	PHS staff are competent	Staff are provided with adequate training to maintain their knowledge and experiences	PHS has experienced enforcement officers on staff	Training provided by MoH attended	Number of staff trained
Key stakeholders: Ministry of Health, Local and regional Councils, DLA, Local Runaka, , Maori Health Providers , Cancer Control Network, Secondary Schools, SADD, Youth Access to Alcohol (YATA) Groups, University of Otago, Southern Institute of Technology, Accident Compensation Corporation (ACC) New Zealand Police, Road Safety Trusts, Lincoln University – Telford Campus.					
Relevant documents/legislation: Sale and Supply of Alcohol Act 2012, Psychoactive substances Act 2013					

RM00111

Smokefree and Tobacco Control

	Short term outcomes	Short term Outcome Indicators	Tasks	Performance Measures	
				Quality	Quantity
Health Assessment and Surveillance	Robust population health information available for planning health and community	Availability of information for planning	New tobacco and herbal product retailers within the District are recorded on PHS local retailer list	Up-to-date list of retailers maintained Up to date list of education	Database updated 10% of retailers

	services		Retailer education undertaken Controlled Purchase Operations (CPO) undertaken Respond to complaints related to underage sale	maintained on Database and PHISnet Up-to-date list of CPOs recorded and maintained on database and Phisnet with priorities informed by ASH survey Database includes monitoring results and compliance action taken	educated One per quarter in each area
Public Health Capacity Development	Effective partnerships with local iwi, hapü, whānau and Māori	Joint processes and initiatives	Facilitate regional and local network hui, Smokefree network hui, Smokefree Otago and Smokefree Murihiku Meetings Work collaboratively with local Smokefree networks and stakeholders to plan and deliver Health Promotion activities that focus on priority groups	Number of meetings Smokefree Otago Smokefree Murihiku Regional meetings Annual plan developed for network	 Six Six One
	A highly skilled public health workforce	Opportunities to access education and training known and available	Staff are provided with adequate training to maintain enforcement qualifications	PHS has a minimum of three qualified enforcement officers on staff	Ministry of Health trainings attended by enforcement officers
Health Promotion	Policies beyond the health sector that will improve health, improve Maori health and reduce disparities	New and reviewed strategies, plans and policies reflecting health priorities	Advocate for smokefree policies within workplaces and other settings Workplace wellness programmes	Number of workplaces and other settings engaged with PHS around smokefree polices Number of work places	14 Workplaces

			include promotion and support of quit attempts and smokefree workplaces [14] Provide information, support and resources to develop smokefree polices Advocate for local and regional councils to increase the number of smokefree outdoor public spaces	working to promote quit attempts and/or embedding smokefree workplace policies Number of smokefree policies reviewed or created Number of councils engaged with PHS around smokefree outdoor spaces Number of new smokefree outdoor public spaces within local authority boundaries	Four Four Three Three
	Communities educated and aware of health issues and healthy choices and behaviours	Increase knowledge about Smokefree 2025 within communities Increase the profile of Smokefree kaupapa across the district	Contribute Health Promotion articles to community publications like Southern DHB Better Health Work alongside health and other providers to promote the Smokefree 2025 goal by localising national campaigns (e.g. World Smokefree Day) Smokefree - auahi kore role models identified and engaged in Smokefree promotions	Number of articles provided and topics covered Number of settings engaged in 2025 promotions Number and Type of campaigns promoted Nominated and willing role models identified to promote smokefree – auahi kore	Three Four Four Two role models engaged

14 This activity corresponds to the Social Environments section of the PHS Service Plan

Health Promotion	Priority settings, such as primary, secondary and tertiary settings, workplaces, marae and community settings support healthy choices and behaviours	Settings evaluation reports	Advocate for smokefree cars and homes Provide information, support and resources to advocate for smokefree cars and homes Health Promoting Schools initiatives include promotion and support of smoke free homes, cars and school environments[15]	Number/types of settings within which the smokefree homes and cars message is promoted and endorsed Number of schools working to promote/implement promotion and support of smoke free homes, cars and school environments	Four Four
	Communities able to address health issues of importance to them	Community engagements with smokefree – auahi kore kaupapa/agenda	Identify and advocate for targeted events and initiatives to be promoted as Smokefree – auahi kore Provide information and support resources that enable communities to promote their events and auahi kore – smokefree	Targeted community events/initiatives deliver on their support for Smokefree – auahi kore Targeted community events/initiatives sustain their support for Smokefree – auahi kore Report from event organisers on the events success in promoting Auahi Kore	Four applications for support received Four applications and type of events approved for funding and/or other resource support All reports are presented and filed
Key stakeholders: Ministry of Health, Southern PHO, Local Runaka, Local Councils, Maori Health Providers, Cancer Control Network, Schools, University of Otago, Southern Institute of Technology, Lincoln University – Telford Campus, Early Childhood centres.					

[15] This activity corresponds to the Health Promoting Schools section of the PHS Service Plan

Relevant documents/legislation: Smokefree Environments Act 1990, Smokefree 2025

RM00107

Nutrition and Physical Activity

	Short term outcomes	Short term Outcome Indicators	Tasks	Performance Measures	
				Quality	Quantity
Health Assessment and Surveillance	Robust population health information available for planning health and community services	Availability of information for planning			
Public Health Capacity Development	Public Health Information accessible to public health and other workers		Maintain a database of reported breaches of the New Zealand and international code of marketing of breast milk substitutes	Data on the number of potential breaches and the action taken is available Data on the number of potential breaches is available	100% breaches will be reported to the Ministry of Health
			Ensure up to date information regarding supportive breastfeeding environments for parents is available e.g. Baby and Breastfeeding friendly brochures	Up-to-date Information is available for distribution	Distribute information to community
			Partnering with Southern PHO, investigate a consistent design across the region for Baby and Breastfeeding Friendly brochures	Quality resource developed	

	Effective partnerships with iwi, hapü, whānau and Māori	Joint processes and initiatives	Maintain and foster relationships with local Runaka, Maori providers and Maori community groups	Initiatives planned and implemented in partnership with Maori communities and health providers Outcomes recorded and evaluation data is available	6 monthly report records activities and outcomes
	Effective partnerships with Pacific and other ethnic communities	Joint processes and initiatives	Active working relationships between PHS and regional Pacific stakeholders are developed	Initiatives planned and implemented in partnerships with Pacific communities and health providers Outcomes recorded and evaluation data is available	6 monthly report records activities and outcomes
	A highly skilled public health workforce		Collaborate with networks to support professional development for midwives and other key providers Coordinate professional development for midwives and other key providers	Report on the outcome of support and advocacy for professional development Professional development is promoted to midwives Evaluation data is available	Three professional development opportunities
Health Promotion	Policies beyond the health sector that will improve health, improve Maori health and reduce disparities	New and reviewed strategies, plans and policies reflecting health priorities	Maintain and foster relationships and work collaboratively with organisations who promote physical activity and nutrition e.g. regional sports trusts Work with local councils to develop and review policies which	Support the development and implementation of healthy nutrition and physical activity policies Report involvement with and type of activities and	6 monthly report records activities and outcomes Six monthly report records activities

			relate to physical activity and nutrition Assist with the implementation of physical activity strategies undertaken by local councils Support the adoption of breastfeeding policies within priority workplaces and Early Childhood Education Services promote breastfeeding friendly processes within their workplaces	strategies undertaken by local councils Maori and Pacific Early Childhood Education Services supported with the development of breastfeeding policies Workplaces and Early Childhood Education Services supported with the development of breastfeeding policies	and outcomes Six monthly report records activities and outcomes Six monthly report records activities and outcomes
	Communities educated and aware of health issues and healthy choices and behaviours		Contribute Health Promotion articles to Southern DHB community publication Better Health Coordinate/facilitate the Dunedin breastfeeding groups and participate in Southland Breastfeeding group National campaigns such as World Breastfeeding Week, Big Latch On, and Just Cook are localised Regional baby/breastfeeding friendly facilities and resources are	Type of initiatives arising from breastfeeding networks supported by PHS reported on Breastfeeding network meetings held Initiatives arising from breastfeeding networks supported by PHS Report on collaborative work undertaken by local breast feeding networks to	Two Six meetings Six monthly report records activities and outcomes Six monthly report records activities and outcomes

			widely promoted and maintained	develop a regional campaign e.g. Media releases, wide distribution of resources	
	Priority settings, such as primary, secondary and tertiary settings, workplaces, marae and community settings support healthy choices and behaviours	Settings evaluation reports	Support and encourage food and beverage caterers including Southern DHB, to provide a range of healthy food options	Number of food and beverage caterers supported	Six monthly report records activities and outcomes
			Support the development of healthy nutrition and physical activity policies within settings eg schools, workplaces, sports/activity groups	Number and type of setting supported	Six monthly report records activities and outcomes
			Explore food and beverage marketing within the local sport and physical activity environment	Progress on implementing food and beverage marketing within local sport and physical activity environment s that reflect nutrition guidelines	Six monthly report records activities and outcomes
			Submit complaints about potential breaches of both the International and New Zealand Codes of marketing of breast milk substitutes	Number of potential breaches actioned	100% breaches reported
	Communities able to address health issues of importance to them	Changes achieved by community partnerships	Develop and/or support local projects which support healthy eating and healthy action	Number and type of community project supported	

Key stakeholders: Ministry of Health, local authorities and Regional Councils, Local Runaka, Awarua Social and Health Services, Nga Kete Matauranga Pounamu Charitable Trust, Arai Te Uru Whare Hauora, Dunedin Breastfeeding Network, Southland Breastfeeding Advocacy Group, Cancer Control Network, Cancer Society, , Regional Sports Trusts, Sport NZ, Pacific Island Advisory and Cultural Trust, Pacific Trust Otago, Te Hou Ora Whānau Services, Tumai Ora Whānau Services, Plunket, Heart Foundation, Southern Primary Health Organisation.
Relevant documents/legislation:

RM00109

Sexual Health Promotion

	Short term outcomes	Short term Outcome Indicators	Tasks	Performance Measures	
				Quality	Quantity
Public Health Capacity Development	A highly skilled public health workforce	PHS will engage and communicate effectively with all stakeholders including rural and Maori communities	Facilitate professional development updates sessions targeting rural stakeholders / agencies working in sexual health including Māori Health providers.	Two professional development 'updates' completed. Evaluated sessions that is meeting the need of their community. This will be analysed for future planning	Two
		Material produced by the NZSHS is useful, informative and engaging	Represent Health Promotion on the New Zealand Sexual Health Society Executive Committee (NZSHS). Activities involve - Attending monthly NZSHS meetings - Provide updates - Provide a link between the NZSHS and sexual health promoters - Advocate for Health	Attend NZSHS Executive Committee meetings held throughout the year Working in collaboration with sexual health representatives in New Zealand to ensure material produced by the NZSHS is best practice for clinical and nonclinical.	12

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			Promotion to be on the NZSHS Conference agenda	Health Promotion on the agenda for the Sexual Health Conference	
		Sexual Health organisations working collaboratively with the THETA sexwise programme.	Provide professional advice and support around sexual health for the Sexwise programme and other relevant community programmes/projects	A train the trainer programme developed for actors	One
	Improved collaboration in the public health sector and intersectorally	Organisations working collaboratively on integrated planning	Develop, strengthen and maintain partnership with wider public health sector including iwi providers to enable joint planning, planning and mutual support for public health providers	Links made with key sexual health stakeholders including iwi providers, Family Planning and LGBTI services	
		PHS are aware and collaborate with key personnel working and interested in S&RH in their community	Create a supportive environment and professional development for stakeholders working in Sexual health through facilitating Otago Sexual Health Information Provider (SHIP), and Southland Sexual Health Awareness Group (SHAG) meetings.	Number of meetings facilitated in district	Four SHAG and SHIP meetings per year
	Information available to priority public health issues and effectiveness of public health interventions	Research, evaluation reports and publications			
Health Promotion	Priority settings such as primary and tertiary settings, workplaces and marae and community settings	PHS will communicate and foster relationships and build on pre-existing programmes.	Work collaboratively with other agencies to increase awareness of safer sex practices among students in tertiary institutes (including Otago University,	Evaluation of activities undertaken. Evaluation reports will be professionally presented, concise and provide an	

	support healthy choice and behaviours		Lincoln University (Telford) and Southland Institute of Technology). Activities include - - Campaigns to raise awareness of sexual health services - Improving relationships with key stakeholders	overall useful summary with points for further action. Evaluation of activities undertaken	
		PHS are aware of current resources, reports and updates in S&RH	Sexual health education is promoted through various media avenues. Activities include – - Distribution of resource catalogues - Articles in health promoting school (HPS) magazine	Resources are distributed to relevant community groups Two HPS magazines include an article on sexual health	300 Two
	Communities able to address health issues of importance to them	Community partnerships are fostered with all relevant education providers. Particular emphasis is given to low decile schools and communities Work collaboratively and liaise with other PHS teams (e.g Health Promoting Schools) working with education providers	Advocate strategically for the adoption of sexual health policies and procedures in education settings, alternative education providers and special needs providers. Activities include – - Distribution of information packs to support sexual health policy review /development/ implementation - Promote sexual health policy review /development/ implementation through key stakeholders such as principals association	Activities undertaken at schools are recorded	

			- Support policy review /development of sexual health policies where required - Assist and support community consultation around sexual health policies		
Key stakeholders: Southern DHB Sexual Health Services, Family Planning, Southern Primary Health Organisation (SPHO), Schools, University of Otago, Otago Correctional Facility, Nga Kete Matauranga Pounamu Charitable Trust, Te Roopu Tautoko ki te Tonga, Otago Pacific Peoples Health Trust, Rape Crisis, Victim Support, workplaces, Schools, Community Organisations, Probations Service, Gore Sector Trials, PASHANZ, NZ Sexual Health Society, Queer Support, THETA, Tumai Ora Whānau Services					
Relevant documents/legislation:					

RM00105

Mental Health Promotion

	Short term outcomes	Short term Outcome Indicators	Tasks	Performance Measures	
				Quality	Quantity
Health Assessment and Surveillance	Robust population health information available for planning health and community services	Availability of information for planning	Monitor emerging trends in local and national suicide data, including current or emerging suicide hotspots	Narrative information on suicide data and trends received from authorised data recipients	
			Monitor the Development of the Wellbeing Indicators Programme in school settings	Wellbeing data made available to inform further planning	
Public Health Capacity Development	Effective partnerships with iwi, hapü, whānau and Māori	Joint processes and initiatives	Work collaboratively with Maori communities and health providers to plan and deliver Mental Health Promotion activities	Number and type of initiatives planned and implemented in partnerships with Maori communities and health providers	Five

				Activities include; • Train the trainer activities aimed at developing competence in mental health issues in corrections settings • Supporting Maori mental health providers • Providing mental health promotion input into workplaces with a high Maori Workforce	
	Effective partnerships with Pacific and other ethnic communities	Joint processes and initiatives	Work with local Pacific and other ethnic leaders and communities plan and deliver Mental Health Promotion activities.	Number and type of initiatives planned and implemented in partnerships with Pacific communities and health providers • Supporting Pacific health providers	Two
			Work with local migrant communities to plan and deliver Mental Health Promotion activities.	Number and type of initiatives planned and implemented in partnerships with migrant communities and health providers Activities include: • Working with industries (e.g.	Two

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				diary/fruit picking) employing migrants to raise awareness of mental health needs. • Raise awareness of the mental health needs of the migrant workforce in the hospitality industries in the Tourist Centres.	
	Improved collaboration in the public health sector and intersectorally	Organisations working collaboratively on integrated plans and activity.	Develop, strengthen and maintain partnership with wider public health sector including iwi providers to enable joint planning, and mutual support for public health providers	Engagement with Social sector trials in South Dunedin and Eastern Southland, the Waitaki Safer Community initiative, and other community development programmes in the District Suicide Prevention stakeholder e-mail database established Build relationships with Family Violence service providers with a view to enhancing Public Health competency	25
Health Promotion	Policies and practices within and beyond the	New and reviewed strategies, plans and	Promote the adoption of policies to promote wellness, such as social	Number of work places, schools and communities	25

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	health sector that will improve health, improve Maori health, and reduce disparities	policies reflecting health priorities	inclusion in workplaces, schools and community organisations[16]	supported to include approaches to prevent discrimination, bullying, suicide prevention and build resilience. This is to include a specific focus on youth	
	Communities educated and aware of health issues and healthy choices and behaviours		Contribute Mental Health Promotion articles to Southern DHB community publication Better Health Raise awareness of mental health through support with planning including the provision of wide range of resources at events e.g. local events and at relevant mental health awareness events. Disseminate mental health material; by responding to resource requests Participate in Family Violence networks and supports their activities and annual plans (e.g. White Ribbon day, collaborative work with Jigsaw)	Number of articles provided and topics covered Number and Type of events attended/supported[17] Data capture system for mental health resource requests Gaps in resources identified Number and type of events/collaborative work supported	Five 10 Five

[16]This activity corresponds to the Social Environments section of the PHS Service Plan

[17]This activity corresponds to the Social Environments section of the PHS Service Plan

	Priority settings, such as primary and tertiary settings, workplaces, marae and community settings support healthy choices and behaviours	Settings evaluation reports	Develop and support the inclusion of mental health promotion initiatives in the health promoting school initiatives[18] Workplace wellness programmes include the promotion and support of Mentally Healthy workplaces	Schools supported to include mental health promotion initiatives Number of work places working to promote Mentally Healthy workplace initiatives	6 monthly report records activities and outcomes 10
	Communities able to address health issues of importance to them	Changes achieved by community partnerships	Support local implementation of the National Like Minds campaign with Consumer Advisor networks to increase awareness of and reduce stigma and discrimination	Number and type of activities supported	Two
	People with skills to enable healthy choices and behaviours	Evaluation reports	Overarching social connectedness projects are implemented in a range of settings such as schools, workplaces, communities and whanau Increase opportunities for participation in Te Ao Maori	Number and Type of Social connectedness projects implemented Number and type of opportunities developed and/or supported to increase opportunities for participation in Te Ao Maori	6 monthly report records activities and outcomes 6 monthly report records activities and outcomes
Key stakeholders: Southern DHB provider arm Mental Health Services, Family Violence Injury Prevention Group (FVIP) Southern Primary Health Organisation (SPHO), families and whanau, Schools, University of Otago, Otago Correctional Facility, local and regional council, Nga Kete Matauranga Pounamu Charitable Trust, Te Roopu Tautoko ki te Tonga, Otago Pacific Peoples Health Trust, Pacific Island Advisory and Cultural Trust, Clinical Advisory Services Aotearoa, Future Directions Networks, Family Violence Networks, Victim Support, workplaces, Schools, Community Organisations, Like Minds Like Mine, New Zealand Shearing Contractors Association (NZSCA), Probations Service, Eastern Southland and South Dunedin Social Sector Trials, Southern District Child and Youth Mortality Review Committee, Suicide Postvention Groups, Mental Health Foundation, Skylight, "It's not OK" , Health Promotion Agency.					

[18]This activity corresponds to the Health Promoting Schools section of the PHS Service Plan

Relevant documents/legislation: Raise Hope Southern DHB Mental Health and Addiction Strategic Plan 2012-2015: Rising to the Challenge; The Mental Health and Addiction Service Development Plan 2012–2017 (Ministry of Health)

RM00101

Public Health Infrastructure (Workforce Development)

	Short term outcomes	Short term Outcome Indicators	Tasks	Performance Measures	
				Quality	Quantity
Health Assessment and Surveillance	Robust population health information available for planning health and community services	Availability of information for planning	Develop workforce training needs analysis within service, wider public health workforce etc	Training needs analysis is informed by regular review of Professional Development (PD) Plans and performance review objectives Wider public health workforce is captured in delivery – i.e. inclusive of partnership agencies	
Public Health Capacity Development	A highly skilled public health workforce		Develop workforce training needs analysis within service, including the generic competencies self-assessment questionnaire • Identify key areas requiring PD in common with SI PHUs and deliver as far as is practical on a regional basis including NGOs where relevant	Revised questionnaire used to inform individual professional development plans Attendance records and evaluation demonstrates regional and wider public health attendance and increased knowledge. Invitations include wider Public Health Workforce	

			• Support tertiary study which enhances service delivery in accordance with the Study Policy • Review and rewrite workforce development plan for PHS taking into account those key areas identified and those already identified in the Regional Workforce Development Plan. • Increase staff awareness of Whānau Ora approaches • Increase staff knowledge and awareness of Te Reo Māori/tikaka Develop and implement local and regional public health workforce development plans, including health in all policies and Whanau Ora approaches, for public health, other health sector and non-health staff Carry out a stock take of the range of public health qualifications held by public health staff	where places are available Staff are supported to complete approved tertiary study Plans developed and implemented PHS embraces Whānau Ora concept Staff are using the whanau ora tool to inform and guide their practice Increased understanding of Tikaka and Te Reo Staff are more confident in situation and settings where tikaka is applied and using Te Reo Māori Stocktake completed by 30 June 2015	
	Improved collaboration in the public health sector and intersectorally	Organisations working collaboratively on integrated professional development.	Develop, strengthen and maintain partnership with wider public health sector including iwi providers to enable joint planning,		Two liaison meetings attended

			planning and mutual support for public health providers		
Health Promotion	Policies beyond the health sector that will improve health, Improve Māori health, and reduce disparities		Increase staff awareness of health impact assessment (HIA) and a health in all policies (HIAP) approach e.g. in training, and submissions	Staff are confident with using HIA and a HIAP approach and this is reflected in submissions Staff proactively seek to work with TAs and communities using an HIAP approach within the limits of available resources	60% of mandated submissions acknowledge an HIAP approach
Health Protection	Southern District is prepared for emergencies impacting public health	Effective emergency responses as required	Train staff in use of response plans, CIMS, EMIS and EOC roles, functions and operation. Participate in response exercises where practical. Participate in planning and delivery of SI exercises for PHUs where the opportunity arises Identify regional KPIs and well as individual service KPIs Run pre exercise briefings and run regional exercise Exercise scope to include participation by external agencies Participate in regional exercises using Satellite phones: Improving knowledge of the use of the phones and increasing liaison	Health Protection staff trained in CIMs and EMIS	100% Health Protection Officers hold CIMS2 qualification. Two satellite phone communication trials

			and communication between PHUs and DHBs regionally.		
Key stakeholders: Ministry of Health; Southern Monitoring Services Ltd; Ministry of Education; Southern DHB / Planning and Funding; Local and regional councils; Local Runaka; Te Ao Marama Inc (TAMI); Kai Tahu Ki Otago (KTKO); Civil Defence Agencies; South Island Public Health Partnership; Health Promotion Forum; Health Sponsorship Council; University of Otago; Massey University/SHORE.					

RM00103

Public Health Infrastructure (Health Information and Quality)

	Short term outcomes	Short term Outcome Indicators	Tasks	Performance Measures	
				Quality	Quantity
Health Assessment and Surveillance	Robust population health information available for planning health and community services	Availability of information for planning	Consult with stakeholders to identify and prioritise population health information gaps at a regional district and local level	Consultation includes (where relevant) Community, manawhenua, funders, providers, Southern DHB planning and funding	
			Collect, analyse and present population health data information to planners and providers of health and community services within Southern District	1-2 reports are developed and distributed per reporting period (as complexity allows)	

	Improved public understanding of health determinants	Availability of information to public	Develop and implement Southern DHB public health communications plan (referenced in Health Promotion section below)	Communications Plan developed Numbers of public health information releases appearing in community and daily news sources Numbers of public health information releases appearing in DHB external publications Numbers of public health information releases appearing in publications of other organisations	
Public Health Capacity Development	Public health information accessible to public health and other health workers		Maintain a relevant and accessible Public Health South website Maintain authorised provider (AP) status Maintain Service Library for staff and stakeholder reference Promote available resources to staff, stakeholders and wider public	Website reviewed and updated AP client satisfaction surveys show a high level of satisfaction Resource orders are responded to within 2 working days Resources are up-to-date Current levels of orders are maintained Trends, issues are reported	

				to MoH AP service is actively promoted	
	A continuous improvement culture and robust quality systems for all public health work	Quality improvement plan reports	Develop and implement quality improvement plan Continue to monitor, measure and improve quality of service delivery	Public Health Service has a quality plan, which is implemented. Quality plan available on request All projects are planned in accordance with quality requirements All projects are assessed using the Whanau ora tool All projects are evaluated Quality review committees exist in key areas: • Submissions • Project planning • Communicable Disease • Alcohol • Quality Meetings • Health and Safety Committees • Emergency Planning	
Health Promotion	Communities educated and aware of health issues and healthy choices and behaviours	Availability of information to public	Develop and implement Southern DHB public health communications plan (refer Health Assessment section)	Reported in Health Assessment section above	
Health Protection	Southern District is prepared for	Effective emergency	Develop and maintain emergency	PHS emergency plan is	One

	emergencies impacting public health	responses as required	plans Develop and maintain relationships with other responding agencies and districts Align and integrate PHU emergency planning in the South Island Build emergency response capability among selected stakeholders Respond to emergencies as required.	reviewed annually Relationships with EM staff at Local Government, Emergency Services, Ports are maintained and improved Alignment and integration of SI PHU emergency plans increases. Te Ao Marama and KTKO Ltd are supported to develop emergency response capability PHS responds appropriately to local, regional and national emergencies	Annual meetings attended
Key stakeholders: Ministry of Health; Southern DHB / Planning and Funding; Local and regional councils; Local Runaka; Te Ao Marama Inc (TAMI); Kai Tahu Ki Otago (KTKO); Civil Defence Agencies; South Island Public Health Partnership; Learning Media Limited					

A. ABBREVIATIONS

ABC	Asking, Brief advice, Cessation approach	SADD	Students Against Drunk Driving
MoU	Memorandum of Understanding	FEAT	Flourishing Environment Analysis Tool
BCG	Bacillus Calmette Guérin Vaccine	SFEA	Smokefree Environments Act
NGO	Non Governmental Organisations	FTE	Full Time Equivalent
CIMS	Co-ordinated Incident Management System	HIA	Heath Impact Assessment
NIR	National Immunisation Register	ESR	Environmental Science and Research
CPO	Controlled Purchase Operations	FVIP	Family Violence Injury Prevention Unit
NRT	Nicotine Replacement Therapy	PIACT	Pacific Island Health Advisory and Cultural Trust
CTO	Chief Technical Officer	GP	General Practitioner
NZTA	New Zealand Transport Authority	HPS	Health Promoting Schools
DLA	District Licensing Authority	TAMI	Te Ao Marama Inc
DWA	Drinking Water Assessors	VTA	Vertebrate Toxic Agent
PHARO	Public Health Alcohol Regulatory Officer	HPO	Health Protection Officer
ECE	Early Childhood Education Centres	VPD	Vaccine Preventable Disease
PHO	Primary Health Organisation	HSNO	Hazardous Substances and New Organisms
EOC	Emergency Operations Centre	WHO	World Health Organisation
PHRMP	Public Health Risk Management Plan	IANZ	International Accreditation New Zealand
ERMA	Environmental Risk Management Authority	YATA	Youth Access to Alcohol Group
PHS	Public Health South	KTKO	Kai Tahu Ki Otago Ltd
ERO	Education Review Office	MPI	Ministry of Primary Industries
SPARC	Sport and Recreation New Zealand	MOH	Medical Officer of Health

B. APPENDICES

i. Ministry of Health reporting schedule for statutory responsibilities

REPORTING REQUIREMENTS		On Incident / Occurrence	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Regular core contract reporting														
Core Contract Six-monthly Reporting (Sector Services)	Exceptions reporting at six months (20 January) and full report at 12 months (20 July) for all services delivered as per agreed Annual Plan. This includes all reporting for business as usual activities outlined in manuals and legislations; eg, Drinking Water core contract. Reporting for services that are not part of the core contract goes to individual personnel/teams looking after these non-core contracts. Please note that quarterly enforcement returns and quarterly Smokefree compliance and enforcement returns are no longer required. However, reporting as per Smokefree manual requirements would still be required in your six-monthly report to the Ministry.		√						√					
Specific regulatory reporting in addition to standard core contract reporting														
Emergency Reporting (Sally Gilbert or staff on call)	Immediately, or within 24 hours of occurrence of a public health event or emergency with inter-district, national or potentially international implications, submit a report to the Environmental & Border Health Protection Team and a copy to your Public Health Operations portfolio manager.	**Immediately, or at least within 24 hours**												
Emergency Reporting (Dr Mark Jacobs)	Immediately also notify the Office of the Director of Public Health of any public health event involving any of the diseases specified in Annex 2 of the IHR (2005) or any event that might otherwise be of potential public health significance (e.g., is unusual or unexpected) irrespective of its cause, including those of unknown origin.	**Immediately**												
Investigation Reports (Sally Gilbert or staff on call)	As soon as practicable and not later than 14 days after the occurrence of any emergent issue, unusual event or public health investigation which has potential inter-district, national or international implications, submit a report to the Environmental & Border Health Protection Team and a copy to your Public Health Operations portfolio manager	**As soon as practicable and not later than 14 days**												

REPORTING REQUIREMENTS		On Incident / Occurrence	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Regular core contract reporting														
Reports Verifying Ongoing Competence of Statutory Officers (Sally Gilbert)	By **20 July each year**, each public health manager will provide a written report to the Environmental & Border Health Protection Team which identifies all statutory officers in the public health unit and provides the following information for each officer: (See contract for information required)		√											
Border Health Protection and Vector Surveillance (Sally Gilbert)	(i) By **20 February each year**, provide the Ministry (in the form outlined in the Quarantine and Bio security sections of the Environmental Health Protection Manual) with:													
	▪ a summary for the previous calendar year of activities undertaken including issuing pratique, undertaking sanitation inspections of ships, seaports and airports, ensuring points of entry are maintained in a sanitary condition and free from sources of infection and contamination including vectors and reservoirs; supervision of any deratting, disinfection, disinsection, or decontamination as appropriate; application of control measures to any conveyance; interception responses; and maintenance of effective contingency arrangements;									√				
	▪ a report on designated airports' and ports' ability to meet core capacities as outlined in Annex 1B of the International Health Regulations 2005;													
	▪ forecast of your border health protection surveillance programme for the forthcoming financial year.													
Border Health Protection and Vector Surveillance (John Gardner and Sally Gilbert)	(ii) Within two hours of identification of exotic mosquitoes of public health significance, notify the Senior Advisor (Border Health Protection) and provide situation reports (in the form outlined in the Quarantine and Biosecurity sections of the Environmental Health Protection Manual) on activities undertaken during interception responses as required by the Senior Advisor (Border Health Protection).	**Within two hours of identification**												
	(iii) Immediately notify the Senior Advisor (Border Health Protection) of any control measures applied to any conveyance that are other than routine, and copy the Office of the Director of Public Health.	**Immediately**												
Communicable Disease Control (TeMihaUa-Cookson)	(i) Immediately, or at least within 24 hours, report to the Ministry's Communicable Disease Team and the Office of the Director of Public Health significant communicable disease events or other events of public health significance, including, in particular, any events involving the diseases specified in the two lists contained in Annex 2 of the IHR (2005).	**Immediately, or at least within 24 hours**												

REPORTING REQUIREMENTS		On Incident / Occurrence	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Regular core contract reporting														
	(ii) Immediately notify the Senior Advisor (Border Health Protection) of any control measures applied to any conveyance that are other than routine, and copy the Office of the Director of Public Health.													
Drinking Water (David de Jager)	(i) Report serious drinking water incidents to the Ministry's Environmental and Border Health Protection Team within 24 hours (in a form specified by the Ministry – including any instances where emergency powers are exercised under s. 69ZO of the Health Act 1956, or where advice is required as to whether the situation warrants a Ministerial declaration under s. 69ZZA and/or action is needed that requires an exemption from Part 3 of the RMA 1991).	**Within 24 hours of incident**												
Hazardous Substances (Sally Gilbert)	(i) By 20 July each year, report to the Ministry using the format outlined in the Hazardous Substances Section of the Environmental Health Protection Manual with summaries for the past year (to 30 June) and estimates for the coming year (1 July to 30 June) of the nature and level of inspection and enforcement services under HSNO Act s. 98(2), such matters as:		√											
	▪ the planned and actual levels of inspection/investigation													
	▪ emergency responses													
	▪ compliance orders and infringement notices and warnings issued													
	▪ a list of the premises or situations inspected													
	▪ investigations and actions proposed and undertaken													
	▪ prosecutions.													
Misuse of Drugs (Oliver Poppelwell)	(i) Report to the Ministry as required on the availability of unregulated psychoactive substances and smokeable products.	**When required**												

ii. Ministry of Health ISE reporting requirements

The Ministry of Health Output Plan is an agreement between the Minister of Health and the Director-General of Health. This Output Plan includes Departmental and Non-Departmental Outputs and Measures. Some agreed Non-Departmental Output Measures for 2013/14 relate to regulatory activities delivered by Public Health Units (PHUs). Reporting against these measures is set under Section 32A report of the *'Information Supporting the Estimate of Appropriation' (ISE)*. This ISE reporting is additional to the regulatory requirements or the six-monthly reporting required for the delivery of core public health services. Reports are due twice during the scope of this plan – 31 January 2014 and 07 July 2014.

Name of PHU:		
Enforce Smoke-free Environments Act 1990	**Tobacco retailer compliance with the Smoke-free Environments Act 1990**	**Number**
	▪ Number of tobacco retailer education visits that were carried out during this reporting period (Note: **one visit equals one visit to one tobacco retailer**).	
	▪ Number of controlled purchase operations (CPOs) that were carried out during this reporting period (Note: **one CPO equals one total organised operation that targets a number of premises**).	
	▪ Number of retailers visited during the CPO/s during this reporting period.	
	▪ Number of positive sales in CPOs during this reporting period.	

Increased compliance with Sale of Liquor Act	**Applications / renewals for liquor licences**	**How many applications /renewals received were assessed as high risk**	**How many premises assessed as high risk were visited**

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	▪ Applications / renewals for On and Club liquor licences for premises assessed as high risk[19] by Medical Officer of Health are visited to ensure compliance.		

Environmental and Border Health statutory obligations	**Investigation of any Public Health event or emergency with inter-district, national or potentially international implications relating to Environmental and Border Health**	**Yes (how many events reported)**	**No (how many events not reported)**
	▪ Have you notified the Ministry within 24 hours?		
	▪ Have you submitted an investigation report no later than 14 days after the occurrence of the event?		
	Border Health	**Yes (give a tick below)**	**No (give a tick below)**
	▪ Have you maintained your Border Health Response Plan?		

Communicable Diseases outbreak response obligations	**Maintenance of Communicable Disease outbreak response plan and investigation of notifiable illness to ensure outbreaks are managed appropriately and data entered into Episurv (CD database)**	**Yes (give a tick below)**	**No (give a tick below)**
	▪ Have you developed and maintained your Communicable Disease (CD) outbreak response plan and capability, taking account of the Communicable Diseases Control Manual 2012 and ESR guidance on outbreak investigation?		

[19] Please refer to the On and Club-License risk assessment criteria template that were developed for the 2012 Alcohol Regulatory Officer workshops. This will assist you to make the decision on whether a premise is high risk or not.

	▪ Has all information on notifiable infectious diseases (excluding Acquired Immune Deficiency Syndrome) and other diseases notifiable to the Medical Officer of Health eg. Decompression sickness, been entered in Episurv, follow up/investigations completed, and closed in Episurv? (Note: exceptions are those notified diseases that are currently being followed up or investigated).		

Title:	**Southern Primary Health Organisation (SPHO) Report**
Report to:	Southern DHB DSAC/CPHAC
Date of Meeting:	2 July 2014

Summary:

The issues advised in this paper are:

- SPHO Strategic and Governance Matters
- Programmes and Operational Update
- Financial Position

Prepared by: Ian Macara, Chief Executive
Date: 20 June 2014

RECOMMENDATION:

1. **That DSAC/CPHAC receives this report**

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1. STRATEGIC MATTERS

1. CONTRACTED PROVIDER AGREEMENTS (CONTRACT) BETWEEN SPHO AND GENERAL PRACTICES.

Contracted Provider Agreements (formerly known as Back-to-Back Agreements) were sent to all 88 SPHO general practice providers on 9 April 14. As at 19 June 2014, 55 had been signed and returned (63%). The agreement is a direct flow through of terms and provisions of the PHO Services Agreement signed between SDHB and SPHO.

2. SDHB STRATEGIC HEALTH SERVCIES PLAN

SPHO is strongly committed, and welcomed contributing to this key document for the SDHB district. It is also pleasing that general practice and primary care providers are also taking the opportunity for genuine involvement and making their own contributions.

3. INTERGRATED PERFORMANCE AND INCENTIVE FRAMEWORK (IPIF)

The Ministry of Health circulated an IPIF Update to the sector dated June 2014, after the 16 June 2014 meeting of the Joint Project Steering Group.

Specific key funding factors:

2014/2015 Measures and Targets

Phase One will commence 1 July 2014 with the implementation of the following measures:

(i) More heart and diabetes checks (target 90 percent)
(ii) Better help for smokers to quit (target 90 percent)
(iii) Increased immunisation rates at 8 months old (target 95 percent)
(iv) Increased immunisation rates at 2 years old (target 95 percent)
(v) Cervical screening coverage (target 80 percent).

Maximum funding: $5.33 x enrolled population (SPHO 286,827 = **$1,528,788 p.a.**)

For each Quarterly Target that the PHO meets in a quarter, the DHB will pay the proportion of the quarterly pool for the Quarterly Target. SPHO potential revenue is set out below:

	IPIF Measure	Target	Proportion	Annual $	Quarter $
1	More heart and diabetes checks	**90%**	**25%**	382,197	95,549
2	Better help for smokers to quit	**90%**	**25%**	382,197	95,549
3	Increased immunisation rates – 8 months old	**95%**	**15%**	229,318	57,329
4	Increased immunisation rates – 2 years old	**95%**	**10%**	152,878	38,219
5	Cervical screening	**80%**	**25%**	382,197	95,549

If SPHO reaches the individual quarterly targets for all the IPIF measures we will receive maximum funding ($5.33 x enrolled population). If SPHO does not meet any individual target but still performs within 10 percent of the national targets during 2014/15, we will still receive partial payments.

4. PRIMARY PATIENTS PRESENTING TO EDs

Invercargill and Dunedin Urban Areas:

Initiatives are underway following joint planning by an SPHO and SDHB group, led by SDHBs Primary Advisor Dr Jim Reid, to reduce primary care presentations to EDs at Dunedin.

5. SOUTHERN HEALTH SERVICES LTD (Family Mental Health Services, Mosgiel)

The SHSL company is now effectively 'wound-up.' All final governance, finance and legal activity was cleared with SPHOs Auditor at Crowe Horwath and also SPHOs Finance Partner at Deloitte. Note: the contract and services delivery now forms part of Southern PHOs overall primary mental health service delivery structure.

6. AFTER-HOURS and UNDER 6s

Central Otago:

i) Wanaka general practices: The 3 month 'Pilot' for the period 1 Apr 14 to 30 Jun 14, continues satisfactorily. The first report has provided detailed information, however the trial has been recommended by the management group to continue to provide a better understanding of issues over a longer period. e.g. Apr – Jun is the 'shoulder' season between summer and winter.

ii) Cromwell and Alexandra general practices – work continues with the practices and Dunstan hospital staff on options for an after-hours service to suit these locations.

Note: After-hours (Rural Funding) is a priority work-stream under the Alliance.

Under 6s:
A further Invercargill general practice joined the U6 yrs scheme from 1 April 2014.

That leaves six SPHO practices that have not joined the scheme: four Invercargill practices, one Queenstown practice and one Dunedin practice.

A total of 6 practices out of 88 practices represents a 93% overall coverage by the scheme and based on total U6 yrs enrolled patients for SPHO a 92% coverage.

Financial modelling has been recalculated for these six practices, based on their up-to-date enrolment figures as at 1 April 14, increased CBF and Under 6s funding from 1 July 2014,

and analysis in relation to utilisation rates (average number of consultations p.a. for enrolled U6 yrs patients). The information will be presented to practices for their further consideration of joining the scheme. *Note:* the Minister of Health confirmed that the scheme remains voluntary, noting general practices are private businesses.

The Free Under 13yrs scheme announcement in the Budget, expected for implementation on 1 July 2015, caused some concerned reaction from some practices on 13 June 2014. SPHO assured practices that upon receipt of the details of the scheme, we will complete the detailed analysis and provide this to practices to make an informed decision on joining the scheme.

7. SPHO THREE YEAR STRATEGIC OBJECTIVES – BUSINESS PLAN

SPHO management team has completed the 2014/15 Business Plan. The Plan goes to SPHOs Board meeting on 25 June 2014 for adoption. It is noted that the key strategic operational actions are achievement of the Minsters primary health care targets and this aligns to signalled IPIF requirements for the immediate future.

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8. SOUTHERN HEALTH CARE ALLIANCE LEADERSHIP TEAM (SHALT)

The Alliance Meeting of 17 June 14 is now reported via SDHB Executive Director, Planning and Funding. SPHO remains fully committed to achieving the Workplan.

2. OPERATIONAL AND PROGRAMMES UPDATE

Updates as reported to SPHOs Clinical Review Sub-committee (CRC) and Board in June 2014 were as follows:

- **Health Targets** (see attached Commentary Report)
  - The January – March 2014 quarter reports showed More Heart and Diabetes Checks at 69%, Better Help for Smoker to Quit 63% and Increased Immunisation at 95%
  - SPHO staff continued action within the Achievement Plan. Activity including working intensively and supporting practices was enhanced with the appointment of additional dedicated clinical staff, including registered nurses, dietitians and clinical pharmacists
  - There workplan to achieve 'High Needs' patient targets continued

- **Contracted Services and Programmes (see attached Commentary Report)**

3. SPHO FINANCIAL POSITION

SPHOs financial position remains strong report for the period ending 31 May 2014.

Month surplus:	$131,800
YTD surplus:	$2,267,869
YTD Equity:	$3,097,383

Please note: within the YTD Surplus and Equity values as at 31 May 2014, SPHO has funding of $2,268,996 committed under contract to various providers and employment of staff into clinical positions for primary care health services delivery, programmes and initiatives into out-years. Therefore Net Equity is $828,387 ($3,097,383 - $2,268,996); this position is under SPHO Board Policy of Equity to equal two months working capital of $1,150,000.

Health Target Reporting – June, 2014

Priority Area	Key Performance Indicator	Activity	Progress against activity May14
National Health Targets as required by the Ministry of Health			
1. **More Heart & Diabetes Checks**: Identify and implement actions to improve CVD risk assessment rates.	• 90 percent of the eligible population will have had their cardiovascular risk assessed in the last five years to be achieved by July 2014.	1.1 Monitor practice performance & follow up where performance is not improving 1.2 Investigate potential data integrity issues 1.2 Agree an action plan with each practice on what they can do to achieve the targets 1.3 Provide support to practices as & when required	• Practice visits to discuss results & confirm action plan for improved performance - ongoing. • Weekly monitoring of practice performance via BPI. • 53 practices of a possible 55 signed up to DRINFO - *May report available.* • DRINFO testing underway in 1 Profile for Mac practice. • Attended meetings with DHB and MoH to discuss PHO performance to 31 March - action plan underway. • New staff (RNs and Dieticians) commenced with the PHO in Otago & Southland. • 99 mostly males provided with a mini health check at the Brass Monkey Motor Cycle Rally in Oturehura on 31 May. 12 vouchers issued to people with high risk factors for a funded GP visit. • Development of a MoH funded video featuring PHO staff in progress.
2. **Increased Immunisations**: Identify and implement actions to improve immunisation rates.	• 90 percent of eight-month-olds have their primary course of immunisation at six weeks, three months and five months on time by July 2014 and 95 percent by December 2014.	2.1 Monitoring of the National Immunisation Register (NIR) and service improvements are identified and implemented.	• Follow up with practices with low immunisation rates - ongoing. • Liaison with the local NIR Team to clarify newborn enrolment processes and identification of practice for follow-up.
3. **Brief Advice to Quit Smoking:** Identify and	• 90 percent of patients who smoker and are seen by a	3.1 Keeping practices up to date with their achievement against	• Regular meetings with South Link Health to monitor data quality and reporting

Priority Area	Key Performance Indicator	Activity	Progress against activity May14
implement actions to improve CVD risk assessment rates in primary care.	health practitioner in primary care are offered brief advice and support to quit smoking.	the target. 3.2 Supporting practices to audit the PMS to ensure all practice smoking activity is entered correctly for extraction 3.2 Cessation services provided outside of general practice are reported to practices for recording in patient records. 3.3 Smokers not offered brief advice or cessation support are identified and followed-up.	• Practices supported to audit patient records to identify patients offered advice or support to quit but not coded correctly for extraction. • Follow up with practices with low rates of recorded smoking cessation activity. • Patient lists sent to practices of smokers discharged from secondary care provided with brief advice in hospital requiring follow up in primary care - ongoing. • Met with DHB to review the primary care aspects of the Tobacco Control Plan. • Registered Nurse position commenced in Dunedin funded from the DHB's Tobacco Control Plan funding.

Contracted Services & Programmes Reporting

Service Area	Key Performance Indicator	Activity	Progress against activity May 14
Services are delivered as contracted			
1 **Relationship Management**: Maintain a high level of relationship & communication with all contracted providers.	• Providers are engaged with the PHO and particpating in PHO activities & programmes	1.1 Regular face to face meetings 1.2 Regular, relevant & informative communications	• Pulse & 2=fortnightly practice updates distributed • Review of newsletter templates by Glow Consulting underway • Regular BIS clinics provided in practices • 63 Practices visited (managers & practice support) • Practice Vision Focus Group meeting held • ACC contract practice visits undertaken • Recruitment support to one practice • Follow-up with practices regarding fee changes – ongoing.
2 Health Promotion: Implement the PHO's 2013/14 Health Promotion plan as approved by the Board and Southern DHB.	• HP programmes and activities are implemented.	2.1 Little Lungs 2.2 Books On Prescription 2.3 Voucher system 2.4 Breast Feeding initiatives 2.5 Senior Chef Programme 2.6 Alcohol Awareness Programmes & Activities 2.7 Mental Wellbeing initiatives & activities	• Little Lungs programme promoted to local providers and organisations. • Little Lungs resources provided to 32 early learning centres across the district. • Liaison with providers around Smokefree 2025 - ongoing • Books on Prescription website goes live – website optimization in progress. www.booksonprescription.co.nz • Eight women completed the Peer Counsellor (PCs) training in Dunedin. • Media promotion of the PC development programme – ongoing • Development of a PC accreditation process

Service Area	Key Performance Indicator	Activity	Progress against activity May 14
			underway. • Healthy Heart Award programme delivered to un / under-serviced early childhood centres & Kohunga Reo in Southland, Invercargill & Central Otago • A total of 50 people trained via three Young People & Alcohol RRAW workshops in South Dunedin. • Development of the concepts for alcohol harm reduction continues in conjunction with the third year design students. **HP General** • World Smokefree Day events held in Dunedin, Alexandra & Southland • Recruitment of additional health promoter position completed. • Written submissions to Gore District & Southland District Councils Annual Plans around Smokefree issues. • 18 People from key organisations attended a workshop promoting mental health literacy programme for rural communities. • Smokefree Otago Awards Presentations to Otago Polytechnic & Otago University for attaining Smokefree campuses. • Abstracts submitted to the NZ Population Health Congress in October for Books on Prescription. • The Breastroom in South Dunedin won a Trust Power Community Award. This facility is voluntarily "staffed" by the PHO's Peer Counsellor Administrator. • Breastfeeding Support e-newsletter distributed.

Service Area	Key Performance Indicator	Activity	Progress against activity May 14
3 **Services to Improve Access (SIA)**: Implement the Board approved programmes to eliminate barriers to access for high need populations	• Reduced or diminished barriers to access for high need patients • Increased uptake of programmes targeted at high needs patients	3.1 Sexual Health Programme & Clinics 3.2 High Needs CVDRA Programme 3.3 Language Line 3.4 Text Reminder Programme 3.5 Cancer Kaiarahi Coordinators 3.6 Funded smear programme (Maori only) 3.7 Insulin Initiation 3.8 Oral Health Programme	• Promotion of the programmes to practice teams and accredited providers - ongoing • Financial reporting developed to monitor practice participation in SIA funded programmes. • Follow-up with practices not offering patients access to the PHO's SIA funded programmes - ongoing. • Practice level data matching to identify under and un-screened women eligible for funded smears - ongoing. • Community programmes and activities delivered via contracts with accredited providers - ongoing. • Meeting with Cancer Kaiarahi contracted providers for a programme update – verbal update to be provided at CRC meeting. • E-Referral from general practices to accredited (Maori & PI providers) now in place • Oral Health Programme report to 31 May received.
4 **GPSI Skin Lesion Programme**: Ongoing implementation of the Skin Lesion Programme.	• The Skin Lesion Programme is delivered equitably across the district within available funding	4.1 Active management of GPSI allocations, referrals & fee for service payments.	• Referral & payment information collected, recorded and processed. • Support to practices provided in response to volume queries. • Implementation of e-referral processes completed. • Monitoring of utilization - ongoing
5 PHO Performance	• Achievement of Performance Programme	5.2 Data Matching	• PHO and practice dashboard reports for the

Service Area	Key Performance Indicator	Activity	Progress against activity May 14
Programme: Targets are achieved to maximise PPP income to the PHO	Targets • All practices are actively engaged in achievement of the targets	5.2 Practice dashboard reporting 5.3 Clinical & management support to practices and other providers 5.4 Collaborative relationship in support of target achievement	period Jan-March 2014 sent to practices • Cervical and Breast screening programme data matching completed for many practices in conjunction with the DHB's screening teams. • Follow-up with practices not achieving the targets to agree actions toward improved performance. • Clinical support & education provided to practices - ongoing. • Meetings with DHB provider arm teams to share resources and expertise where appropriate in support of practices achieving the targets. • Promotion of funded programmes (smears, flu vaccines & CVDRAs) in support of the targets. • Meetings with South Link Health to discuss outstanding issues – ongoing meetings set-up. • Liaison with MOH, DHB Shared Services & other PHOs around various aspects of the programme indicators and targets. • Ongoing roll-out of DRINFO across the district as reported in Health Target report.
6 CarePlus	• Patients with ongoing chronic health conditions are supported to have maintain regular contact with their GP • Patients at risk of frequent hospital admissions are enrolled in an intensive management programme to reduce the likelihood of further hospital admissions.	6.1 Active management of CarePlus claims, allocations and 'fee for service' payments 6.2 Integrated Practice Support (YoY) Project in selected practices 6.3 Active Management of the Palliative Care Programme	• Enrolments monitored and payments processed. • Responding to outstanding payment and enrolment issues – ongoing. • Ongoing engagement with the IPC early starter practices.
7 Diabetes Care;	• Patients diagnosed with diabetes receive	7.1 DCIP support to practices	• Meeting held with SDHB and Hywel Lloyd to

12

Service Area	Key Performance Indicator	Activity	Progress against activity May 14
Implementation of the Diabetes Care Improvement Programme (DCIP) and Insulin Initiation Programme	timely, high quality & relevant health care.		review the current DCIP. • Monitoring of provider performance and follow up as required. • Confirmation from the DHB that the scope of the Local Diabetes Team (LDT) is to be reconfigured to become a long term conditions advisory group. • Discussion with MoH re their diabetes work plan including development of patient resources.
8 HPV Programme: Ongoing implementation of the HPV Programme in Southland	• Delivery of an equitable, ongoing immunisation programme for girls in school year 8 and facilitating uptake or girls eligible girls to provide protection against HPV infection and the subsequent development of cervical cancer.	8.1 Planning and delivery of the School Based Programme through an appropriately qualified nursing service 8.2 Planning and implementing a delivery schedule that ensures prioritisation of delivery to all schools.	• Round Two school visits completed.
9 Workforce Development: Implementation of the PHO's Workforce Development Plan	• Development of a highly skilled multidisciplinary primary care workforce.	9.1 Workforce Development Plan 9.2 Appropriate communication with clinicians	• Implementation of the Workforce Development Plan underway. • Clinician contact database developed including a profile of individuals. • GP Newsletter circulated. • Monthly CME continues in Invercargill. • Nursing Forums held in Southland, Dunedin & North and South Otago.
10 **Ethnicity Audits:** Implement the	• All SPHO practices audited to ensure accuracy of ethnicity recording systems and	10.1 Auditing of practice records.	• Project templates and documentation developed.

Service Area	Key Performance Indicator	Activity	Progress against activity May 14
ethnicity project as contracted.	processes.		• Scope of audit project expanded to review entire enrolment processes in each practice. • Practice audits underway – draft reports sent to practices. • Post audit actions completed as required.
11 Mental Health Brief Intervention: Implementation of the BIS service as contracted	• Delivery of services to eligible clients with a mild to moderate mental health illness.	11.1 Brief Intervention service delivery	• Referrals remain high across the district. • Individual workforce development applications approved & processed on an ongoing basis. • Enhancement of the current client management database (Exess) underway with the programme developers with the intention that it will eventually be used across the district. • Met with DHB provider arm to discuss the shared BIS arrangement in Southland and Queenstown. • Discussions continue around the co-location of the DHB employed clinicians with the PHO team in the Invercargill office.

MINISTRY OF HEALTH
MANATŪ HAUORA

COPY

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12 June 2014

Mr Joe Butterfield
Chair
Southern District Health Board
Private Bag 1921
DUNEDIN 9054

Dear Mr Butterfield

Primary Health Organisation (PHO) Health Target Performance Quarter three 2013/14 and Newborn Enrolments

Please find enclosed the Quarter three results for the three Primary Care Health Targets.

- **All PHOS have improved results for the More Heart and Diabetes Checks but none have yet met the target of 90% which is required by July 2014.**
- **Three PHOs have reached the Better Help for Smokers to Quit target**
- **Immunisation rates are static nationally**
- **For the first time you will find enclosed a table with the newborn enrolment percentages by PHO**

Newborn enrolment
The preliminary newborn enrolment policy (the B code) supports the 'Increased Immunisation' target. The expectation is for all newborns to be enrolled with a general practice within 2 weeks of birth. Performance against this will now be included in this letter each quarter.

Nationally the number of babies enrolled within 3 months is currently at 69 percent (Quarter three 2013/14) which is a small increase from Quarter two (63 percent). As per our letter to PHOs on 2 May 2014, PHOs need to focus on improving this.

Attached is a table with newborn enrolment figures by PHO. As already communicated on 2 May 2014 there is work underway to improve the monitoring process for newborns enrolled with general practice. In the meantime the current method of monitoring provides a good indication of how many newborns are benefitting from early enrolment.

Better Help for Smoker to Quit
Performance on the 'Better Help for Smokers to Quit' target has improved by six percent across all PHOs in comparison with Quarter two. National performance is now at 72 percent. Twenty three PHOs improved their performance, with nine PHOs losing ground compared to last quarter. Three PHOs reached the target and total performance remains well below the 90 percent target. Further work needs to be done to improve performance on this target.

More Heart and Diabetes Checks
The national Quarter three result for the 'More Heart and Diabetes Checks' target is 78 percent, an increase of five percent from the previous quarter. All PHOs improved their performance,

although not one PHO has yet reached the new target of 90 percent required by July 2014. Considerable work by all PHOs is required to meet the new target.

Immunisation
Performance on the 'Increased Immunisation' target is being maintained with the average across all PHOs of 92 percent. If your PHO has reached this level of coverage you are on target to reach 95 per cent by December 2014.

For PHOs with less than 90 percent coverage now is the time to work with your practices and provide the necessary support and encouragement to help them reach the target of 90 percent by the end of June 2014 and 95 percent by December 2014.

The enclosed graphs show the Quarter three performance of PHOs in the three Primary Care Health Targets. These results will be published in the New Zealand Doctor and released to the general media.

Thank you for the continuing work that is underway with your PHOs to ensure further improvements in the three Primary Care Health Targets, particularly the 'Better Help for Smokers to Quit' and the 'More Heart and Diabetes Checks' targets.

These are important health interventions and I note that increased effort has gone into improving performance but I would like to see your hard work reflected in the last quarter's results.

Yours sincerely

Chai Chuah
Acting Director General of Health

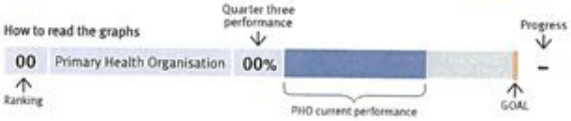
Cc Ms Carole Heatly, Southern DHB CEO, Mr Stuart Heal, Southern PHO Chair, Mr Ian Macara, PHO CEO

Encl PHO Performance Graphs

How is My PHO performing?

MINISTRY OF HEALTH
MANATŪ HAUORA

2013/14 QUARTER THREE (JANUARY TO MARCH) RESULTS



Increased Immunisation

Using PHO Performance Programme (PPP) Data

		Quarter three performance	90%	Change from previous quarter
1	Central Primary Health Organisation	97%		▲
2	Christchurch PHO Limited	97%		▲
3	Compass Health – Wairarapa	97%		–
4	Kimi Hauora Wairau (Marlborough PHO Trust)	95%		–
5	Pegasus Health (Charitable) Limited	95%		▲
6	Health Hawke's Bay Limited	95%		▼
7	Southern Primary Health Organisation	95%		–
8	East Health Trust	94%		▼
9	Primary and Community Services (Sth Can)	94%		▼
10	Ora Toa PHO Limited	94%		▲
11	West Coast PHO	93%		▲
12	Compass Health – Capital and Coast	93%		–
13	Rotorua Area Primary Health Services Limited	93%		▲
14	Cosine Primary Care Network Trust	93%		▼
15	Procare Networks Limited	93%		–
16	Waitemata PHO Limited	93%		–
17	Midlands Health Network – Lakes	92%		▼
18	Total Healthcare Charitable Trust	92%		–
19	Whanganui Regional PHO	92%		▼
20	Rural Canterbury PHO	92%		▼
21	Alliance Health Plus Trust	92%		–
22	Te Awakairangi Health Network	92%		▼
23	Western Bay of Plenty PHO Ltd	91%		▲
24	Te Tai Tokerau PHO Ltd	90%		▲
25	Manaia Health PHO Limited	90%		–
26	Well Health Trust	90%		▼
27	Auckland PHO Limited	90%		▼
28	Midlands Health Network – Waikato	90%		▼
29	Midlands Health Network – Tairawhiti	89%		▼
30	Midlands Health Network – Taranaki	88%		▼
31	Nelson Bays Primary Health	88%		▼
32	Eastern Bay Primary Health Alliance	88%		▼
33	National Hauora Coalition	87%		–
34	Hauraki PHO	85%		▼
35	Ngati Porou Hauora Charitable Trust	83%		▼
36	Nga Mataapuna Oranga Limited	69%		▼
	All PHOs	92%		–

Increased immunisation

The national immunisation target is 90 percent of eight-month-olds will have their primary course of immunisation (six weeks, three months and five months immunisation events) on time by July 2014 and 95 percent by December 2014. This quarterly progress includes children who turned eight months between January and March 2014, are enrolled in a PHO and who were fully immunised at that stage. Consequently, the All PHOs percentage above (92%) will be different to the All DHBs percentage (91%).

Better Help for Smokers to Quit

Using PHO Performance Programme (PPP) Data

		Quarter three performance	90%	Change from previous quarter
1	Manaia Health PHO Limited	94%		▲
2	Compass Health – Wairarapa	92%		▼
3	Primary and Community Services (Sth Can)	90%		▲
4	East Health Trust	85%		▼
5	Whanganui Regional PHO	84%		▲
6	Western Bay of Plenty PHO Ltd	82%		▲
7	Alliance Health Plus Trust	82%		▼
8	Central Primary Health Organisation	81%		–
9	National Hauora Coalition	81%		▲
10	Nelson Bays Primary Health	80%		▼
11	Compass Health – Capital and Coast	80%		▼
12	Eastern Bay Primary Health Alliance	78%		▲
13	Midlands Health Network – Waikato	77%		▲
14	Te Tai Tokerau PHO Ltd	74%		▲
15	Health Hawke's Bay Limited	74%		▼
16	Midlands Health Network – Lakes	74%		▲
17	Midlands Health Network – Taranaki	72%		–
18	Total Healthcare Charitable Trust	71%		▲
19	Christchurch PHO Limited	70%		▲
20	Midlands Health Network – Tairawhiti	69%		▲
21	Procare Networks Limited	69%		▲
22	Nga Mataapuna Oranga Limited	68%		▲
23	Kimi Hauora Wairau (Marlborough PHO Trust)	66%		▼
24	Te Awakairangi Health Network	65%		▲
25	Pegasus Health (Charitable) Limited	65%		▲
26	Ora Toa PHO Limited	64%		▲
27	Southern Primary Health Organisation	63%		–
28	Rural Canterbury PHO	63%		▲
29	Rotorua Area Primary Health Services Limited	63%		▲
30	Ngati Porou Hauora Charitable Trust	62%		▲
31	Hauraki PHO	61%		▲
32	Auckland PHO Limited	61%		▲
33	Waitemata PHO Limited	57%		▲
34	West Coast PHO	55%		▼
35	Cosine Primary Care Network Trust	52%		▼
36	Well Health Trust	47%		–
	All PHOs	72 %		▲

Better help for smokers to quit

The national target is that 90 percent of patients who smoke and are seen by a health practitioner in primary care are offered brief advice and support to quit smoking.

More Heart and Diabetes Checks

Using PHO Performance Programme (PPP) Data

		Quarter three performance	90%	Change from previous quarter
1	Manaia Health PHO Limited	88%		▲
2	Auckland PHO Limited	87%		▲
3	East Health Trust	86%		–
4	Procare Networks Limited	86%		▲
5	Whanganui Regional PHO	86%		▲
6	Total Healthcare Charitable Trust	85%		▲
7	Midlands Health Network – Lakes	85%		▲
8	Compass Health – Wairarapa	85%		▲
9	Alliance Health Plus Trust	84%		▲
10	Ngati Porou Hauora Charitable Trust	84%		▲
11	Central Primary Health Organisation	84%		▲
12	Western Bay of Plenty PHO Ltd	83%		▲
13	Rotorua Area Primary Health Services Limited	83%		▲
14	Cosine Primary Care Network Trust	83%		▲
15	Compass Health – Capital and Coast	82%		▲
16	National Hauora Coalition	82%		▲
17	Eastern Bay Primary Health Alliance	81%		▲
18	Midlands Health Network – Taranaki	81%		▲
19	Midlands Health Network – Tairawhiti	81%		▲
20	Midlands Health Network – Waikato	81%		▲
21	Te Tai Tokerau PHO Ltd	79%		▲
22	Health Hawke's Bay Limited	79%		▲
23	Nga Mataapuna Oranga Limited	79%		▲
24	Primary and Community Services (Sth Can)	78%		▲
25	Waitemata PHO Limited	77%		▲
26	Ora Toa PHO Limited	75%		–
27	Nelson Bays Primary Health	73%		▲
28	Hauraki PHO	73%		▲
29	Rural Canterbury PHO	73%		▲
30	Well Health Trust	72%		▲
31	West Coast PHO	70%		▲
32	Te Awakairangi Health Network	69%		▲
33	Southern Primary Health Organisation	69%		▲
34	Kimi Hauora Wairau (Marlborough PHO Trust)	69%		▲
35	Christchurch PHO Limited	69%		▲
36	Pegasus Health (Charitable) Limited	53%		▲
	All PHOs	78%		▲

More heart and diabetes checks

This target is 90 percent of the eligible population will have had their cardiovascular risk assessed in the last five years by July 2014.

Health Target results use information provided by the PHO Performance Programme (PPP) which is sourced from national collections and primary care organisations.

More information on the health targets can be found on www.health.govt.nz/healthtargets

New Zealand Government

PHO Name	PHO Enrolment (Including B Codes)	Number of Newborns on the NIR	Newborn Enrolment Coverage	Rank
Cosine Primary Care Network Trust	107	101	106%	1
West Coast PHO	75	78	96%	2
Total Healthcare Charitable Trust	392	409	96%	3
Midlands Health Network - Lakes	86	94	91%	4
Well Health Trust	51	57	89%	5
Rural Canterbury PHO	227	255	89%	6
Te Awakairangi Health Network	335	383	87%	7
Midlands Health Network - Tairawhiti	83	95	87%	8
Rotorua Area Primary Health Services Limited	219	252	87%	9
Christchurch PHO Limited	78	90	87%	10
Ora Toa PHO Limited	64	77	83%	11
Auckland PHO Limited	145	179	81%	12
Whanganui Regional PHO	151	189	80%	13
Pegasus Health (Charitable) Limited	834	1,058	79%	14
Waitemata PHO Limited	516	658	78%	15
Midlands Health Network - Waikato	587	761	77%	16
Procare Networks Limited	1,982	2,602	76%	17
Midlands Health Network - Taranaki	267	352	76%	18
South Link Health Incorporated	112	151	74%	19
Compass Health	101	137	74%	20
Nelson Bays Primary Health	171	233	73%	21
Te Tai Tokerau PHO Ltd	149	204	73%	22
Kimi Hauora Wairau (Marlborough PHO Trust)	91	125	73%	23
Manaia Health PHO Limited	215	296	73%	24
Western Bay of Plenty PHO Limited	309	429	72%	25
Southern Primary Health Organisation	573	830	69%	26
Compass Health - Capital and Coast	503	746	67%	27
National Hauora Coalition	270	403	67%	28
Hauraki PHO	203	303	67%	29
Health Hawke's Bay Limited	355	530	67%	30
Nga Mataapuna Oranga Limited	22	37	59%	31
East Health Trust	159	268	59%	32
Ngati Porou Hauora Charitable Trust	12	21	57%	33
Central Primary Health Organisation	269	481	56%	34
Alliance Health Plus Trust	146	285	51%	35
Eastern Bay Primary Health Alliance	74	151	49%	36
Unknown or Blank	0	1,082	n/a	
Total	**9,933**	**14,402**	**69%**	

SOUTHERN DISTRICT HEALTH BOARD

Title:	Quarter Three DHB Performance Reporting
Report to:	Disability Support and Community & Public Health Advisory Committees
Date of Meeting:	2 July 2014

Summary:

Overview of DHB Performance Reporting for Quarter Three 2013/14 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: Planning & Funding Date: 20.06.14	Presented by: Sandra Boardman Executive Director Planning & Funding

RECOMMENDATIONS:

That the Committees note the results for Quarter Three DHB Performance Reporting

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Summary of DHB Performance Reporting – Quarter 3 2013/14

Health Targets

Health Targets								
Measure		Target	Results				Final Rating	Comments
			Q1	Q2	Q3	Q4		
Better help for smokers to quit	Primary care	90%	59.9%	64.2%	63.5%		P	Southern PHO has invested significant time and resources since the beginning of 2014 to improve the targets for both 'better help for smokers to quit' and 'more heart and diabetes checks'. Dr John McMenamin (Co-target Champion) visited Southern DHB on 9 May and is confident the DHB has put in good systems and processes in place to achieve a more substantial increase in target performance over quarter 4.
	Secondary	95%	96.0%	95.8%	95.3%		A	
	Maternity	90%	92.4%	96.6%	96.3%		A	
Improved access to elective surgery		100%	98.3%	100.9%	101.9%		A	
Increased immunisation		90%	93.6%	92.7%	93.7%		A	
More heart and diabetes checks		90%	63.8%	64.2%	69.1%		P	See above in 'better help for smokers to quit'.
Shorter stays in Emergency Departments		95%	90.3%	91.6%	92.9%		P	The target champion visited the DHB in March and was encouraged by the 1.3% improvements for the quarter, the raised awareness of the heath target across the hospitals and the initiatives to improve acute patient flow.
Shorter waits for cancer treatment radiotherapy and chemotherapy		100%	100%	100%	100%		A	

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**
Policy Priorities Dimension			Achieving Government's priority goals/objectives and targets
PP8 Shorter waits for non-urgent mental health and addiction services		P	Seven of the eight 'less than 3 weeks' wait time targets were achieved. The exception was Addiction (Provider Arm and NGO) aged 20-64 years which at 66.4% was slightly below the 70% target. None of the eight 'less than 8 weeks' wait time targets of 95% were achieved. Six were within 3% (at or above 92%) and the remaining two were 90% and 89%. To improve performance the SDHB provided services have established a weekly report for feedback and remedial actions for shorter waiting times for mental health and addiction services.
PP10 Oral Health Mean DMFT score at Year 8		A	
PP11 Children carries free at five years of age		N	The target of 70% for 2013 was not achieved with a result of 64% for all 5-year-old children.
PP13 Improving the number of children enrolled in DHB funded dental services		A	
PP18 Improving community support to maintain the independence of older people		A	
PP20 Improved management for long term conditions (CVD, diabetes and Stroke)	Focus Area 1 Long Term Conditions	A	
	Focus Area 2 CVD	P	This measure for acute coronary syndrome (ACS) is new for 2013/14. The DHB began contributing to ANZACS-QI database in November 2013. Indicator 1 was achieved (80.7% achieved; target 70%). Indicator 2 was narrowly missed (89.17% achieved; 95% target).
	Focus Area 3 Stroke	A	
PP21 Immunisation coverage (previous health target)		N/A	
PP22 Improving System Integration		N	The DHB has not met the expectation to improve the 75+ readmission rate to 9.11%. Q3 result was 9.44%; national rate is 11.6%. The DHB is also not meeting expectations on improving access to radiology, primary options to acute care (POAC) and general practitioner with special interest (GPSI) services. Work on these have commenced and form a large part of the Annual Plan 2014/15.

Measures of DHB Performance			
Measure		**Final Rating**	**Comments**
PP23 Improving Wrap Around Services – Health of Older People		A	
PP24 Improving waiting times - Cancer MDMs		A	
PP26 Rising to the Challenge: The Mental Health and Addiction Service Development plan		A	
PP27 Delivery of the children's action plan		A	
System Integration Dimension			Meeting service coverage requirements and supporting sector inter-connectedness
SI2 Delivery of Regional Service plans		N/A	
SI4 Standardised Intervention rates		A	
Output Dimension			Purchasing the right mix and level of services within acceptable financial performance
OP1 Mental Health output Delivery against plan		A	
Ownership Dimension			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	The DHB has not met the expectation to improve the total readmission rate down to 6.60%. Q3 result was 7.3%; national rate is 8.2%.
	75 +	P	The DHB has not met the expectation to improve the 75+ readmission rate to 9.11%. Q3 result was 9.44%; national rate is 11.6%.
OS10 Improving the quality of data provided to national collection systems		A	
Development Dimension			
DV1 Faster cancer treatment		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**
B4 School Check Funding	S	
Electives Initiative and Ambulatory Initiative Variation	S	
Establishment of Green Prescription Initiative	S	
Well Child Tamariki Ora Services	S	
Additional on-going funding for Alcohol Brief Interventions in Primary Care	S	
National Immunisation Register (NIR) Ongoing Administration Services	S	
Primary Mental Health Initiative (PMHI) Service 13/14	B	
Boost Hospice Care Initiative	S	
2% DSS Funding Increase	S	
Budget 2011 Funding for Dementia Respite Care	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/sector leader	O	1. This rating indicates that the DHB achieved a level of performance considerably better than the agreed DHB and/or sector expectations. 2. Note: this rating can only be applied in the fourth quarter for measures that are reported quarterly or six-monthly. Measures reported annually can receive an 'O' rating, irrespective of when the reporting is due.
Achieved	A	1. Deliverable demonstrates targets / expectations have been met in full. 2. In the case of deliverables with multiple requirements, all requirements are met. 3. Data, or a report confirming expectations have been met, has been provided through a mechanism outside the Quarterly Reporting process, and the assessor can confirm.
Partial achievement	P	1. Target/expectation not fully met, but the resolution plan satisfies the assessor that the DHB is on track to compliance. 2. A deliverable has been received, but some clarification is required. 3. In the case of deliverables with multi-requirements, where all requirements have not been met at least 50% of the requirements have been achieved.
Not achieved – escalation required	N	1. The deliverable is not met. 2. There is no resolution plan if deliverable indicates non-compliance. 3. A resolution plan is included, but it is significantly deficient. 4. A report is provided, but it does not answer the criteria of the performance indicator. 5. There are significant gaps in delivery. 6. It cannot be confirmed that data or a report has been provided through channels other than the quarterly process.

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

SOUTHERN DISTRICT HEALTH BOARD

Title:	FINANCIAL REPORT
Report to:	Disability Support and Community & Public Health Advisory Committees
Date of Meeting:	2 July 2014

Summary:

The issues considered in this paper are:

- Funder year to date financial position.

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: David Dickson Finance Manager Date: 24/06/14	Presented by: Sandra Boardman Executive Director Planning & Funding

RECOMMENDATION:

1. That the report be received.

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DSAC / CPHAC FINANCIAL REPORT

Financial Report as at: **31 May 2014**
Report Prepared by: **David Dickson**
Date: **18 June 2014**

Recommendations:

- **That the Committee's note the Financial Report**

1. DHB Funds Result

The overall funder result follows;

Month				Year to Date			Annual
Actual $' 000	Budget $' 000	Variance $' 000		Actual $' 000	Budget $' 000	Variance $' 000	Budget $' 000
69,377	68,107	1,270	Revenue	753,956	749,176	4,780	817,283
(70,969)	(69,089)	(1,880)	Less Other Costs	(754,088)	(750,109)	(3,979)	(818,387)
(1,592)	(982)	(610)	Net Surplus / (Deficit)	(132)	(933)	801	(1,104)
			Expenses				
(50,355)	(49,129)	(1,226)	Personal Health	(534,301)	(531,543)	(2,758)	(580,071)
(7,119)	(7,270)	151	Mental Health	(78,387)	(79,962)	1,575	(87,232)
(1,018)	(864)	(154)	Public Health	(10,536)	(9,499)	(1,037)	(10,363)
(11,597)	(10,974)	(623)	Disability Support	(121,477)	(119,738)	(1,739)	(130,502)
(181)	(154)	(27)	Maori Health	(1,707)	(1,687)	(20)	(1,840)
(698)	(698)	0	Other	(7,680)	(7,680)	0	(8,379)
(70,968)	(69,089)	(1,879)	Expenses	(754,088)	(750,109)	(3,979)	(818,387)

Summary Comment:
The May result was a deficit of $1.6m against a budget of $1.0m. The year to date result is a deficit of $0.1m against a budgeted deficit of $0.9m resulting in a favourable variance of $0.8m

2. Results by Grouping

The following table shows revenue and expenditure by Personal Health, Mental Health, Public Health, Disability Support, Maori Health, and Funding and Governance.

Month				Year to Date			Annual
Actual $' 000	Budget $' 000	Variance $' 000		Actual $' 000	Budget $' 000	Variance $' 000	Budget $' 000
			Revenue				
60,142	59,024	1,118	Personal Health	652,168	649,261	2,907	708,285
7,300	7,220	79	Mental Health	79,978	79,424	553	86,645
975	955	21	Public Health	10,828	10,501	328	11,456
262	210	52	Disability Support	3,303	2,310	993	2,520
0	0	0	Maori Health	0	0	0	
698	698	0	Funding and Governance	7,680	7,680	0	8,378
69,377	68,107	1,270	Revenue total	753,956	749,176	4,780	817,283
			Expenses				
(50,355)	(49,129)	(1,226)	Personal Health	(534,301)	(531,543)	(2,758)	(580,071)
(7,119)	(7,270)	151	Mental Health	(78,387)	(79,962)	1,575	(87,232)
(1,018)	(864)	(154)	Public Health	(10,536)	(9,499)	(1,037)	(10,363)
(11,597)	(10,974)	(623)	Disability Support	(121,477)	(119,738)	(1,739)	(130,502)
(181)	(154)	(27)	Maori Health	(1,707)	(1,687)	(20)	(1,840)
(698)	(698)	0	Funding and Governance	(7,680)	(7,680)	0	(8,379)
(70,968)	(69,089)	(1,879)	Expenses total	(754,088)	(750,109)	(3,979)	(818,387)
			Surplus (Deficit)				
9,787	9,895	(108)	Personal Health	117,867	117,718	149	128,214
181	(50)	230	Mental Health	1,591	(538)	2,128	(587)
(43)	91	(133)	Public Health	292	1,002	(709)	1,093
(11,335)	(10,764)	(571)	Disability Support	(118,174)	(117,428)	(746)	(127,982)
(181)	(154)	(27)	Maori Health	(1,707)	(1,687)	(20)	(1,840)
0	0	0	Funding and Governance	0	0	0	(1)
(1,591)	(982)	(609)		(132)	(933)	801	(1,104)

For the year to date Personnel Health has a favourable variance of $0.1m with the additional costs offset with additional subcontract revenue. Mental Health is favourable due to the wash-up back to the provider arm. Public Health is unfavourable, due to Screening Programmes with expenses higher than budget, although offset with revenue. Disability Support is unfavourable $0.7m with home support and Residential care both higher than budget, and again having some revenue offset.

3. DHB Funds Result split by NGO and Provider

Part 3: DHB Funds	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	$(000)	$(000)	$(000)	%	$(000)	$(000)	$(000)	%	$(000)
Personal Health - Provider									
Child and Youth	(298)	(340)	42 F	12%	(3,782)	(3,739)	(43) U	(1%)	(4,080)
Laboratory	-	-			(4)	(4)			(5)
Infertility Treatment Services	(91)	(91)			(1,001)	(1,001)			(1,092)
Maternity	(42)	(42)			(454)	(454)			(495)
Maternity (Tertiary & Secondary)	(1,372)	(1,371)	(1) U	(0%)	(15,087)	(15,088)	1 F	0%	(16,459)
Pregnancy and Parenting Education	(2)	(2)			(28)	(28)			(31)
Neo Natal	(656)	(656)			(7,219)	(7,219)			(7,875)
Sexual Health	(86)	(86)			(950)	(950)			(1,037)
Adolescent Dental Benefit	(5)	(26)	21 F	81%	(107)	(288)	181 F	63%	(315)
Dental - Low Income Adult	(22)	(22)			(243)	(243)			(266)
Child (School) Dental Services	(592)	(592)			(6,504)	(6,503)	(1) U	(0%)	(7,095)
Secondary / Tertiary Dental	(115)	(107)	(8) U	(7%)	(1,270)	(1,176)	(94) U	(8%)	(1,283)
Pharmaceuticals	(195)	(428)	233 F	54%	(3,206)	(4,716)	1,510 F	32%	(5,112)
Pharmaceutical Cancer Treatment Drug	(485)	(358)	(127) U	(35%)	(4,252)	(3,942)	(310) U	(8%)	(4,300)
Pharmacy Services	(9)	(8)	(1) U	(13%)	(95)	(95)			(103)
Primary Health Care Strategy - Health	-	-			(193)	-	(193) U		-
Rural Support for Primary Health Pro	(70)	(70)			(773)	(773)			(843)
Immunisation	(68)	(67)	(1) U	(1%)	(744)	(744)			(811)
Radiology	(267)	(267)			(3,265)	(2,935)	(330) U	(11%)	(3,203)
Palliative Care	(3)	(3)			(38)	(38)			(41)
Meals on Wheels	(33)	(34)	1 F	3%	(365)	(366)	1 F	0%	(399)
Domicilary & District Nursing	(988)	(988)			(10,871)	(10,871)			(11,859)
Community based Allied Health	(413)	(414)	1 F	0%	(4,550)	(4,549)	(1) U	(0%)	(4,963)
Chronic Disease Management and Edu	(159)	(159)			(1,753)	(1,753)			(1,912)
Medical Inpatients	(5,619)	(5,619)			(61,806)	(61,806)			(67,425)
Medical Outpatients	(3,223)	(3,221)	(2) U	(0%)	(35,327)	(35,434)	107 F	0%	(38,655)
Surgical Inpatients	(10,742)	(10,406)	(336) U	(3%)	(115,136)	(114,465)	(671) U	(1%)	(124,871)
Surgical Outpatients	(1,572)	(1,572)			(17,291)	(17,291)			(18,863)
Paediatric Inpatients	(641)	(641)			(7,046)	(7,046)			(7,686)
Paediatric Outpatients	(267)	(267)			(2,939)	(2,939)			(3,207)
Pacific Peoples' Health	(9)	(10)	1 F	10%	(108)	(108)			(118)
Emergency Services	(1,470)	(1,470)			(16,163)	(16,162)	(1) U	(0%)	(17,631)
Minor Personal Health Expenditure	(37)	(37)			(406)	(407)	1 F	0%	(443)
Price adjusters and Premium	903	902	1 F	(0%)	9,926	9,926			10,828
Travel & Accomodation	(4)	(4)			(46)	(47)	1 F	2%	(51)
Inter District Flow Personal Health	-	-			-	-			-
	(28,652)	**(28,476)**	**(176) U**	**(1%)**	**(313,096)**	**(313,254)**	**158 F**	**0%**	**(341,701)**
Personal Health - NGO									
Child and Youth	(33)	(35)	2 F	6%	(341)	(389)	48 F	12%	(424)
Laboratory	(2,733)	(2,639)	(93) U	(4%)	(29,609)	(29,030)	(579) U	(2%)	(31,669)
Infertility Treatment Services	-	(9)	9 F		-	(99)	99 F		(108)
Maternity	(220)	(220)			(2,423)	(2,420)	(3) U		(2,640)
Maternity (Tertiary & Secondary)	(2)	(14)	11 F	82%	(32)	(149)	117 F	79%	(163)
Pregnancy and Parenting Education	(7)	(10)	3 F	30%	(90)	(108)	17 F	16%	(117)
Sexual Health	(2)	(2)			(17)	(17)			(18)
Adolescent Dental Benefit	(131)	(245)	114 F	47%	(1,858)	(1,900)	42 F	2%	(2,110)
Other Dental Services	-	-			-	-			-
Dental - Low Income Adult	-	(69)	69 F		(579)	(748)	169 F	23%	(817)
Child (School) Dental Services	(22)	(27)	5 F	19%	(285)	(474)	188 F	40%	(513)
Secondary / Tertiary Dental	-	(141)	141 F		(1,386)	(1,526)	141 F	9%	(1,667)
Pharmaceuticals	(6,933)	(6,239)	(707) U	(11%)	(67,206)	(64,295)	(2,925) U	(5%)	(70,199)
Pharmaceutical Cancer Treatment Drug	(143)	-	(143) U		(143)	-	(143) U		-
Pharmacy Services	(19)	(60)	40 F	67%	(463)	(658)	195 F	30%	(718)
General Medical Subsidy	(86)	(142)	56 F	39%	(858)	(1,512)	654 F	43%	(1,650)
Primary Practice Services - Capitated	(3,434)	(3,431)	(3) U		(37,651)	(37,741)	89 F		(41,172)
Primary Health Care Strategy - Care	(302)	(240)	(62) U	(26%)	(3,084)	(2,642)	(441) U	(17%)	(2,883)
Primary Health Care Strategy - Health	(341)	(286)	(55) U	(19%)	(3,668)	(3,146)	(522) U	(17%)	(3,432)
Primary Health Care Strategy - Other	(223)	(207)	(16) U	(8%)	(2,728)	(2,277)	(451) U	(20%)	(2,484)
Practice Nurse Subsidy	(8)	(17)	9 F	53%	(175)	(182)	6 F	3%	(198)
Rural Support for Primary Health Pro	(1,303)	(1,301)	(2) U		(14,325)	(14,308)	(17) U		(15,609)
Immunisation	(514)	(452)	(63) U	(14%)	(1,833)	(1,621)	(212) U	(13%)	(1,840)
Radiology	(178)	(190)	12 F	6%	(2,109)	(2,093)	(16) U	(1%)	(2,283)
Palliative Care	(500)	(492)	(8) U	(2%)	(5,369)	(5,409)	40 F	1%	(5,901)
Meals on Wheels	(20)	(19)	(1) U	(3%)	(221)	(213)	(7) U	(3%)	(233)
Domicilary & District Nursing	(385)	(448)	63 F	14%	(4,616)	(4,926)	311 F	6%	(5,374)
Community based Allied Health	(168)	(167)			(1,845)	(1,842)	(3) U		(2,009)
Chronic Disease Management and Edu	(264)	(82)	(182) U	(223%)	(1,068)	(900)	(168) U	(19%)	(982)
Medical Outpatients	(612)	(396)	(216) U	(55%)	(3,531)	(4,354)	823 F	19%	(4,750)
Surgical Inpatients	(14)	(20)	6 F	28%	(202)	(219)	17 F	8%	(239)
Surgical Outpatients	(139)	(144)	5 F	4%	(1,534)	(1,585)	51 F	3%	(1,729)
Pacific Peoples' Health	(6)	(12)	6 F	52%	(86)	(129)	42 F	33%	(140)
Emergency Services	(151)	(160)	9 F	6%	(1,705)	(1,765)	60 F	3%	(1,926)
Minor Personal Health Expenditure	(43)	(52)	9 F	17%	(508)	(567)	59 F	10%	(619)
Price adjusters and Premium	(107)	(107)			(1,609)	(1,178)	(431) U	37%	(1,285)
Travel & Accomodation	(408)	(430)	22 F	5%	(4,090)	(4,239)	149 F	4%	(4,690)
Inter District Flow Personal Health	(2,252)	(2,148)	(103) U	(5%)	(23,961)	(23,631)	(330) U	(1%)	(25,780)
	(21,703)	**(20,653)**	**(1,050) U**	**(5%)**	**(221,208)**	**(218,291)**	**(2,917) U**	**(1%)**	**(238,371)**

The table above splits funder expenditure For Personal Health into NGO and Provider arm. The provider variance is due to favourable Community Pharmacy, partly offset by additional transfers for contracts with additional funding, within the surgical inpatient line.

NGO variances YTD are $2.9m with Pharmaceuticals which is now expected to be close to the pharmacy forecast issued in February, Labs, and Primary healthcare costs all ahead of budget. Some of this does have revenue offset.

Mental Health

Part 3: DHB Funds	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	$(000)	$(000)	$(000)	%	$(000)	$(000)	$(000)	%	$(000)
Mental Health - Provider									
Acute Mental Health Inpatients	(1,299)	(1,299)			(14,285)	(14,285)			(15,583)
Sub-Acute & Long Term Mental Health	(362)	(362)			(3,986)	(3,986)			(4,349)
Crisis Respite	(2)	(2)			(23)	(23)			(25)
Alcohol & Other Drugs - General	(245)	(271)	26 F	10%	(2,805)	(2,977)	172 F	6%	(3,247)
Methadone	(94)	(94)			(1,031)	(1,031)			(1,125)
Dual Diagnosis - Alcohol & Other Drugs	(8)	(9)	1 F	11%	(93)	(92)	(1) U	(1%)	(100)
Dual Diagnosis - MH/ID	(8)	(5)	(3) U	(60%)	(87)	(54)	(33) U	(61%)	(59)
Child & Youth Mental Health Services	(524)	(575)	51 F	9%	(5,717)	(6,326)	609 F	10%	(6,901)
Forensic Services	(506)	(506)			(5,524)	(5,567)	43 F	1%	(6,074)
Kaupapa Maori Mental Health Services	(92)	(146)	54 F	37%	(1,116)	(1,598)	482 F	30%	(1,742)
Mental Health Community Services	(1,692)	(1,741)	49 F	3%	(18,301)	(19,152)	851 F	4%	(20,893)
Prison/Court Liaison	(46)	(44)	(2) U	(5%)	(507)	(487)	(20) U	(4%)	(531)
Day Activity & Work Rehabilitation S	(54)	(63)	9 F	14%	(630)	(691)	61 F	9%	(754)
Mental Health Funded Services for Older Pe	(35)	(35)			(390)	(390)			(426)
Advocacy / Peer Support - Consumer	(30)	(35)	5 F	14%	(326)	(380)	54 F	14%	(414)
Other Home Based Residential Support	(58)	(57)	(1) U	(2%)	(609)	(635)	26 F	4%	(692)
	(5,055)	**(5,244)**	**189 F**	**4%**	**(55,430)**	**(57,674)**	**2,244 F**	**4%**	**(62,915)**
Mental Health - NGO									
Crisis Respite	(5)	(5)		2%	(51)	(52)	1 F	2%	(57)
Alcohol & Other Drugs - General	(84)	(59)	(25) U	(43%)	(932)	(649)	(283) U	(44%)	(708)
Alcohol & Other Drugs - Child & Youth	(24)	(24)			(356)	(262)	(94) U	(36%)	(286)
Dual Diagnosis - Alcohol & Other Drugs	-	(36)	36 F		(47)	(399)	352 F	88%	(436)
Eating Disorder	(14)	(14)			(153)	(154)	1 F		(168)
Maternal Mental Health	(4)	(4)			(40)	(40)			(44)
Child & Youth Mental Health Services	(385)	(281)	(104) U	(37%)	(3,687)	(3,090)	(597) U	(19%)	(3,371)
Forensic Services	-	(4)	4 F		-	(40)	40 F		(43)
Kaupapa Maori Mental Health Services	(6)	(6)		2%	(68)	(69)	2 F	2%	(76)
Mental Health Community Services	(136)	(136)			(1,334)	(1,493)	159 F	11%	(1,629)
Day Activity & Work Rehabilitation S	(136)	(135)	(2) U	(1%)	(1,500)	(1,481)	(19) U	(1%)	(1,615)
Advocacy / Peer Support - Consumer	(23)	(22)	(1) U	(3%)	(257)	(247)	(10) U	(4%)	(270)
Other Home Based Residential Support	(522)	(317)	(206) U	(65%)	(3,981)	(3,483)	(498) U	(14%)	(3,800)
Advocacy / Peer Support - Families	(52)	(60)	8 F	13%	(573)	(660)	87 F	13%	(720)
Community Residential Beds & Service	(206)	(451)	244 F	54%	(4,647)	(4,960)	313 F	6%	(5,411)
Minor Mental Health Expenditure	(25)	(32)	7 F	23%	(474)	(355)	(119) U	(34%)	(388)
Inter District Flow Mental Health	(441)	(441)			(4,853)	(4,853)			(5,294)
Mental Health Total	**(2,065)**	**(2,027)**	**(38) U**	**(2%)**	**(22,956)**	**(22,287)**	**(668) U**	**(3%)**	**(24,315)**

For the provider, the wash-up between the funder and provider results in the favourable variance of $2.2m YTD.

NGO providers are $0.6m unfavourable with both Child and youth services and residential support both ahead of budget.

Public Health

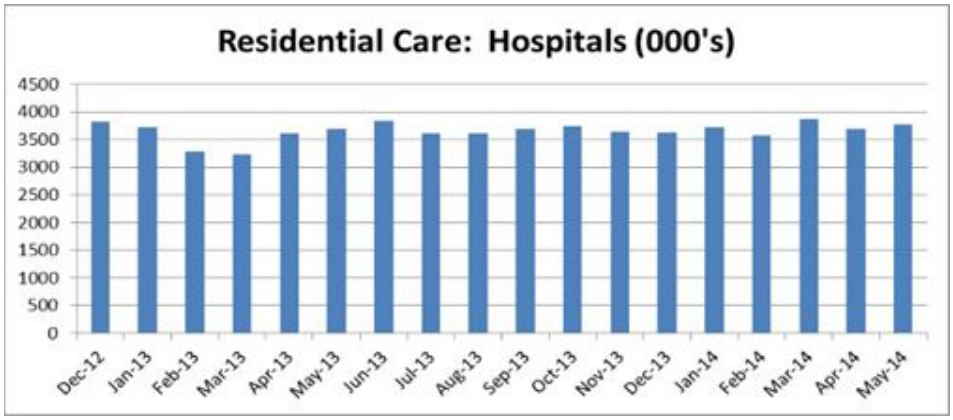
Part 3: DHB Funds	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	$(000)	$(000)	$(000)	%	$(000)	$(000)	$(000)	%	$(000)
Public Health - Provider									
Alcohol & Drug	(36)	(26)	(10) U	(38%)	(393)	(291)	(102) U	(35%)	(317)
Communicable Diseases	(96)	(96)			(1,061)	(1,061)			(1,158)
Screening Programmes	(506)	(368)	(138) U	(38%)	(4,916)	(4,046)	(870) U	(22%)	(4,414)
Mental Health	(22)	(22)			(243)	(243)			(265)
Nutrition and Physical Activity	(22)	(22)			(247)	(247)			(270)
Physical Environment	(36)	(36)			(393)	(393)			(428)
Public Health Infrastructure	(127)	(127)			(1,396)	(1,396)			(1,523)
Sexual Health	(12)	(12)			(131)	(131)			(143)
Social Environments	(38)	(38)			(414)	(414)			(452)
Tobacco Control	(81)	(81)			(907)	(891)	(16) U	(2%)	(971)
	(976)	**(828)**	**(148) U**	**(18%)**	**(10,101)**	**(9,113)**	**(988) U**	**(11%)**	**(9,941)**
Public Health - NGO									
Nutrition and Physical Activity	(27)	(23)	(4) U	(18%)	(294)	(249)	(44) U	(18%)	(272)
Tobacco Control	(15)	(12)	(3) U	(22%)	(140)	(137)	(3) U	(2%)	(150)
	(42)	**(35)**	**(7) U**	**(19%)**	**(434)**	**(387)**	**(47) U**	**(12%)**	**(422)**

The provider variance is offset with revenue, with additional revenue received for Cervical and Breast screening programmes.

Disability Support Services

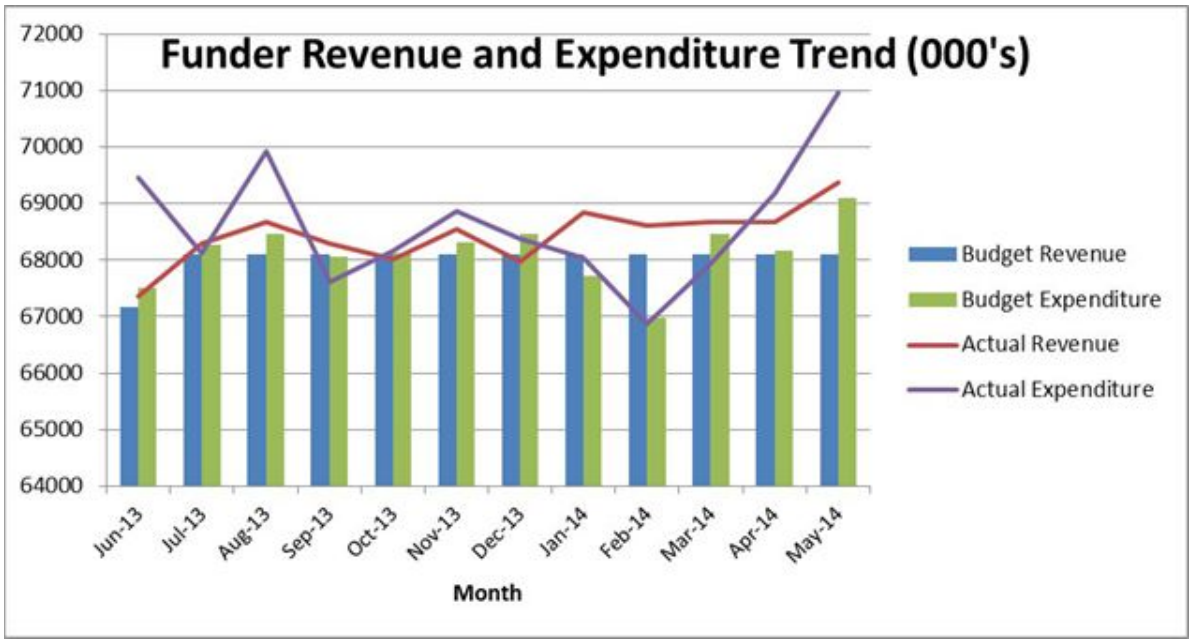
Part 3: DHB Funds	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	$(000)	$(000)	$(000)	%	$(000)	$(000)	$(000)	%	$(000)
Disability Support Services - Provider									
AT & R (Assessment, Treatment and Re	(1,679)	(1,679)			(18,460)	(18,460)			(20,138)
Needs Assessment	(137)	(141)	4 F	3%	(1,509)	(1,555)	46 F	3%	(1,696)
Service Co-ordination	(19)	(19)			(213)	(213)			(233)
Long Term Chronic Conditions	(8)	(8)			(88)	(88)			(96)
Ageing in Place	(2)	(2)			(27)	(27)			(30)
Environmental Support Services	(3)	(2)	(1) U	(50%)	(24)	(24)			(27)
Minor Disability Support Expenditure	(8)	(9)	1 F	11%	(92)	(91)	(1) U	(1%)	(100)
Community Health Services & Support	(21)	(21)			(230)	(230)			(251)
	(1,877)	**(1,881)**	**4 F**	**0%**	**(20,643)**	**(20,688)**	**45 F**	**0%**	**(22,571)**
Disability Support Services - NGO									
AT & R (Assessment, Treatment and Re	(297)	(297)			(3,272)	(3,272)			(3,569)
Information and Advisory	(12)	(13)	1 F	9%	(108)	(143)	35 F	25%	(156)
Needs Assessment	(25)	(22)	(3) U	(14%)	(352)	(238)	(114) U	(48%)	(260)
Service Co-ordination	(4)	-	(4) U		(16)	-	(16) U		-
Home Support	(1,854)	(1,267)	(587) U	(46%)	(15,936)	(14,237)	(1,699) U	(12%)	(15,504)
Carer Support	(152)	(156)	4 F	2%	(1,448)	(1,717)	270 F	16%	(1,874)
Residential Care: Rest Homes	(2,963)	(3,047)	85 F	3%	(31,965)	(32,931)	966 F	3%	(35,880)
Residential Care: Loans Adjustment	12	22	(10) U	(46%)	154	244	(90) U	(37%)	266
Long Term Chronic Conditions	(93)	(85)	(8) U	(10%)	(1,338)	(930)	(408) U	(44%)	(1,015)
Residential Care: Hospitals	(3,772)	(3,628)	(144) U	(4%)	(40,568)	(39,203)	(1,365) U	(3%)	(42,714)
Environmental Support Services	(111)	(100)	(11) U	(11%)	(1,099)	(1,091)	(8) U	(1%)	(1,191)
Minor Disability Support Expenditure	-	(17)	17 F		(6)	(192)	186 F	97%	(209)
Respite Care	(144)	(138)	(5) U	(4%)	(1,583)	(1,548)	(35) U	(2%)	(1,691)
Community Health Services & Support	(51)	(84)	33 F	39%	(431)	(924)	493 F	53%	(1,008)
Inter District Flow Disability Support	(255)	(261)	6 F	2%	(2,867)	(2,867)			(3,128)
	(9,720)	**(9,093)**	**(627) U**	**(7%)**	**(100,834)**	**(99,049)**	**(1,785) U**	**(2%)**	**(107,932)**

For NGO home support and residential care costs are ahead of budget with some historical claims still coming through for Home Support. Residential care hospitals is $1.3m higher than budget, with the following graph showing the trend from December 2012.



4. Revenue and Expenditure Trend

The following table shows actual and budget for revenue and expenditure for the 12 months to May 2014. For the period September 2013 until March 2014 expenditure had been tracking close to budget. For April and May the increase from prior months is due mostly to Pharmaceuticals and Home support costs greater than budget. Revenue is also $1.2m over budget for May.



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5. Financial Statements

The financial summary for the funder result is attached.

DSAC / CPHAC Workplan 2014						
Output	**Timeframe**	**Reporting Frequency**	**Progress**			**Reports / Presentation Schedule**
			Behind	On Target	Complete	
Child & Youth Child and Youth Steering Group - Develop communications strategy - Complete stocktake of child and youth health services - Develop Child & Youth Strategies - WCTO Quality Improvement Framework Social Sector Trials Compass Childrens Action Plan	 Meets six weekly In progress TBC Ongoing Ongoing Ongoing Ongoing	 Quarterly Quarterly Six monthly Annual Annual				A report/presentation will be submitted to the November 2014 DSAC-CPHAC Committee Meeting
Cancer Services - Cancer Networks (local & SCN) - SDHB Cancer Control Plan	 Ongoing Ongoing	 Quarterly Quarterly				A report/presentation will be submitted to the December 2014 DSAC-CPHAC Committee Meeting
Health of Older Persons - Age Related Residential Care - Home & Community Support Services Alliance - Palliative Care - Dementia		 Annual Six month Annual Annual				A report/presentation on residential care will be submitted to the May 2014 DSAC-CPHAC Committee Meeting
Mental Health - Development of implementation plan for Raise HOPE (MH&A Strategic Plan) - Phased implementation of Raise HOPE - Implementation Prime Ministers Youth Mental Health project initiatives - Suicide prevention	 June 2014 ongoing	 Bimonthly update Quarterly six monthly six monthly				A report/presentation will be submitted to the July 2014 DSAC-CPHAC Committee Meeting
Primary Care - PHO Clinical Programmes - After Hours Services - Rural Services Alliance - Long-term Conditions - Primary Maternity Clinical Quality Network - Integration, BSMC service development - Community Pharmaceuticals - Laboratory Services	 On-going On-going June 14 On-going On-going On-going On-going	 Quarterly Six Monthly Bi Monthly Quarterly Quarterly Monthly Quarterly				A report/presentation will be submitted to the October 2014 DSAC-CPHAC Committee Meeting
Southern PHO	On-going	Monthly				
Southern Health Alliance Leadership Team (SHALT)	On-going	Monthly				

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DSAC / CPHAC Workplan 2014						
Output	**Timeframe**	**Reporting Frequency**	**Progress**			**Reports / Presentation Schedule**
			Behind	On Target	Complete	
Rural Health - - Rural hospital trusts – performance monitoring	Ongoing	Quarterly				
Performance Monitoring - SOI Indicators / DAP Measures - PHO Performance Programme - Health Targets (Diabetes, Smoking, CVD, Immunisation)						
Public Health - Family Violence Intervention Programme - Hep C - Needle Exchange		Six monthly Annual Annual				A report/presentation will be submitted to the September 2014 DSAC-CPHAC Committee Meeting.
Maori Health - Maori Health Plan - Whanau Ora - Nurse-led Clinics		Six monthly				
Pacific Health - General Update		Six monthly				
Population Health - Before Schools Check - School Based Health Services - Vaccine Preventable Disease - Screening programmes - Child Mortality Review Group - Sexual health services		Six monthly				
Public Health South	Ongoing	Bi-Monthly				