

SOUTHERN DISTRICT HEALTH BOARD

DISABILITY SUPPORT ADVISORY COMMITTEE and COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE

Wednesday, 24 May 2017

commencing at the conclusion of the public
Hospital Advisory Committee meeting

**Board Room, Community Services Building,
Southland Hospital Campus, Invercargill**

A G E N D A

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

Item

1. **Apologies**
2. **Interests Register**
3. **Minutes of Previous Meeting**
4. **Matters Arising**
5. **Review of Action Sheet**
6. **Planning & Funding Report**
7. **Annual Plan and Māori Health Plan Progress Report**
8. **Financial Report**
9. **Contracts Register**

Southern DHB Values

Kind <i>Manaakitanga</i>	Open <i>Pono</i>	Positive <i>Whaiwhakaaro</i>	Community <i>Whanaungatanga</i>
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APOLOGIES

An apology has been received from Mrs Kathy Grant, Commissioner.

SOUTHERN DISTRICT HEALTH BOARD

Title:	INTERESTS REGISTERS
Report to:	Disability Support and Community & Public Health Advisory Committees
Date of Meeting:	24 May 2017
<p>Summary:</p> <p>Commissioner and Executive Team members are required to declare any potential conflicts (pecuniary or non-pecuniary) and agree how these will be managed. A member who makes a disclosure must not take part in any decision relating to their declared interest.</p> <p>Interests declarations, and how they are to be managed, are required to be recorded in the minutes and separate interests register (s36, Schedule 3, NZ Public Health and Disability Act 2000).</p> <p>Changes to Interests Registers over the last month:</p> <ul style="list-style-type: none"> ▪ Nil 	
Specific implications for consideration (financial/workforce/risk/legal etc):	
Financial:	n/a
Workforce:	n/a
Other:	
<p>Prepared by:</p> <p>Jeanette Kloosterman Board Secretary</p> <p>Date: 11/05/2017</p>	
RECOMMENDATION:	
<p>1. That the Interests Registers be received and noted.</p>	

DSAC/CPHAC Meeting - Public - Interests Register

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
COMMISSIONER TEAM

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
Kathy GRANT	25.06.2015	Chair, Otago Polytechnic	Southern DHB has agreements with Otago Polytechnic for clinical placements and clinical lecturer cover.	
(Commissioner)	25.06.2015	Director, Dunedin City Holdings Limited	Nil	
	25.06.2015	Trustee, Sport Otago	Nil (Removed 22.11.2016)	
	25.06.2015	Trustee of numerous private trusts	Nil	
	25.06.2015	Consultant, Gallaway Cook Allan	Nil	
	25.06.2015	Dunedin Sinfonia Board	Nil	
	25.06.2015	Director, Dunedin City Treasury Limited	Nil	
	25.06.2015	Director, Dunedin Venues Limited	Nil (Ceased 6 June 2016)	
	18.09.2016	Food Safety Specialists Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	18.09.2016	Director, Warrington Estate Ltd	Nil - no pecuniary interest; provide legal services to the company.	
	18.09.2016	Tall Poppy Ideas Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	18.09.2016	Rangiora Lineside Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	18.09.2016	Otaki Three Limited	Nil. Co-trustee in client trusts - no pecuniary interest.	
		Spouse:		
	25.06.2015	Partner, Gallaway Cook Allan	Nil	
	25.06.2015	Chair, Slinkskins Limited	Nil	
	25.06.2015	Chair, Parkside Quarries Limited	Nil	
	25.06.2015	Director, South Link Health Services Limited	A SLH entity, Southern Clinical Network, has applied for PHO status.	Step aside from decision-making (refer Commissioner's meeting minutes 02.09.2015).
	25.06.2015	Board Member, Warbirds Over Wanaka Community Trust	Nil	
	25.06.2015	Director, Warbirds Over Wanaka Limited	Nil	
	25.06.2015	Director, Warbirds Over Wanaka International Airshows Limited	Nil	
	25.06.2015	Board Member, Leslie Groves Home & Hospital	Leslie Groves has a contract with Southern DHB for aged care services.	
	25.06.2015	Board Member, Dunedin Diocesan Trust Board	Nil	
	25.06.2015	Director, Nominee companies associated with Gallaway Cook Allan	Nil	
	25.06.2015	Trustee of numerous private trusts	Nil	
	25.06.2015 (updated 22.04.2016)	President, Otago Racing Club Inc.	Nil	
Graham CROMBIE	27.06.2015	Independent Director, Surf Life Saving New Zealand	Nil	
(Deputy Commissioner)	25.06.2015	Chairman, Dunedin City Holdings Ltd	Nil	

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

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	25.06.2015	Chairman, Otago Museum	Nil	
	25.06.2015	Chairman, New Zealand Genomics Ltd	Nil	
	25.06.2015	Independent Chairman, Action Engineering Ltd	Nil	
	25.06.2015	Trustee, Orokonui Foundation	Nil	
	25.06.2015	Chairman, Dunedin City Treasury Ltd	Nil	
	25.06.2015	Chairman (Removed 27.07.2016) Dunedin Venues Ltd (name change - see below)	Nil	
	25.06.2015	Independent Chair, Innovative Health Technologies (NZ) Ltd	Possible conflict if Southern DHB purchased this company's product.	
	25.06.2015	Associate Member, Commerce Commission	Potential conflict if complaint made against Southern DHB.	
	16.01.2017	Director, Dunedin Stadium Property Ltd (previously known as Dunedin Venues Ltd)	Nil	
	08.02.2017	Independent Chair, TANZ eCampus Ltd		
	13.03.2017	Chair, South Island Alliance Information Services		
	18.09.2016	Director and Shareholder, Innovatio Ltd	Vehicle for governance and consulting assignments. Clients listed above.	
Richard THOMSON (Deputy Commissioner)	13.12.2001	Managing Director, Thomson & Cessford Ltd	Thomson & Cessford Ltd is the company name for the Acquisitions Retail Chain. Southern DHB staff occasionally purchase goods for their departments from it.	
	13.12.2002	Chairperson and Trustee, Hawksbury Community Living Trust.	Hawksbury Trust runs residential homes for intellectually disabled adults in Otago and Canterbury. It does not have contracts with Southern DHB.	
	23.09.2003	Trustee, HealthCare Otago Charitable Trust	Health Care Otago Charitable Trust regularly receives grant applications from staff and departments of Southern DHB, as well as other community organisations.	
	06.04.2011	Councillor, Dunedin City Council	(Removed 26.10.2016)	
	05.02.2015	One immediate family member is an employee of Dunedin Hospital (Anaesthetic Technician)		
	07.10.2015	Southern Partnership Group	The Southern Partnership Group will have governance oversight of the CSB rebuild and its decisions may conflict with some positions agreed by the DHB and approved by the Commissioner team.	

DSAC/CPHAC Meeting - Public - Interests Register

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
ADVISORY COMMITTEE MEMBERS

Committee Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
Susie JOHNSTONE (Consultant, Finance Audit & Risk Committee)	21.08.2015	Independent Chair, Audit & Risk Committee, Dunedin City Council	Nil	
	21.08.2015	Trustee, Community Trust of Otago	Southern DHB may apply for funding. REMOVED 19/12/2016.	
	21.08.2015	Board Member, REANNZ (Research & Education Advanced Network New Zealand)	REANNZ is the provider of Eduroam (education roaming) wireless network. SDHB has an agreement allowing the University to deploy access points in SDHB facilities.	
	21.08.2015	Advisor to a number of primary health provider clients in rural Otago	All of the primary health provider clients in rural Otago are likely to have a contract through Southern DHB and/or the WellSouth Primary Care Network.	
	18.01.2016	Audit and Risk Committee member, Office of the Auditor-General	Audit NZ, the DHB's auditor, is a business unit of the Office of the Auditor General.	
	16.09.2016	Director, Shand Thomson Ltd	Nil	
	16.09.2016	Director, Harrison Nominees Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	16.09.2016	Director, Abacus ST companies.	Nil. Co-trustee in client trusts - no pecuniary interest.	
	16.09.2016	Director, Shand Thomson Nominees Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	16.09.2016	Director, Johnstone Afforestation Co Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	16.09.2016	Director, Shand Thomson Nominees (2005) Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	16.09.2016	Director, McCrostie Nominees Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
			Spouse is Consultant/Advisor to:	
	21.08.2015	Tuapeka Community Health Co Ltd & Tuapeka Health Incorporated	Tuapeka Community Health Co Ltd & Tuapeka Health Incorporated have a contract with Southern DHB.	
	21.08.2015	Wyndham & Districts Community Rest Home Inc	Wyndham & Districts Community Rest Home Inc has a contract with Southern DHB.	
	21.08.2015	Roxburgh District Medical Services Trust	Roxburgh District Medical Services Trust has a contract with Southern DHB.	
	21.08.2015	West Otago Health Ltd & West Otago Health Trust	West Otago Health Ltd & West Otago Health Trust have a contract with Southern DHB.	
	21.08.2015	A number of primary health care providers in rural Otago	All of the primary health provider clients in rural Otago are likely to have a contract through Southern DHB and/or the WellSouth Primary Care Network.	
	21.08.2015	Director, Clutha Community Health Co. Ltd	Clutha Community Health Co. Ltd has a contract with Southern DHB.	
	26.09.2016	Director, Abacus ST companies.	Nil. Co-trustee in client trusts - no pecuniary interest.	
			Daughter:	
21.08.2015	4th Year Medical School Student			
Suzanne CRENGLE (HAC Member)	10.10.2016	General Practitioner, Invercargill Medical Centre		
	10.10.2016	Member, Te Waipounamu Māori Leadership Group Cancer		
	10.10.2016	Executive Member, Ōraka Aparima Rūnaka		
	20.01.2017	Board Member, Royal NZ College of General Practitioners		
	20.01.2017	Member, Perinatal and Maternity Mortality Review Committee		
	20.01.2017	Two private trusts, with no interests in DHB matters		
23.03.2017	Associate Professor, Department of Preventive and Social Medicine, University of Otago (from 1 May 2017)			
Donna MATAHAERE-ATARIKI (CPHAC/DSAC and IGC Member)	27.02.2014	Trustee WellSouth	Possible conflict with PHO contract funding.	
	27.02.2014	Trustee Whare Hauora Board	Possible conflict with SDHB contract funding.	
	27.02.2014	Deputy Chair, NGO Council, Ministry of Health	Nil	
	27.02.2014	Council Member, University of Otago	Possible conflict between SDHB and University of Otago.	
	27.02.2014	Chair, Ōtākou Rūnanga	Nil	
	27.02.2014	Te Waipounamu Māori Cancer Leadership Group	Nil - REMOVED 23 February 2017	

DSAC/CPHAC Meeting - Public - Interests Register

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
ADVISORY COMMITTEE MEMBERS

Committee Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	27.02.2014	Ahuru Mowai National Māori Leadership Group Cancer	Nil- REMOVED 23 February 2017	
	17.06.2014	Gambling Commissioner	Nil	
	05.09.2016	Board Member and Shareholder, Arai Te Uru Whare Hauora Limited	Possible conflict when contracts with Southern DHB come up for renewal.	
	05.09.2016	Board Member and Shareholder, Otākou Health Limited	Possible conflict when contracts with Southern DHB come up for renewal.	
	05.09.2016	Southern DHB, Iwi Governance Committee	Possible conflict with SDHB contract funding.	
	09.02.2017	Director and Shareholder, VIII(8) Limited	Nil	
	01.09.2016	Southern DHB, Disability and Support Advisory Committee	Possible conflict with SDHB contract funding.	
Odele STEHLIN	01.11.2010	Waihopai Runaka General Manager	Possible conflict when contracts with Southern DHB come up for renewal.	
Waihopai Rūnaka – Chair IGC	01.11.2010	Waihopai Runaka Social Services Manager	Possible conflict with contract funding.	
	01.11.2010	WellSouth Iwi Governance Group	Nil	
	01.11.2010	Recognised Whānau Ora site	Nil	
	24.05.2016	Healthy Families Leadership Group member	Nil	
	23.02.2017	Te Rūnanga alternative representative for Waihopai Rūnaka on Ngai Tahu.	Nil	
Sumaria BEATON	27.04.2017	Southland Warm Homes Trust	Nil	
IGC - Awarua Rūnaka				
Taare BRADSHAW	17.03.2017	Director, Murihiku Holdings Ltd	Nil	
IGC - Hokonui Rūnaka				
Victoria BRYANT	06.05.2015	Charge Nurse Manager, Otago Public Health	Nil	
IGC - Puketeraki Rūnaka	06.05.2015	Member - College of Primary Nursing (NZNO)	Nil	
	06.05.2015	Member - Te Rūnanga o Ōtākou	Nil	
	06.05.2015	Member Kati Huirapa Rūnaka ki Puketeraki	Nil	
	06.05.2015	President Fire in Ice Outrigger Canoe Club	Nil	
Justine CAMP	31.01.2017	Research Fellow - Dunedin School of Medicine - Better Start National Science Challenge	Nil	
IGC - Moeraki Rūnaka		Member - University of Otago (UoO) Treaty of Waitangi Committee and UoO Ngai Tahu Research Consultation Committee	Nil	
		Member - Dunedin City Council - Creative Partnership Dunedin	Nil	
		Moana Moko - Māori Art Gallery/Ta Moko Studio - looking at Whānau Ora funding and other funding in health setting	Possible conflict with funding in health setting.	
		Daughter is a member of the Community Health Council	Nil	
Terry NICHOLAS	06.05.2015	Treasurer, Hokonui Rūnanga Inc.	Nil	
IGC - Hokonui Rūnaka	06.05.2015	Member, TRoNT Audit and Risk Committee	Nil	
	06.05.2015	Director, Te Waipounamu Māori Cultural Heritage Centre	Nil	
	06.05.2015	Trustee, Hokonui Rūnanga Health & Social Services Trust	Possible conflict when contracts with Southern DHB come up for renewal	
	06.05.2015	Trustee, Ancillary Claim Trust	Nil	
	06.05.2015	Director, Hokonui Rūnanga Research and Development Ltd	Nil	
	06.05.2015	Director, Rangimanuka Ltd	Nil	
	06.05.2015	Member, Te Here Komiti	Nil	
	06.05.2015	Member, Arahua Holdings Ltd	Nil	
	06.05.2015	Member, Liquid Media Patents Ltd	Nil	
	06.05.2015	Member, Liquid Media Operations Ltd	Nil	
Ann WAKEFIELD	03.10.2012	Executive member of Ōraka Aparima Rūnaka Inc.	Nil	
IGC - Ōraka Aparima Rūnaka	09.02.2011	Member of Māori Advisory Committee, Southern Cross	Nil	
	03.10.2012	Te Rūnanga representative for Ōraka-Aparima Rūnaka Inc. on Ngai Tahu.	Nil	

**SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE LEADERSHIP TEAM**

Management of staff conflicts of interest is covered by SDHB's Conflict of Interest Policy and Guidelines.

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
Mike COLLINS	15.09.2016	Wife, NICU Nurse	
Pania COOTE	26.05.2016	Ngai Tahu registered.	Nil
	30.09.2011	Member, Southern Cancer Network	Nil
	30.09.2011	Member, Aotearoa New Zealand Association of Social Workers (ANZASW)	Nil
	30.09.2011	Member, SIT Social Work Committee	Nil
	29.06.2012	Member, Te Waipounamu Māori Cancer Leadership Group	Nil
	26.01.2015	National Māori Equity Group (National Screening Unit) – MEG.	Nil
	26.01.2015	SDHB Child and Youth Health Service Level Alliance Team	Nil
	19.09.2016	Shareholder (2%), Bluff Electrical 2005 Ltd	
Liz DISNEY	27.02.2017	Nil	
Chris FLEMING	25.09.2016	Lead Chief Executive for Health of Older People, both nationally and for the South Island	
	25.09.2016	Chair, South Island Alliance Leadership Team	
	25.09.2016	Lead Chief Executive South Island Palliative Care Workstream	
	25.09.2016	Lead Chief Executive South Island Child Health Workstream	

**SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE LEADERSHIP TEAM**

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
	25.09.2016	Lead Chief Executive for Blood, including Chair of the National Haemophilia Management Group	(Removed 15.04.2017)
	25.09.2016	Deputy Chair, InterRAI NZ	
	10.02.2017	Director, South Island Shared Service Agency	Shelf company owned by South Island DHBs.
	10.02.2017	Director & Shareholder, Carlisle Hobson Properties Ltd	Nil.
Lynda McCUTCHEON	22.06.2012	Member of the University of Otago, School of Physiotherapy, Admissions Committee	Lead contact for University of Otago undergraduate clinical placements (Allied Health, Scientific & Technical professions) in Southern DHB.
	19.08.2015	Member of the National Directors of Allied Health	Nil
	04.07.2016	NZ Physiotherapy Board: Professional Conduct Committee (PCC) member	No perceived conflict. If complaint involves SDHB staff member or contractor, will not sit on PCC.
	18.09.2016	Shareholder, Marketing Business Ltd	Nil
Nigel MILLAR	04.07.2016	Member of South Island IS Alliance group	This group works on behalf of all the SI DHBs and may not align with the SDHB on occasions.
	04.07.2016	Fellow of the Royal Australasian College of Physicians	Obligations to the College may conflict on occasion where the college for example reviews training in services.
	04.07.2016	Fellow of the Royal Australasian College of Medical Administrators	Obligations to the College may conflict on occasion where the college for example reviews training in services.
	04.07.2016	NZ InterRAI Fellow	InterRAI supplies the protocols for aged care assessment in SDHB via a licence with the MoH.
	04.07.2016	Son - employed by Orion Health	Orion Health supplies Health Connect South.
	04.07.2016	Clinical Lead for HQSC Atlas of Healthcare variation	HQSC conclusions or content in the Atlas may adversely affect the SDHB.
Nicola MUTCH	16.03.2016	Member, International Nominations Committee, Amnesty International	Nil
		Deputy Chair, Dunedin Fringe Trust	Nil
Lexie O'SHEA	01.07.2007	Trustee, Gilmour Trust	Southland Hospital Trust, no perceived conflict.

**SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE LEADERSHIP TEAM**

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
Dr Jim REID	22.01.2014	Director of both BPAC NZ and BPAC Inc	No conflict.
	22.01.2014	Director of the NZ Formulary	No conflict.
	22.01.2014	Trustee of the Waitaki District Health Trust	Possible conflict in negotiation of new contract.
	22.01.2014	Employed 2/10 by the University of Otago and am now Deputy Dean of the Dunedin School of Medicine	Possible conflict in any negotiations with Dunedin School of Medicine.
	22.01.2014	Partner at Caversham Medical Centre and a Director of RMC Medical Research Ltd.	No conflict.
	19.09.2016	Director, ProHealth Holdings Ltd	No conflict. Holding company for share of Caversham Health Centre.
Leanne SAMUEL	01.07.2007	Trustee, Southern Health Welfare Trust	Southland Hospital Trust
	01.07.2007	Member of Community Trust of Southland Health Scholarships Panel.	Nil
	16.04.2014	Member National Lead Directors of Nursing and Nurse Executives of New Zealand.	Nil
Clive SMITH	31.03.2016	Nil	

Southern District Health Board

Minutes of the Joint Meeting of the Disability Support Advisory Committee and Community & Public Health Advisory Committee held on Thursday, 23 March 2017, commencing at 10.20 am, in the Board Room, Wakari Hospital Campus, Dunedin

Present:	Mrs Kathy Grant Mr Graham Crombie Mr Richard Thomson	Commissioner Deputy Commissioner Deputy Commissioner
In Attendance:	Mr Chris Fleming Ms Liz Disney Mrs Lexie O'Shea Dr Nicola Mutch Mrs Leanne Samuel Mr Clive Smith Mrs Jane Wilson Ms Jeanette Kloosterman	Chief Executive Officer Acting Executive Director Planning & Funding Deputy CEO/Chief Operating Officer Director of Strategic Communications Executive Director Nursing & Midwifery Chief Financial Officer Implementation Manager, Commissioner's Office Board Secretary

1.0 APOLOGIES

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

2.0 DECLARATION OF INTERESTS

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

3.0 PREVIOUS MINUTES

Recommendation:

"That the minutes of the meeting held on 26 January 2017 be approved and adopted as a true and correct record."

Agreed

4.0 MATTERS ARISING AND REVIEW OF ACTION SHEET

The Commissioner Team reviewed the action sheet (tab 5) and noted:

- That the report on primary maternity services had been deferred and would now be submitted to the May meeting;
- That the business case for a community based wrap-around service for older people should be completed by the end of March.

5.0 PLANNING AND FUNDING REPORT

Planning and Funding

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

- The first meeting of the Community Health Council had been held successfully in February.
- Good progress had been made with the Mental Health and Addiction Services Stepped Care Action Plan.
- The Long Term Conditions Network was also making good progress towards managing people with long term conditions in general practice.

The Acting Executive Director Planning & Funding was asked to confirm whether the other primary care practices approached had confirmed their participation in the *Do the Right Thing* pilot.

Public Health

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

Recommendation:

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

Agreed

6.0 FINANCIAL REPORT

In presenting the Funder financial results for February 2017 (tab 7), the Acting Executive Director Planning and Funding reported that the result was on track and there were no risks that she was aware of that were likely to change that prior to year-end.

The Acting Executive Director Planning & Funding then answered questions on the Primary Care Clinical Pharmacists initiative. It was agreed that an update would be provided to the next meeting.

Recommendation:

"That the report be received."

Agreed

7.0 QUARTER TWO 2016/17 PERFORMANCE REPORT

The Acting Executive Director Planning and Funding presented a summary of Southern DHB's performance reporting for quarter two 2016/17 (tab 8) and reported that the DHB was continuing to work with WellSouth to improve performance against the *Better Help for Smokers to Quit, Primary Care* target.

The Chief Operating Officer advised that *Raising Healthy Kids* was a new measure and she expected performance against it to continue to improve.

The Chief Executive Officer (CEO) noted that whilst the acute hospital *Average Length of Stay (ALOS)* was behind target, it was ahead of the national average.

Recommendation:

“That the Committees note the results for quarter two 2016/17 DHB performance reporting.”

Agreed

8.0 CONTRACTS REGISTER

The Funding contracts register for January-February 2017 was circulated with the agenda (tab 9) for information.

Recommendation:

“That the Contracts Register be noted.”

Agreed

CONFIDENTIAL SESSION

At 10.47 am, it was resolved that the Disability Support and Community & Public Health Advisory Committees reconvene at the conclusion of the public excluded section of the Hospital Advisory Committee meeting and move into committee to consider the agenda items listed below.

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

Confirmed as a true and correct record:

Commissioner: _____

Date: _____

Southern District Health Board
DISABILITY SUPPORT AND COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEES MEETING
ACTION SHEET
As at 10 May 2017

5

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
22 Nov 2016	Primary Maternity Services (Minute item 6.0)	Draft report to be rewritten and released with a covering letter. New group to be established to develop a set of principles and recommendations.	EDP&F	A revised draft primary maternity report was sent to clinical leaders on 3 May requesting feedback by 9 May. Once feedback is considered and the report revised (if necessary) it will be submitted to the Executive Leadership Team (ELT) for agreement to release to sector stakeholders. A workshop is planned for 5 July to discuss and test a set of principles and options for the configuration of primary maternity services across the Southern district.	June 2017
26 Jan 2017	Urgent Care: Primary Options for Acute Care (Minute item 4.0)	Pathways to enable GP access to IV antibiotics, IV fluids and biopsies to be completed by quarter three.	EDP&F	A new paper is being finalised which: 1. Outlines a comprehensive set of acute demand management services (ADMS) that are expected to contribute to a number of the savings assumptions outlined in the Sapere Part B paper (i.e. reduce ED attendance rates and hospital discharge rates) 2. Identifies actions that can be undertaken in 2017/18 that will contribute to the overall intent of ADMS 3. Identifies the investment required to progress these 2017/18 actions. Paper to go back to Alliance Leadership Team (ALT) on 16 May.	May 2017

DSAC/CPHAC Meeting - Public - Review of Action Sheet

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
26 Jan 2017	Outpatients Project (Minute item 4.0)	First work stream cardiology; paediatrics being considered – progress to be reported.	EDP&F	Following the completion of the review of models of care by Waitaki District Health Services LTD (WDHSL) there will be a review of the range and volume of outpatient services delivered by this provider. Any changes will be implemented in WDHSL's new contract for service which is due to commence on 1 July 2017.	
26 Jan 2017	Health of Older People (Minute item 4.0)	Community based wraparound service to be completed by quarter three.	EDP&F	Original business case for community based wrap-around service was not approved by ALT. Revised case to be considered at May ALT meeting.	
23 Mar 2017	Long Term Conditions (Minute item 5.0)	Committees to be advised whether the other practices approached have confirmed their participation in the <i>Do the Right Thing</i> pilot.	EDP&F	Centennial and Wanaka are confirmed. Maori Hill has declined due to practice nurses being out of action. Invercargill MC and Palmerston have declined following failed negotiation with SouthLink to access practice data for use in the pilot. Bester McKay (Invercargill), Amity and Aurora (both Dunedin) have been contacted; Bester McKay and Amity have indicated interest and discussions are ongoing.	
23 Mar 2017	Clinical Pharmacists (Minute item 6.0)	Update to be provided on the Primary Care Clinical Pharmacists initiative.	EDP&F		Completed

SOUTHERN DISTRICT HEALTH BOARD

Title:	Planning and Funding Report		
Report to:	Disability Support and Community & Public Health Advisory Committees		
Date of Meeting:	24 May 2017		
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: 10 May 2017	Presented by: Liz Disney Acting Executive Director Planning & Funding		
RECOMMENDATION: That the Committees note the content of this paper for the priority projects.			

EXECUTIVE HIGHLIGHTS

Pay Equity

Minister Coleman announced on 18 April 2017 that some of the health sector's lowest paid workers will share in a \$2b pay equity settlement over five years. This will have a positive impact on recruitment and retention of support workers in both aged residential care and home and community support services. There are however negatives associated with the likelihood of relativity claims both within the aged care and home and community support services as well as broader claims across other services both within health and across wider society. The Ministry is working with DHBs, providers, and ACC to finalise the details for a 1 July implementation.

Community Health Council

The Community Health Council (CHC) met on 6 April. The Council identified the need to have a good overview of how the patient complaints process works, which will be followed up at future meetings.

Dr Millar (Chief Medical Officer, SDHB) discussed how there has been a culture shift occurring within the DHB, and this was acknowledged by Council members. The CHC view the work to change the culture within the DHB as being of utmost importance. Dr Millar presented a Patient Story video of a patient's reflections on recovering from a fall which is intended to help health providers improve health services by learning from patient experiences and insights. The CHC were highly supportive of Patient Story videos and recommend the continuation of this initiative.

Two working groups have been established to:

- contribute to an improved website working with Communications Teams across the Southern Health System
- develop a Consumer Engagement Guidance document for health professionals working across the Southern Health System.

SPECIFIC PROJECTS -

Priority Area	Aim <ul style="list-style-type: none"> • Why? • Intended benefit 	Overall Approach	Progress on key milestones (February)
Urgent Care Network	To reduce the increasing burden on emergency departments and hospital admissions by patients who can be safely and appropriately treated in the community, and to ensure that patients have access to long-term clinically and financially sustainable after-hours medical care	Urgent Care Network is no longer in existence Three recommendations were put forward from the Urgent Care Network: 1. Expansion of the suite of primary options for acute services 2. Changing the model of care for Dunedin after-hours to reduce ED attendance rates 3. Changing the model of care for Invercargill after hours to reduce ED attendance rates. Since the network is no longer meeting, consideration has been given to the broader model of care for urgent services.	A new paper is being finalised which: <ol style="list-style-type: none"> 1. Outlines a comprehensive set of acute demand management services (ADMS) that are expected to contribute to a number of the savings assumptions outlined in the Sapere Detailed Services Plan Part B paper (i.e. reduce ED attendance rates and hospital discharge rates) 2. Identifies actions that can be undertaken in 2017/18 that will contribute to the overall intent of ADMS 3. Identifies the investment required to progress these 2017/18 actions. Paper to go back to Alliance Leadership Team (ALT) on 16 May.
Long Term Condition Network	To reduce the impact of multi-morbidity on patients and our health system. Intended improvements include: <ul style="list-style-type: none"> • Better co-ordinated care and improved self-management • Prevent/Delay/Reduced impact of multi-morbidity 	Standardisation of the use of primary flexible funding (CarePlus) through a new model of care (called <i>Do The Right Thing</i>) in order to deliver more targeted long-term conditions management in general practice.	<i>Do the Right Thing</i> testing is underway, with initial assessment of practices' preparedness complete. Centennial and Wanaka are confirmed. Maori Hill has declined due to practice nurses being out of action. Invercargill MC and Palmerston have declined following failed negotiation with SouthLink to

Priority Area	Aim <ul style="list-style-type: none"> • Why? • Intended benefit 	Overall Approach	Progress on key milestones (February)
	<ul style="list-style-type: none"> • Targeted funding to most complex and costly patients 		<p>access practice data for use in the pilot.</p> <p>Bester McKay (Invercargill), Amity and Aurora (both Dunedin) have been contacted. Bester McKay and Amity have indicated interest and discussions are ongoing.</p> <p>The comprehensive health assessment has progressed well and is close to testing.</p> <p>The acute risk prediction tool has been built and is being validated by Sapere. WellSouth expect to have it in the second week of May.</p> <p>The Flinders assessment training will start in June, with nurses able to start on-line training prior.</p>
<p>Health of Older People Network</p>	<p>A District-Wide Model of Care for Older People that will improve the long term sustainability of whole of system for older people in Southern District.</p> <p>Intended benefits include:</p> <ul style="list-style-type: none"> ▪ Care closer to home in familiar surroundings which will support the older person to regain strength and independence ▪ Reduced admission to hospital (via alternative community-based care) ▪ Patients will receive the right care and support based on a 	<p>Workstreams will develop services and pathways. The first workstream to be identified is Community-based Wraparound Service.</p>	<p>The original Business Case for community based wrap-around service was not approved by ALT. A revised case with a programme of work to be considered at May ALT meeting.</p> <p>The major component of this is a community-based wraparound service which builds on the additional time provided through <i>Do The Right Thing</i> in order to support older people with complex needs in a more comprehensive and co-ordinated way.</p>

Priority Area	Aim <ul style="list-style-type: none"> • Why? • Intended benefit 	Overall Approach	Progress on key milestones (February)
	comprehensive geriatric assessment <ul style="list-style-type: none"> ▪ Improved coordination between health providers. 		
Radiology Systems Project	The clinical question that is being considered is: “How do we configure a district wide radiology system that is clinically effective, supports convenient access for patients and clinicians, best utilises existing equipment and resources and lives within the funding available”.	As advised in the previous month’s report, the Radiology Systems project has met its strategic objectives. The workstreams associated with the project will continue on an operational or “business as usual” basis. This report will continue to advise on progress on Workstream 3 – Partnership Approaches to Radiology Models of Care.	Workstream 3 – Partnership Approaches to Radiology Models of Care. Work has continued on modelling options for a future service delivery model of care with Central Otago Health Services Ltd (COHSL). This has culminated in mutual agreement between COHSL and SDHB to implement a new model of care for radiology services with effect from 1 January 2018. COHSL’s existing provider of radiology services has agreed to extend their provision of service to 1 January 2018 to facilitate the commissioning and implementation of the new service.
Outpatients Project	The project has three key aims: <ul style="list-style-type: none"> • Review the location of outpatient services by type and specialty • Provide direction as to where outpatient services should be located if there was to be equitable access across the district • Explore the implications of any changes in volumes and what that would mean for current contracts. 	There will be a series of workstreams focussing on individual services. The first workstream is for cardiology services. In 2014/15 the cardiology service delivered 841 OP events for patients domiciled in rural areas. Nearly all of these events were delivered in Dunedin Hospital, with a smaller number delivered from Southland Hospital. The workstream will identify how this proportion can be reconfigured so that a significant number of	The current focus is on the range of outpatient services funded and provided at Oamaru Hospital by Waitaki District Health Services Ltd. The recently concluded review of models of care at Oamaru Hospital provides an opportunity for review to determine the scope and sustainability of the range of clinics provided. Any changes would be reflected in WDHSL’s new contract for service which commences on 1 July 2017.

Priority Area	Aim <ul style="list-style-type: none"> • Why? • Intended benefit 	Overall Approach	Progress on key milestones (February)
		events are delivered in rural settings.	
Raise HOPE- Growing Community Rehabilitation Services	To support more people with complex mental health needs to live and participate meaningfully in their own communities.	<ol style="list-style-type: none"> 1. Complete an analysis of current service options, identifying gaps in service and opportunities for improvement 2. Undertake a needs analysis of current people with high/complex long term mental health rehabilitation needs and also consider future demands 3. Work with the sector, including consumer and family representatives, to design a new service model by 28 October 2016 4. Develop a business case for the proposed new service model - final business case to approval processes 18 November 2016 5. Undertake a phased implementation process (including required procurement) to deliver on the approved business case. From Quarter Four – dependent on Ministry of Health approval to advance proposal including completion of Service Change Protocols. 	<p>Indicative Business Case financial analysis underway.</p> <p>Revised timeframe for Executive Leadership Team (ELT) to consider Indicative Business Case, July 2017.</p>

SOUTHERN DISTRICT HEALTH BOARD

Title:	Progress on delivering priorities and targets - Southern DHB Annual Plan 2016/17 and Southern Māori Health Plan 2016/17		
Report to:	Disability Support and Community & Public Health Advisory Committees		
Date of Meeting:	24 May 2017		
Summary:			
<p>These reports show the progress in Quarter Three on delivering on the plans, actions and commitments in the 2016/17 Southern DHB Annual Plan and the Southern Māori Health Plan. It highlights completed actions and achievements. Where activity is still to be completed, a brief narrative is provided on planned action and any issues affecting delivery and potentially impacting on the timing or ability to complete.</p> <p>Note the new milestone reporting process (to align with the South Island process) was introduced part way through the collation period and it is expected responses will be more refined next quarter.</p>			
Specific implications for consideration (financial/workforce/risk/legal etc.):			
Financial:	N/A		
Workforce:	N/A		
Other:	N/A		
Document previously submitted to:		Date:	
Approved by Chief Executive Officer:		Date:	
Prepared by:		Presented by:	
Planning & Funding		Liz Disney	
Date: 27/04/2017		Acting Executive Director Planning & Funding	
RECOMMENDATION:			
That the Committees note the progress in Quarter Three in delivering the Southern DHB Annual Plan 2016/17 and Southern Māori Health Plan 2016/17 and the intended actions where activity is incomplete.			

Southern DHB Annual Plan 2016/17 –Progress Report Quarter 3

Quarter 3 - Progress Report

Planning and Funding

DELIVERING ON PRIORITIES AND TARGETS

PROGRESS ON THE ANNUAL PLAN 2016/17

This template outlines how Planning and Funding is to monitor progress on delivering on the plans, actions and commitments in the Southern DHB 2016/17 Annual Plan.

A report will be produced at the end of each quarter that will contain an indication of progress against plan, and where necessary a brief narrative if activity is behind plan. This will highlight achievements (useful for reporting to the Ministry of Health/NHB) and also flag any issues affecting delivery and potentially impacting on the timing or ability to complete.

Each action is directly from the Annual Plan and will have an identified executive **accountable** for delivery. A nominated person within the service will be **responsible** for delivery and will be the key contact for progress reports and data.

Key quantitative measures will be added as the data becomes available to show outputs and impacts of actions. These are linked to another spread sheet which is being used to collate all the data for performance measures into a single point. This will assist our obligations in reporting on the Statement of Performance Expectations and the expectations of Audit New Zealand.

Progress	Milestones Dashboard
●	On Target
●	Caution
●	Critical
●	Complete
●	Not Started
Reporting Schedule	
Quarter 1	July – September
Quarter 2	October – December
Quarter 3	January – March
Quarter 4	April - June

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1 Reducing Unintended Teenage Pregnancy

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
1.1 Reducing Unintended Teenage Pregnancy	1.1.1 Engage with providers on new priority area "reducing unintended teenage pregnancy"	Workshop is held with providers	Q1	●	This is now part of an integrated reproductive and sexual health project. The previous timeframes have not been met as the scope of activity is now sector/district wide. Workshops being held in May 2017
		Stocktake and gap analysis is completed	Q1	●	District wide group sexual health are reviewing provider capacity across the district. Workshops are in May 2017. Estimate completion Q1 17/18
	1.1.2 Facilitate workforce development on contraceptive counselling and provision of long acting reversible contraceptives (LARC)	Provide counselling education for GPs, midwives, nurses, and relevant secondary workforce	Q2	●	Revised timeframe. Now Q1 17/18
		Identify practitioners trained in the insertion of LARCs and identify geographical or professional gaps	Q2	●	As above the district wide sexual health group are reviewing sexual health services across the district
		Train practitioners in the insertion of LARCs in localities where there is a need	Q2	●	This will follow when the above has been completed
	1.1.3 Increase the provision of contraception to vulnerable young women post-partum or following termination of pregnancy	All teenage women who birth or have a TOP are offered LARC	Q4	●	
	1.1.4 School Based Health Service (SBHS) nurse to offer emergency contraceptive pill (ECP) where appropriate	ECP education to be provided to SBHS nurses	Q2	●	
		SBHS nurse to have ECP endorsement and use of standing orders	Q2	●	

● On Target ● Caution ● Critical ● Completed ● Not Started

2 Social Sector Trials

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
2.1 Social Sector Trials	2.1.1 South Dunedin Social Sector Trial is transitioned to locally-led model from 1 July to 31 December 2016	Work with the South Dunedin SST Lead and other key stakeholders to develop and agree a transition plan by 31 July 2016	Q1	●	
		Support implementation of the transition plan		●	
	2.1.2 Gore Social Sector Trial is transitioned to locally-led model from 1 July to 31 December	Work with the local Gore Lead and other key stakeholders to develop and agree a transition plan by 31 July 2016	Q1	●	
		Support implementation of the transition plan		●	

● On Target ● Caution ● Critical ● Completed ● Not Started

3 Increased Immunisation

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
3.1 Increased immunisation	3.1.1 Achieve immunisation coverage above targets for children at 8 months, 2 years and four years			●	
	3.1.2 WellSouth, Immunisation Outreach, Te Kakano Clinics and WCTO will offer immunisation for Māori children at each event milestone at 8 months, 2 years and 4 years			●	
	3.1.3 National Immunisation Register (NIR) to provide WellSouth with details of children not fully immunised at 6 months, 2 and 5 years for follow-up with GP practices			●	
	3.1.4 NIR to continue monthly audit of babies about to reach an 8 month target to ensure correct data entry, closely monitor the decline rate	Monthly review of Datamart Reports to regularly measure coverage		●	
	3.1.5 'Week day' review of Inpatient and weekly review of Outpatient Birth Cohort children to identify unvaccinated children. Where clinically appropriate, immunisations are delivered by paediatric nurses			●	
	3.1.6 Analyse 12 months of referral data from WCTO providers and Plunket to identify reasons for "declines" (not accessing entitlements, not completing WCTO checks, & permanently opting out)			●	The data analysis has been completed as much as possible. However, declines and opt out service users were not able to be identified as NIR data was not able to be used as denominator. The proposed New Born Enrolment process will allow identification of "declines". By Q4 will have processes in place and a single New Born Enrolment form
	3.1.7 B4SC check nurses to check immunisation status of 4 year olds and refer for vaccinations as necessary	Immunisation status checked at B4SC		●	
	3.1.8 Immunisation Outreach, Public Health Nursing, WellSouth, Māori Health Providers and Te Kakano Clinics will work collaboratively to offer all 12 year old girls their completed doses of HPV vaccine			●	
	3.1.9 Increase coverage of HPV by on-going engagement with the health and education sector, and sharing information about eligible girls and young women with those engaging with families			●	
	3.1.10 Promote HPV online learning tools to increase knowledge of the benefits of the HPV programme			●	
	3.1.11 Support Immunisation Week (April 2016)			●	
	3.1.12 Continue the Southern DHB Vaccine Preventable Disease (VPD) Steering Group to monitor immunisation coverage	VPD Steering Group meets 3 times per year		●	The November meeting was cancelled due to lack of quorum. The VPD Steering TOR are currently under review. Next meeting is scheduled for 19 th May 2017

● On Target ● Caution ● Critical ● Completed ● Not Started

4 Reduced Incidence of Rheumatic Fever

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative	
4.1 Reducing Incidence of Rheumatic Fever	4.1.1 Maintain a register of patients with rheumatic fever	All cases of acute and recurrent acute rheumatic fever are notified with complete case information to the Medical Officer of Health within 7 days of hospital admission		●		
	4.1.2 WellSouth to maintain programme to fund general practice services and prescriptions to enable rheumatic fever prophylaxis at no cost to patients	Patients with a history of rheumatic fever receive monthly antibiotics not more than 5 days after their due date Undertake an annual audit of prophylaxis coverage for children aged 0-15 years, youth aged 15-24 years, and adults 25+ years		●	Will be completed in Q4	
	4.1.3 The Public Health Unit will undertake a case review of all rheumatic fever cases (first episode and recurrent) and address identified system failures	Report quarterly on the results of rheumatic fever case reviews (new and recurrent), including actions taken and lessons learned		●		
	4.1.4 Multi-stakeholder review of the rheumatic fever prevention and management plan undertaken annually	Multi-stakeholder meeting(s)		Q4	●	
		Report the result of the audit to the Ministry		Q4	●	
		Follow-up on any issues identified by the 2015/16 audit of recurrent hospitalisations of acute rheumatic fever and unexpected rheumatic heart disease			●	
4.1.5 Continued implementation of the South Island Rheumatic Fever Prevention Plan	All members of the Public Health partnership provide a surveillance function for rheumatic fever		Q2, Q4	●		

● On Target ● Caution ● Critical ● Completed ● Not Started

5 Supporting Vulnerable Children

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
5.1 Reducing Assaults on Children	5.1.1 Fully implement the Memorandum of Understanding between CYF, Police and Southern DHB			●	
	5.1.2 All children admitted to hospital in Southern DHB that are referred to CYF have a discharge meeting as per the MOU prior to discharge	All children meeting the criteria have a documented discharge meeting	Q2	●	Two discharges occurred without the discharge meetings happening. Procedures have been put in place to address this.
	5.1.3 Maintain Current performance of VIP Programme	Audit completed using the AUT Self Audit Tool	Q2	●	
	5.1.4 Ministry Approved Training provided to designated Services staff to recognise intimate partner violence and Child Abuse and Neglect	Bridging training provided to update staff on revised Family Violence Guidelines	Q2	●	The service has implemented Champion refresher workshop training to ensure adequate coverage of clinical areas. The VIP service is focussing on providing Core training for clinical staff.
5.2 Child Protection Policies	5.2.1 All funding agreements between Southern DHB and providers for children’s services must contain the requirement for the provider to adopt and implement a child protections policy	Child protection provisions in all new or renewed relevant provider contracts	Q4	●	
	5.2.2 Southern DHB child protection policy is reviewed every three years as required by the Vulnerable Children Act	Southern DHB child protection policy due for review in 2018		●	
5.3 Children’s Worker Safety Checking	5.3.1 Core workforce screening undertaken as outline in the Vulnerable Children Act	Workforce screening fully implemented by 1 July 2017	Q4	●	
	5.3.2 Complete vetting of all staff who work in the community where vetting is a requirement of entry to an external agency	Complete vetting by March/ April 2016	Q1	●	

● On Target ● Caution ● Critical ● Completed ● Not Started

6 Prime Minister’s Youth Mental Health Project

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
6.1 School Based Health Services	6.1.1 Continue delivery of School Based Health Services (SBHS) including HEADSSS assessments to vulnerable youth in existing Decile 1-3 schools, teen parent units and Te Wharekura O Arowhenua	Report progress quarterly (PP25)		●	
	6.1.2 Increase school based assessment for the youth in secondary schools including the Invercargill Teen Parenting Unit and Te Wharekura O Arowhenua	HEADSSS assessments introduced to the single new decile 3 school		●	
	6.1.3 Implement "Youth Healthcare in Secondary Schools: A framework for continuous quality improvement"	One PDSA cycle for each decile 1-3 secondary school and Invercargill Teen Parent Unit		●	
6.2 Improve the Responsiveness of Primary Care to Youth	6.2.1 Establish a model of care for vulnerable young people in Dunedin with the South Dunedin Social Sector Trial	Implement new model of care	Q2	●	The Dunedin Mayor and Iwi are now leading this transition to a community led ownership
	6.2.2 Establish a mode of care for vulnerable child and youth aged 5-18 years of age for the Gore district with the Gore Social Sector Trial	Implement new model of care	Q2	●	The Gore Mayor is now leading this transition to a community led ownership
	6.2.3 Facilitate linkages between SSTs and Alliance South	Social Sector Trial leads are members of the Child and Youth Steering Group		●	
6.3 Youth Primary Mental Health	6.3.1 Implement mental health and addiction brief intervention services district wide for all young people	Procure services as outlined in business case	Q1	●	Business Case approved by Commissioners 23 March 2017 In process of developing revised timelines to implement including any related procurement processes
		Contracts in place with providers	Q2	●	Anticipate revised service model in place first half of 2018
	6.3.2 Evaluate the effectiveness of the new youth alcohol and drugs (AOD) pathway	Evaluation completed	Q4	●	
	6.3.3 Provide additional "Making the Link" and SACS Brief Intervention training in rural areas; rural Southland, Queenstown lakes, Central Otago, North Otago	Training in rural areas delivered by WellSouth	Q4	●	
6.4 CAMHS and Youth AOD Services	6.4.1 Implement programme to raise awareness of the requirements for primary care providers AND clients to receive transition plans within 3 weeks	Primary care raising initiative implemented	Q2	●	
	6.4.2 Raise awareness of secondary and tertiary services outlining the clinical value of timely and comprehensive provision of transition plans to primary care	Development of prompt cards	Q1	●	
		Awareness raising initiatives implemented	Q2	●	
6.4.3 Implement youth AOD pathway	Evaluate effectiveness of youth AOD pathway	Q4	●		

● On Target ● Caution ● Critical ● Completed ● Not Started

7 Healthy Families NZ

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative	
7.1 Healthy Families Invercargill	7.1.1 Support and participate in the Healthy Families Invercargill community initiative in Invercargill City run by Sport Southland	Continue SDHB’s COOs membership with the Healthy Families Invercargill governance group		●		
		Public Health leadership continues as members on the Healthy Families Invercargill Prevention Partnership		●		
		Confirmation and exception report will be provided against the examples of participation identified	Q4	●		
	7.1.2 Public Health South and Healthy Families Invercargill work together to increase smokefree outdoor spaces in Invercargill				●	
	7.1.3 Public Health South, Healthy Families Invercargill and Rugby Southland work together to foster a family friendly approach in clubs				●	
	7.1.4 Southern DHB to support to Healthy Families Invercargill with data analysis including mapping and stocktake data	Mapping completed showing Invercargill community geographic access to resources, for example, alcohol, healthy food	Q2	●	This work has been put on hold due to Analyst capacity within Public Health. Public Health has not be able to recruit a suitable candidate to replace the analyst position who has the skills to undertake this work. As such this item will not be able to be progressed. This has been discussed and agreed with Healthy Families Invercargill.	
	7.1.5 Southern DHB will work to align existing DHB-led health promotion activities with Healthy Families Invercargill	Public Health collaboratively works with Healthy Families Invercargill on health promotion activities, for example through Health Promoting Schools programme			●	Timing of roll out of Water-Only Schools to be agreed.
7.1.6 Southern DHB will work collaboratively with Healthy Families Invercargill on new health promotion activities				●		
7.2 Childhood Obesity	7.2.1 Establish a multi-disciplinary inter-sectorial steering group to lead and guide activity focussed on the new Raising Healthy Kids health target	Obesity steering group established	Q1	●		
	7.2.2 Using Health pathways establish referral pathways for obese children identified in the B4SC to be referred to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions	Referral pathways from B4SC developed and implemented	Q3	●	Both the Referral pathway and Health Pathway are in draft at the end of Q3. Meetings are scheduled for early April to progress both. As a result implementation will not be completed until Q4	
	7.2.3 Continue Active Family referrals to Green Prescriptions for children aged 4 years and above				●	
	7.2.4 Evaluate the implementation of gestational diabetes screening of pregnant women across the district	Audit indicators in the guidelines	Q1, Q4	●		
Audit the uptake of the guidelines		Q4	●	Relates to timing, initial screening to birth time lag. (not started)		

● On Target ● Caution ● Critical ● Completed ● Not Started

Southern DHB Annual Plan 2016/17 Reporting Framework – Progress Report Template

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
	7.2.5 Southern DHB models good practice around healthy food and beverages choices for staff patients and visitors	Adoption of Ministry of Health healthy food and beverage environments policy for DHBs	Q4	●	
	7.2.6 Southern DHB clinical representatives will contribute to obesity planning through membership on the South Island Child Health Alliance			●	

● On Target

● Caution

● Critical

● Completed

● Not Started

8 Living Well with Diabetes

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
8.1 Supporting Patients	8.1.1 Continue Diabetes Care Improvement Program (DCIP) which includes retinal screening, foot checks, and renal function tests			●	
	8.1.2 WellSouth to continue providing self-management education (DESMOND)	DESMOND offered to patients with Type 2 diabetes		●	
	8.1.3 WellSouth will provide self-management education (Walking Away) for patients with Pre-diabetes across the district			●	
	8.1.4 Continue GPSI initiation service for both type I & II diabetes			●	
	8.1.5 WellSouth to continue to provide community dietician services with both group and individual sessions to support patients achieve healthier lifestyles			●	
	8.1.6 Continue referrals to Green Prescriptions to support CVD, Diabetes and Obesity health targets			●	
8.2 Supporting Providers	8.2.1 Clean up virtual diabetes register (VDR) to ensure patients with diabetes are coded as such in practice PMS systems to ensure timely follow-up and care			●	Awaiting new version of VDR from MoH. Estimated Quarter 4.
	8.2.2 Embed Diabetes Physician phone consult service for General Practice for complex diabetic patients			●	
	8.2.3 Continue ongoing development of community based rural and urban long term conditions community nurse clinics for both type I and II diabetes to support General Practice with the complex management of long term conditions patients			●	
	8.2.4 Align WellSouth LTC team with LTC Network plans to support the management of LTC's in primary care			●	
	8.2.5 Continue implementation of the Quality Standards for Diabetes Care	Establish baseline measurements	Q1	●	

● On Target ● Caution ● Critical ● Completed ● Not Started

9 Cardiovascular Disease

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
9.1 Cardiovascular Risk Assessments	9.1.1 Achieve and maintain CVDRA at or above 90% of the eligible population	90% of the eligible population who have had their CVD risk assessed within the past 5 years	Q1	●	86.6% CVD RA this quarter
	9.1.2 Provide all practices with DRINFO to increase the number of at risk patients being identified for assessment and then being assessed	Enable Profile and Houston practices access to the same information available via DRINFO		●	
	9.1.3 WellSouth to continue database development to risk stratify the population	Stratify enrolled service users (ESU) at practice and PHO level		●	
	9.1.4 Practices utilise DRINFO to identify patients eligible for Cardiovascular Risk Assessment	Patients sorted by low, med, high and very high CVD risk for follow-up as appropriate		●	
	9.1.5 Continue funding for CVRA to support CVRA achievement with focus on funding initial assessment and re-assessments for high needs populations (Māori, Pacific, Quintile 5, CSC & HUHCHolders)	90% of young Māori men aged 35-44 years have CVD risk assessed within the past 5 years		●	58.4% of Māori men in this age cohort have received a CVD RA in the past 5 years. The WellSouth Outreach team are now starting to work directly with all General Practices to assist them to work through their list of overdue Māori CVDRA's. WellSouth has also recently gained access to practice specific data for CVDRA's to assist this. WellSouth continue to work with Māori providers to ensure any CVD RAs undertaken are communicated to practices. A number of Māori men aged 35-44 years have CVD assessments through their employers. WellSouth is working with Occupational Health Services across the district to data match for Māori men aged 35-44 years who have a CVD risk assessment through Employer Health checks. Currently this data is not shared with the individual's General Practice or WellSouth. The lack of data sharing between employer Occupational Health providers and PHOs is a NZ wide issue.
		Regular analysis of young Māori men aged 35-44 years yet to complete CVD risk assessments		●	
	9.1.6 GP and nurse clinical champions to provide guidance to practices and other providers			●	
9.2 CVD Management	9.2.1 Utilise HealthPathways and ERMS for referrals to NGOs focussed on prevention and lifestyle modification	Number of referrals to Green Prescription		●	
	9.2.2 Align WellSouth LTC team with LTC Network plans to support the management of LTC's in primary care			●	
	9.2.3 Increase number of practices supported by the WellSouth Clinical Pharmacist team	Increased number of Medicine Therapy Assessments (MTAs)		●	

● On Target ● Caution ● Critical ● Completed ● Not Started

Southern DHB Annual Plan 2016/17 Reporting Framework – Progress Report Template

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
	9.2.4 All Māori identified as high risk of heart disease will be enrolled into the WellSouth CVD Management Programme	90% of young Māori men aged 35-44 years have CVD risk assessed within the past 5 years		●	58.4% of Maori men in this age cohort have received a CVD RA in the past 5 years. Please see 9.1.5
	9.2.5 Maintain ongoing CME and CNE program for long term conditions including cardiovascular risk assessments			●	

● On Target

● Caution

● Critical

● Completed

● Not Started

10 Tobacco

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

Section	Actions/Activity	Measures	Time-frame	Progre	Progress Narrative
10.1 Primary Care	10.1.1 DRINFO provides individualised practice reports with progress and achievement on the number of patients identified as smokers and provided with help to quit	90% of practices utilising DRINFO (or access same information)	Q4	●	
	10.1.2 GP and nurse clinical champions to provide guidance to practices and other providers			●	
	10.1.3 Smokefree Coordinators and Outreach Nurses provide support and resources to general practice and community providers with high numbers of current smokers			●	
	10.1.4 WellSouth to monitor data on smokers demographics			●	
	10.1.5 Continue to support the health promotion programme Little Lungs - Pūkahukahu Iti in preschools			●	
10.2 Hospital	10.2.1 Update the emergency department information system (EDIS) to enable mandatory recording of smoking status	EDIS updated	Q4	●	
	10.2.2 ABC status to be made mandatory in discharge summaries	ABS status recorded in all discharge summaries	Q4	●	
10.3 Community	10.3.1 Provide feedback to LMCs on the “better help for smokers to quit” maternity Health Target	Publish maternity Health Target results in LMC newsletters Facilitate ABC training for LMCs not achieving the “better help for smokers to quit” maternity Health Target		● ●	Unable to identify individual LMC's therefore unable to complete the training. An action that could not be achieved was put in the plan
	10.3.2 Health promotion staff work with councils and local NGO's via smokefree networks to engage in smokefree 2025 initiatives including focus on young people			●	
	10.3.3 Support providers contracted for DHB funded services to implement the new requirements around smokefree clauses			●	
	10.3.4 “Stop Smoking” providers are promoted and referral pathways strengthened	Facilitate improved referral pathways between LMCs and stop smoking providers		●	
	10.3.5 Continue referrals to the Pepi-Pods project for pregnant women who have been identified with any of the following criteria: smoked at any time in pregnancy, have a history of SUDI, are Maori, baby has a low birth weight	Develop and distribute a clear referral pathway to access a Pepi-Pod in SDHB area Promote Pepi-Pod key messages - Breastfeeding, safe sleep, up to date immunisation, no drinking or drugging around baby and gentle handling		Q4 ●	●

● On Target ● Caution ● Critical ● Completed ● Not Started

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Section	Actions/Activity	Measures	Time-frame	Progre	Progress Narrative
	10.3.6 Assist workplaces to develop a smokefree 2025 approach to their interactions with both staff and clients including focus on young			●	

● On Target

● Caution

● Critical

● Completed

● Not Started

11 Rising to the Challenge

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
11.1 Improve Wellbeing	11.1.1 Work with other agencies to increase employment opportunities	Updated service model developed	Q1	●	Review and redesign process now underway- anticipate updated service model agreed q4
		Agreed service model implemented	Q4	●	Implementation timeframes for updated service model likely to be impacted by general election and a requirement for service change protocols— dependent on outcome of review and actual proposed redesign
	11.1.2 Enhance peer support worker capacity and capability	Extend coverage of peer support services	Q2	●	Funding has not yet been re-prioritised to implement proposal
		Rollout peer support for people with high, complex, and long term mental health needs	Q4	●	As above
	11.1.3 Develop clinical pathways to support best practice metabolic health monitoring	Metabolic pathway implemented	Q4	●	
	11.1.4 Improve access to GP and primary care specialist nursing services for high and complex needs of long term clients	Implement new community rehabilitation model	Q4	●	Draft indicative business case is going to ALT in May 2017.
11.1.5 Up skill mental health and addiction staff to address physical health needs	Implement the Southern DHB Sector Wide Mental Health and Addiction Workforce Development Plan	Q3	●		
11.2 Crisis Response Services	11.2.1 Improve crisis response services of known clients referred by police	Implement a SLA with Police		●	
	11.2.2 Implement the agreed and prioritised recommendations of the Reviews Report into Southern DHB Mental Health After-Hours Crisis Services (Rural Services)	Establish referral guidelines from Police to mental health crisis services	Q4	●	
		Investigate possibilities of technology sharing to enable mobile videoconference options	Q4	●	
		Offer training to Police on mental health issues	Q2	●	
11.3 Supporting Parents Healthy Children Guidelines	11.3.1 Expand the membership of the current SDHB Working Group and the role of the SDHB Champion to assist implementation of Supporting Parents Healthy Children guidelines			●	
				●	
	11.3.2 Continue implementation of Supporting Parents Healthy Children Guidelines	Continue delivery of outstanding DHB Provider Arm phase 1 elements identified through gap analysis Develop and implement a sector wide action plan to deliver on Phase 1 Essential elements	Q4 Q4	● ●	
11.4 Outcomes-Focussed Approach	11.4.1 Implement the Southern DHB Stepped Continuum of Care Model for Mental Health (2016-19)			●	
	11.4.2 Enhance primary care leadership in mental health and addiction	WellSouth appoint to Mental Health and Addiction leadership role		●	

● On Target ● Caution ● Critical ● Completed ● Not Started

12 Cancer Services

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
12.1 Faster Cancer Treatment	12.1.1 Implement the Ministry of Health Prostate Cancer Management and Referral Guidance	Health pathway established for prostate cancer	Q4	●	
	12.1.2 Support the South Island regional review of two tumour standards	Confirm the two tumour standards for review	Q1	●	
		Southern Cancer Network (SCN) to provide a regional function of coordinating the South Island Tumour Site Clinical Group	Q1	●	
		DHBs to provide data for each review	Q2	●	
		Implement improvements from findings - ongoing service improvement process		●	
	12.1.3 Support and implement the NZ cancer health information strategy across the South Island	Work with SCN to identify workforce and IT to support improvement of cancer services Stocktake of cancer informatics and systems	Q2	●	
12.1.4 Implement the findings from the cancer information review undertaken in 2015/16			●		
12.2 Shorter Waits for Cancer Treatment	12.2.1 Assist other DHBs to implement and deliver the recommendations relating to MDTs and service improvement initiatives started in 2015/16	Support the implementation and rollout of Southern MDM tool		●	
		Promote and implement the integration of Faster Cancer Treatment (FCT) within the functionality and of MDTs		●	
	12.2.2 Identify Cancer clinical priorities through the SCN and Cancer clinical leads groups	Undertake annual assessment of cancer clinical priorities		●	
	12.2.3 Undertake a review to understand the “route” to service access/diagnosis for all South Island patients with a focus on first presentations	Collate and analyse data on cancer patients who first diagnosed through ED	Q2	●	
12.2.4 Support the delivery of Maori cancer pathways across the South Island	Develop improved understanding of the collection of ethnicity data	Q2 & Q4	●		
	Engagement with stakeholders e.g. Te Waipounamu, to confirm patient pathway issues and opportunities for improvement	Q4	●	The project is supported by Nelson Marlborough DHB. Significant feedback provided regarding outcomes of the SDHB report. Working to resolve issues.	

● On Target

● Caution

● Critical

● Completed

● Not Started

13 Stroke Services

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
13.1 Stroke Services Clinical Leadership	13.1.1 SDHB multi-disciplinary Stroke Governance Group continues the lead in development of stroke services across the district	Stroke Governance Group meets monthly		●	
		Stroke Governance Group supports education and staff development		●	
	13.1.2 National and South Island clinical stroke networks are supported	Attendance at national and SI meetings		●	
13.2 Hyper Acute Stroke	13.2.1 Continue to develop stroke thrombolysis service across the district	Continue 24/7 thrombolysis service at Dunedin hospital, including provision of advice/backup for the district		●	
		Support a 24/7 thrombolysis service at Invercargill, Oamaru, and Dunstan hospitals, including clearly defined timely transport processes where required	Q1-Q4	●	
	13.2.2 Extend Invercargill thrombolysis service to 24/7	Invercargill thrombolysis service extended to 24/7	Q1	●	
	13.2.3 DPH audit identifies thrombolysis candidates not thrombolysed	Continue auditing all thrombolysis candidates		●	
		Commence recording ischaemic stroke presenting to ED detailing reasons when thrombolysis not applicable	Q1	●	
13.3 TIA Services	13.3.1 Maintain and support TIA outpatient clinics across the district			●	TIA outpatient clinics are held regularly at Dunedin Hospital. TIA outpatients are currently being seen in general medical outpatient clinics at Southland Hospital.
	13.3.2 Improve access to carotid duplex scanning across the district	Develop and deliver an implementation plan for progressing recommendations as appropriate	Q4	●	
13.4 Acute Stroke & Rehabilitation	13.4.1 DHB wide use an evidence based acute stroke pathway, guidelines and audit tool	All hospitals use a dedicated acute stroke pathway	Q4	●	Dunedin Hospital Acute Stroke service has used an evidence based acute stroke pathway, guidelines, and audit tool for many years. Southland Hospital has recently appointed a new Internal Medicine Physician who, alongside the Medical Directorate Quality Performance And Systems Facilitator, is reviewing current compliance on Southland hospital site. They will then make recommendations and develop action plan to ensure compliance by end of Q2 2017-2018
		All hospitals begin rehabilitation at the time of admission to acute service to provide improved patient outcomes	Q1	●	
		Undertake quarterly audits of 10% of stroke admissions to assess adherence to pathway	Q1	●	
	13.4.2 Allied Health Rehabilitation Intervention team assesses all patients in stroke unit for rehabilitation	Audit the intervention time provided by Allied Health disciplines during inpatient rehabilitation stay on one Dunedin site	Q3	●	Audit planning commenced. Retrospective audit commencing in May.
		80% of patients admitted with acute stroke who are transferred to inpatient		●	

● On Target ● Caution ● Critical ● Completed ● Not Started

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Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
		rehabilitation services are transferred within 7 days of acute admission			
	13.4.3 Equitable Community Rehabilitation Services	Audit whether patients are referred for rehabilitation		●	

● On Target

● Caution

● Critical

● Completed

● Not Started

14 Cardiac Services

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
14.1 Acute Cardiac Services	14.1.1 Continue to contribute data to the ANZAC QI database.	Dendrite database data will be verified and feedback on the accuracy of data will be reported	Q2	●	
	14.1.2 Develop an appropriate audit tool and review progress of the Accelerated Chest Pain Pathways (ACPPs)	Monitor utilisation of ACP pathways		●	
		Develop audit scope and agree sample size	Q1	●	
		Audit completed on both sites	Q3	●	Audit not complete in Dunedin, to be complete Q4
	14.1.3 Support the programme of work outlined in the South Island Health Service Plan in developing a regional service model for South Island cardiac range of services (including ACS)	Monitor access rates for high risk population groups	Q4	●	
		Report on usage of the South Island of the percutaneous coronary intervention (PCI) pathway		●	
	14.1.4 Contribute to the national cardiac network	Maintain achievement of national indicators	Q4	●	90 day waiting time for patients on the list are not being maintained. Outsourcing underway to bring this back to meet national indicators.
14.2 Secondary Services	14.2.1 Maintain access to cardiac surgery for Southern DHB population at or above the target intervention rate	Deliver a minimum of 208 cardiac surgery discharges.		●	
		Maintain the four month wait time threshold for patients requiring a cardiology FSA or for cardiac surgery (ESPI 2 and ESPI 5).		●	Access to ICU continues to affect patients on the waiting list. The increase in ICU staffing has improved the situation slightly but there is still a significant gap (of 1.7 patients per week). Outsourcing is underway as a short term measure.
		Cardiac surgery intervention rates (per 10,000) are achieved; Cardiac Surgery 6.5; Coronary Angiography 34.7; Percutaneous revascularisation 12.5		●	
	14.2.2 Maintain consistency of clinical prioritisation for cardiac surgery patients, by using the national cardiac CPAC tool, and treating patients in accordance with assigned priority and urgency timeframe	Proportion of patients scored using the national cardiac surgery Clinical Priority Access (CPAC) tool, and proportion of patients treated within assigned urgency timeframe		●	
	14.2.3 Maintain the performance of the coronary angiography service	95% of accepted referrals for elective coronary angiography will receive their procedure within 3 months (90 days)		●	
14.2.4 Maintain access to cardiac diagnostic tests, for example, angiography, echocardiogram (ECG), and exercise tolerance tests			●		

● On Target ● Caution ● Critical ● Completed ● Not Started

15 Health of Older People

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
15.1 System Integration for Older People	15.1.1 Develop and implement Advance Care Planning	Arrange L2 Training and maintain training register		●	
		Organise and Promote “Conversations that Count” workshops	Q4	●	
		Develop Advance Care Plan Health Pathway	Q4	●	
	15.1.2 Improve timeliness of discharge summaries from Ward 6 & 8	Initiate a quality improvement process	Q1	●	The quality improvement A3 work has been delayed due to the change from Health Views to Health Connect South resulting in the data not currently being available. This is yet to be resolved and once the data becomes available the work will recommence.
		Discharge summaries are completed by time of discharge and available on HealthOne	Q4	●	IT Department has resolved the issue of Health Connect South reporting as of 10/5/17, and data has now been produced giving % of discharge summaries sent on Day of Discharge for Wards 6ATR (Older Persons) and Ward 8 (Internal Medicine). The report has capacity to monitor all clinical specialities on both Dunedin and Southland Hospital sites, and will be produced on a monthly basis to track progress, and develop action plans for increasing % completed on Day of Discharge.
15.1.3 Complete the roll-out of HealthOne to facilitate sharing of patient information	Southern DHB's HealthOne implemented	Q2	●		
15.2 Home and Community Support Services	15.2.1 Continue to support the In-Between Travel Settlement Agreement outcomes			●	
15.3 Dementia	15.3.1 Implement community-based dementia respite services	Dementia respite services commence	Q3	●	Respite Review has been completed. Recommendations have not been finalised. This piece of work is being considered as part of a wider programme of work to identify savings in Aged Residential Care.
	15.3.2 Increase the timeliness of diagnosis for those with dementia and promote development of long-term care plan	The number of people diagnosed with dementia referred to Alzheimer’s Society	Q4	●	
15.4 Comprehensive Clinical Assessment	15.4.1 Older people referred for an InterRAI assessment to access publicly funded care services will undergo the assessment and have a service allocated/declined in a timely manner	High Risk: within 5 working days for assessment; maximum 5 working days to service coordination		●	High Risk: within 5 working days for assessment; maximum 5 working days to service coordination Low Risk: within 15 working days for assessment; maximum 15 working days to service coordination

● On Target ● Caution ● Critical ● Completed ● Not Started

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Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative							
					Service Region	Urgency	Within Timeframe %					
					SDHB total	High Risk	78.5%					
					SDHB total	Low Risk	79.9%					
					Dunedin / Invercargill	High Risk	78.8%					
					Dunedin / Invercargill	Low Risk	80.8%					
					Rural Hospitals*	High Risk	66.7%					
					Rural Hospitals*	Low Risk	77.7%					
					*Rural Hospitals are Waitaki, Clutha, Central Otago & Gore							
					The achievement of this target for high risk referrals has increased by 15% since last quarter and by 5% since last quarter for low risk referrals.							
					Standardised data capture for these timelines is now in place across the district. Improvement in performance is occurring across both our urban and rural sites.							
					As above							
					Low risk: within 15 working days for assessment; maximum 15 working days to service							
					The number and % of older people who have received long-term support (home or residential) in the last three months who have had an InterRAI homecare or contact assessment and completed care plan							
15.4.2	Provide ongoing support to residential care facilities implementing comprehensive clinical assessments (InterRAI)	The number and % of older people who have received long-term support (home or residential) in the last three months who have had an InterRAI homecare or contact assessment and completed care plan			●							
					The % of older people in aged residential care by facility who have a second InterRAI LTCF assessment completed 230 days after admission			●				
								The percentage of LTCF clients admitted to an ARC facility who have been assessed using an interRAI Home Care assessment tool in the 6 months prior to first LTCF assessment			●	
15.4.3	Measure progress and benchmark against other DHBs using interRAI data											
15.5 Falls and Fracture Services	15.5.1	Maintain the District wide multi-agency (secondary/primary/ACC/NGO sector) Falls Strategy Group to lead service improvement and monitor/evaluate effectiveness										●
	15.5.2	Complete staged rollout of Fracture Liaison Service (FLS) to Southern GP Practices										●
	15.5.3	Fully implement IT platform for capture and sharing of FLS data	FLS IT platform operational									●

● On Target ● Caution ● Critical ● Completed ● Not Started

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Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
	15.5.4 Continue to develop FLS service and FLS Coordinator role	Number of older people referred to, and seen by a strength and balance retaining service		●	
		Number of older people referred to osteoporosis management programmes		●	

● On Target

● Caution

● Critical

● Completed

● Not Started

16 Service Configuration including Shifting Services

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
16.1 Childhood Obesity	16.1.1 Using Health pathways establish referral pathways for obese children identified in the B4SC to be referred to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions	Obesity steering group established	Q1	●	
		Referral pathways from B4SC developed and implemented	Q3	●	In draft. Meeting scheduled with Dietetics and Paediatrics to finalise in April. Implementation will now occur in Q4
16.2 Radiology	16.2.1 Undertake a district wide radiology system review to assess equity of access, distribution of radiology services (across publicly funded providers) and streamline patient referrals for service	Identify HealthPathways and ERMS forms to which National Criteria will be applied	Q1	●	
		Develop and agree HealthPathways and ERMS forms to which National Criteria will be applied	Q1-Q4	●	
		Develop options, including partnership models with Waitaki DHS & Dunstan Hospital, for increased utilisation of available capacity across the district	Q2	●	
		Review contractual arrangements with providers to determine how funding arrangements will try to reflect recommendation	Q1-Q4	●	
16.2.2	Continue development of clinical pathways that facilitate or improve quality of direct access to plain film x-rays and ultrasound	Develop 2 pathways during the course of the year including musculoskeletal medicine and access to ultrasound	Q3	●	
16.3 Health of Older People	16.3.1 Complete staged rollout of Fracture Liaison Service (FLS) to Southern GP Practices	Continue roll-out out general practice	Q1-Q3	●	
		Fully implement IT platform for capture and sharing of FLS data	Q3	●	
16.4 Primary Maternity Services	16.4.1 Review models of care and service configuration or primary maternity services and facilities	Consumer engagement surveys and forums completed	Q1	●	
		Options for primary maternity service options completed	Q2	●	
		Implementation plan for agreed primary maternity service options commence	Q3	●	A revised maternity report will be released in June 2017 and include suggested principles for decision making regarding the future design of primary maternity services.
16.5 Mental Health Services	16.5.1 Implement the Southern DHB Stepped Continuum of Care Model for Mental Health (2016-19)	Following the Rapid Improvement Event (RIE) in May develop and agree an implementation plan	Q1	●	
	16.5.2 Implement mental health and addiction brief intervention services district wide for all young people	Procure services as outlined in business case	Q1	●	Business Case approved by Commissioners
		Contracts in place with providers	Q2	●	Anticipate revised service model in place first half of 2018
16.6 Outpatient Services	16.6.1 Undertake a district wide review of outpatient services focusing on equity of access; including a	Engage with stakeholders and providers on implementing equitable volumes for sub-populations	Q2	●	

● On Target ● Caution ● Critical ● Completed ● Not Started

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Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
	review of FSA to follow up ratios based on comparisons with the NZ ratio of first to follow ups	Test feasibility of a single district wide waiting list for outpatient services	Q2	●	Scope of project is under review. Needs to be reconsidered and re-prioritised against all other work

● On Target

● Caution

● Critical

● Completed

● Not Started

17 Shorter Stays in Emergency Departments

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
17.1 Urgent Care in Primary	17.1.1 Weekly liaison with Otago University Student Health, Otago Polytechnic Student Association, and Dunedin After-Hours to manage patient flows			●	
	17.1.2 Work with WellSouth to reduce barriers and facilitate attendance to primary care	WellSouth to encourage practices to prove additional appointment slots for people requiring urgent care Continuation of ED voucher system		●	
	17.1.3 Promote Cellulitis, DVT and other POAC services for general practice	Number of referrals to the POAC services		●	
	17.1.4 Promote Rapid Response Service for general practice	Number of referrals to the Rapid Response Service		●	Rapid Response service referrals for Q3 2016-17 Otago received 51 referrals, of which 11 were declined. Southland received 43 referrals, of which 16 were declined
	17.1.5 Improve communications with general practice advising points of contact to seek clinical guidance, thereby reducing the need for potential ED visits			●	
	17.1.6 Work with the relevant Alliance South Networks (Urgent Care, Health of Older People, Rural) as necessary			●	
17.2 Emergency Departments	17.2.1 Plan and develop a Medical Assessment and Planning Unit (MAPU) at Dunedin Hospital	Complete design for MAPU	Q4	●	A winter Medical Admission Unit is awaiting approval. This uses inpatient beds with the aim to move patients from ED earlier in their hospital stay.
	17.2.2 Undertake bed use analysis on the flow of patients from the community	Share results with WellSouth to improve understanding on contributors to bed block	Q1	●	
	17.2.3 Implement a marketing campaign to remind and educate the community on the appropriate use of ED and alternative options	ED marketing campaign underway	Q3	●	Felt to be of limited value, being reviewed.
	17.2.4 Review Accelerated Chest Pain Pathways (ACCPs) in emergency departments	Scheduled for auditing in 16/17 following the implementation in 15/16	Q4	●	
	17.2.5 Complete the implementation of the ED Quality Framework	ED Quality Framework implemented	Q4	●	
		Systems are in place to monitor all the mandatory and non-mandatory measures	Q4	●	Unable to routinely monitor a number of clinical measures as there is no automated system in place. Data is collected manually.
		Report ED health target performance by Māori and Pacific ethnicity	Q1	●	
	17.2.6 Implement orthopaedic pathways for overnight care in ED	Introduce pathway for fractured neck of femur (NOF)	Q1	●	Complete in Southland. Work underway in Dunedin – to be completed in Quarter 4.
17.2.7 Provide appropriate additional resource to improve performance of Invercargill ED	Introduce a community based attachment (second year House Officer) at Invercargill Medical Centre	Q2	●		

● On Target ● Caution ● Critical ● Completed ● Not Started

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Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
		Extend FACEM hours	Q1	●	

● On Target

● Caution

● Critical

● Completed

● Not Started

18 Whānau Ora

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
18.1 Collaboration with Whānau Ora Commissioning Agencies	18.1.1 South Island DHBs will negotiate a Strategic Alliance Agreement with Te Pūtahitanga o te Waipounamu	Strategic Alliance agreement will set out the framework for an ongoing relationship between South Island DHBs and Te Pūtahitanga, to be signed	Q4	●	Te Pūtahitanga o te Waipounamu (TPW) have decided to have individual partnership agreements with each DHB rather than a single agreement with all five DHBs within the South Island. A meeting has been held and a further one is planned to progress a partnership agreement between the Southern DHB and Te Pūtahitanga.
		Yearly strategic planning forum established	Q4	●	A Māori Health Provider Forum has been established. The first meeting was well received and a second meeting is in the pipeline to confirm the Terms of Reference.
	18.1.2 Support greater alignment of projects and activities across Te Waipounamu	Ongoing meetings as determined by the relationship agreement to create and foster a high trust environment which allows both parties to work together on projects aimed to support Māori achieve their maximum health and wellbeing	Q4	●	Discussions have been held however, further discussions are required around alignment of projects and activities.
	18.1.3 Identify a joint project with Te Pūtahitanga that can advance the Whānau Ora approach across Te Waipounamu	One joint project completed	Q4	●	A meeting is being scheduled this month to explore a proposed project.
18.2 Oral Health	18.2.1 Scope new birth enrolments with a view to identify opportunities to increase enrolments	Increase in the number of Māori and Pacific 5 year old children who are caries free at age 5		●	
		Review baseline enrolment data on a quarterly basis		●	
18.3 Tobacco	18.3.1 Undertake a stock of initiatives aimed to reduce the up-take of tobacco use with a view to equip and support LMCs to offer smokefree support to pregnant women	Better support for 95% of all pregnant Māori women to quit smoking (smoke free at two weeks post-natal) Monitor Indicator 19 of the WCTO Quality Improvement Framework		●	
18.4 Mental Health	18.4.1 Develop referral pathway to Māori Mental Health Services	Reduced rate of Māori committed to compulsory treatment relative to non-Māori		●	
		Referral pathway agreed and implemented	Q4	●	
18.5 Childhood Obesity	18.5.1 Establish a healthy weight working group which is inclusive of Whānau Ora values			●	
	18.5.2 Development and implementation of healthy weight pathways, interventions and resources across secondary, primary and community care services	By December 2017, 95 percent of obese Māori children identified in B4 School Check programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions services		●	
18.6 Asthma	18.6.1 Promote better asthma management through General Practices and Well Child/Tamariki Ora providers	Reduced asthma and wheeze admission rates for Māori and Pacific children (ASH 0-4 years)		●	

● On Target ● Caution ● Critical ● Completed ● Not Started

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Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
	18.6.2 Support and align Healthy Home Project activity	Monitor progress for enrolment rates and ASH rate for respiratory conditions quarterly		●	

● On Target

● Caution

● Critical

● Completed

● Not Started

19 Improved Access to Diagnostics

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
19.1 National Radiology Service Improvement Initiative	19.1.1 Undertake a district wide radiology system review to assess equity of access, distribution of radiology services (across publicly funded providers) and streamline patient referrals for service	Review contractual arrangements with providers to determine how funding arrangements will try to reflect recommendation	Q1-Q4	●	
	19.1.2 Continue implementation the National Access Criteria for Community Referral Diagnostics			●	
	19.1.3 Continue development of clinical pathways that facilitate or improve quality of direct access to plain film x-rays and ultrasound	Develop 2 pathways during the course of the year including musculoskeletal medicine and access to ultrasound	Q3	●	
	19.1.4 Ongoing participation in the National Patient Flow System	Patient level data is reported into the National Patient Flow collection, in line with specific requirements		●	To be completed Quarter 4
19.2 Radiology	19.2.1 Continue to progress activities related to National Radiology Service Improvement Initiative for high tech imaging	Quality Analyst appointed		●	
		Production planning activity in line with MoH expectations		●	
		Develop reporting framework and KPIs	Q1	●	
	19.2.2 Complete implementation of district PACs reporting system to enable real time reading and reporting		Q1	●	
	19.2.3 Expand CT core operational hours to increase CT scanning capacity	CT hours increased by 40 hours per week	Q4	●	Awaiting support to resource increase
19.2.4 Increase work activity in CT to manage remaining people waiting greater than 147 days	Develop a reporting system which enables monitoring of referrals and exits from the service		●	To be completed Quarter 4	
19.3 Colonoscopy & Endoscopy	19.3.1 Build new 3 theatre endoscopy unit to provide additional capacity, increase functional capability and improve patient experience	Commission new endoscopy unit	Q3	●	Build work not started. Deferred to 2017/18.
	19.3.2 Continue to develop the service in line with the NEQIP (National Endoscopy Quality Improvement Programme) quality domains as outlined in the GRS (Global Ratings Score)	Establish endoscopy users group	Q1	●	
		Develop Gastroenterology Operations Manual/Framework	Q1	●	
		Revision of departmental guidelines	Q2	●	To be completed Quarter 4.
	19.3.3 Continue annual patient and staff surveys			●	
	19.3.4 Continue to utilise national access criteria (National Guidelines for Colonoscopy) at single point of triage	Work closely with South Island group to improve wait times		●	
19.3.5 Support nurse endoscopy training	Develop and maintain nurse endoscopy training programme over next 3 years		●		

● On Target ● Caution ● Critical ● Completed ● Not Started

20 Improving Access to Elective Surgery

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative	
20.1 Elective Surgery	20.1.1 Delivery on the agreed electives volume schedule to meet the Electives Health Target	Monitor performance against the elective surgery production plan - ongoing		●	There is a monthly review of performance, including a detailed forecast at service level to ensure this target is met.	
	20.1.2 Production plans are developed, monitored, and where necessary modified, based on achieving (or working towards) performance requirements and equity of access	Elective standardised intervention rates - SI4 - ongoing		●		
	20.1.3 Prioritise patients using national, or nationally recognised tools, treating in accordance with assigned priority and waiting time, and implementing national tools as they become available			●		
	20.1.4 Continue refinement of the e-Referral tool Electronic Request Management System (ERMS) to help streamline and improve referral processes	Number of e-Referrals logged		●		
	20.1.5 Ongoing participation in the National Patient Flow System	Patient level data is reported into the National Patient Flow collection, in line with specific requirements		●		
	20.1.6 Undertake a district wide review of outpatient services focusing on equity of access; including a review of FSA to follow up ratios based on comparisons with the NZ ratio of first to follow ups	Engage with stakeholders and providers on implementing equitable volumes for sub-populations		Q2	●	
		Test feasibility of a single district wide waiting list for outpatient services		Q2	●	Scope of project is under review. Target is now Q4
	20.1.7 Implement Mobility Action Programme (MAP) as wrap-around (i.e. multi-disciplinary) approach to patients with osteoarthritis based in a community setting	Commence implementation of Mobility Action Plan (dependent on approval and funding from MoH)			●	WellSouth and the DHB were unsuccessful in their Request For Proposal (RFP). Contract was awarded to Rata South
Recruit lead Physiotherapist				●	WellSouth and the DHB were unsuccessful in their Request For Proposal (RFP). Contract was awarded to Rata South	
MAP sessions planned and commenced			Q2	●	WellSouth and the DHB were unsuccessful in their Request For Proposal (RFP). Contract was awarded to Rata South	
	Evaluate MAP implementation		Q4	●	WellSouth and the DHB were unsuccessful in their Request For Proposal (RFP). Contract was awarded to Rata South	
20.2 Align Electives Delivery across the South Island	20.2.1 Continue active participation in the development of regional pathways that can then be localised to improve consistency in processes, equity of access and outcomes			●		
	20.2.2 Support the regional major trauma work-stream and the development and implementation of a three year action plan	Agree regional clinical guidelines for the management of trauma	Q4	●	Awaiting clinical lead appointment, interviews in progress.	
		Commence capturing and recording data for the NZ Major Trauma Minimum Dataset	Q4	●		
20.2.3 Work with South Island DHBs to support the regional delivery of additional elective surgical discharges				●		

● On Target ● Caution ● Critical ● Completed ● Not Started

Southern DHB Annual Plan 2016/17 Reporting Framework – Progress Report Template

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
	20.2.4 Support the South Island Alliance and Canterbury DHB working alongside Counties Manukau DHB, the Ministry of Health, ACC and the St John Ambulance Service to implement the national Spinal Cord Impairment Action Plan.			●	

● On Target

● Caution

● Critical

● Completed

● Not Started

Southern Māori Health Plan 2016/17 –Progress Report Quarter 3

Quarter 3 - Progress Report

Planning & Funding

DELIVERING ON PRIORITIES AND TARGETS

PROGRESS ON THE MĀORI HEALTH PLAN 2016/17

Progress	Milestones Dashboard
●	On Target
●	Caution
●	Critical
●	Complete
●	Not Started
Reporting Schedule	
Quarter 1	July – September
Quarter 2	October – December
Quarter 3	January – March
Quarter 4	April - June

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1 Ethnicity Data Quality

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
1.1 Ethnicity Audits	1.1.1 WellSouth to implement the Primary Care EDAT in all practices with support and education provided by WellSouth Practice Support staff.	WellSouth to monitor and report on the number of completed Primary Care EDAT across all General Practices by December 2016.	Q3	●	Eight practices are still to complete the audit. Delayed due to foundation standard accreditation and NES implementation.
	1.1.2 Ethnicity data matching will occur between primary, secondary and others as identified, to track and monitor the performance of WellSouth programmes and services.	WellSouth to monitor and report quarterly.	Q1, Q2, Q3, Q4	●	
	1.1.3 WellSouth Practice Support staff will engage with General Practices each quarter, to facilitate the sharing of best practice Ethnicity Data processes.	Well South to monitor and report quarterly.	Q1, Q2, Q3, Q4	●	

● On Target

● Caution

● Critical

● Completed

● Not Started

2 Access to Care

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
2.1 PHO Enrolment	2.2 WellSouth to monitor and provide practice support to General Practices to implement the National Enrolment Scheme in alignment with agreed MOH timeframes.	WellSouth to monitor and report on the number of General Practices who have implemented the National Enrolment Scheme per quarter.	Q1, Q2, Q3, Q4	●	MedTech NES has been disabled nationally while a security patch fix is developed
	2.3 WellSouth to identify PHO enrolment gaps by ethnicity and geographical location and work in partnership with General Practices, Māori Health Providers and Te Kāhano Nurse Led Clinics to increase Māori enrolments to 90% by quarter three.	WellSouth to monitor and report on the percentage of new Māori enrolments within the PHO each quarter.	Q1, Q2, Q3, Q4	●	Māori PHO enrolments (81% as of 1 January 2017) have increased by 663 over the first 2 quarters to 26,024 and by 3,551 since 1 January 2014. Further initiatives to increase Māori enrolments are underway - including GIS analysis and data matching projects
	2.4 WellSouth to promote utilisation of the WellSouth Outreach Service to increase PHO enrolments, access and uptake of primary care health screening services for Māori.	WellSouth to monitor and report on the number of new referrals for health screening services; number of new enrolments into General Practice provided by the WellSouth Outreach Service, quarterly.	Q1, Q2, Q3, Q4	●	
	2.5 WellSouth to promote utilisation of the WellSouth Voucher Programme for Māori to increase PHO enrolment, engagement and access to General Practice appointments and costs for pharmaceuticals.	WellSouth to monitor and report on the number of WellSouth Vouchers used for Māori to access General Practice visits and pharmaceuticals per quarter	Q1, Q2, Q3, Q4	●	
	2.6 Ambulatory Sensitive Hospital Admissions	2.7 WellSouth to increase access to primary care services by working with Māori Health Providers, Te Kāhano Nurse Led Clinics, WellSouth Outreach Service and others to reduce admission rates across the age span.	SDHB will monitor and report on hospital admission rates for Māori aged 0-4 years and Māori aged 45 - 64 years.	Q1, Q2, Q3, Q4	●
2.8 WellSouth to maintain 100% coverage of the under 13 scheme.		WellSouth to monitor and report on the number of practices that deliver the Under 13 scheme.	Q2, Q4	●	
2.9 WellSouth Outreach to work in partnership with General Practices, Te Kāhano Nurse Led Clinics and Māori Health Providers to improve childhood Asthma management care planning that will assist with reducing hospital admissions for Māori and Pacific children.		SDHB to monitor and report on hospital admission data for Māori and Pacific children 0-4 years with Asthma and update WellSouth quarterly.	Q1, Q2, Q3, Q4	●	
2.10 WellSouth to promote utilisation of the WellSouth Voucher Programme for Māori to increase PHO enrolment, engagement and access to General Practice appointments and pharmaceutical costs.		WellSouth to monitor and report on the number of WellSouth Vouchers used for Māori to access General Practice visits and pharmaceuticals per quarter.	Q1, Q2, Q3, Q4	●	

● On Target ● Caution ● Critical ● Completed ● Not Started

3 Child Health – Breastfeeding

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
3.1 Breastfeeding	3.2 SDHB Maternity Quality & Safety Programme Coordinator in partnership with the WellSouth Health Promotion team will undertake Māori community consultation to inform the development and implementation of new programmes and resources that promotes breastfeeding to Māori women	SDHB Maternity Quality & Safety Programme Coordinator and the WellSouth Health Promotion team to report on the outcomes of the Māori community consultation process that will inform future programmes and resources.	Q4	●	
	3.3 SDHB Maternity Quality & Safety Programme Coordinator will distribute and evaluate the Mama Aroha Cards with an education training package to Lead Maternity Carers and Well Child Tamariki Ora Providers, using tikaka best practice to promote the increase of breastfeeding for Māori.	SDHB Maternity Quality & Safety Programme Coordinator to report on the number of cards distributed, the number of education sessions held and the effectiveness of the training programme.	Q3	●	The Mama Aroha Cards are no longer funded. This was previously funded through Tobacco Control.
	3.4 WellSouth Health Promotion team to provide the Breastfeeding Peer Support Service – Breastfeeding Support Otago and Southland (BFSOS) and courses that incorporate Māori models of care, for Māori women in partnership with the maternity and parenting support sectors.	WellSouth Health Promotion team to report on the number of new Māori Peer Supporters and BFSOS courses delivered for Māori quarterly.	Q2, Q4	●	
	3.5 SDHB will maintain Baby Friendly Hospital Initiative (BFHI) Accreditation.	SDHB Baby Friendly Hospital Initiative Coordinator will monitor and report on achieving the BFHI accreditation annually.	Q4	●	

● On Target ● Caution ● Critical ● Completed ● Not Started

4 Cancer Screening

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
4.1 Breast	4.2 Pacific Radiology Group Primary Care Liaison, SDHB, WellSouth and Māori Health Providers will data match to identify eligible Māori women who are overdue and facilitate a mammography.	SDHB will report on new initiatives and the number of overdue eligible Māori women who have received a mammogram quarterly.	Q1, Q2, Q3, Q4	●	
	4.3 Pacific Radiology Group, SDHB, WellSouth and Māori Health Providers will identify eligible women who are un-enrolled and enrol into BreastScreen Aotearoa (BSAotearoa) National Screening Programme.	SDHB to report on the number of new un-enrolled eligible women who are enrolled onto BreastScreen Aotearoa National Screening Programme.	Q2, Q4	●	
	4.4 Pacific Radiology, WellSouth, SDHB, Māori Health Providers and others will promote the BreastScreen South Mobile Unit timetable/services with a focus on rural regions and in collaboration with community cervical screening clinics.	WellSouth and SDHB to report on the percentage of eligible Māori women accessing the Mobile Unit in the rural regions quarterly.	Q1, Q2, Q3, Q4	●	
4.5 Cervical	4.6 SDHB, National Cervical Screening Unit and WellSouth to data match to identify Māori women who are not enrolled on the NCS programme and actively enrol into the NCS Programme.	SDHB and WellSouth to monitor and report on the number of new eligible Māori women (aged 25-69) registered on the NCSP monthly.	Q1, Q2, Q3, Q4	●	
	4.7 SDHB and WellSouth Outreach provide clinical support for additional Cervical Screening GP clinics/home visits/community clinics (in collaboration with BS South Mobile Unit – rural as needed) to increase enrolment and access for Māori women.	SDHB and WellSouth to monitor and report on the percentage of eligible Māori women (aged 25-69) receiving a cervical smear in the past 36 months.	Q1, Q2, Q3	●	
	4.8 SDHB, WellSouth and Māori Health Providers to promote CS Awareness Month; smear taker updates; community events and other planned initiatives.	SDHB and WellSouth to report on the percentage of Māori women who received a cervical screening during promotional events.	Q1, Q2, Q3, Q4	●	
	4.9 SDHB to identify Māori women who DNA for Colposcopy Services and work with SDHB Māori Health Directorate, Māori Health Providers and WellSouth Outreach Nurses to increase access to services and facilitate attendance.	SDHB to report on the percentage of Māori women who receive colposcopy services.	Q1, Q2, Q3, Q4	●	
	4.10 SDHB and WellSouth to promote the HPV immunisation vaccine programme in schools and General Practice to reduce incidence of cervical cancer.	SDHB to monitor and report on the percentage of Māori who have received the HPV immunisation vaccine programme.	Q1, Q2	●	

● On Target ● Caution ● Critical ● Completed ● Not Started

5 Tobacco

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
5.1 Tobacco	5.2 WellSouth to support General Practice to identify their Māori enrolled population who smoke and offer education, support and resources to become smokefree within the last 15 months.	WellSouth to monitor and report the percentage of enrolled Māori smokers offered support to become smokefree.	Q1, Q2, Q3, Q4	●	
	5.3 SDHB to support hospital employed Midwives or Lead Maternity Carers to identify, offer advice and support to Māori pregnant women to quit.	SDHB to monitor and report the percentage of Māori pregnant women offered advice and support to quit smoking.	Q1, Q3	●	
	5.4 SDHB Smokefree Coordinators, Māori Health Providers and others will work in partnership to identify pregnant women who are smokers and develop community initiatives that support, at the earliest possible stage, pregnant Māori women to become smokefree.	SDHB to monitor and report the percentage of pregnant Māori women who are smokefree 2 weeks post-natal.	Q1, Q2, Q3, Q4	●	
	5.5 SDHB to implement Pepi Pods project for pregnant women who have been identified as smokers by WCTO and LMCs – key messages from Safe Start will include breastfeeding, sleeping and immunisation.	SDHB to monitor and report on the number of Pepi Pod provided to whānau.	Q1, Q2, Q3, Q4	●	
	5.6 WellSouth and SDHB Public Health South to continue with the Little Lungs - Pukahukahu Iti programme in preschools and Kōhanga Reo.	WellSouth to monitor and report on the number of preschools and Kōhanga Reo that participate in Little Lungs Pukahukahu Iti.	Q1, Q2, Q3, Q4	●	

● On Target

● Caution

● Critical

● Completed

● Not Started

6 Immunisation

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
6.1 Childhood Immunisation	6.2 WellSouth, General Practice, SDHB Immunisation Outreach Service, VLCA Services, WCTO Providers and others to offer immunisation for Māori children at each event milestone to achieve immunisation health targets at ages 8 months, 2 years and 4 years by age 5 years.	SDHB to monitor and report on the percentage of children fully immunised at ages 8 months; 2 years; 4 years by age 5.	Q1, Q2, Q3, Q4	●	
	6.3 SDHB Services, WellSouth, General Practice, Māori Health Providers and others to offer 12-20 year old girls their completed doses of HPV vaccine.	SDHB to monitor and report on the percentage of 12 year old girls who have completed all doses of their HPV vaccine.	Q1, Q2, Q3, Q4	●	
	6.4 Identify immunisation status of children presenting at hospital (emergency department, inpatient and outpatient) and opportunistically vaccinate or refer for immunisation if not up to date.	All Māori children presenting to hospital will have their immunisation status identified and be vaccinated or referred for immunisation if not up to date.	Q1, Q2, Q3, Q4	●	
	6.5 SDHB Immunisation Outreach and WellSouth Outreach to facilitate 8 month old vaccinations and undertake monthly audits of babies about to reach the 8 month target to ensure correct data entry, while monitoring and reporting the decline rates to WellSouth and SDHB.	SDHB NIR to report on the number of babies who have not received their 8 month vaccinations and undertake monthly audits to ensure correct data entry.	Q1, Q2, Q3, Q4	●	
6.6 Influenza Immunisation	6.7 WellSouth to identify eligible Māori aged 65 years and older and offer the influenza vaccine at seasonal flu clinics or in conjunction with a GP/Practice Nurse appointment.	WellSouth to report on the percentage of eligible Māori who will receive the seasonal influenza immunisation.	Q3, Q4	●	

7

● On Target ● Caution ● Critical ● Completed ● Not Started

7 Rheumatic Fever

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
7.1 Rheumatic Fever	7.2 SDHB and WellSouth to continue with the implementation of the endorsed SDHB Rheumatic Fever Prevention Plan.	SDHB to monitor and report on the Public Health partnership that provides surveillance function for Rheumatic Fever.	Q2, Q4	●	
	7.3 SDHB to maintain a register of patients with Rheumatic Fever.	SDHB to monitor and report on the number of active Rheumatic Fever cases (still receiving treatment).	Q1, Q2, Q3, Q4	●	
	7.4 SDHB will undertake a review of each new identified case involving Rheumatic Fever.	SDHB to monitor and report to the Ministry of Health on the root cause analysis of each new Rheumatic Fever case, including actions taken and lessons learned (PP28).	Q1, Q2, Q3, Q4	●	
	7.5 WellSouth to continue the Rheumatic Fever Programme that provides access to Rheumatic Fever services at no cost to the patient.	WellSouth to monitor and report on the number of Rheumatic Fever cases using primary care services and pharmaceuticals.	Q1, Q2, Q3, Q4	●	

● On Target

● Caution

● Critical

● Completed

● Not Started

8 Oral Health

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
8.1 Oral Health	8.2 SDHB Oral Health Service, WellSouth, Lead Maternity Carers, Māori Health Providers and others will work in partnership with Māori whānau new born and pre-school children who are not enrolled and promote enrolment into the COHS.	SDHB to monitor and report on the percentage of new born and pre-school children who are enrolled in the Community Oral Health Service.	Q1, Q2, Q3, Q4	●	Quarterly KPI reports reviewed to monitor progress in recruitment of 0 – 4 year old Maori enrolment progress. Final 2016 result will be reported after denominators for 2016 are released by the MOH. Stakeholder participation continues to be encouraged and supported where applicable by the service.
	8.3 SDHB Oral Health Service, WellSouth, Lead Maternity Carers, Māori Health Providers, Kōhanga Reo and others will work in partnership on health promotion initiatives that promote Community Oral Health Services for Māori children and whānau.	SDHB will monitor and report on new health promotion initiatives to promote better oral health services.	Q1, Q2, Q3, Q4	●	
	8.4 WellSouth will work in partnership with General Practices, Māori Health Providers and others to promote and ensure access for Māori with significant oral health issues to the School of Dentistry in Dunedin.	WellSouth will monitor and report on the percentage of high needs Māori who are referred to the School of Dentistry in Dunedin for treatment.	Q1, Q2, Q3, Q4	●	
	8.5 Scope new birth enrolment with a view to identify opportunities to increase enrolments.	SDHB COHS to Increase the number of Māori 5 year old children who are caries free, monitor and report.	Q1, Q2, Q3, Q4	●	OPHCSC Directorate is working with Māori Health Directorate on an enrolment plan and Participating in Well Child Tamariki Ora Steering Group

● On Target

● Caution

● Critical

● Completed

● Not Started

9 Mental Health

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
9.1 Mental Health	9.2 SDHB to embed the Six Core Strategies to reduce the utilisation of seclusion and restraint for Māori.	SDHB to monitor and report on the percentage of Māori who are secluded and where restraint is utilised.	Q1, Q2, Q3, Q4	●	
	9.3 A partnership agreement between MHAID and MHD to ensure increased access for Māori patients to dedicated Kaupapa Māori Mental Health Services and use of cultural assessment tools.	SDHB to monitor and report on the utilisation of Māori who access inpatient and SDHB Māori Health Directorate – Māori Mental Health Services, quarterly.	Q1, Q2, Q3, Q4	●	
	9.4 SDHB Mental Health, Addictions and Intellectual Disability Directorate (MHAIDD) and SDHB Māori Health Directorate (MHD) to build on Community Treatment Orders (section 29) pathways of care so that whānau are included in the decision making process prior to patient discharge back to their home/community.	SDHB to monitor and report on the Community Treatment Order pathways of care project progress.	Q2, Q3, Q4	●	
	9.5 SDHB to ensure DAMHS involvement in collaboration with SDHB Mental Health Senior Clinicians in planning and decision making to reduce the rate of community treatment orders.	SDHB to monitor and report on the number of Māori receiving Community Treatment Orders quarterly	Q2, Q3, Q4	●	

● On Target ● Caution ● Critical ● Completed ● Not Started

10 Sudden Unexpected Death in Infancy (SUDI)

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
10.1 Sudden Unexpected Death in Infancy (SUDI)	10.2 The Child Youth Mortality Review Committee (CYMRC) will review Māori SUDI rates with findings and make recommendations to LMCs, WellChild Tamariki Ora Services and Māori Health Providers.	The CYMRC will monitor and report on reduction in Māori SUDI deaths in the Southern district.	Q1, Q2, Q3, Q4	●	
	10.3 SDHB to implement a district wide Safe Sleep Policy for all hospital facilities and provide SDHB staff, LMCs, WCTO and other providers education in SUDI prevention.	SDHB will monitor and report on the implementation process for the Safe Sleep Policy and utilisation of staff education programmes.	Q1, Q2, Q3, Q4	●	
	10.4 SDHB to provide accessible and appropriate antenatal and early parenting education to Māori women and whānau (incorporating safe sleep practice, breastfeeding and smoke free health literacy).	SDHB will monitor and report on the utilisation of the Antenatal and Early Parenting Education Programme for Māori whānau.	Q1, Q2, Q3, Q4	●	
	10.5 SDHB will provide education and work with LMCs, SDHB hospital midwives and Well Child Tamariki Ora Services to ensure safe sleep practice is implemented in SDHB hospital settings.	SDHB will monitor and report on the utilisation of Safe Sleep Practice and Policies within SDHB and Māori Health Providers with WCTO Services.	Q2, Q4	●	
	10.6 SDHB will work in partnership with LMCs and WCTO Providers to promote a safe baby's sleep environment at home. If a safe sleep place is not identified then a Pepi Pod will be provided.	SDHB will monitor and report on the percentage of Pepi Pods provided to whānau.	Q1, Q2, Q3, Q4	●	

7

● On Target ● Caution ● Critical ● Completed ● Not Started

SOUTHERN DISTRICT HEALTH BOARD

Title:	FINANCIAL REPORT	
Report to:	Disability Support and Community & Public Health Advisory Committees	
Date of Meeting:	25 May 2017	
Summary: The issues considered in this paper are: <ul style="list-style-type: none"> ▪ April 2017 Funds result 		
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: Planning & Funding Team Date: 10 May 2017		Presented by: Liz Disney Acting Executive Director Planning & Funding
RECOMMENDATION: 1. That the report be received.		

FUNDER FINANCIAL REPORT – April 2017

Financial Report for: April 2017
Report Prepared by: Jim Smith
Date: 5 May 2017

1. Overview

Results Summary

Month			Year to Date				Annual Budget \$000
Actual \$' 000	Budget \$' 000	Variance \$' 000	Actual \$' 000	Budget \$' 000	Variance \$' 000		
73,352	73,819	(466)	Revenue	741,239	738,185	3,053	885,822
74,190	74,343	152	Less Other Costs	744,048	742,650	(1,398)	892,380
(838)	(524)	(314)	Net Surplus / (Deficit)	(2,808)	(4,464)	1,656	(6,557)
			Expenses				
53,468	53,354	(114)	Personal Health	534,458	532,649	(1,808)	639,990
7,354	7,404	49	Mental Health	73,350	74,038	688	88,846
96	109	13	Public Health	972	1,093	121	1,312
12,186	12,377	191	Disability Support	124,401	123,884	(517)	149,050
103	116	13	Maori Health	1,037	1,156	119	1,388
983	983	0	Other	9,828	9,828	0	11,794
74,190	74,343	152	Expenses	744,028	742,650	(1,389)	892,380

Summary Comment:

For April the Funder had a deficit of \$0.84m against a budget deficit of \$0.52m, which is \$0.31m unfavourable. Year to date (YTD) is \$1.66m favourable.

Revenue is unfavourable by \$0.47m for April and \$3.05m favourable YTD. Costs overall were favourable by \$0.15m in April and \$1.40m unfavourable YTD.

Revenue is favourable YTD by \$3.05m due to: an accrual for additional In Between Travel (IBT) revenue to match the YTD expenditure overspend of \$1.77m, 2015/16 IBT wash-up of \$0.47m, additional electives revenue of \$1.1m, additional Performance Management revenue of \$0.31m, 2016/17 Inter-District Flow (IDF) YTD wash-up of \$0.14m, extra Care Plus and (Very Low Coast Access (VLCA) funding of \$0.34m and Refugee funding of \$0.95m. The extra revenue above is offset by a Capital Charge reduction of \$1.8m due to asset revaluation and rate change, with an offsetting reduction in Provider Arm expenditure.

Expenditure for the month is favourable to budget by \$0.15m, with the main reason being Residential Care Rest Homes offset by Refugee expenditure (revenue offset) and Residential Care Hospitals

Expenditure YTD is \$1.40m unfavourable, with the main reasons being IDFs \$2.32m unfavourable, IBT \$1.45m unfavourable and Surgical Inpatients \$1.0m unfavourable, Residential Care Hospitals \$0.68m unfavourable, PHO expenditure \$0.32m unfavourable, offset by "Change Initiative Provision" \$0.82m favourable, Price Adjusters and Premiums \$1.45m favourable, Palliative Care \$0.62m favourable and Residential Care Rest Homes \$1.47m favourable.

2. Results by Grouping

The following table shows revenue and expenditure by Output Class:

Month			Year to Date			
Actual \$' 000	Budget \$' 000	Variance \$' 000		Actual \$' 000	Budget \$' 000	Variance \$' 000
			Revenue			
52,326	52,953	(626)	Personal Health	529,932	528,940	992
7,353	7,361	(8)	Mental Health	73,524	73,610	(86)
90	103	(13)	Public Health	903	1,030	(127)
12,484	12,303	181	Disability Support	125,892	123,617	2,275
116	116	0	Maori Health	1,160	1,160	0
983	983	0	Funding and Governance	9,828	9,828	0
73,352	73,819	(466)	Revenue total	741,239	738,185	3,054
			Expenses			
53,468	53,354	(113)	Personal Health	534,458	532,649	(1,808)
7,355	7,404	49	Mental Health	73,350	74,038	688
97	109	13	Public Health	972	1,093	121
12,186	12,377	191	Disability Support	124,401	123,884	(517)
103	116	13	Maori Health	1,037	1,156	119
983	983	0	Funding and Governance	9,828	9,828	0
74,190	74,343	152	Expenses total	744,048	742,650	(1,398)
			Surplus (Deficit)			
(1,142)	(401)	(741)	Personal Health	(4,526)	(3,709)	(817)
(2)	(43)	41	Mental Health	174	(428)	602
(7)	(6)	(1)	Public Health	(69)	(63)	(6)
298	(74)	372	Disability Support	1,491	(267)	1,758
13	0	13	Maori Health	123	4	119
0	0	0	Funding and Governance	0	0	0
(840)	(524)	(316)		(2,807)	(4,463)	1,656

- Revenue YTD is \$3.05m favourable to budget due to additional 15/16 Electives revenue, additional IBT revenue (including 15/16 wash-up) and additional refugee funding.
- Personal Health payments are unfavourable YTD by \$1.81m due to IDF wash-ups along with additional 15/16 Electives and additional refugee expenditure, offset by favourable variances in "Change Initiative Provision", palliative care and price adjusters.
- DSS payments are unfavourable by \$0.51m and is mainly due to IBT expenditure.
- Mental Health expenditure is favourable mainly due to an over accrual in 2015/16.

3. DHB Funds Result split by NGO and Provider

Personal Health April 2017	Current Month				Year to Date				Annual	Variance Note
	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %	Budget \$(000)	
Personal Health - Provider Arm										
Child and Youth	340	340	0	0%	3,403	3,403	0	0%	4,084	
Laboratory	-	-	0	0%	-	-	0	0%	0	
Infertility Treatment Services	-	-	0	0%	-	-	0	0%	0	
Maternity	23	23	0	0%	225	225	0	0%	270	
Maternity (Tertiary & Secondary)	1,361	1,361	0	0%	13,608	13,608	0	0%	16,329	
Pregnancy and Parenting Education	-	-	0	0%	-	-	0	0%	0	
Neo Natal	657	657	0	0%	6,571	6,571	0	0%	7,885	
Sexual Health	86	86	0	0%	861	861	0	0%	1,033	
Adolescent Dental Benefit	27	27	0	0%	266	266	0	0%	319	
Dental - Low Income Adult	28	28	0	0%	282	282	0	0%	338	
Child (School) Dental Services	599	599	0	0%	5,989	5,989	0	0%	7,187	
Secondary / Tertiary Dental	119	119	0	0%	1,186	1,186	0	0%	1,423	
Pharmaceuticals	327	260	(67) U	(26%)	3,529	2,600	(929) U	(36%)	3,120	1
Pharmaceutical Cancer Treatment Drugs	466	506	40 F	8%	5,296	5,059	(237) U	(5%)	6,071	1
Pharmacy Services	-	-	0	0%	-	-	0	0%	0	
Primary Practice Services - Capitated	47	10	(37) U	(80%)	470	96	(374) U	(80%)	115	
Primary Health Care Strategy - Health/SIA	-	-	0	0%	-	-	0	0%	0	
Rural Support for Primary Health Pro	72	72	0	0%	718	718	0	0%	862	
Immunisation	69	69	0	0%	691	691	0	0%	829	
Radiology	278	278	0	0%	2,781	2,781	0	0%	3,337	
Palliative Care	-	-	0	0%	-	-	0	0%	0	
Meals on Wheels	35	35	0	0%	352	352	0	0%	423	
Domiciliary & District Nursing	1,110	1,110	0	0%	11,096	11,096	0	0%	13,315	
Community based Allied Health	496	496	0	0%	4,965	4,965	0	0%	5,957	
Chronic Disease Management and Educa	150	150	0	0%	1,499	1,499	0	0%	1,798	
Medical Inpatients	6,852	6,852	0	0%	68,516	68,516	0	0%	82,220	
Medical Outpatients	3,254	3,254	0	0%	32,539	32,539	0	0%	39,047	
Surgical Inpatients	11,532	11,532	0	0%	116,449	115,318	(1,131) U	(1%)	138,381	7
Surgical Outpatients	1,674	1,674	0	0%	16,743	16,743	0	0%	20,091	
Paediatric Inpatients	664	664	0	0%	6,637	6,637	0	0%	7,964	
Paediatric Outpatients	224	224	0	0%	2,238	2,238	0	0%	2,685	
Pacific Peoples' Health	10	10	0	0%	100	100	0	0%	119	
Emergency Services	1,709	1,709	0	0%	17,090	17,090	0	0%	20,508	
Minor Personal Health Expenditure	26	15	(10) U	(69%)	220	151	(69) U	(46%)	181	
Price adjusters and Premium	502	502	0	0%	5,016	5,016	0	0%	6,019	
Travel & Accommodation	8	8	0	0%	79	79	0	0%	95	
	32,745	32,670	(74) U	0%	329,415	326,675	(2,740) U	(1%)	392,005	
Personal Health NGO										
Personal Health to allocate	-	-	0	0%	-	-	0	0%	0	
Child and Youth	35	37	2 F	7%	338	371	33 F	9%	445	
Laboratory	1,456	1,485	29 F	2%	14,787	14,854	67 F	0%	17,825	
Infertility Treatment Services	8	8	0	0%	79	79	0	0%	95	
Maternity	214	202	(13) U	(6%)	2,144	2,017	(127) U	(6%)	2,420	
Maternity (Tertiary & Secondary)	1	1	0	0%	6	7	1 F	4%	8	
Pregnancy and Parenting Education	15	15	0	0%	171	155	(17) U	(11%)	186	
Sexual Health	1	2	1 F	4%	14	15	1 F	4%	18	
Adolescent Dental Benefit	92	174	82 F	47%	1,647	1,735	88 F	5%	2,082	
Dental - Low Income Adult	60	45	(14) U	(32%)	442	454	12 F	3%	545	
Child (School) Dental Services	31	35	4 F	11%	279	347	68 F	20%	417	
Secondary / Tertiary Dental	282	132	(150) U	(113%)	1,470	1,321	(149) U	(11%)	1,585	
Pharmaceuticals	5,692	5,584	(108) U	(2%)	60,694	61,349	655 F	1%	74,658	1
Pharmaceutical Cancer Treatment Drugs	-	-	0	0%	-	-	0	0%	-	
Pharmacy Services	-	11	11 F	100%	4	115	110 F	96%	137	
Management Referred Services	421	417	(4) U	(1%)	3,354	4,167	812 F	19%	-	2
General Medical Subsidy	166	57	(109) U	(191%)	708	594	(114) U	(19%)	743	
Primary Practice Services - Capitated	3,697	3,928	230 F	6%	39,633	39,277	(356) U	(1%)	46,479	3
Primary Health Care Strategy - Care	363	339	(24) U	(7%)	3,559	3,389	(170) U	(5%)	4,066	3
Primary Health Care Strategy - Health	524	511	(13) U	(2%)	4,698	5,115	417 F	8%	6,138	3
Primary Health Care Strategy - Other	84	64	(20) U	(31%)	478	644	166 F	26%	772	3
Practice Nurse Subsidy	17	16	(1) U	(7%)	163	162	(1) U	(1%)	194	
Rural Support for Primary Health Pro	1,384	1,316	(69) U	(5%)	13,838	13,156	(682) U	(5%)	15,787	4
Immunisation	779	840	62 F	7%	1,532	1,579	47 F	3%	2,067	
Radiology	210	214	4 F	2%	1,972	2,141	170 F	8%	2,570	
Palliative Care	494	561	68 F	12%	5,002	5,614	613 F	11%	6,737	5
Meals on Wheels	21	20	(1) U	(1%)	206	205	(1) U	(1%)	246	
Domiciliary & District Nursing	521	541	20 F	4%	5,414	5,407	(6) U	(0%)	6,489	
Community based Allied Health	177	176	(2) U	(1%)	1,798	1,757	(42) U	(2%)	2,108	
Chronic Disease Management and Educa	99	93	(6) U	(6%)	1,057	931	(126) U	(14%)	1,117	
Medical Outpatients	423	400	(23) U	(6%)	4,429	3,995	(434) U	(11%)	4,794	6
Surgical Inpatients	6	20	14 F	72%	67	201	134 F	67%	241	
Surgical Outpatients	166	178	12 F	7%	1,591	1,777	187 F	10%	2,133	7
Paediatric Outpatients	-	-	0	0%	-	-	0	0%	-	
Pacific Peoples' Health	11	11	0	0%	86	109	23 F	21%	131	
Emergency Services	154	158	4 F	2%	1,576	1,580	4 F	0%	1,896	
Minor Personal Health Expenditure	17	54	38 F	69%	214	545	331 F	61%	654	8
Price adjusters and Premium	107	220	113 F	51%	742	2,198	1,456 F	66%	7,637	9
Travel & Accommodation	312	341	29 F	8%	3,720	3,809	89 F	2%	4,792	
Inter District Flow Personal Health	2,687	2,481	(207) U	(8%)	27,132	24,807	(2,324) U	(9%)	29,769	10
	20,727	20,687	(40) U	(0%)	205,044	205,978	934 F	0%	247,982	
Total Personal Health	53,472	53,357	(114) U	(0%)	534,459	532,653	(1,806) U	(0%)	495,963	

Personal Health expenditure variance notes:

1. **Pharmaceuticals & PCT (NGO & Provider) – \$0.39m unfavourable YTD.**
The budget includes \$0.91m YTD of expected savings relating to Clinical Pharmacists. The budget also includes \$0.52m reduction YTD relating to an increase in the Primary Mental Health budget in Primary Practice Services Capitated. The unfavourable variance in the PCT line is due to PD-1 Cancer treatments.
2. **Management Referred Services - \$0.82m favourable YTD.**
Change Management Initiative fund.
3. **PHO (all lines combined) - \$0.32m unfavourable YTD.**
Due to additional Refugee expenditure of \$0.61m (revenue offset), Performance Management \$0.31m unfavourable (revenue offset), Care Plus and VLCA \$0.47m unfavourable (revenue offset). Offset by Primary Mental Health budget that was transferred from pharmaceuticals \$0.42m YTD, 15/16 year-end over accruals for Care Plus and Management Fees \$0.49m favourable and Clinical Pharmacist \$0.14m favourable where there was a delayed start.
4. **Rural Support for Primary Health Providers- \$0.68m unfavourable YTD.**
Relates to expenditure incurred where the budget is sitting in Price Adjusters and Premiums.
5. **Palliative Care - \$0.62m favourable YTD**
Demand driven service. 2015/16 over accrual is the main reason for the year to date variance.
6. **Medical Outpatients - \$0.43m unfavourable YTD.**
Due to PET Scan wash-up for 2015/16 being higher than June accrual and National Haemophilia expense higher than budgeted.
7. **Surgical Inpatients - \$1.0m unfavourable YTD.**
Due to 15/16 Orthopaedic Electives and Electives Health Target funding transfer to the Provider Arm (revenue offset).
8. **Minor Personal Health - \$0.26m favourable YTD.**
Due to St John South Island patient transport where no expenditure has been incurred.
9. **Price Adjusters and Premium - \$1.46m favourable YTD.**
Budget includes \$1.2m YTD of rural support for Rural Trusts where expenditure has been incurred in other lines (mainly in Rural Support for Primary Health Providers). Sleepover Settlements are also \$0.20m favourable due to an over accrual in June 16.
10. **Inter District Flow Personal Health - \$2.32m unfavourable YTD**

2015/16 wash-up higher than June 16 accrual by \$ 0.47m and PET Scan expenditure transferred to IDFs \$0.41m unfavourable YTD. The YTD wash-up for 2016/17 of \$1.31m has been included in the YTD expenditure.

Mental Health

Mental Health April 2017	Current Month				Year to Date				Annual Budget \$(000)	Note
	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %		
Mental Health - Provider Arm										
Mental Health to allocate	-	-	0 F	0%	-	-	0 F	0%	0	
Acute Mental Health Inpatients	1,314	1,314	0 F	0%	13,144	13,144	0 F	0%	15,773	
Sub-Acute & Long Term Mental Health	367	367	0 F	0%	3,667	3,667	0 F	0%	4,401	
Crisis Respite	2	2	0 F	0%	21	21	0 F	0%	25	
Alcohol & Other Drugs - General	-	-	0 F	0%	-	-	0 F	0%	0	
Methodone	95	95	0 F	0%	949	949	0 F	0%	1,139	
Dual Diagnosis - Alcohol & Other Drugs	283	283	0 F	0%	2,826	2,826	0 F	0%	3,391	
Dual Diagnosis - MH/ID	5	5	0 F	0%	50	50	0 F	0%	60	
Child & Youth Mental Health Services	583	583	0 F	0%	5,825	5,825	0 F	0%	6,990	
Forensic Services	558	558	0 F	0%	5,575	5,575	0 F	0%	6,690	
Kaupapa Maori Mental Health Services	147	147	0 F	0%	1,471	1,471	0 F	0%	1,765	
Mental Health Community Services	1,764	1,764	0 F	0%	17,637	17,637	0 F	0%	21,164	
Prison/Court Liaison	-	-	0 F	0%	-	-	0 F	0%	0	
Day Activity & Work Rehabilitation S	64	64	0 F	0%	636	636	0 F	0%	764	
Mental Health Funded Services for Older People	36	36	0 F	0%	360	360	0 F	0%	432	
Advocacy / Peer Support - Consumer	24	24	0 F	0%	243	243	0 F	0%	292	
Other Home Based Residential Support	58	58	0 F	0%	585	585	0 F	0%	702	
Advocacy / Peer Support - Families	11	11	0 F	0%	106	106	0 F	0%	128	
	5,311	5,311	0 F	0%	53,095	53,095	0 F	0%	63,716	
Mental Health - NGO										
Mental Health to allocate	-	-	0 F	0%	-	-	0 F	0%	0	
Crisis Respite	4	6	2 F	37%	32	58	27 F	45%	70	
Alcohol & Other Drugs - General	11	16	5 F	31%	203	155	(48) U	(31%)	186	
Alcohol & Other Drugs - Child & Youth	-	3	3 F	100%	-	30	30 F	100%	36	
Dual Diagnosis - Alcohol & Other Drugs	43	64	22 F	34%	364	643	278 F	43%	771	11
Eating Disorder	11	11	0 F	0%	108	109	1 F	1%	130	
Maternal Mental Health	3	3	0 F	0%	35	35	0 F	0%	42	
Child & Youth Mental Health Services	444	437	(8) U	(2%)	4,414	4,367	(47) U	(1%)	5,240	
Forensic Services	-	-	0 F	0%	-	-	0 F	0%	0	
Kaupapa Maori Mental Health Services	6	6	0 F	(5%)	61	58	(3) U	(5%)	70	
Mental Health Community Services	112	101	(11) U	(11%)	1,063	1,009	(55) U	(5%)	1,210	
Day Activity & Work Rehabilitation S	118	116	(2) U	(2%)	1,170	1,162	(8) U	(1%)	1,394	
Advocacy / Peer Support - Consumer	23	23	0 F	0%	233	233	1 F	0%	280	
Other Home Based Residential Support	327	343	17 F	5%	3,355	3,435	79 F	2%	4,121	
Advocacy / Peer Support - Families	60	70	9 F	14%	628	695	67 F	10%	834	
Community Residential Beds & Service	396	428	32 F	7%	3,927	4,283	356 F	8%	5,140	12
Minor Mental Health Expenditure	43	33	(10) U	(32%)	305	326	20 F	6%	391	
Inter District Flow Mental Health	434	434	0 F	0%	4,307	4,344	37 F	1%	5,213	
	2,044	2,094	50 F	2%	20,252	20,942	687 F	3%	25,128	
Total Mental Health	7,355	7,405	50 F	1%	73,347	74,037	687 F	1%		

Mental Health expenditure variance notes:

11. Dual Diagnosis – Alcohol & Other Drugs - \$0.28m favourable YTD
Due to Downie Stewart Integrated Contract now paid via MOH.

12. Community Residential Beds and Services - \$0.36m favourable YTD.
This is mainly due a one-off reduction due to a correction for a May 15 accrual that was not reversed. Expenditure is also demand driven and is favourable YTD.

Disability Support Services

DSS April 2017	Current Month				Year to Date				Annual Budget \$(000)	Variance Note
	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %		
Disability Support Services - Provider Arm										
AT & R (Assessment, Treatment and Re Information and Advisory	1,894	1,894		0%	18,942	18,942		0%	22731	
Needs Assessment	121	121		0%	1,214	1,214		0%	1457	
Service Co-ordination	20	20		0%	196	196		0%	236	
Home Support	-	-		0%	-	-		0%	0	
Carer Support	-	-		0%	-	-		0%	0	
Residential Care: Rest Homes	-	-		0%	-	-		0%	0	
Residential Care: Loans Adjustment	-	-		0%	-	-		0%	0	
Long Term Chronic Conditions	-	-		0%	-	-		0%	0	
Residential Care: Hospitals	-	-		0%	-	-		0%	0	
Ageing in Place	-	-		0%	-	-		0%	0	
Environmental Support Services	2	2		0%	22	22		0%	27	
Day Programmes	-	-		0%	-	-		0%	0	
Expenditure to Attend Treatment ETAT	-	-		0%	-	-		0%	0	
Minor Disability Support Expenditure	-	-		0%	102	102		0%	102	
Respite Care	-	-		0%	-	-		0%	0	
Child Development	90	90		0%	896	896		0%	0	
Community Health Services & Support	21	21		0%	211	211		0%	253	
	2,148	2,148	-	0%	21,583	21,583		0%	24806	
Disability Support Services - NGO										
AT & R (Assessment, Treatment and Re Information and Advisory	345	345	(1) U	0%	3,453	3,447	(6) U	0%	4,136	
Needs Assessment	11	12	1 F	11%	108	121	13 F	11%	145	
Service Co-ordination	20	20	1 F	3%	196	201	5 F	3%	241	
Home Support	-	-		0%	(1)	-	1 F	0%	0	
Carer Support	1,919	1,761	(158) U	(9%)	19,297	17,843	(1,454) U	(8%)	21,423	13
Residential Care: Rest Homes	125	132	8 F	6%	1,469	1,323	(146) U	(11%)	1,588	
Residential Care: Loans Adjustment	2,990	3,309	319 F	10%	31,193	32,667	1,474 F	5%	39,451	14
Residential Care: Hospitals	(12)	(23)	(11) U	49%	(168)	(230)	(62) U	27%	-276	
Environmental Support Services	4,193	4,076	(116) U	(3%)	41,619	40,935	(684) U	(2%)	49,269	15
Day Programmes	6	9	2 F	27%	70	88	18 F	20%	105	
Minor Disability Support Expenditure	26	56	30 F	54%	414	560	146 F	26%	673	
Respite Care	8	13	5 F	36%	83	130	47 F	36%	156	
Child Development	80	129	50 F	38%	1,249	1,293	45 F	3%	1,552	
Community Health Services & Support	-	-		0%	-	-		0%	0	
Inter District Flow Disability Support	5	60	55 F	92%	437	600	163 F	27%	720	
	319	332	13 F	4%	3,347	3,321	(26) U	(1%)	3,986	
	10,042	10,231	191 F	2%	102,817	102,299	(517) U	(1%)	107,932	
Total Disability Support Services	12,190	12,379	191 F	2%	124,400	123,882	(517) U	(0%)	132,738	

Disability Support Services expenditure variance notes:

- 13. Home Support - \$1.45m unfavourable YTD.**
IBT expenditure over budget offset by additional revenue.
- 14. Residential Care Rest Homes - \$1.47m favourable YTD.**
Mainly due to volume variance on forecasts.
- 15. Residential Care Hospitals - \$0.68m unfavourable YTD.**
Mainly due to volume variance on forecasts.

Public Health

Public Health April 2017	Current Month				Year to Date				Annual Budget \$(000)	Variance Note
	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %		
Public Health - Provider Arm										
Alcohol & Drug	-	-	0 F		-	-	0 F		0	
Communicable Diseases	4	4	0 F	0%	37	37	0 F	0%	44	
Mental Health	-	11	11 F	0%	12	114	102 F	90%	136	
Screening Programmes	-	-	0 F		-	-	0 F		0	
Nutrition and Physical Activity	-	-	0 F		-	-	0 F		0	
Physical Environment	-	-	0 F		-	-	0 F		0	
Public Health Infrastructure	-	-	0 F		-	-	0 F		0	
Sexual Health	-	-	0 F		-	-	0 F		0	
Social Environments	-	-	0 F		-	-	0 F		0	
Tobacco Control	34	34	0 F	0%	340	340	0 F	0%	408	
	38	49	11 F	22%	389	491	102 F	21%	588	
Public Health - NGO										
Mental Health	15	4	(11) U		138	36	(102) U	(282%)		
Nutrition and Physical Activity	37	37	0 F	0%	379	375	(4) U	(1%)	450	
Physical Environment	-	-	0 F	0%	-	-	0 F	0%	0	
Public Health Infrastructure	-	-	0 F	0%	-	-	0 F	0%	0	
Sexual Health	-	-	0 F	0%	-	-	0 F	0%	0	
Social Environments	-	-	0 F	0%	-	-	0 F	0%	0	
Tobacco Control	7	19	13 F	65%	67	192	126 F	65%	231	
Well Child Promotion	-	-	0 F	0%	-	-	0 F	0%	0	
	59	60	2 F	3%	584	603	19 F	3%	681	
Total Public Health	97	109	13 F	12%	973	1,094	121 F	11%		

Public Health expenditure variance notes:

YTD favourable variance in Tobacco Control is offset by a revenue reduction.

Maori Health Expenditure

Maori Health April 2017	Current Month				Year to Date				Annual Budget \$(000)	Variance Note
	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %		
Maori Health - Provider Arm										
Maori Service development	16	16	0 F		160	160	0 F		192	
Maori Provider Assistance Infrastructure	-	-	0 F		-	-	0 F			
Maori Workforce Development	-	-	0 F		-	-	0 F			
Minor Maori Health Expenditure	-	-	0 F		-	-	0 F			
Whanau Ora Services	8	8	0 F		80	80	0 F		96	
Maori Health - Provider Arm Total	24	24	0 F		240	240	0 F		288	
Maori Health - NGO										
Maori Service development	20	23	3 F	13%	203	233	30 F	13%	281	
Maori Provider Assistance Infrastructure	-	-	0 F		-	-	0 F			
Maori Workforce Development	-	-	0 F		-	-	0 F			
Minor Maori Health Expenditure	-	-	0 F		-	-	0 F			
Whanau Ora Services	58	68	10 F	15%	593	682	89 F	13%	819	
Maori Health - NGO Total	78	91	13 F	14%	796	915	119 F	13%	1,100	
Total Maori Health	102	115	13 F	5%	1,036	1,155	119 F	10%	1,388	

Maori Health Services expenditure variance notes:

The Whanau Ora Services variance is due to an accrual for a contract for Feb-July 2016. The service was not provided for that period.

SOUTHERN DISTRICT HEALTH BOARD

Title:	CONTRACTS REGISTER	
Report to:	Community & Public Health and Disability Support Advisory Committees	
Date of Meeting:	24 May 2017	
Summary: Funding contracts signed under delegation by Executive Director Planning & Funding and Chief Executive Officer and contracts approved by the Commissioner executed since last report.		
Specific implications for consideration (financial/workforce/risk/legal etc):		
Financial:	Nil	
Workforce:	Nil	
Other:	Nil	
Document previously submitted to:	n/a	Date: n/a
Prepared by: Planning and Funding Staff Date: May 2017		Presented by: Liz Disney Acting Executive Director Planning and Funding
RECOMMENDATION: 1. That the Committees note the attached Contracts Register.		

DSAC/CPHAC Meeting - Public - Contracts Register

**FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) MARCH 2017**

PROVIDER NAME	DESCRIPTION OF SERVICES	ANNUAL AMOUNT	CONTRACT/VARIATION END DATE	APPROVED BY
Contract Value of - \$0 - \$100,000 (Level 3)				
Waihopai Hauora Incorporated New Agreement	Mauri Ora Service	\$58,930.78 (Total Contract Value \$93,307.07)	30.06.18	EDP&F 30.11.16
Waihopai Hauora Incorporated Variation to Agreement	Whanau Ora - Maori Community Health Services	\$44,548.07	31.03.16	EDP&F 15.11.16
Community Pharmacy Agreements - Variation to existing contractual arrangements for individual pharmacies	National Variation to append Influenza Immunisation Provider Specifics Terms and Conditions into Part P.	\$1,926,361.00 (Total Immunisation Budget 16/17) Demand Driven	30.06.17	Acting EDP&F 07.03.17
St Clair Park Residential Centre Limited Variation to Agreement	Individual Agreement for NHIACL1560	\$22,680.00	20.02.18	EDP&F 23.02.17
Riverton Pharmacy 2008 Limited Variation to Agreement	Community Pharmacy Agreement - Addition of Purchase Unit - Provision of Special Foods & Class B Controlled Drug services	\$4,045.15 (Demand Driven - Estimated)	30.06.17	EDP&F 05.04.16
WellSouth Primary Health Network Variation to Service Schedule	Telehealth System Integration	\$86,176.38	30.04.18	EDP&F 20.02.17
Geneva Health Limited Variation to Agreement	HCSS - Guaranteed Hours - National Variation	Demand Driven	30.09.18	Acting EDP&F 29.03.17
Access Homehealth Limited Variation to Service Schedule	HCSS - Health of Older People - Guaranteed Hours - National Variation	Demand Driven	30.06.18	Acting EDP&F 29.03.17
Access Homehealth Limited Variation to Service Schedule	HCSS - Mental Health & Addiction Services Guaranteed Hours - National Variation	Demand Driven	30.06.18	Acting EDP&F 29.03.17
Access Homehealth Limited Variation to Service Schedule	HCSS - Long Term Support-Chronic Health Conditions Guaranteed Hours - National Variation	Demand Driven	30.06.18	Acting EDP&F 29.03.17
Access Homehealth Limited Variation to Service Schedule	HCSS - Palliative Care Services Guaranteed Hours - National Variation	Demand Driven	30.06.18	Acting EDP&F 29.03.17

DSAC/CPHAC Meeting - Public - Contracts Register

**FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) MARCH 2017**

Access Homehealth Limited Variation to Service Schedule	HCSS - Short Term Care Services Guaranteed Hours - National Variation	Demand Driven	30.06.18	Acting EDP&F 29.03.17
Royal District Nursing Services NZ Variation to Service Schedule	HCSS - Health of Older People - Guaranteed Hours - National Variation	Demand Driven	30.06.18	Acting EDP&F 29.03.17
Royal District Nursing Services NZ Variation to Service Schedule	HCSS - Mental Health & Addiction Services Guaranteed Hours - National Variation	Demand Driven	30.06.18	Acting EDP&F 29.03.17
Royal District Nursing Services NZ Variation to Service Schedule	HCSS - Long Term Support-Chronic Health Conditions Guaranteed Hours - National Variation	Demand Driven	30.06.18	Acting EDP&F 29.03.17
Royal District Nursing Services NZ Variation to Service Schedule	HCSS - Palliative Care Services Guaranteed Hours - National Variation	Demand Driven	30.06.18	Acting EDP&F 29.03.17
Royal District Nursing Services NZ Variation to Service Schedule	HCSS - Short Term Care Services Guaranteed Hours - National Variation	Demand Driven	30.06.18	Acting EDP&F 29.03.17
Presbyterian Support Otago Variation to Agreement	Activity Based & Employment Rehabilitation	\$25,340.49	30.06.17	Acting EDP&F 21.03.17
Wyndham & Districts Community Rest Home Inc New Agreement	Long Term Support-Chronic Health Conditions	\$41,047.90 (Demand Driven Estimated p.a.)	03.08.20	Acting EDP&F 21.03.17
HealthCare of New Zealand Ltd Variation to Service Schedule	HCSS - Health of Older People - Guaranteed Hours - National Variation	Demand Driven	30.06.18	Acting EDP&F 29.03.17
HealthCare of New Zealand Ltd Variation to Service Schedule	HCSS - Mental Health & Addiction Services Guaranteed Hours - National Variation	Demand Driven	30.06.18	Acting EDP&F 29.03.17

DSAC/CPHAC Meeting - Public - Contracts Register

**FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) MARCH 2017**

HealthCare of New Zealand Ltd Variation to Service Schedule	HCSS - Long Term Support-Chronic Health Conditions Guaranteed Hours - National Variation	Demand Driven	30.06.18	Acting EDP&F 29.03.17
HealthCare of New Zealand Ltd Variation to Service Schedule	HCSS - Palliative Care Services Guaranteed Hours - National Variation	Demand Driven	30.06.18	Acting EDP&F 29.03.17
HealthCare of New Zealand Ltd Variation to Service Schedule	HCSS - Short Term Care Services Guaranteed Hours - National Variation	Demand Driven	30.06.18	Acting EDP&F 29.03.17
Marne Street Hospital Ltd Variation to Agreement	Long Term Support-Chronic Health Conditions	\$65,688.00 (Demand Driven Estimated p.a.)	03.08.20	Acting EDP&F 23.08.17
Total for Level 3		\$ 344,411.62		
Contract Value of - \$100,000 - \$500,000 (Level 2)				
WellSouth Primary Health Network Variation to Service Schedule	Primary Mental Health	\$331,126.69	30.04.18	EDP&F 20.02.17
Lumino Dental Limited Variation to Agreement	Combined Dental Agreement - Addition of Provision of special dental services for children and adolescents	Demand Driven - Budgeted value \$416,535.00	30.06.18	Acting EDP&F 21.03.17
Total for Level 2		\$ 331,126.69		
Contract Value of - \$500,000 - 1 Million (Level 1)				
Total for Level 1		\$ -		
Contract Value of - \$1 Million and Over (Commissioner)				
Total for Board Level		\$ -		
Grand Total		\$ 675,538.31		

Closed Session:**RESOLUTION:**

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

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

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