

## SOUTHERN DISTRICT HEALTH BOARD

# DISABILITY SUPPORT ADVISORY COMMITTEE and COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE

**Thursday, 26 January 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: Sandra Boardman*

### Item

1. **Apologies**
2. **Interests Register**
3. **Minutes of Previous Meeting**
4. **Matters Arising**
5. **Review of Action Sheet**
6. **Planning & Funding Report**
  - 6.1 Planning & Funding Activity
  - 6.2 Public Health South Report
7. **Quarter One 2016/17 Southern DHB Performance Reporting**
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**

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



**SOUTHERN DISTRICT HEALTH BOARD**

<b>Title:</b>	<b>INTERESTS REGISTERS</b>
<b>Report to:</b>	Disability Support and Community & Public Health Advisory Committees
<b>Date of Meeting:</b>	23 January 2017
<p><b>Summary:</b></p> <p>Commissioner, Committee and Executive Team members are required to declare any potential conflicts (pecuniary or non-pecuniary) and agree how these will be managed. A member who makes a disclosure must not take part in any decision relating to their declared interest.</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><b>Changes to Interests Registers since the last meeting:</b></p> <ul style="list-style-type: none"> <li>▪ Susie Johnstone - Trustee, Community Trust of Otago, deleted;</li> <li>▪ Graham Crombie – company name change to: Dunedin Stadium Property Ltd (previously known as Dunedin Venues Ltd)</li> </ul>	
<b>Specific implications for consideration</b> (financial/workforce/risk/legal etc):	
<b>Financial:</b>	n/a
<b>Workforce:</b>	n/a
<b>Other:</b>	
<p><b>Prepared by:</b></p> <p>Jeanette Kloosterman Board Secretary</p> <p><b>Date:</b> 16/01/2017</p>	
<p><b>RECOMMENDATION:</b></p> <p><b>1. That the Interests Registers be received and noted.</b></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 (Commissioner)	25.06.2015	Chair, Otago Polytechnic	Southern DHB has agreements with Otago Polytechnic for clinical placements and clinical lecturer cover.	
	25.06.2015	Director, Dunedin City Holdings Limited	Nil	
	<del>25.06.2015</del>	<del>Trustee, Sport Otago</del>	<del>Nil, REMOVED 22.11.2016</del>	
	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	
	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.	
			<b>Spouse:</b>	
	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 (Deputy Commissioner)	27.06.2015	Independent Director, Surf Life Saving New Zealand	Nil	
	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	<del>Chairman (Removed 27.07.2016) Dunedin Venues Ltd (name change - see below)</del>	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	
	18.09.2016	Director and Shareholder, Innovatio Ltd	Vehicle for governance and consulting assignments. Clients listed above.	
<b>Richard THOMSON</b> (Deputy Commissioner)	13.12.2001	Managing Director, Thomson & Cessford Ltd	Thomson & Cessford Ltd is the company name for the Acquisitions Retail Chain. Southern DHB staff occasionally purchase goods for their departments from it.	
	13.12.2002	Chairperson and Trustee, Hawksbury Community Living Trust.	Hawksbury Trust runs residential homes for intellectually disabled adults in Otago and Canterbury. It does not have contracts with Southern DHB.	
	23.09.2003	Trustee, HealthCare Otago Charitable Trust	Health Care Otago Charitable Trust regularly receives grant applications from staff and departments of Southern DHB, as well as other community organisations.	
	<del>06.04.2011</del>	<del>Councillor, Dunedin City Council</del>	<del>REMOVED 26.10.2016</del>	
	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	
	<del>21.08.2015</del>	<del>Trustee, Community Trust of Otago</del>	<del>Southern DHB may apply for funding. REMOVED 19/12/2016.</del>	
	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.	
		<b>Spouse is Consultant/Advisor to:</b>		
	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.	
		<b>Daughter:</b>		
	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		
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	
	27.02.2014	Ahuru Mowai National Māori Leadership Group Cancer	Nil	
	17.06.2014	Gambling Commissioner	Nil	



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
	05.09.2016	Board Member, Arai Te Uru Whare Hauora		
	05.09.2016	Board Member, Otākou Health Limited		
	05.09.2016	Southern DHB, Iwi Governance Committee		
<b>Odele STEHLIN</b>	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	
<b>Taare BRADSHAW</b>	05.08.2010	Nil	Nil	
IGC - Hokonui Rūnaka				
<b>Victoria BRYANT</b>	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	
<b>Huhana (Hana) MORGAN</b>	25.02.2009	Chair of Awarua Rūnaka Trust - Awarua Social and Health Services.	Possible conflict when contracts with Southern DHB come up for renewal.	
IGC - Awarua Rūnaka				
<b>Terry NICHOLAS</b>	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	
<b>Ann WAKEFIELD</b>	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.*

<b>Employee Name</b>	<b>Date of Entry</b>	<b>Interest Disclosed</b>	<b>Nature of Potential Interest with Southern District Health Board</b>
<b>Sandra BOARDMAN</b>	07.02.2014	Nil	
<b>Richard BUNTON</b>	17.03.2004	Managing Director of Rockburn Wines Ltd	The only potential conflict would be if the Southern DHB decided to use this product for Southern DHB functions.
	17.03.2004	Director of Mainland Cardiothoracic Associates Ltd	This company holds the Southern DHB contract for publicly funded Cardiac Surgery. Potential conflict exists in the renegotiation of this contract.
	17.03.2004	Director of the Southern Cardiothoracic Institute Ltd	This company provides private cardiological services to Otago and Southland. A potential conflict would exist if the Southern DHB were to contract with this company.
	17.03.2004	Director of Wholehearted Ltd	This company is one used for personal trading and apart from issues raised in second line above no conflict exists.
	22.06.2012	Chairman, Board of Cardiothoracic Surgery, RACS	No conflict.
	29.04.2010	Trustee, Dunedin Heart Unit Trust	No conflict.
	29.04.2010	Chairman, Dunedin Basic Medical Sciences Trust	No conflict.
	16.09.2016	Director, Parkburn Water Co Ltd	Nil, non-trading company.
	16.09.2016	Director, Bunton Holdings Ltd	Nil, non-trading company.
	16.09.2016	Director, Devil's Staircase Wines Ltd	The only potential conflict would be if the Southern DHB decided to use this product for Southern DHB functions.
	16.09.2016	Director, Taste Otago Ltd	Nil
	16.09.2016	Director, Central Otago Fine Wines Ltd	Nil, non-trading company.
	16.09.2016	Director, NZ Premium Wines Ltd	Nil, non-trading company.

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

<b>Employee Name</b>	<b>Date of Entry</b>	<b>Interest Disclosed</b>	<b>Nature of Potential Interest with Southern District Health Board</b>
	16.09.2016	Director, Central Otago Premium Wines Ltd	Nil, non-trading company.
<b>Mike COLLINS</b>	15.09.2016	Trustee, Dunedin Digital Trust	
	15.09.2016	Wife, NICU Nurse	
<b>Pania COOTE</b>	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	
<b>Chris FLEMING</b>	25.09.2016	Lead Chief Executive for Health of Older People, both nationally and for the South Island	
	25.09.2016	Chair, South Island Alliance Leadership Team	
	25.09.2016	Lead Chief Executive South Island Palliative Care Workstream	

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

<b>Employee Name</b>	<b>Date of Entry</b>	<b>Interest Disclosed</b>	<b>Nature of Potential Interest with Southern District Health Board</b>
	25.09.2016	Lead Chief Executive South Island Child Health Workstream	
	25.09.2016	Lead Chief Executive for Blood, including Chair of the National Haemophilia Management Group	
	25.09.2016	Deputy Chair, InterRAI NZ	
	25.09.2016	Chief Executive, Nelson Marlborough District Health Board (on leave of absence)	
<b>Lynda McCUTCHEON</b>	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
<b>Nigel MILLAR</b>	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.
<b>Nicola MUTCH</b>	16.03.2016	Member, International Nominations Committee, Amnesty International	Nil
		Deputy Chair, Dunedin Fringe Trust	Nil

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

<b>Employee Name</b>	<b>Date of Entry</b>	<b>Interest Disclosed</b>	<b>Nature of Potential Interest with Southern District Health Board</b>
<b>Lexie O'SHEA</b>	01.07.2007	Trustee, Gilmour Trust	Southland Hospital Trust, no perceived conflict.
<b>Dr Jim REID</b>	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.
<b>Leanne SAMUEL</b>	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
<b>Clive SMITH</b>	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 Tuesday, 22 November 2016, commencing at 9.55 am, in the Board Room, Wakari Hospital Campus, Dunedin

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<b>Present:</b>	Mrs Kathy Grant Mr Graham Crombie Mr Richard Thomson	Commissioner Deputy Commissioner Deputy Commissioner
<b>In Attendance:</b>	Mr Chris Fleming Mrs Sandra Boardman Mrs Lexie O'Shea Dr Nicola Mutch Dr Jim Reid Mrs Leanne Samuel Mr Clive Smith Ms Jane Wilson  Ms Jeanette Kloosterman	Interim Chief Executive Officer Executive Director Planning & Funding Deputy CEO/Chief Operating Officer Director of Strategic Communications Primary Care Advisor (until 10.35 am) Executive Director Nursing & Midwifery Chief Financial Officer Implementation Manager, Commissioner's Office Board Secretary

#### 1.0 WELCOME

The Commissioner welcomed members of the public, including Dr Sue Crengle, to the meeting.

#### 2.0 APOLOGIES

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

#### 3.0 PRESENTATION – VALUING OUR PATIENTS, WHĀNAU AND COMMUNITY'S TIME: LOCAL ACCESS TO RADIOLOGY SERVICES

Dr Christine Vetter, Director of Radiology, and Mr Ron Craft, Portfolio Manager, Hospital Services and Cancer, were welcomed to the meeting and gave a presentation on the progress to date to, "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 funding means available".

They reported that the project team recommended a single radiology system for Southern DHB, with a single point of entry, to maximise utilisation of existing resources, support linkages between providers and improve access to hi-tech radiology services. This would be tested initially on two health pathways giving GPs direct access to CT for renal colic and ultrasound for deep vein thrombosis (DVT). An options paper would be submitted to the Commissioner Team in December.

Following the presentation, Dr Vetter and Mr Craft answered members' questions on the proposed process and how it would be led and rolled out.

The Commissioner thanked Dr Vetter for the progress that had been made under her leadership in mapping a way forward. She advised that Dr Vetter's view of Radiology as an "enabler", rather than a "gatekeeper", was an approach the Commissioner Team supported.

*Dr Reid, Primary Care Advisor, left the meeting at 10.35 am.*

#### **4.0 DECLARATION OF INTERESTS**

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

#### **5.0 PREVIOUS MINUTES**

##### ***Recommendation***

**"That the minutes of the meeting held on 27 September 2016 be approved and adopted as a true and correct record."**

***Agreed***

#### **6.0 MATTERS ARISING**

##### **Primary Maternity Services**

The Executive Director Planning and Funding reported that further engagement was required with the community on primary maternity services and a report would be ready for the December meeting.

The Commissioner requested that this item be added to the action sheet.

#### **7.0 REVIEW OF ACTION SHEET**

##### **Adolescent Dental Services**

The Committee noted a report on action taken to increase the uptake of DHB funded dental services by adolescents (tab 6). The Chief Operating Officer confirmed that a district-wide co-ordinator had been appointed.

#### **8.0 PLANNING AND FUNDING REPORT**

The Executive Director Planning and Funding presented the highlights of the monthly Planning and Funding report (tab 7.1) and provided the following updates.

- *Urgent Care: Primary Options for Acute Care* – the pathways that were currently being worked on would enable GP access to IV antibiotics, IV fluids and biopsies, and should be in place by quarter three.
- *Accessible After Hours Urgent Care* – a positive meeting was held with WellSouth and South Link Health to discuss timely and appropriate access to sustainable after-hours care in Invercargill. It was agreed that a small taskforce would commence in February to address this issue.



- *Long Term Conditions (LTC)* – The Alliance Leadership Team reviewed the LTC business case and supported it in principle. Preparation for testing the new model was now under way.
- *Outpatients Project* – The first workstream was cardiology and the next area being considered was paediatrics.

The Interim Chief Executive Officer answered questions on the deliverables from the Invercargill after-hours care taskforce and advised that a process would be worked up and submitted to the Commissioner Team.

### **Public Health**

The Public Health Report (tab 7.2) was taken as read.

### **Large Community Contact Tracing Exercises**

The Executive Director Nursing and Midwifery acknowledged the work of the Queenstown and Wanaka Medical Centres and Public Health staff in undertaking mass immunisation during two recent emergency responses to communicable disease notifications.

#### **Recommendation:**

**“That the Planning & Funding and Public Health Reports be noted.”**

**Agreed**

## **9.0 FINANCIAL REPORT**

In presenting the Funder financial results for October 2016 (tab 8), the Executive Director Planning and Funding noted the result was slightly unfavourable for the month but \$1.4m favourable year to date.

#### **Recommendation:**

**“That the report be received.”**

**Agreed**

## **10.0 ANNUAL PLAN 2016/17 PROGRESS REPORT**

The Committees considered a report on performance against the 2016/17 Southern DHB Annual Plan and Southern Māori Health Plan during quarter one (tab 9).

### **Cardiac Surgery**

The Chief Operating Officer reported that there was a plan in place to bring cardiac surgery back on target.

### **InterRAI Assessments**

The Committee was informed that a team was working on improving InterRAI assessment throughput and an improvement was expected by quarter three.

### **Progress Dashboard**

The Committee requested that management review the use of blue dots, which indicated that actions/activity had been completed in quarter one.

**Recommendation:**

**“That the Committees note the progress in quarter one in delivering the Southern DHB Annual Plan 2016/17 and Southern Māori Health Plan 2016/17 and the intended actions where activity is incomplete.”**

**Agreed**

**11.0 CONTRACTS REGISTER**

The Funding contracts register as at October 2016 was circulated with the agenda (tab 10) for information.

**Recommendation:**

**“That the Contracts Register be noted.”**

**Agreed**

**CONFIDENTIAL SESSION**

**At 11.00 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. Southern Community Laboratory (SCL) Contract Negotiation	To allow activities and negotiations (including commercial negotiations) to be carried on without prejudice or disadvantage.	Section 9(2)(j) of the OIA.
3. Contract Approvals	To allow activities and negotiations (including commercial negotiations) to be carried on without prejudice or disadvantage.	Section 9(2)(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 17 January 2017**

<b>DATE</b>	<b>SUBJECT</b>	<b>ACTION REQUIRED</b>	<b>BY</b>	<b>STATUS</b>	<b>EXPECTED COMPLETION DATE</b>
22 Nov 2016	<b>Primary Maternity Services</b> (Minute item 6.0)	Report to be submitted to the next meeting.	EDP&F	Under consideration by Executive Leadership Team (ELT).	March 2017
22 Nov 2016	<b>Annual Plan Progress Dashboard</b> (Minute item 9.0)	Use of blue dots (indicating completion during Q1) to be reviewed.	EDP&F	Clarification will be provided to people completing the dashboard on the new dashboard colours.	February 2017



**SOUTHERN DISTRICT HEALTH BOARD**

<b>Title:</b>	<b>Planning and Funding Report</b>		
<b>Report to:</b>	Commissioners Meeting		
<b>Date of Meeting:</b>	26 January 2017		
<b>Summary:</b> Monthly report on the Planning and Funding activities and progress to date.			
<b>Specific implications for consideration</b> (financial/workforce/risk/legal etc.):			
<b>Financial:</b>	N/A		
<b>Workforce:</b>	N/A		
<b>Other:</b>	N/A		
<b>Document previously submitted to:</b>	N/A		<b>Date:</b>
<b>Approved by Chief Executive Officer:</b>	N/A		<b>Date:</b>
<b>Prepared by:</b> Planning & Funding Team  <b>Date:</b> 22 December 2016		<b>Presented by:</b> Sandra Boardman Executive Director Planning & Funding	
<b>RECOMMENDATION:</b>  <b>That the Commissioner and Deputy Commissioners note the content of this paper for the priority projects.</b>			

## EXECUTIVE HIGHLIGHTS

- Community Health Council - Six community representatives with expertise in community development, education and healthcare have been selected for the Council and will help to provide input on health service planning, delivery and strategies. The new Community Health Council members are Martin Burke, Ilka Fedor and Paula Waby of Dunedin, Bronnie Grant from Gore, Lesley Gray from Invercargill and Russell MacPherson from Winton. (Brief bios attached – Appendix 1.) Two other members will be appointed before the first meeting on Thursday, 9 February, to ensure Māori are represented from the start. There may be gaps in knowledge and representation across the Council, however the Terms of Reference allow the Council to be up to 12 people so further appointments will be able to be made as the Council identifies the needs. Associate Professor Sarah Derrett has been appointed as the establishment Chair of the Council for the first year.
- Planning & Funding is engaging in discussions with an existing residential care provider in our region who has raised the potential to develop a Dementia Village based on the Dutch model, de Hogeweyk, *“a specially designed village with 23 houses for 152 dementia-suffering seniors. The elderly all need nursing home facilities and live in houses differentiated by lifestyle. Hogeweyk offers 7 different lifestyles: Goois (upper class), homey, Christian, artisan, Indonesian and cultural. The residents manage their own households together with a constant team of staff members. Washing, cooking and so on is done every day in all of the houses. Daily groceries are done in the Hogeweyk supermarket. Hogeweyk offers its dementia-suffering inhabitants maximum privacy and autonomy. The village has streets, squares, gardens and a park where the residents can safely roam free. Just like any other village Hogeweyk offers a selection of facilities, like a restaurant, a bar and a theatre. These facilities can be used by Hogeweyk residents AND residents of the surrounding neighbourhoods. Everybody is welcome to come in!”* Calvary is looking to adapt the model to suit Southland. Whare Aroha is a pilot Care Facility in Rotorua, opening in March, on a similar model. Ministry of Health is treating Whare Aroha as a three year pilot. The Calvary Board believe they could work within the funding provided by the ARRC Agreement.
- The renewed contract with Southern Community Laboratories has been fully agreed and executed by all parties out to June 2018.
- All contracts expiring out to 28 February 17 have been negotiated/renewed with providers.

**SPECIFIC PROJECTS -**

Priority Area	Aim <ul style="list-style-type: none"> <li>• Why?</li> <li>• Intended benefit</li> </ul>	Overall Approach	Progress on key milestones (December)
<p><b>Urgent Care Network</b></p>	<p>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</p>	<p>Expansion of the suite of primary options for acute services. Agreement on after-hours services can only be done by engaging with general practice in the first instance and then other stakeholders to ensure that the service is appropriate to all. Public education is already underway as part of winter planning and will continue as a partnership between SDHB and WellSouth.</p>	<p><b>Primary Options of Acute Care (POAC)</b></p> <ul style="list-style-type: none"> <li>▪ Expanded suite of POAC services identified with priority areas being agreed and costed, on the basis of first understanding existing data. Timeframes and development of key pathways with Southern Health Pathways team agreed - In progress.</li> <li>▪ First POAC pathways are in place and accessible to patients and general practices - Revised implementation date to be agreed with WellSouth Primary Health Network.</li> </ul> <p><b>Commentary:</b> Alliance South workshops identified a number of services/interventions that can be implemented. Prioritisation, planning and costing by WellSouth for these services has commenced, as has general practice feedback. Provider Arm identification and quantification of existing services is underway so that a baseline for cost/quality improvement can be ascertained. Progress has been made on linking with Long-term Conditions work to manage acute presentations, and on how the initial services can be validated by testing in some locations. The most recent work has focussed on refining the approach with respect to which primary interventions will have the most impact in</p>

Priority Area	Aim <ul style="list-style-type: none"> <li>• Why?</li> <li>• Intended benefit</li> </ul>	Overall Approach	Progress on key milestones (December)
			<p>terms of delivering services that meet patient needs without recourse to treatment in secondary care. Current thinking is focussed on the differing needs of localities and therefore the different needs for interventions. Anecdotal information appears to indicate that there is a variation in the scope of general practice activity in urban and rural settings. Consideration is being given to developing a tiered approach to interventions from “basic” to “advanced” and then (as indicated above) testing in selected locations.</p> <p><b><u>Accessible After Hours Urgent Care</u></b></p> <ul style="list-style-type: none"> <li>▪ Agree the model of care provided by Invercargill GPs - Clinical and financial experts to undertake independent review agreed.</li> <li>▪ Agree the model of care provided by Dunedin GPs.</li> </ul> <p><b><i>Commentary:</i></b> Discussions have continued to agree who will undertake the review.</p> <p>The first preliminary meeting with Dunedin Urgent Doctors After-hours Care (DUDAC) has happened and future meetings planned.</p>
<p><b>Long Term Condition (LTC) Network</b></p>	<p>To reduce the impact of multi-morbidity on patients and our health system.</p> <p>Intended improvements include:</p> <ul style="list-style-type: none"> <li>• Better co-ordinated care and improved self-management</li> </ul>	<p>Initial activity is focussed on planning the standardisation of the use of primary flexible funding in order to deliver more targeted long-term conditions management in general practice.</p>	<p><b><u>LTC Network Standardisation (stratification)</u></b></p> <p>Now the business case to Alliance Leadership Team (ALT) for the new LTC model of care has been approved and is proceeding to testing, the Network have asked WellSouth to keep</p>



Priority Area	Aim <ul style="list-style-type: none"> <li>• <b>Why?</b></li> <li>• <b>Intended benefit</b></li> </ul>	Overall Approach	Progress on key milestones (December)
	<ul style="list-style-type: none"> <li>• Prevent/Delay/Reduced impact of multi-morbidity</li> <li>• Targeted funding to most complex and costly patients</li> </ul>		<p>them informed on implementation progress.</p> <p>The Network also agreed that while the key outcome measures for this work will be in ED, presentations and acute admissions, changes to these measures will not be seen until the “do the right thing” has been tested and rolled out across the majority of practices. It also recognised that measurement of these outcomes is contingent on other programmes of work, such as the outcomes framework and the development of general practice measurement framework.</p> <p>The initial measurement of success will therefore focus on how the new tools and funding model are received and used by general practice. These tools are intended to promote co-ordinated care and improved self-management, both of which general practice identified through the consultation process as key to better LTC outcomes.</p> <p>The Network considered its next project at its December meeting, and identified a list of possible projects, one of which will be agreed at the first meeting of 2017.</p>
<p><b>Health of Older People Network</b></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>	<p>Workstreams will develop services and pathways. The first workstream to be identified is Community-based Wraparound Service.</p>	<p><b><u>Community Integrated Support</u></b></p> <ul style="list-style-type: none"> <li>▪ Consultation has commenced and is on target for completion by end of quarter 3. Feedback to date has suggested a narrower focus and questioned the need for a Single Point of Entry.</li> <li>▪ A Business Case is on target for</li> </ul>

Priority Area	Aim <ul style="list-style-type: none"> <li>• <b>Why?</b></li> <li>• <b>Intended benefit</b></li> </ul>	Overall Approach	Progress on key milestones (December)
	<ul style="list-style-type: none"> <li>▪ Care closer to home in familiar surroundings which will support the older person to regain strength and independence</li> <li>▪ Reduced admission to hospital (via alternative community-based care)</li> <li>▪ Patients will receive the right care and support based on a comprehensive geriatric assessment</li> <li>▪ Improved coordination between health providers</li> </ul>		completion by end of quarter 3.
<b>Radiology Systems Project</b>	<p>The clinical question that is being considered is:</p> <p><b><i>"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"</i></b></p>	<p>The Radiology Systems Project has been split into 2 phases. The first phase has been completed and resulted in a report with detailed recommendations informed by a series of discussion workshops with key stakeholders.</p> <p>The second phase of the project has been designated as the implementation phase and has been split into three workstreams.</p>	<p>Workstream 1 – two prioritised Health Pathways (US for deep vein thrombosis and CT for renal cholic) will be available for direct access for GPs in December. These two pathways will be followed by further localised Health Pathways and utilisation of the National Community Referred Guidelines in the New Year. Work is underway to identify which pathways will be adopted next.</p> <p>Workstream 2 – there will be a meeting of staff from across the district to discuss aligning the scheduling process across various sites to enable more patients to be imaged closer to home. This is being referred to as a co-design workshop and will occur in February. The invitees to the workshop will include a range of stakeholders including rural hospital representation and GPs.</p>

Priority Area	Aim <ul style="list-style-type: none"> <li>• Why?</li> <li>• Intended benefit</li> </ul>	Overall Approach	Progress on key milestones (December)
			<p>Workstream 3 – is focussed on developing options for business models for CT imaging in rural areas. There is ongoing engagement with the key parties (Lakes District Hospital, Provider Arm, Central Otago Health Services Ltd and Waitaki District Health Services Ltd). An options appraisal paper, on alternatives for business models, has been prepared and has been considered by the Executive Leadership Team. The paper has been forwarded to the Commissioner Team for their consideration.</p> <p>A recent project team meeting came to the view that phase 2 of the project is coming to an end point and thinking is already extending to what a potential phase 3 of the project might look like. This would potentially include:</p> <ul style="list-style-type: none"> <li>- Testing more clinical pathways to extend direct access to GPs (by July 2017)</li> <li>- Develop new referral processes (following the co-design work) but no funding changes (March 2017)</li> <li>- Adopt new referral processes (July 2017)</li> <li>- Develop and implement partnership models for the planning and funding of radiology services across the district. There is an opportunity to realise a better way of maximising existing capacity and putting funding arrangements in place that will deliver</li> </ul>

6.1

Priority Area	Aim <ul style="list-style-type: none"> <li>• Why?</li> <li>• Intended benefit</li> </ul>	Overall Approach	Progress on key milestones (December)
			<p>improved value for money. This approach is being worked on with Central Otago Health Services Ltd initially but the approach has the potential to extend across the district (July 2017). Recent meetings with COHSL have progressed this thinking to a model of service delivery that separates elements of a radiology service into “medical” and “non-medical” components. Costing analysis is being prepared jointly with COHSL staff to understand the financial aspects of the model. This model has potential to be initially implemented at COHSL but could also be rolled out across the district to other rural trusts. Expected benefits include:</p> <ul style="list-style-type: none"> <li>• facilitation of improved patient outcomes</li> <li>• represents a more efficient use of resource</li> <li>• improved value for money</li> </ul>
<p><b>Outpatients Project</b></p>	<p>The project has three key aims:</p> <ul style="list-style-type: none"> <li>• Review the location of outpatient services by type and specialty</li> <li>• Provide direction as to where outpatient services should be located if there was to be equitable access across the district.</li> </ul>	<p>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 Public hospital, with a smaller</p>	<p><b><u>Review of district wide cardiology service</u></b></p> <p>The Southern Hospitals Executive Committee met in late October and reviewed data showing the flow of patients from place of domicile to place of treatment. The analysis provided a clearer understanding of the opportunities for elements of the cardiology service (e.g. diagnostics) to be provided at a local level. These opportunities will be</p>

Priority Area	Aim <ul style="list-style-type: none"> <li>• Why?</li> <li>• Intended benefit</li> </ul>	Overall Approach	Progress on key milestones (December)
	<ul style="list-style-type: none"> <li>• Explore the implications of any changes in volumes and what that would mean for current contracts.</li> </ul>	number delivered from Southland Hospital. The workstream will identify how this proportion can be reconfigured so that a significant number of events are delivered in rural settings.	examined to determine what changes can be made to the service delivery model for the 2017/18 financial year.  Further discussion identified paediatrics as the next service to focus on.
<b>Raise HOPE- Growing Community Rehabilitation Services</b>	To support more people with complex mental health needs to live and participate meaningfully in their own communities.	<ol style="list-style-type: none"> <li>1. Complete an analysis of current service options, identifying gaps in service and opportunities for improvement</li> <li>2. Undertake a needs analysis of current people with high/complex long term mental health rehabilitation needs and also consider future demands</li> <li>3. Work with the sector, including consumer and family representatives, to design a new service model- by 28 October 2016</li> <li>4. Develop a business case for the proposed new service model- final business case to approval processes 18 November 2016</li> <li>5. Undertake a phased implementation process (including required procurement) to deliver on the approved business case. From Quarter Four – dependent on MOH approval to advance proposal including completion of Service Change Protocols</li> </ol>	<p><b><u>New model for rehab services:</u></b></p> <p>The final new service model has now been completed. An Implementation Business Case is under development. Approval processes for the Business Case are timetabled for completion in January 2017.</p> <p>In order to provide a recommended option costing analysis is now underway relating to the actual costs and potential residual costs of disinvestment from current SDHB Provider services.</p>

## **Community Health Council Member Bios**

### **Mr Martin Burke, Dunedin**

Martin has held regional and national positions in Mental Health Addictions Service/Consumer Advisory roles. Currently he is a Clinical Lecturer at the University of Otago, Christchurch School of Medicine. At the same time Martin is completing a Masters in Physical Education. Martin's health fields of interest include alcohol and drugs, long term conditions and men's health.

### **Ms Ilka Fedor, Dunedin**

Ilka has completed her Master's degree at Otago University and is also trained as a Primary School teacher. Ilka is actively involved with a number of community committees in Dunedin including the cycling advocacy group SPOKES and the Caversham Toy Library. Ilka is also a mother to three young children. Ilka's health fields of interest include youth and children, and women's health.

### **Mrs Bronnie Grant, Gore**

Bronnie is a secondary school trained Physical Education Teacher who has worked both in Southland and overseas. Bronnie has been out of teaching for seven years raising her three children, on a farm outside of Gore. Most recently Bronnie has been involved with co-leading the establishment of the Gore Kids Hub project which was successfully completed and opened in February 2016. Bronnie's health fields of interest include youth and children, women's health and rural health.

### **Mrs Lesley Gray, Invercargill**

Lesley is a retired registered General & Obstetric Nurse, with a certificate of Social Work from the University of Otago. Lesley is actively involved in a number of community groups such as Seniornet, Cardiac Club, Combined Fellowship Club, Meals on Wheels, Coffee Club, U3A and

Women's Club. Lesley has a supportive husband and family and enjoys Community activities. Lesley's health fields of interest include older persons and women's health.

**Mr Russell MacPherson, Winton**

Russell is a fifth generation Southland farmer who is married and has three grown children. Over the years he has been involved with Board of Trustees at a number of schools, been an executive member of Southland Federated Farmers, as well as Southland President. Russell was involved with setting up a program Southland Youth Futures which aims to create pathways for young people from school to farm employment, and create an atmosphere of true worth between employer and employees. Russell's health fields of interest include rural health, mental health and men's health.

**Ms Paula Waby, Dunedin**

Paula has lived experience of disability and is involved in a number of disability-related organisations, locally and nationally. Paula has been involved with the Association of Blind Citizens of NZ, setting up an Audio Book Club at Dunedin Public Library, involved with the Disability Issues Advisory Group for the DCC and an active participant in the Otago Branch of Blind Citizens. Paula is currently the Local Coordinator for the newly established Otago Blindness Network and President of the Dunedin branch of the Disabled Person's Assembly. Paula's health fields of interest include disability (sensory, physical and intellectual), women's health and primary health.

**Associate Professor Sarah Derrett, Dunedin (Establishment Chair)**

Sarah Derrett is works at the Department of Preventive and Social Medicine, University of Otago (Dunedin) where she teaches health systems and public policy and is Director of the Injury Prevention Research Unit. Sarah's research is focused on patient-reported health and social service pathways and aims to learn from people about their experiences of health systems and their health outcomes. In 2011-12 she was a Commonwealth Fund Harkness Fellow, based at The University of Chicago, where she examined care integration at remote rural health clinics and Community Health Centers in the US. She is a member of the EuroQol Scientific Committee which is responsible for a leading international health-related quality of life measure (the EQ-5D), sits on the Executive of a national patient and family-led charity (Bowel Cancer New Zealand) and on the Board of a community mental health respite service provider (Kōputai Lodge) located in Port Chalmers.





**SOUTHERN DISTRICT HEALTH BOARD**

<b>Title:</b>	<b>PUBLIC HEALTH SERVICE REPORT</b>	
<b>Report to:</b>	Community and Public Health Advisory Committee	
<b>Date of Meeting:</b>	26 January 2017	
<b>Summary:</b> Considered in these papers are: <ul style="list-style-type: none"> <li>▪ Public Health Service Activity</li> </ul>		
<b>Specific implications for consideration</b> (financial/workforce/risk/legal etc):		
<b>Financial:</b>	n/a	
<b>Workforce:</b>	n/a	
<b>Other:</b>	n/a	
<b>Document previously submitted to:</b>	n/a	<b>Date:</b> n/a
<b>Approved by:</b>	Jenny Hanson Nurse Director, Women's, Children's, Public Health and Support Directorate	<b>Date:</b>
<b>Prepared by:</b> Lynette Finnie, Service Manager, Public Health Service. Women's, Children's, Public Health and Support Directorate <b>Date:</b> 30/11/2016		<b>Presented by:</b> Sandra Boardman Executive Director Planning & Funding
<b>RECOMMENDATION:</b>  <b>1. That CPHAC notes the Public Health Service Activity Report.</b>		

**PUBLIC HEALTH SERVICE REPORT TO THE SOUTHERN DHB  
Community and Public Health Advisory Committee Report  
26 January 2017**

**Alcohol Licensing Staff - Preventing Harm**

As the festive season approaches, the number of special licence applications for functions and events involving alcohol in the Southern district increases. Public Health South has a legislative function in regards to the Sale and Supply of Alcohol Act 2012 to minimise the harm caused by excessive or inappropriate consumption on alcohol. Public Health South's alcohol licensing staff have been busy assessing the licence applications and working with applicants and event organisers to ensure that effective alcohol harm reduction strategies are in place.

The team meet with applicants and event organisers to discuss interventions to reduce the risk of intoxication. Large events are required to have alcohol management plans that outline all of the alcohol related risks associated with the event and the strategies in place to address them. Public health staff assist applicants in developing and updating these. Strategies such as limiting the number of drinks per serve, having cash bars rather than tabs, and having alcohol available over the bar (not distributed on to tables) reduce the risk of guests drinking more than they realise and increase the opportunities for and ease of assessing intoxication.

**Smokefree Audit Tool**

An audit tool has been developed by the smokefree team to assess the current quality of smokefree environments and support the extension of smokefree environments across the southern district. It is informed by the five action principles of the Ottawa Charter: building healthy public policy, creating supportive environments, reorientating services, developing personal skills and strengthening community action.

Although the tool can be used in any workplace the team plan to offer it to local authorities and work with willing councils to reinforce their commitment to smokefree. The tool can also be used independent of councils to assess progress.

The audit tool includes a series of questions which smokefree staff will work through with the councils to assist them to identify gaps and progress towards increasing the number of smokefree sport, leisure and social spaces across the district. The questions include smokefree policies, bylaws, designation of family oriented events as smokefree and signage.

The team plan to use the tool to relay their assessment of council commitment to smokefree and highlight findings in submissions to Councils' annual plans and strategies within the district. Implementing the new tool will be supported by monthly smokefree team teleconferences which will enable staff to work in a more consistent way with local authorities across the district.

**SOUTHERN DISTRICT HEALTH BOARD**

<b>Title:</b>	<b>Quarter One 2016/17 Southern DHB Performance Reporting</b>	
<b>Report to:</b>	Disability Support and Community & Public Health Advisory Committees	
<b>Date of Meeting:</b>	26 January 2017	
<b>Summary:</b> Overview of DHB Performance Reporting for <b>Quarter One 2016/17</b> with brief comments where targets or expectations have not been met.		
<b>Specific implications for consideration</b> (financial/workforce/risk/legal etc.):		
<b>Financial:</b>	N/A	
<b>Workforce:</b>	N/A	
<b>Other:</b>	N/A	
<b>Document previously submitted to:</b>		<b>Date:</b>
<b>Approved by Chief Executive Officer:</b>		<b>Date:</b>
<b>Prepared by:</b> Planning & Funding <b>Date:</b> 23/11/2016	<b>Presented by:</b> Sandra Boardman Executive Director Planning & Funding	
<b>RECOMMENDATION:</b> <b>That the Committee note the results for Quarter One 2016/17 DHB Performance Reporting.</b>		



## Summary of Southern DHB Performance Reporting – Quarter 1, 2016/17

### Health Targets

Measure		Target	2015/16			2016/17	Rating	Ministry of Health Comments
			Q2	Q3	Q4	Q1		
Better Help for Smokers to Quit	Primary Care	90%	87.3%	90.1%	87.6%	83.2%	P	<b>Rank: 18<sup>th</sup> out of 20 DHBs.</b> There has been a decrease of 4.5% from last quarter. WellSouth has put in place mitigation strategies to improve performance in this measure.
	Maternity	90%	87.4%	86%	95.1%	94.1%	A	
Improved Access to Elective Surgery		100%	107%	107%	107.1%	104.5%	A	
Increased Immunisation		95%	94%	94.4%	93.5%	94.7%	A	
Shorter Stays in Emergency Departments		95%	95%	94.5%	93%	90.2%	P	<b>Rank: 18<sup>th</sup> out of 20 DHBs.</b> There has been a decrease of 2.8% from last quarter. Southern has actions in place to improve performance. The Ministry will arrange a teleconference with the DHB to discuss the work that is taking place.
Faster Cancer Treatment (from Oct 2014)		85%	77.3%	77.5%	76.9%	79.3%	P	There has been an increase of 2.4% from last quarter. This is Southern DHB's best result since this health target was introduced.



Measure	Target	2015/16			2016/17	Rating	Ministry of Health Comments
		Q2	Q3	Q4	Q1		
Raising Healthy Kids (By December 2017, 95% of obese children identified in the Before School Check (B4SC) programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions).	95%	N/A	N/A	N/A	62%	P	Southern DHB has made a good start with performance with the Raising Healthy Kids target and is continuing to improve. The DHB is advocating a shared care approach, where Public Health Nurses are supporting whānau and GPs are providing initial assessment and ongoing monitoring.

## Indicators of DHB Performance

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

Measures of DHB Performance		
Measure	Final Rating	Ministry of Health Comments
<b>Policy Priorities Dimension</b>		
Achieving Government's priority goals/objectives and targets		
PP7 Improving mental health services using transition (discharge) planning and employment	P	Southern DHB has significantly increased its transition planning. Result 80.1% this quarter (target 95%). Last quarter was 66.6%.
PP8 Shorter waits for non-urgent mental health and addiction services for 0 – 19 year olds	P	Mental Health Provider Arm result was 78.1% of 0-19 year olds were seen within 3 weeks (target – 80%) and 94.9% of 0-19 year olds were seen within 8 weeks (target – 95%). Addictions (Provider Arm and NGO) result was 76% of 0-19 year olds were seen within 3 weeks (target – 80%) and 95.4% of 0-19 year olds were seen within 8 weeks (target – 95%). Provider Arm and NGOs have experienced an increase in referrals in this quarter. This has now settled. Southern DHB will continue to monitor the trend closely.



Measures of DHB Performance			
Measure	Final Rating	Ministry of Health Comments	
PP20 Improved management for Long Term C Conditions (LTC) (CVD, Diabetes and Stroke)	Focus Area 1: Long Term Conditions	A	
	Focus area 2 Diabetes Services	A	
	Focus Area 3: Cardiovascular Health (previous CVD health target)	P	The DHBs final result is 88.3% (target 90%) this quarter. Southern has adopted a suite of tools to support health target coverage for early identification of 5-year CVD event risk and risk factor management.
	Focus Area 4: Acute Heart Services	A	
	Focus Area 5: Stroke Services	P	73.61% of Dunedin stroke patients and 0% of Invercargill patients admitted to a stroke unit or organised stroke service with demonstrated stroke pathway (target 80%). The Invercargill patients all had strokes as part of an episode of care for surgery or while on dialysis. Their needs were best met remaining outside the acute stroke unit. Southern is working towards achieving all the requirements for the Invercargill Acute Stroke service to meet the level required for an organised stroke service. 5% of Dunedin and 0% of Invercargill potentially eligible stroke patients were thrombolysed (target 6%). 92.5% of patients (Dunedin and Invercargill) admitted with acute stroke who are transferred to inpatient rehabilitation services were transferred within 7 days of acute admission (target 80%). The Ministry would like to see an improvement with Invercargill hospital stroke service delivery, particularly with regard to thrombolysis.



Measures of DHB Performance			
Measure		Final Rating	Ministry of Health Comments
PP21 Immunisation coverage (previous health target)	Focus Area 1 - Immunisation coverage at 24 months and 5 years of age	P	Southern DHB has achieved the immunisation target at the 2 year milestone. Continued focus on 5 year olds (result 91.7% this quarter) will increase the immunisation coverage to reach the target of 95% by 30 June 2017.
	Focus Area 2 - Human Papilloma Virus (HPV) immunisation	NA (not applicable)	No reporting is required for this quarter.
PP22 Improving System Integration and System Level Measures		A	
PP23 Improving Wrap Around Services – Health of Older People		A	
PP25 Prime Ministers youth mental health project	Initiative 1 – School Based Health Services	A	
	Initiative 5 – Improve responsiveness of primary care to youth	A	



Measures of DHB Performance		
Measure	Final Rating	Ministry of Health Comments
PP26 Rising to the Challenge: The Mental Health and Addiction Service Development plan	Focus Area 1 – Rising to the Challenge Implementation	A
	Focus Area 2 – Primary Mental Health	A
	Focus Area 3 – Improving Crisis response services	A
	Focus Area 4 – Improve outcomes for children	A
	Focus Area 5 – Improving employment and physical health needs of people with low prevalence conditions	A





Measures of DHB Performance			
Measure		Final Rating	Ministry of Health Comments
PP27 Supporting Vulnerable Children		A	
PP28 Reducing Rheumatic Fever	Focus Area 1 – Reducing the incidence of first episode rheumatic fever	A	
	Focus Area 2 – Facilitating the effective follow-up of identified rheumatic fever cases	NA (not applicable)	Southern has not had any cases of rheumatic fever this quarter.
PP29 Improving waiting times for diagnostic services	Coronary Angiography	A	
	CT / MRI	P	The DHB has improved its CT and MRI results. CT result is 80.6% (target 95% of people accepted for a CT scan receive their scan in 42 days (six weeks) or less). MRI result is 70.9% (target 85% of people accepted for a MRI scan receive their scan in 42 days (six weeks) or less). Southern has actions in place to continue the improvement.
	Colonoscopy	A	
PP30 Faster Cancer Treatment/	Part A – faster cancer treatment 31 day indicator	P	Southern DHBs result is 80.7% this quarter (target 85%). A reduction of 2.8% from last quarter. This may be due to improved capture of urology patients.



Measures of DHB Performance		
Measure	Final Rating	Ministry of Health Comments
Shorter Waits for cancer treatment	Part B – radiotherapy & chemotherapy	A
PP31 Better Help for Smokers to Quit in public hospitals (previous health target).	N	Southern DHB's result for this quarter was 94.1% (target 95%). Southern DHB has failed to meet the target for this quarter, but there was a 1.7% increase from last quarter.
System Integration Dimension		Meeting service coverage requirements and supporting sector inter-connectedness
SI2 Delivery of Regional Service plans	P	SIAPO reports on activity and progress on the South Island Health Services Plan.
SI4 Standardised Intervention rates	A	
Output Dimension		Purchasing the right mix and level of services within acceptable financial performance
OP1 Mental Health output Delivery against plan	P	Southern received a partial rating because we have not provided an explanation as to why FTE vacancies are high (9%). <b>Feedback from the Directorate:</b> The service has been successful in recruiting some long standing vacancies. The successful appointees are progressively commencing over the next few months. Active recruitment continues to all vacancies.
Ownership Dimension		Providing quality services efficiently
OS3 Inpatient Average Length of Stay (ALOS) – days	Acute	P
		The Acute Average Length of Stay (standardised) for the data to the end of quarter one for Southern was 2.32 days (target of 2.27 days). The major contributor for the ALOS for Southern being 0.05 over the quarter one target were nine patients across eight services where the ratio was greater than 2. An obvious pattern to the increased length of stay for this quarter is not apparent and the Southern DHB will continue to monitor this.



Measures of DHB Performance			
Measure		Final Rating	Ministry of Health Comments
	Elective	A	
OS10 Improving the quality of data provided to national collection systems	Focus area 1: Improving the quality of identity data within the NHI	O	
	Focus area 2: Improving the quality of the data submitted to National Collections	A	
Development Dimension			
DV4 Improving patient experience		A	
Delivery of New Zealand Health			
EHS – Supporting delivery of the New Zealand Health Strategy	People Powered	A	
	Closer to Home		
	Value and High Performance		



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



## Crown Funding Agreements (CFA) Variations

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

Crown Funding Agreements (CFA) Variations		
Measure	Final Rating	Ministry of Health Comments
B4 School Check Funding	S	
Disability Support Services (DSS) Increase of Funding	S	
Electives Initiative and Ambulatory Initiative Variation	S	
Health Services for Emergency Quota Refugees	S	
National Patient Flow	S	
Green Prescription Initiative	S	
Well Child Tamariki Ora Services	S	



## Assessment Criteria/Ratings

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

### Health Targets & Performance Measures

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

Rating	Abbrev	Criteria
Outstanding performer/sect or leader	O	<ol style="list-style-type: none"> <li>1. This rating indicates that the DHB achieved a level of performance considerably better than the agreed DHB and/or sector expectations.</li> <li>2. Note: this rating can only be applied in the fourth quarter for measures that are reported quarterly or six-monthly. Measures reported annually can receive an 'O' rating, irrespective of when the reporting is due.</li> </ol>
Achieved	A	<ol style="list-style-type: none"> <li>1. Deliverable demonstrates targets / expectations have been met in full.</li> <li>2. In the case of deliverables with multiple requirements, all requirements are met.</li> <li>3. Data, or a report confirming expectations have been met, has been provided through a mechanism outside the Quarterly Reporting process, and the assessor can confirm.</li> </ol>
Partial achievement	P	<ol style="list-style-type: none"> <li>1. Target/expectation not fully met, but the resolution plan satisfies the assessor that the DHB is on track to compliance.</li> <li>2. A deliverable has been received, but some clarification is required.</li> <li>3. In the case of deliverables with multi-requirements, where all requirements have not been met at least 50% of the requirements have been achieved.</li> </ol>
Not achieved – escalation required	N	<ol style="list-style-type: none"> <li>1. The deliverable is not met.</li> <li>2. There is no resolution plan if deliverable indicates non-compliance.</li> <li>3. A resolution plan is included, but it is significantly deficient.</li> <li>4. A report is provided, but it does not answer the criteria of the performance indicator.</li> <li>5. There are significant gaps in delivery.</li> <li>6. It cannot be confirmed that data or a report has been provided through channels other than the quarterly process.</li> </ol>



## CFA Variations

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

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





**SOUTHERN DISTRICT HEALTH BOARD**

<b>Title:</b>	<b>FINANCIAL REPORT</b>	
<b>Report to:</b>	Disability Support and Community & Public Health Advisory Committees	
<b>Date of Meeting:</b>	26 January 2017	
<b>Summary:</b> The issues considered in this paper are: <ul style="list-style-type: none"> <li>▪ December 2016 Funds result</li> </ul>		
<b>Specific implications for consideration</b> (financial/workforce/risk/legal etc):		
<b>Financial:</b>	As set out in report	
<b>Workforce:</b>	No specific implications	
<b>Other:</b>	n/a	
<b>Document previously submitted to:</b>	Not applicable, report submitted directly to DSAC/CPHAC	<b>Date:</b> n/a
<b>Prepared by:</b> Planning & Funding Team  <b>Date:</b> 17 January 2017		<b>Presented by:</b> Sandra Boardman Executive Director Planning & Funding
<b>RECOMMENDATION:</b>  <b>1. That the report be received.</b>		

## FUNDER FINANCIAL REPORT – December 2016

### 1. Overview

The overall Funder result follows.

Month			Year to Date			
Actual	Budget	Variance	Actual	Budget	Variance	
\$' 000	\$' 000	\$' 000	\$' 000	\$' 000	\$' 000	
73,832	73,819	14	Revenue	444,675	442,911	1,764
(74,949)	(74,825)	(124)	Less Other Costs	(448,058)	(446,767)	(1,291)
(1,117)	(1,006)	(110)	Net Surplus / (Deficit)	(3,384)	(3,856)	472
			<b>Expenses</b>			
(53,493)	(53,632)	138	Personal Health	(321,723)	(320,564)	(1,159)
(7,338)	(7,404)	66	Mental Health	(43,889)	(44,423)	534
(109)	(109)	0	Public Health	(592)	(656)	64
(12,917)	(12,582)	(336)	Disability Support	(75,341)	(74,534)	(807)
(108)	(116)	7	Maori Health	(617)	(694)	77
(983)	(983)	0	Other	(5,897)	(5,897)	0
(74,949)	(74,825)	(124)	Expenses	(448,058)	(446,767)	(1,291)

#### Summary Comment:

For December the Funder had a deficit of **\$(1.12m)** against a budget deficit of **\$(1.01m)**, which is **\$(0.11m)** unfavourable. Year to date (YTD) is \$0.47m favourable.

Revenue is favourable by \$0.01m for December and \$1.76m YTD. Costs overall were unfavourable by **\$(0.12m)** in December and **\$(1.29m)** unfavourable YTD.

Revenue is favourable YTD by \$0.47m due to an accrual for extra In Between Travel (IBT) revenue to match the YTD expenditure overspend of \$01.07m and additional electives revenue of \$1.1m. The extra revenue is offset by IDF revenue **\$(0.41m)** unfavourable due to the 2016/17 YTD wash-up and Capital Charge reduction **\$(0.44m)** due to asset revaluation.

Expenditure for the month is unfavourable to budget, with the main reason being IBT expenditure.

Expenditure YTD is **\$(1.29m)** unfavourable with the main reasons being IDFs **\$(1.80m)** unfavourable, IBT **\$(1.07m)** unfavourable, Pharmaceuticals & PCT **\$(0.49m)** unfavourable and Surgical Inpatients **\$(1.04m)** unfavourable, offset by "Change Initiative Provision" \$0.82m favourable, PHO expenditure \$0.63m favourable and Price Adjusters and Premiums \$1.05m favourable and Residential Care Rest Homes \$0.41m 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
			<b>Revenue</b>			
52,979	52,953	26	Personal Health	319,558	317,716	1,842
7,361	7,361	0	Mental Health	44,166	44,166	0
90	103	(13)	Public Health	540	618	(78)
12,303	12,303	0	Disability Support	73,818	73,818	0
116	116	0	Maori Health	696	696	0
983	983	0	Funding and Governance	5,897	5,897	0
73,832	73,819	14	Revenue total	444,675	442,911	1,764
			<b>Expenses</b>			
(53,493)	(53,632)	138	Personal Health	(321,723)	(320,564)	(1,159)
(7,338)	(7,404)	66	Mental Health	(43,889)	(44,423)	534
(109)	(109)	0	Public Health	(592)	(656)	64
(12,917)	(12,582)	(336)	Disability Support	(75,341)	(74,534)	(807)
(108)	(116)	7	Maori Health	(617)	(694)	77
(983)	(983)	0	Funding and Governance	(5,897)	(5,897)	0
(74,949)	(74,825)	(124)	Expenses total	(448,058)	(446,767)	(1,291)
			<b>Surplus (Deficit)</b>			
(514)	(679)	164	Personal Health	(2,165)	(2,848)	683
23	(43)	66	Mental Health	277	(257)	534
(19)	(6)	(13)	Public Health	(52)	(38)	(14)
(614)	(279)	(336)	Disability Support	(1,523)	(716)	(807)
8	0	8	Maori Health	79	2	77
0	0	0	Funding and Governance	0	0	0
(1,116)	(1,007)	(109)		(3,384)	(3,857)	473

- Revenue YTD is \$1.76m favourable to budget due to additional 15/16 Electives revenue extra and IBT revenue.
- Personal Health payments are unfavourable YTD by \$(1.16m) due to IDF wash-ups (\$1.86m) along with additional 15/16 Electives offset by "Change Initiative Provision" \$0.82m favourable.
- DSS is unfavourable to budget by (\$0.87m) and is mainly due to IBT expenditure.
- Mental Health, Public Health and Maori health costs are close to budget.



**Personal Health expenditure variance notes;**

1. **Adolescent Dental – \$(0.14m)** unfavourable YTD.  
Demand driven service.
2. **Pharmaceuticals & PCT (NGO & Provider) – \$(0.49m)** unfavourable YTD.  
The budget includes \$0.57m YTD of expected savings relating to Clinical Pharmacists. The budget also includes \$0.32m 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.
3. **Management Referred Services - \$0.82m** favourable YTD.  
Change management initiative fund.
4. **PHO (all lines combined) - \$0.64m** favourable YTD.  
Due to a number of factors, including Primary Mental Health budget that was transferred from pharmaceuticals \$0.32m YTD, 15/16 year-end over accruals for Care Plus and Management fees \$0.49m and Clinical Pharmacist \$0.14m where there has been a delayed start. These have been offset by 16/17 overspend in Performance Management **(\$0.17m)** along with a number of other minor overspends.
5. **Immunisation - \$(0.10m)** unfavourable YTD.  
Demand driven service.
6. **Palliative care - \$0.46m** favourable YTD  
Demand driven service.
7. **Medical Outpatients - \$(0.33m)** unfavourable YTD.  
Due to PET Scan wash-up for 2015/16 being higher than June accrual and National Haemophilia expense higher than budgeted.
8. **Surgical Inpatients - \$(1.04m)** unfavourable YTD.  
Due to 15/16 Orthopaedic Electives and Electives Health target funding transfer to the Provider Arm (revenue offset).
9. **Price Adjusters and Premium - \$0.91m** favourable YTD.  
Budget includes \$0.74m YTD of rural support for Rural Trusts where expenditure has been incurred in other lines (mainly in Rural Support for Primary Health Providers). Sleepover Settlements are also under budget (\$0.20m) due to an over accrual in June 16.
10. **Inter District Flow Personal Health - \$(1.86m)** unfavourable YTD  
  
2015/16 wash-up higher than June 16 accrual by **\$(0.47m)** and PET Scan expenditure transferred to IDF's **\$(0.16m)** YTD. The YTD wash-up for 2016/17 of **\$(1.17m)** has been included in the YTD expenditure.

**Mental Health**

Mental Health December 2016	Current Month				Year to Date				Variance Note
	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %	
<b>Mental Health - Provider Arm</b>									
Mental Health to allocate	-	-	0 F	0%	-	-	0 F	0%	
Acute Mental Health Inpatients	(1,314)	(1,314)	0 F	0%	(7,887)	(7,887)	0 F	0%	
Sub-Acute & Long Term Mental Health	(367)	(367)	0 F	0%	(2,200)	(2,200)	0 F	0%	
Crisis Respite	(2)	(2)	0 F	0%	(13)	(13)	0 F	0%	
Alcohol & Other Drugs - General	-	-	0 F	0%	-	-	0 F	0%	
Methodone	(95)	(95)	0 F	0%	(570)	(570)	0 F	0%	
Dual Diagnosis - Alcohol & Other Drugs	(283)	(283)	0 F	0%	(1,696)	(1,696)	0 F	0%	
Dual Diagnosis - MHID	(5)	(5)	0 F	0%	(30)	(30)	0 F	0%	
Child & Youth Mental Health Services	(583)	(583)	0 F	0%	(3,495)	(3,495)	0 F	0%	
Forensic Services	(558)	(558)	0 F	0%	(3,345)	(3,345)	0 F	0%	
Kaupapa Maori Mental Health Services	(147)	(147)	0 F	0%	(883)	(883)	0 F	0%	
Mental Health Community Services	(1,764)	(1,764)	0 F	0%	(10,582)	(10,582)	0 F	0%	
Prison/Court Liaison	-	-	0 F	0%	-	-	0 F	0%	
Day Activity & Work Rehabilitation S	(64)	(64)	0 F	0%	(382)	(382)	0 F	0%	
Mental Health Funded Services for Older P	(36)	(36)	0 F	0%	(216)	(216)	0 F	0%	
Advocacy / Peer Support - Consumer	(24)	(24)	0 F	0%	(146)	(146)	0 F	0%	
Other Home Based Residential Support	(58)	(58)	0 F	0%	(351)	(351)	0 F	0%	
Advocacy / Peer Support - Families	(11)	(11)	0 F	0%	(64)	(64)	0 F	0%	
	<b>(5,311)</b>	<b>(5,311)</b>			<b>(31,860)</b>	<b>(31,860)</b>			
<b>Mental Health - NGO</b>									
Mental Health to allocate	-	-	0 F	0%	-	-	0 F	0%	
Crisis Respite	(3)	(6)	3 F	47%	(19)	(35)	16 F	47%	
Alcohol & Other Drugs - General	(24)	(16)	(9) U	(55%)	(118)	(93)	(24) U	(26%)	
Alcohol & Other Drugs - Child & Youth	-	(3)	3 F	0%	-	(18)	18 F	0%	
Dual Diagnosis - Alcohol & Other Drugs	(32)	(64)	32 F	50%	(221)	(386)	165 F	43%	
Eating Disorder	(11)	(11)	0 F	0%	(65)	(65)	0 F	0%	
Maternal Mental Health	(3)	(3)	0 F	0%	(21)	(21)	0 F	0%	
Child & Youth Mental Health Services	(433)	(437)	3 F	1%	(2,650)	(2,620)	(30) U	(1%)	
Forensic Services	-	-	0 F	0%	-	-	0 F	0%	
Kaupapa Maori Mental Health Services	(6)	(6)	0 F	0%	(37)	(35)	(2) U	(5%)	
Mental Health Community Services	(126)	(101)	(25) U	(25%)	(712)	(605)	(107) U	(18%)	
Day Activity & Work Rehabilitation S	(118)	(116)	(1) U	(1%)	(703)	(697)	(5) U	(1%)	
Advocacy / Peer Support - Consumer	(23)	(23)	0 F	0%	(139)	(140)	0 F	0%	
Other Home Based Residential Support	(361)	(343)	(18) U	(5%)	(2,037)	(2,061)	24 F	1%	
Advocacy / Peer Support - Families	(63)	(70)	6 F	9%	(391)	(417)	26 F	6%	
Community Residential Beds & Service	(379)	(428)	49 F	12%	(2,249)	(2,570)	321 F	12%	11
Minor Mental Health Expenditure	(11)	(33)	22 F	68%	(101)	(195)	95 F	49%	
Inter District Flow Mental Health	(434)	(434)	0 F	0%	(2,569)	(2,607)	37 F	1%	
	<b>(2,927)</b>	<b>(2,094)</b>	<b>65 F</b>	<b>3%</b>	<b>(12,032)</b>	<b>(12,565)</b>	<b>534 F</b>	<b>4%</b>	
<b>Total Mental Health</b>	<b>(7,338)</b>	<b>(7,405)</b>	<b>65 F</b>	<b>1%</b>	<b>(43,892)</b>	<b>(44,425)</b>	<b>534 F</b>	<b>1%</b>	

**Mental Health expenditure variance notes:**

**11. Community Residential Beds and Services - \$0.32m 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 December 2016	Current Month				Year to Date				Variance Note
	Actual \$'(000)	Budget \$'(000)	Variance \$'(000)	Variance %	Actual \$'(000)	Budget \$'(000)	Variance \$'(000)	Variance %	
<b>Disability Support Services - Provider Arm</b>									
AT & R (Assessment, Treatment and Re Information and Advisory	(1,894)	(1,894)	-	0%	(11,365)	(11,365)	-	0%	
Needs Assessment	(121)	(121)	-	0%	(728)	(728)	-	0%	
Service Co-ordination	(20)	(20)	-	0%	(118)	(118)	-	0%	
Home Support	-	-	-	-	-	-	-	-	
Carer Support	-	-	-	-	-	-	-	-	
Residential Care: Rest Homes	-	-	-	-	-	-	-	-	
Residential Care: Loans Adjustment	-	-	-	-	-	-	-	-	
Long Term Chronic Conditions	-	-	-	-	-	-	-	-	
Residential Care: Hospitals	-	-	-	-	-	-	-	-	
Ageing in Place	-	-	-	-	-	-	-	-	
Environmental Support Services	(2)	(2)	-	0%	(13)	(13)	-	0%	
Day Programmes	-	-	-	-	-	-	-	-	
Expenditure to Attend Treatment ETAT	-	-	-	-	-	-	-	-	
Minor Disability Support Expenditure	-	-	-	-	(102)	(102)	-	0%	
Respite Care	-	-	-	-	-	-	-	-	
Child Development	(90)	(90)	-	0%	(537)	(537)	-	0%	
Community Health Services & Support	(21)	(21)	-	0%	(126)	(126)	-	0%	
	<b>(2,148)</b>	<b>(2,148)</b>	<b>-</b>	<b>0%</b>	<b>(12,989)</b>	<b>(12,989)</b>	<b>-</b>	<b>0%</b>	
<b>Disability Support Services - NGO</b>									
AT & R (Assessment, Treatment and Re Information and Advisory	(345)	(345)	(1) U	0%	(2,072)	(2,068)	(4) U	0%	
Needs Assessment	(11)	(12)	1 F	11%	(65)	(73)	8 F	11%	
Service Co-ordination	(20)	(20)	1 F	3%	(117)	(121)	3 F	3%	
Home Support	-	-	-	-	1	-	1 F	-	
Carer Support	(2,134)	(1,820)	(314) U	(17%)	(11,774)	(10,800)	(974) U	(9%)	12
Residential Care: Rest Homes	(156)	(132)	(23) U	(18%)	(915)	(794)	(121) U	(15%)	
Residential Care: Loans Adjustment	(3,309)	(3,341)	32 F	1%	(19,133)	(19,544)	411 F	2%	13
Residential Care: Hospitals	14	23	(9) U	39%	108	138	(30) U	22%	
Environmental Support Services	(4,245)	(4,190)	(54) U	(1%)	(24,908)	(24,686)	(222) U	(1%)	14
Day Programmes	(6)	(9)	2 F	27%	(38)	(53)	14 F	27%	
Minor Disability Support Expenditure	(56)	(56)	-	1%	(264)	(336)	72 F	21%	
Respite Care	(8)	(13)	5 F	36%	(50)	(78)	28 F	36%	
Child Development	(102)	(129)	28 F	21%	(834)	(776)	(58) U	(7%)	
Community Health Services & Support	-	-	-	-	-	-	-	-	
Inter District Flow Disability Support	(44)	(60)	16 F	27%	(273)	(360)	87 F	24%	
	(347)	(332)	(15) U	(5%)	(1,984)	(1,993)	9 F	-	
	<b>(10,774)</b>	<b>(10,436)</b>	<b>(336) U</b>	<b>(3%)</b>	<b>(62,349)</b>	<b>(61,544)</b>	<b>(807) U</b>	<b>(1%)</b>	
<b>Total Disability Support Services</b>	<b>(12,922)</b>	<b>(12,584)</b>	<b>(336) U</b>	<b>(3%)</b>	<b>(75,338)</b>	<b>(74,533)</b>	<b>(807) U</b>	<b>(1%)</b>	

**Disability Support Services expenditure variance notes:**

**12. Home Support - \$(0.97m) unfavourable YTD.**  
 IBT expenditure over budget.

**13. Residential Care Rest Homes - \$0.41m favourable YTD.**  
 Mainly due to volume variance. The favourable variance is expected to continue in the short term. A new facility opening in Wanaka in October but the impact on expenditure will be unknown until the care category of the clients is known.

**14. Residential Care Hospitals - \$(0.22m) unfavourable YTD.**  
 Mainly due to volume variance.

**Public Health**

Public Health December 2016	Current Month				Year to Date				Variance Note
	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %	
<b>Public Health - Provider Arm</b>									
Alcohol & Drug	-	-	0 F		-	-	0 F		
Communicable Diseases	(4)	(4)	0 F	0%	(22)	(22)	0 F	0%	
Mental Health	-	(11)	11 F	100%	(11)	(68)	57 F	83%	
Screening Programmes	-	-	0 F		-	-	0 F		
Nutrition and Physical Activity	-	-	0 F		-	-	0 F		
Physical Environment	-	-	0 F		-	-	0 F		
Public Health Infrastructure	-	-	0 F		-	-	0 F		
Sexual Health	-	-	0 F		-	-	0 F		
Social Environments	-	-	0 F		-	-	0 F		
Tobacco Control	(34)	(34)	0 F	0%	(204)	(204)	0 F	0%	
	<b>(38)</b>	<b>(49)</b>	<b>11 F</b>	<b>22%</b>	<b>(237)</b>	<b>(294)</b>	<b>57 F</b>	<b>19%</b>	
<b>Public Health - NGO</b>									
Mental Health	(28)	(4)	(24) U		(85)	(22)	(63) U	(290%)	
Nutrition and Physical Activity	(37)	(37)	0 F	0%	(229)	(225)	(5) U	(2%)	
Physical Environment	-	-	0 F		-	-	0 F		
Public Health Infrastructure	-	-	0 F		-	-	0 F		
Sexual Health	-	-	0 F		-	-	0 F		
Social Environments	-	-	0 F		-	-	0 F		
Tobacco Control	(7)	(19)	13 F	65%	(40)	(115)	75 F	65%	
Well Child Promotion	-	-	0 F		-	-	0 F		
	<b>(72)</b>	<b>(60)</b>	<b>(11) U</b>	<b>(18%)</b>	<b>(354)</b>	<b>(362)</b>	<b>7 F</b>	<b>2%</b>	
<b>Total Public Health</b>	<b>(110)</b>	<b>(109)</b>	<b>1 F</b>	<b>0%</b>	<b>(591)</b>	<b>(656)</b>	<b>64 F</b>	<b>10%</b>	

**Public health expenditure variance notes:**

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



**Maori Health Expenditure**

<i>Maori Health</i> <i>December 2016</i>	Current Month				Year to Date				Variance Note
	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %	
<b>Maori Health - Provider Arm</b>									
Maori Service development	(16)	(16)	0 F	(0%)	(96)	(96)	0 F	(0%)	
Maori Provider Assistance Infrastructure	-	-	0 F	(0%)	-	-	0 F	(0%)	
Maori Workforce Development	-	-	0 F	(0%)	-	-	0 F	(0%)	
Minor Maori Health Expenditure	-	-	0 F	(0%)	-	-	0 F	(0%)	
Whanau Ora Services	(8)	(8)	0 F	(0%)	(48)	(48)	0 F	(0%)	
<b>Maori Health - Provider Arm Total</b>	<b>(24)</b>	<b>(24)</b>	<b>0 F</b>	<b>(0%)</b>	<b>(144)</b>	<b>(144)</b>	<b>0 F</b>	<b>(0%)</b>	
<b>Maori Health - NGO</b>									
Maori Service development	(20)	(23)	3 F	13%	(122)	(139)	17 F	12%	
Maori Provider Assistance Infrastructure									
Maori Workforce Development									
Minor Maori Health Expenditure									
Whanau Ora Services	(64)	(68)	4 F	6%	(350)	(409)	59 F	14%	
<b>Maori Health - NGO Total</b>	<b>(84)</b>	<b>(91)</b>	<b>7 F</b>	<b>8%</b>	<b>(472)</b>	<b>(548)</b>	<b>76 F</b>	<b>14%</b>	
<b>Total Maori Health</b>	<b>(108)</b>	<b>(115)</b>	<b>7 F</b>	<b>5%</b>	<b>(616)</b>	<b>(692)</b>	<b>76 F</b>	<b>11%</b>	

**Maori Health Services expenditure variance notes:**

No significant variances.



**SOUTHERN DISTRICT HEALTH BOARD**

<b>Title:</b>	<b>CONTRACTS REGISTER</b>	
<b>Report to:</b>	Community & Public Health and Disability Support Advisory Committees	
<b>Date of Meeting:</b>	26 January 2017	
<b>Summary:</b> Funding contracts signed under delegation by Executive Director Planning & Funding and Chief Executive Officer and contracts approved by the Commissioner executed since last report.		
<b>Specific implications for consideration</b> (financial/workforce/risk/legal etc):		
<b>Financial:</b>	Nil	
<b>Workforce:</b>	Nil	
<b>Other:</b>	Nil	
<b>Document previously submitted to:</b>	n/a	<b>Date:</b> n/a
<b>Prepared by:</b> Planning and Funding Staff  <b>Date:</b> December 2016		<b>Presented by:</b> Sandra Boardman Executive Director Planning and Funding
<b>RECOMMENDATION:</b> <b>1. That the Committees note the attached Contracts Register.</b>		

**FUNDING ADMINISTRATION**  
**CONTRACTS REGISTER (EXPENSES) NOVEMBER-DECEMBER 2016**

PROVIDER NAME	DESCRIPTION OF SERVICES	ANNUAL AMOUNT	CONTRACT/VARIATION END DATE	APPROVED BY
<b>Contract Value of - \$0 - \$100,000 (Level 3)</b>				
WellSouth Primary Health Network New Service Schedule	GP Champions Mental Health & Addictions	\$40,000.00 (Total Contract Value \$83,000.00)	31-Mar-16	EDP&F 20-Apr-16
Otago Community Hospice New Agreement	Palliative Care Services for named individual	\$8,015.20	27-Oct-16	Acting EDP&F 04-Oct-16
Presbyterian Support Otago Variation to Agreement	Long Term Support-Chronic Health Conditions	\$64,935.00 value p.a.)	03.08.20	Acting EDP&F 04.10.16
Waiau Health Trust Variation to Agreement	Day Activity	\$19,760.00 (Total Contract Value \$29,640.00)	31.12.17	EDP&F 14.10.16
The Carroll Street Trust Variation to Agreement	Sleepover Settlement	\$59,632.00 (Total Contract Value \$60,479.00)	30.06.17	EDP&F 25.10.16
Highland Pharmacy Central Limited Variation to Agreement	Community Pharmacy Agreement	\$576.77 (Total contract value \$5,576.57)	30 06.17	EDP&F 21.11.16
Ryman Healthcare Limited Variation to Agreement	Long Term Support-Chronic Health Conditions	\$68,036.00 (Estimated contract value)	03.08.16	EDP&F 15.11.16

**FUNDING ADMINISTRATION**  
**CONTRACTS REGISTER (EXPENSES) NOVEMBER-DECEMBER 2016**

Crombie & Price Limited Variation to Agreement	Special Foods - Southern Region	\$21,225.00 (Total Contract Value \$28,300.00)	30.09.17	EDP&F 25.11.16
Good Partners Senior Care Limited Variation to Agreement	Dementia Day Activity	\$48,216.00	31.12.17	EDP&F 01.12.16
Presbyterian Support Otago Variation to Agreement	Dementia Day Activity	\$36,000.00	31.12.17	EDP&F 01.12.16
Presbyterian Support Southland Variation to Agreement	Long Term Support-Chronic Health Conditions	\$140,000.00 (Estimated contract value p.a.)	03.08.16	EDP&F 24.11.16
Presbyterian Support Southland Variation to Agreement	Short Term Palliative Hospital Level Care	\$8,741.88 (Estimated contract value p.a.)	03.08.20	EDP&F 02.12.16
BUPA Care Services NZ Limited - Windsor Park Variation to Agreement	Long Term Support-Chronic Health Conditions	\$20,000.00 (Estimated contract value p.a.)	03.08.20	EDP&F 02.12.16
<b>Total for Level 3</b>		<b>\$ 535,137.85</b>		
<b>Contract Value of - \$100,000 - \$500,000 (Level 2)</b>				
St John's Parish Roslyn t-a Leslie Groves Variation to Agreement	Day Activity	\$82,566.00 (Total Contract Value \$123,849.00)	31.12.17	EDP&F 31.08.16
WellSouth Primary Health Network Variation to PHO Service Schedule	General Practitioner Special Interest - GPSI	\$330,000.00	Upon 1 Month Notice	EDP&F 26.10.16

**FUNDING ADMINISTRATION**  
**CONTRACTS REGISTER (EXPENSES) NOVEMBER-DECEMBER 2016**

Waiau Health Trust Limited Variation to Agreement	Community Health Services Main Agreement	\$184,475.21 (Total Contract Value \$368,950.42)	31.08.18	EDP&F 14.10.16
Charlotte Jean Maternity Hospital Limited Variation to Agreement	Primary Maternity Facility Services	\$329,620.82	31.07.17	EDP&F 01.12.16
Northern Southland Health Limited Variation to Agreement	Lumsden Primary Maternity	\$229,254.12	31.07.17	EDP&F 24.11.16
<b>Total for Level 2</b>		<b>\$ 1,155,916.15</b>		
<b>Contract Value of - \$500,000 - 1 Million (Level 1)</b>				
Aroha Ki Tamariki Charitable Trust Variation to Agreement	Child & Youth Mental Health & Alcohol & Other Drugs	\$509,977.49	30.06.16	CEO 09.11.16
WellSouth Primary Health Network Variation	PHO Services Agreement Increase in Capitation funding rates for 2016/17	\$799,670.00 (Estimated )	Evergreen	CEO 05.12.16
<b>Total for Level 1</b>		<b>\$ 1,309,647.49</b>		
<b>Contract Value of - \$1 Million and Over (Commissioner)</b>				
The Otago Youth Wellness Trust New Agreement	Integrated Agreement between Southern DHB, MSD, OYWT - Community Based Youth Health Support	\$341,686.35 (Total Contract Value \$1,025,059.05)	30.06.19	Commissioner 27.09.16
Reed Street Healthcare Ltd Assignment of Contracts	Age Related Residential Care, Respite Care Short Term Palliative, LTS-CHC	Demand Driven	03.08.20	Commissioner 13.12.16
<b>Total for Board Level</b>		<b>\$ 341,686.35</b>		

**Grand Total** \$ 3,342,387.84

**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.
2. Contracts Register – SCL Agreement	To allow activities and negotiations (including commercial negotiations) to be carried on without prejudice or disadvantage.	Sections 9(2)(i) and (j) of the OIA.