SOUTHERN DISTRICT HEALTH BOARD

DISABILITY SUPPORT ADVISORY COMMITTEE
and
COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE

Thursday, 26 July 2018
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: Lisa Gestro, Executive Director Strategy, Primary & Community

Item

1. **Apologies**
2. **Interests Register**
3. **Minutes of Previous Meeting**
4. **Matters Arising**
5. **Review of Action Sheet**
6. **Strategy, Primary & Community Report**
7. **Financial Report**
8. **Community Health Council**
9. **Disability Strategy**

Southern DHB Values			
Kind *Manaakitanga*	Open *Pono*	Positive *Whaiwhakaaro*	Community *Whanaungatanga*

APOLOGIES

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

SOUTHERN DISTRICT HEALTH BOARD

Title:	**INTERESTS REGISTERS**
Report to:	Disability Support and Community & Public Health Advisory Committees
Date of Meeting:	26 July 2018

Summary:

Commissioner, Committee and Executive Team members are required to declare any potential conflicts (pecuniary or non-pecuniary) and agree how these will be managed. A member who makes a disclosure must not take part in any decision relating to their declared interest.

Interests declarations, and how they are to be managed, are required to be recorded in the minutes and separate interests register (s36, Schedule 3, NZ Public Health and Disability Act 2000).

Changes to Interests Registers over the last month:

- Nil

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

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

Prepared by:

Jeanette Kloosterman
Board Secretary

Date: 10/07/2018

RECOMMENDATION:

1. That the Interests Registers be received and noted.

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 of numerous private trusts	Nil	
	25.06.2015	Consultant, Gallaway Cook Allan	Nil	
	25.06.2015	Director, Dunedin City Treasury 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.	
		Spouse:		
	25.06.2015	Consultant, Gallaway Cook Allan	Nil (Updated 8 June 2017)	
	25.06.2015	Chair, Slinkskins 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	Chair Dunedin Diocesan Trust Board	Nil (Updated 16 April 2018)	
	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	
	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	

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	Trustee, Orokonui Foundation	Nil	
	25.06.2015	Chairman, Dunedin City Treasury Ltd	Nil	
	25.06.2015	Independent Chair, Innovative Health Technologies (NZ) Ltd	Possible conflict if Southern DHB purchased this company's product.	
	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		
	23.11.2017	Director, A G Foley Ltd	Possible conflict if Southern DHB contracts this company's services.	
	06.06.2018	WJ Investments Ltd	Trustee for lawyer's trust, which owns this company.	Will withdraw if any conflict arises.
	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.	
	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 Dunedin Hospital rebuild and its decisions may conflict with some positions agreed by the DHB and approved by the Commissioner team.	

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
ADVISORY COMMITTEE MEMBERS

Committee Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
Susie JOHNSTONE	21.08.2015	Independent Chair, Audit & Risk Committee, Dunedin City Council	Nil	
(Consultant, Finance Audit & Risk Committee)	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.	
	28.05.2018	Clutha Community Health Company Co Ltd	Client of Shand Thomson. Two retired Shand Thomson partners are on the board, one is a long standing Chair.	
		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	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.	
	26.09.2016	Director, Abacus ST companies.	Nil. Co-trustee in client trusts - no pecuniary interest.	
		Daughter:		
	21.08.2015	6th Year Medical School Student	(Updated 20.10.2017)	
Donna MATAHAERE-ATARIKI	27.02.2014	Trustee WellSouth	Possible conflict with PHO contract funding.	
(IGC Member)	27.02.2014	Trustee Whare Hauora Board	Possible conflict with SDHB contract funding.	
	27.02.2014	Council Member, University of Otago	Possible conflict between SDHB and University of Otago.	
	27.02.2014	Chair, Ōtākou Rūnanga	Nil	
	17.06.2014	Gambling Commissioner	Nil	
	05.09.2016	Board Member and Shareholder, Arai Te Uru Whare Hauora Limited	Nil - charitable entity.	
	21.03.2018	Board Member, Otākou Health Limited	Registered Charity not contracting in Health.	
	05.09.2016	Southern DHB, Iwi Governance Committee	Possible conflict with SDHB contract funding.	
	09.02.2017	Director and Shareholder, VIII(8) Limited	Nil	
	21.03.2018	Chair, NGO Council	Nil	
	07.06.2018	Chairperson, Te Rūnanga o Otākou Incorporated	Registered Charity - not contracting in Health.	
	07.06.2018	Director, Te Rūnanga Otākou Ltd	Possible conflict with SDHB contract funding.	
	07.06.2018	Trustee, Kaupapa Taiao	Registered Charity - not contracting in Health.	
Odele STEHLIN	01.11.2010	Waihopai Rūnaka General Manager	Possible conflict with contract funding.	
Waihōpai Rūnaka – Chair IGC	01.11.2010	Waihopai Rūnaka Social Services Manager	Possible conflict with contract funding.	

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
	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	
	09.06.2017	Director, Waihopai Runaka Holdings Ltd	Possible conflict with contract funding.	
	07.06.2018	Director of Waihopai Hauora.	Possible conflict with contract funding.	
Sumaria BEATON	27.04.2017	Southland Warm Homes Trust	Nil	
IGC - Awarua Rūnaka	09.06.2017	Director and Shareholder, Sumaria Consultancy Ltd	Nil	
	09.06.2017	Director and Shareholder, Monkey Magic 8 Ltd	Nil	
	07.06.2018	Treasurer, Community Energy Network Incorporated	Nil	
Taare BRADSHAW	17.03.2017	Director, Murihiku Holdings Ltd	Nil	
IGC - Hokonui Rūnaka	07.06.2018	Trustee, Hokonui Rūnanga Health & Social Services Trust	Possible conflict with contract funding.	
	07.06.2018	Vice Chairman, Hokonui Rūnanga Incorporated	Possible conflict with contract funding.	
Victoria BRYANT	06.05.2015	Member - College of Primary Nursing (NZNO)	Nil	
IGC - Puketeraki Rūnaka	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	
	24.05.2017	Member, South Island Alliance - Raising Healthy Kids	Nil	
	06.03.2018	SDHB, Te Punaka Oraka, Public Health Nursing, Charge Nurse Manager	Nil	
	06.03.2018	Member of the New Zealand Nurses Organisation	Possible conflict when negotiations are taking place.	
	06.03.2018	Member of the Public Service Association (PSA)	Possible conflict when negotiations are taking place.	
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	
	09.06.2017	Director, Murihiku Holdings Ltd	Nil	
	09.06.2017	Director and Shareholder, Real McCoy Owner Ltd	Nil	
	09.06.2017	Director and Shareholder, Real McCoy Operator 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	08.12.2017	Ngāi Tahu, Ngāti Kauwhata and Ngāti Porou registered.	Nil
	30.09.2011	Member, South Island Alliance Southern Cancer Network	Nil
	30.09.2011	Member, Aotearoa New Zealand Association of Social Workers (ANZASW)	Nil
	29.06.2012	Member, Te Waipounamu Māori Cancer Leadership Group	Nil
	26.01.2015	National Māori Monitoring Equity Group (National Screening Unit) – MMEG.	Nil
	26.01.2015	Member, Child Health Network (Alliance South)	Nil
	19.09.2016	Shareholder (2%), Bluff Electrical 2005 Ltd	Nil
	08.12.2017	South Island Alliance, Strategic Planning and Integration Team (SPaIT)	Nil
	28.05.2018	SDHB National Bowel Screening Programme Governance Group	Nil
	28.05.2018	Hei Ahuru Mowai (Māori Cancer Leadership Aotearoa)	Nil
Matapura ELLISON	12.02.2018	Director, Otākou Health Services Ltd	Possible conflict when contracts with Southern DHB come up for renewal.
	12.02.2018	Director, Otākou Health Ltd	Nil
	12.02.2018	Deputy Kaiwhakahaere, Te Rūnanga o Ngai Tahu	Nil
	12.02.2018	Chairperson, Kati Huirapa Rūnaka ki Puketeraki	Nil

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
	12.02.2018	Trustee, Araiteuru Kōkiri Trust	Nil
	12.02.2018	Otago Museum Māori Advisory Committee	Nil
	12.02.2018	National Māori Equity Group (National Screening Unit) – MEG.	Nil
	12.02.2018	SDHB Child and Youth Health Service Level Alliance Team	Nil
	12.02.2018	Trustee, Section 20, BLK 12 Church & Hall Trust	Nil
	12.02.2018	Trustee, Waikouaiti Maori Foreshore Reserve Trust	Nil
	29.05.2018	Director & Shareholder (jointly held) - Arai Te Uru Whare Hauora Ltd	Possible conflict when contracts with Southern DHB come up for renewal.
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	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
	26.10.2017	Nephew, Tax Advisor, Treasury	
	18.12.2017	Ex-officio Member, Southern Partnership Group	
	30.01.2018	CostPro (costing tool)	Developer is a personal friend.
	30.01.2018	Francis Group	Sister is a consultant with the Francis Group.
Lisa GESTRO	06.06.2018	Lead GM National Travel and Accommodation Programme	

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
Lynda McCUTCHEON	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.
	29.05.2018	Council Member of Otago Medical Research Foundation Incorporated	
Nicola MUTCH		Deputy Chair, Dunedin Fringe Trust	Nil
Patrick NG	17.11.2017	Member, SI IS SLA	Nil
	17.11.2017	Wife works for key technology supplier CCL	Nil
	18.12.2017	Daughter, medical student at Auckland University and undertaking Otago research project over summer 2017/18.	

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
Julie RICKMAN	31.10.2017	Director, JER Limited	Nil, own consulting company
	31.10.2017	Director, Joyce & Mervyn Leach Trust Trustee Company Limited	Nil, Trustee
	31.10.2017	Trustee, The Julie Rickman Trust	Nil, own trust
	31.10.2017	Trustee, M R & S L Burnell Trust	Nil, sister's family trust
		Specified contractor for JER Limited in respect of:	
	31.10.2017	H G Leach Company Limited to termination	Nil
Jane WILSON	16.08.2017	Member of New Zealand Nurses Organisation (NZNO)	No perceived conflict. Member for the purposes of indemnity cover.
	16.08.2017	Member of College of Nurses Aotearoa (NZ) Inc.	Professional membership.
	16.08.2017	Husband - Consultant Radiologist employed fulltime by Southern DHB and currently Clinical Leader Radiology, Otago site.	Possible conflict with any negotiations regarding new or existing radiology service contracts. Possible conflict between Southern DHB and SMO employment issues.
	16.08.2017	Member National Lead Directors of Nursing and Nurse Executives of New Zealand.	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, 24 May 2018, commencing at 11.00 am, in the Board Room, Wakari Hospital Campus, Dunedin

Present:	Mrs Kathy Grant	Commissioner
	Mr Richard Thomson	Deputy Commissioner
In Attendance:	Mr Chris Fleming	Chief Executive Officer
	Mrs Lisa Gestro	Executive Director Strategy, Primary & Community
	Dr Nigel Millar	Chief Medical Officer
	Dr Nicola Mutch	Executive Director Communications
	Mr Patrick Ng	Executive Director Specialist Services
	Ms Julie Rickman	Executive Director Finance, Procurement & Facilities
	Mrs Jane Wilson	Chief Nursing & Midwifery Officer
	Ms Jeanette Kloosterman	Board Secretary

1.0 APOLOGIES

Apologies were received from Mr Graham Crombie, Deputy Commissioner, and 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 21 March 2018 be approved and adopted as a true and correct record."

Agreed

4.0 MATTERS ARISING AND REVIEW OF ACTION SHEET

The Committees reviewed and noted the action sheet (tab 5).

Primary Options for Acute Care (POAC)

The Executive Director Strategy, Primary & Community reported that primary options for urgent care had been consolidated into one schedule and would be rolled out on 1 July 2018 as part of the Primary and Community Strategy.

5.0 STRATEGY, PRIMARY AND COMMUNITY REPORT

In presenting her monthly report (tab 6), the Executive Director Strategy, Primary & Community (EDSP&C) highlighted the following items.

- *Health of Older People* - the contract with the Home and Community Support Services Alliance had been successfully renegotiated, based on a modified bulk funding model. An innovative approach had been put forward to utilise the current year's under-expenditure, which involved trialling some overnight shifts and large packages of care on a temporary basis. Definitive outcome measures for this would be factored into the new contract.

  As part of the "Home as my first choice" programme, presentations to the Emergency Department from Age Related Residential Care facilities had been analysed and were being followed up.
- *Annual Plan* - draft 2018/19 planning guidance had been received from the Ministry of Health. The timeframe for internal sign-off, prior to submitting the draft plan to the Ministry of Health, was very tight.
- *Primary Care* - the Healthcare Home tender had closed, with a significant amount of interest shown. The tenders would be analysed and recommended options submitted to the Commissioner Team.

  The development of specifications for healthcare hubs was also under way.
- *Pharmacy* - Due to the number of responses received on the proposed new national pharmacist services contract, the existing contract was being extended by three months.
- *Primary Care After Hours Model of Care* - the work undertaken on the model for Invercargill after hours primary care, with the aim of reducing ED attendance rates, had been expanded to include Dunedin and Queenstown as part of winter planning.
- *Rural Health* - Changes to ACC Non-Acute Rehabilitation (NAR) funding would give DHBs more flexibility in terms of the model of care that could be put in place for patients.
- *Primary Maternity* - Additional due diligence had been carried out and more work on the scope of the proposal was being undertaken. When that was completed an update and recommendations would be submitted to the Commissioner.

Recommendation:

"That the report be noted"

Agreed

6.0 ANNUAL PLAN 2017/18 PROGRESS REPORT (Q3)

The Committees considered a report on progress against the plans, actions and commitments in the Southern DHB 2017/18 Annual Plan (tab 7).

The EDSP&C was asked to follow up the comment about data not being available to measure the gestational diabetes screening of pregnant women.

Recommendation:

"That the report be noted"

Agreed

7.0 FINANCIAL REPORT

The Funder financial results for April 2018 (tab 8) were taken as read and the EDSP&C took questions.

The Committees noted that it was taking up to six months for low income dental services to be invoiced and asked that the EDSP&C follow this up.

Recommendation:

"That the report be received."

Agreed

8.0 COMMUNITY HEALTH COUNCIL

First Year

The Committees received a report on the Community Health Council's first year of operation (tab 9.1) and noted the progress made.

It was agreed that the Commissioner would send a letter congratulating the Community Health Council on their achievements over the past year.

Engagement Forums with Staff and Communities

A progress report on the Community Health Council's community and staff engagement roadmap and processes was circulated with the agenda (tab 9.2) and noted.

Recommendation:

"That the reports be noted."

Agreed

9.0 SOUTHERN PRIMARY AND COMMUNITY CARE STRATEGY AND ACTION PLAN

The Committees considered the Primary and Community Care Strategy and Action Plan, which had been updated following consultation (tab 10).

The Commissioner congratulated the EDSP&C, her team and WellSouth for bringing the Strategy and Action Plan to fruition.

Recommendation:

"That the Commissioner approve the final Primary and Community Care Strategy and Action Plan."

Agreed

10.0 CONTRACTS REGISTER

The Funding contracts register for March-April 2018 was circulated with the agenda (tab 11) for information.

Recommendation:

"That the Contracts Register be noted."

Agreed

CONFIDENTIAL SESSION

At 11.40 am, it was resolved that the Disability Support and Community & Public Health Advisory Committees move into committee to consider the agenda items listed below.

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

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 16 July 2018

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
May 2018	**Annual Plan 2017/18 Progress Report** (Minute item 5.0)	Comment that data was not available to measure gestational diabetes screening of pregnant women to be followed up.	EDSP&C	Diabetes in Pregnancy Guideline Implementation Evaluation has been drafted and highlights challenges in capturing information required without significant workarounds. e.g. Laboratory provider does not distinguish between pregnancy and non-pregnancy related tests *(indicator - Percentage of women having the oral glucose tolerance test or oral glucose challenge test at 24-28wks)*	Completed.
May 2018	**Low Income Dental Services** (Minute item 7.0)	Delay in invoicing to be followed up.	EDSP&C	Invoicing now up to date.	Completed.
May 2018	**Community Health Council - First Year** (Minute item 8.0)	Letter of congratulations to be sent.	Commis-sioner	Completed.	Closed
Mar 2018	**Community Council** (Cmr meeting minute item 4.0)	Reports to be submitted quarterly.	CEO		July 2018

6

SOUTHERN DISTRICT HEALTH BOARD

Title:	**Strategy, Primary & Community Report**		
Report to:	Commissioner Team		
Date of Meeting:	26 July 2018		
SUMMARY: Monthly report on the Strategy, Primary & Community Directorate activity.			
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: Strategy, Primary & Community Team **DATE:** 16th July 2018		**PRESENTED BY:** Lisa Gestro Executive Director Strategy, Primary & Community	
RECOMMENDATION: **That the Commissioner and Deputy Commissioners note the content of this paper.**			

1. COMMUNITY SERVICES

Health of Older People

Pay Equity

Decisions about the inclusion of Pay Equity into eligible DHB contracts (HCSS, Community Day Activity, etc) and the process to incorporate this was received last month, and despite the late receipt of the advice, this has now been implemented into all contracts including the Bulk Funded Home & Community Support contracts.

Age Related Residential Care (ARRC) Contracts

Once again, despite the late nature of this advice, agreements, including changes to the maximum contribution, have been successfully processed and distributed. This variation, with identical terms and conditions, has also been extended to associated contracts (Respite, LTSCHC and Palliative care).

Bed Block due to full occupancy in Psychogeriatric Residential Units

We have been experiencing significant bed block in Dunedin Hospital due to full occupancy in our 3 psychogeriatric units at Ross Home, Leslie Groves and Yvette Williams. There are approximately 13 people waiting for these beds between the community, other rest homes where residents have been reassessed as needing psychogeriatric care, and the hospital. The five patients in 6C who have been assessed as needing psychogeriatric residential care have been waiting a cumulative 232 days (range 4 days to 71 days). Our utilisation of psychogeriatric (and dementia) residential care is lower than average in the South Island (we are higher than average for rest home and hospital level care). None of our current providers are interested in reconfiguring additional beds to psychogeriatric. A New Build in Taieri will consider this service, but will not open until late 2019. Presbyterian Support Southland would consider reconfiguring beds to psychogeriatric in Invercargill, but only with a financial guarantee that 9 of the 10 additional beds are filled. At this time, we will attempt to shift patients to South Canterbury and Christchurch beds. We will also consider the role our Mental Health Services for Older People (MHSOP) Nurse Practitioners play regarding identifying residents who might be eligible for a change of level of care from psychogeriatric to a lower level. This is being actioned as a priority.

Home Team

The establishment of the new Home Team in Dunedin and Invercargill is progressing well. The teams have been working on details such as the development of clearer pathways and streamlining processes. Planning and arranging for tools and supplies to the job continues, e.g. computers/tablets, phones, cars and parking), clinical supplies. There have been some hiccups along the way and these are being addressed as they arise.

There are a number of changes for some staff including the team they are in, the work they do and working conditions such as hours and days of work. We have had a constructive meeting with both NZNO and PSA, and a proposal for change document is being developed. Some of the individual working arrangements are complex and is taking some time to fully understand how to navigate, e.g. multiple individuals with FTE in three teams and cost centres. Recruitment for the additional roles will commence once the change proposal has been completed.

Allied Health

We continue to successfully recruit new allied health staff but with a limited market of suitable candidates and natural churn are making slower than hoped progress to increasing capacity. This is resulting in increasing waiting lists and waiting times. Some teams are really struggling and requiring a lot of support e.g. speech language therapy in Dunedin, physiotherapy in Invercargill. Despite this most teams acknowledge the actions to recruit and it has had a positive impact on staff morale.

Refugee Services

The proposal for funding was submitted to the Ministry in April. We have not yet received advice about the total funding or method of payment.

The Programme Lead role transitioned from the interim arrangement last month to a more sustainable arrangement, which sees this leadership function being managed by Wesley Bachur, who commenced in the role on 1 June at reduced FTE (0.5 FTE). He remains Privacy Officer (0.5 FTE).

A review of the model of care and its strategic delivery has just been undertaken. It has been two years since the arrival of the first cohort of refugees. Both Dunedin and Invercargill are now established cities for refugee resettlement with no anticipated end to former refugee arrivals. Per annum, there will be 180 resettlers from the Middle East and 90 resettlers from Latin America in Dunedin and Invercargill respectively.

While SDHB's partnered delivery with WellSouth has been successful, it has been decided that a model review with significant changes in delivery is required. The areas in which change is currently anticipated is at the primary level and the mental health referral evaluation service.

A challenge/opportunity to the above involves the resignation of WellSouth former refugee health coordinator, Liz McColl, who manages WellSouth staff working within refugee healthcare. Liz resigns on 26 July and Wesley will be meeting with Peter Ellison and Liz around succession. At this meeting we will establish the risks to programme delivery that may be associated with the vacancy and how these will be mitigated.

Areas within the programme that are going well overall are the CALD workforce training, interpreter service and the oral health service. Of note, however, oral healthcare is the most common health need within the former refugee population. We have to work with the refugee community to manage expectations about the level of provision in this area.

Finally, the Dunedin City Council will be making $80K/year available for refugee and migrant settlement services. The current overwhelming interest is bridging the language barriers that currently exist due to the absence of available interpreter/translation services for some of these agencies, particularly NGOs. As SDHB has the largest and most mature interpreting service in Dunedin, the ambition is to open this service to other relevant agencies with the financial support of the DCC. Consequently, there will be no financial impact for SDHB, but services that are integral in supporting the overall well-being for former refugees will have access to interpreters. Finally, the DCC has strongly been encouraged to develop a vision and roadmap for successful migrant settlement, inclusive of former refugees.

Public Health

Game On

Game On is a programme developed in collaboration with the WellSouth Primary Health Network that aims to reduce alcohol related harm in our sporting community. Staff are currently working with eleven rugby clubs in Dunedin and four in Central Otago, with more to be approached from the Central Otago and Lakes district. In addition to this, the Safer Waitaki Alcohol and Drug governance group has picked up the programme. So far it has been delivered to four clubs which include both rugby and netball codes. They are delivering this programme in collaboration with the Waitaki District Council and Sport Waitaki, with the support of WellSouth Primary Health Network and Public Health South. Evaluation of the programme in Otago has shown an increase in knowledge by the committee members around the Sale and Supply of Alcohol Act 2012 and nine clubs have submitted alcohol harm reduction policies for their clubs.

Wellness Workshops with Ski Industry

The ski industry relies on an itinerant workforce who are often from overseas, are young and have a tendency to buy into the "party culture" of Queenstown and Wanaka. The issue is compounded by the lack of affordable accommodation in these towns and there is evidence of overcrowding in the accommodation that they are able to secure. There are anecdotal reports of young people working different shifts sharing the same bed. For a number of years we have been working with the ski industry to recognise the health risks associated with their workforce. An attempt at incorporating health issues into the ski companies' induction programmes has been difficult but this year NZ Ski approached Public Health South with a view to helping them with their induction programme.

Update on Measles Outbreak

Following previous reports, as of 26 June the measles outbreak associated with Queenstown and Christchurch airports will be considered over. On this date, two full incubation periods will have passed following the infectious period of the last known case. A total of 16 confirmed cases have been linked to this outbreak.

Submissions

Public Health South lodged four submissions in June on behalf of Southern DHB for the following:

- A Special Area Housing proposal at Lake Hawea.
- The National Mental Health enquiry as well as delivering a well-received verbal submission.
- Central Otago District Council on Private Plan Change 13 in relation to the Cromwell Speedway and Motorsport Park and the potential noise impacts.
- An existing dairy farm operation with concerns about management practices that were not conducive to minimising disease risk to waterways.

Oral Health

Smoking in hospitals target

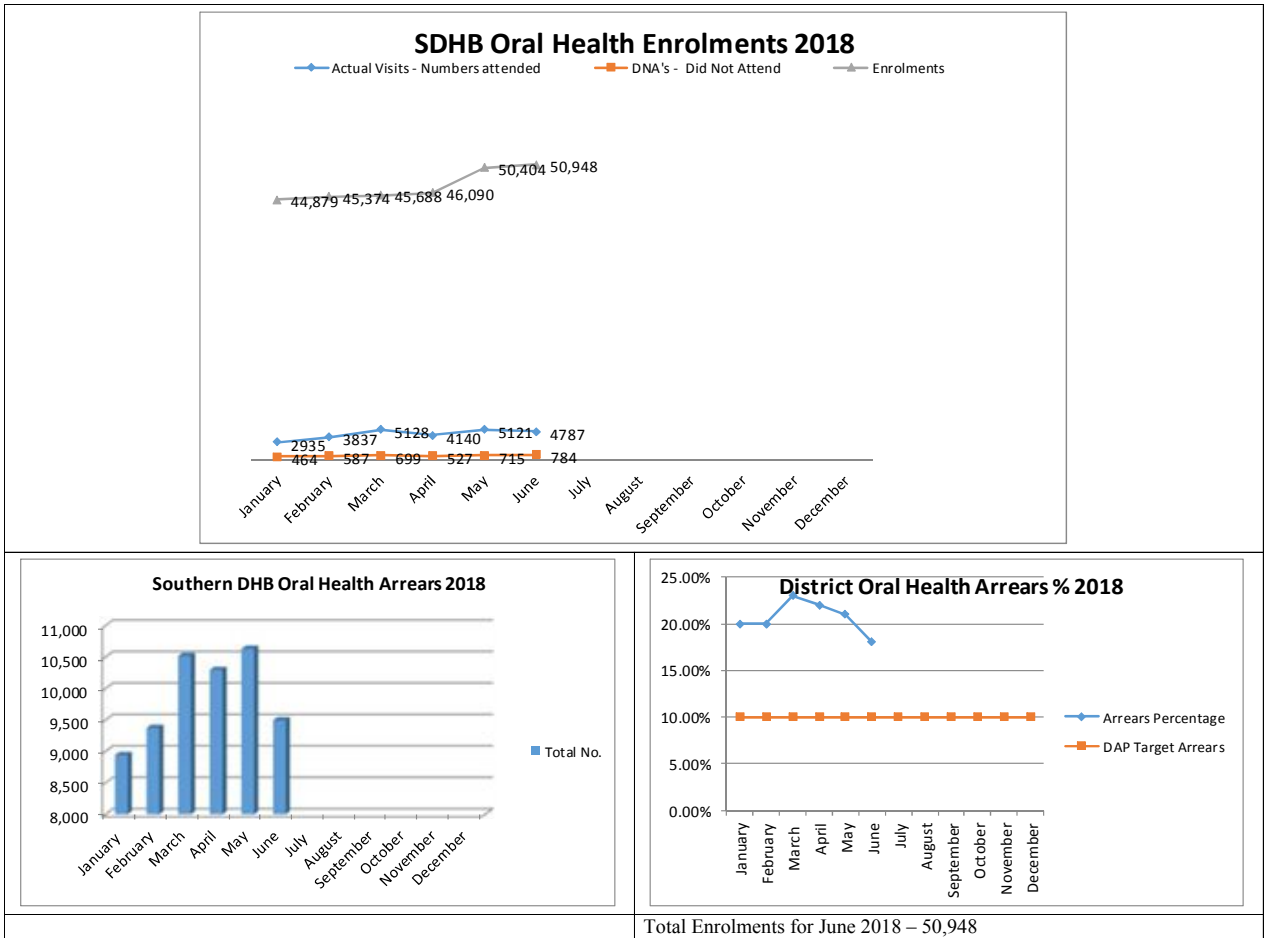
The SFHB is on monthly reporting to the MoH in relation to this target as we have persistently failed to meet the 95% target for an extended period of time. A full report on the performance of this target has been developed for consideration by the ELT in July. A key factor has been that the smoking co-ordinator role for Dunedin was vacant for close to 12 months due to the freeze on Allied Health recruitment and then difficulties in identifying suitable applicants for the position. The role is filled now and analysis of the data shows that the target is being missed due to small numbers of patients (average 1 or 2) not receiving the required intervention across multiple wards. A number of actions are underway to address this and the team are confident that we can improve and sustain performance in this area.

Dental Services

Oral Health services continue to maintain long wait list and this is creating additional clinical risk to the children for whom examinations are not being undertaken within the required timeframes. Treatment delays are impacting on the severity of what clinicians are seeing in clinic and referral for GA seems to have risen across the district. Parents are expressing concerns over the phone and directly to staff in clinics about their children not being seen. Although recruitment is underway, and vacancies are slowly being filled, it is anticipated that the wait list will not be resolved for a number of years, particularly in some areas, such as Southland where arrears continue to climb.

Maxillo-facial surgery, provided in Southland and Otago is at risk due to the Southland current surgeons pending retirement in December 2018 and one surgeon at the Dental faculty is also due for retirement too in the near future. Succession planning is being undertaken and a current succession planning project is being undertaken by SDHB, Dental Faculty and CDHB lead by Southland Island Alliance.

Given the position on the arrears and the ongoing issues with recruitment, the GM for Primary Care and Population Health has convened a full review of the service with a view to developing a recovery plan. This approach is supported by the senior leaders in the service. An initial meeting has determined that a two pronged approach is required – a series of urgent actions to address the areas of the district with the highest arrears to prevent further harm to dental health and a A3 diagnostic approach to consider how the service can get into a position of meeting targets and health outcomes in an environment where the issues with recruitment and retention of staff are unlikely to be resolved in the short to medium term. A follow up meeting is scheduled for 23rd July. The aim is to have a full plan with timed targets for implementation in place by end of September.



Total Enrolments for June 2018 – 50,948

Population Health Service

The Dunedin/Otago Urban Initiative

Population Health have partnered with Oranga Tamariki and a number of NGOs in this initiative, which has been developed through the Dunedin Children's Workforce Development Project work stream 'addressing systemic barriers'. It has been established to address some identified systemic barriers within the Oranga Tamariki system of intake and assessment. It is anticipated this initiative will enable a more timely response for those children and their families with developing needs. We are agreeing to work towards the shared outcome of improving the wellbeing of children referred to the Oranga Tamariki Otago Urban Site, by encouraging and supporting integrated and collaborative working across the children's workforce. The purpose of the Initiative is to work together as a trans-disciplinary[1] team to deliver a co-ordinated response to provide intensive, timely and effective support to meet a child's needs. The Integrated Practitioners Team (IPT) is made up of representatives from partner agencies.

This is an element in the decision making process to direct the course of action on non-critical reports of concern received by Oranga Tamariki that may benefit from a children's workforce coordinated response. Every child will be assessed by the IPT and be supported into the right services to work with them and their family/whānau. The IPT will endeavour to identify supporting agencies based on the best fit for meeting a child's needs. The IPT will provide advice and guidance to agencies about practice issues and address any barriers to the work in the first instance.

[1] A trans-disciplinary team is one in which members come together from the beginning to jointly communicate, exchange ideas and work together to come up with solutions to problems. A multi-disciplinary team is one in which members use their individual expertise to first develop their own answers to a given problem, and then come together -- bringing their individually developed ideas - to formulate a solution.

Children's Health (0-5 years)

Sudden Unexplained Death in Infants (SUDI)

The Ministry of Health (the Ministry) announced the implementation of a National SUDI Prevention Programme (NSPP or SPP) from 01 July 2017. The overall aim of the programme is to reduce the incidence of SUDI to 0.1 in every 1000 births (approximately six per year) by 2025 with equitable rates for all population groups.

The Ministry of Health has provided funding to all DHBs until June 2020 for SUDI reduction. Southern DHB is required to submit a SUDI Plan to the MoH by the 20 July detailing the rationale for the activity needed, linking activity to population need. An equity focus is required for all activities. Consultation is required with stakeholders as we initiate and develop our activities. There is also need to link with Maternity Quality and Safety Programme activity and the WCTO Quality Improvement Plan Work Plan to ensure consistency of outcomes and avoid duplication.

The main areas of focus for the SUDI plan will be on increased:

- co-ordination across maternal and infant health and wellbeing;
- stop smoking services for women during the ante and post-natal periods;
- access to safe sleep devices with relevant guidelines for use;
- integration and co-ordination of breast feeding support services across the district;
- promotion of cosy and healthy homes for whanau/families;
- engagement in pregnancy and parenting education for Maori and Pacific whanau and others who may need individual support rather attending group classes.

The South Island DHBs agreed the SUDI Prevention Programme (SISPP) would sit with SIAPO. The SISPP regional plan is being developed in partnership with the five South Island DHBs and will inform and be informed by each DHB's local plan. We are awaiting the draft of the regional plan and are to provide feedback by the 19 July 2018.

The SISPP coordinator is providing support to DHBs to implement and monitor their local SUDI activity.

I-Moko

I-Moko is a programme which assesses and identifies common ailments so they can be quickly triaged and treated. There is a connection back to the child's primary care practice for those children assessed.

We are working with I-Moko and our local Ministry of Education to identify I-Moko sites for delivery of this healthcare programme in the Southern district. Our discussion is focussing on up to six lower decile areas, either early childhood centres, kohanga reo or primary schools in the Southern district. The MoE is also interested to assess if they can connect this activity with their Community of Learning groups currently being developed. Discussion is also occurring with I-Moko on a number of issues such as data collection and consent issues.

WellChild Tamariki Ora (WCTO)

Southern DHB receives annual WCTO funding via CFA. This year there has been no change in funding but requirements have significantly changed. There is now an expectation for DHBs to work collaboratively with all WCTO providers and Plunket the national provider funded directly by the MoH. This includes collaboratively planning for coverage and delivery of services, information sharing and assisting local programme development. Information sharing is also expected to ensure improvement in equitable access to WCTO services for vulnerable children and their whanau/families. The schedule also requires a coverage expectation to be collectively achieved across all WCTO providers including Plunket.

In addition to working collaboratively with all WCTO providers, the updated schedule also includes an expectation for DHBs to ensure that the provision of WCTO services are aligned with improving other maternal and child health services such as Maternity and Quality Safety Standards and regional SUDI programmes.

2. STRATEGY AND PLANNING

Annual Plan

The Southern DHB draft Statement of Performance Expectations and System Level Measures Plan were submitted to the Ministry on 29 June, as per Ministry timelines.

The Ministry of Health has revised timelines for receipt of draft Annual Plans and Public Health Unit Plans to 29 July 2018. The draft Annual Plan has been reviewed by ELT, the Commissioners, the Community Health Council and Iwi Governance. We are now collating feedback and working up a second draft.

3. PRIMARY CARE

The Healthcare Home EOI process is completed and the first practices to start working towards implementation of the Health Care Home Model of care are in the process of signing contracts with WellSouth. A new facilitator has been appointed to work alongside Stuart Barson with the successful practices. A HCH Steering Group which includes the SDHB GM for Primary Care and Population Health will meet every 2 weeks to develop and oversee the detailed implementation plan and ensure the implementation is on track. Feedback will be provided to practices who were not successful in being placed in tranche 1 or 2 and will be provided on request to practices in tranche 2. Discussions are underway with Tranche 2 practices to consider what supports they may need this year to be ready to start the HCH process next year.

An EOI seeking to elicit interest in the development of Healthcare Hubs is now in draft format and the subject of internal discussion. The process around formalising locality networks is ongoing.

Wellsouth's winter clinic continues and they intend to assess the capacity and demand of this service after the 3 month period to inform future planning for winter pressure in this area.

Pharmacy

Consultation on the proposed new contract has now closed and a significant number of responses are now being analysed. A three month extension will be taken to the market, this will be via a letter notifying all CPSA 12 contract holders that their CPSA 12 contract has been extended for three months.

Following the 1st October it is expected that the dual contracting option will be made available. Community pharmacists will be able to sign a further extension to their CPSA, or sign the new IPSCA contract. Some variation to the proposed new contract is expected following analysis of the consultation feedback.

The one off funding in 2017-18 that expires June 2018 is expected to be renewed for the 2018-19 year. Due to the three month CPSA extension the availability of this funding has also been delayed until 1st October. Initial planning was for this funding to only be available through the new contract (schedule 3c) however there is a risk here if only a few pharmacists sign the new contract. This represents an opportunity to progress consultation at a local level, improving relations with the sector and developing a set of pharmacy services that are developed in partnership with our local community pharmacies.

WellSouth Clinical pharmacist's activity continues. A number of new staff have started and are engaging in additional activity over and above BAU. This includes supporting new practices into the CLIC programme, introduction to ARRC facilities and involvement in Alliance south networks. During 2017 WellSouth had three pharmacists enrolled in the postgraduate Diploma in Clinical Pharmacy and one pharmacist enrolled in the postgraduate Certificate in Pharmacist Prescribing. WellSouth have two Pharmacist Prescribers working in the Long Term Conditions team, Nick Leach in Central Otago and Angela Harwood in Dunedin.

The clinical pharmacist team have received the following referrals into their service over the most recent reporting quarter:

- 313 referrals were received for services provided by the clinical pharmacists (21% increase over the last four quarters)
- 183 clinical medication reviews were completed, plus 116 follow-ups were completed after the initial medication review.
- 74 patients were reviewed during multidisciplinary ARRC visits.
- 9 Continuous Quality Improvement activities or medication safety initiatives were either initiated or completed during this period.

As a result of these referrals the following medication changes were made in the quarter.

- 136 doses decreased
- 35 doses increased
- 45 medicines switched
- 136 medicines stopped
- 45 medicines started

Also 246 patient contacts with the pharmacy team had their medicines reviewed. This represents a 35% increase over the year for this quarter. And 116 follow up appointments.

Education and information queries accounted for 108 contacts with 32 patients on medication monitoring activity.

The pharmacy team recently attend the weekly MDT meetings with the Early Discharge Rehabilitation Service; providing pharmaceutical support to the geriatrician Dr Marie McLaughlin and her team. In this quarter 23 referrals were for transition care medicines management following discharge from hospital.

Pharmacy team Quality improvement activity includes

- Clozapine: Medication safety audit to check for appropriate co-prescribing of laxatives.
- Gout: Audit of current treatment of patients classified with GOUT or on urate lowering treatment (excluding polycystic ovary classification) or when required colchicine.
- Immunosuppressant's: Medication safety audit to check for appropriate monitoring
- Low Hb_{A1c}: Audit set up to be run on a weekly basis to identify all patients on a sulphonylurea treatment or Insulin with Hb_{A1c} <50.

- Polypharmacy: Audit reviewing patient's over 65 years of age taking more than 11 medicines.
- Warfarin: Checking if indication still appropriate by calculating and assessing CHA_2DS_2-VASc and HAS-BLED scores.
- Warfarin: Medication safety audit to check for appropriate INR monitoring.
- Zoledronic acid infusion: Renal function checked for contraindications and during of therapy reviewed.

Invercargill ED

Changing the model of care for Invercargill after hours to reduce ED attendance rates

Work continues with phase one with A3s progressing through the data collection stage to solutions being defined. Phase two involves working with inpatient teams to improve flow to wards – Work has continues with the Internal Medicine team. Phase three is being conducted in tandem by WellSouth, assessing primary care capacity.

The following is a summary of progress with each A3. One has been identified as requiring signoff with one placed on hold.

1. Paeds patient flow – Data has shown that most paeds patients are tended to within appropriate timeframes with the exception of weekends. This A3 will remain active while Chris Johnstone sets up a Paeds liaison meeting to discuss options for a weekend PAU or PAU like service. Data has been provided to the ED CL comparing paeds presentations, referrals to the Paeds service comparing weekdays with weekends and the winter period. We now await the Paeds liaison meeting being arranged by Chris Johnstone.
2. Backflow patients to ED – These are deemed patients that present to ED for inpatient services for non-ED purposes, e.g. Semi-arranged theatre patients told to go to ED. This A3 will remain active with the aim to have direct access for these patients.
3. Triage redesign – this A3 has been in a holding pattern pending provision of a quote from B&P. Prior to a quote being provided an engineer needs to be engaged to provide a report regarding the fire wall that may be affected. An electronic request was submitted on 2nd March, followed up by emails from the ED CNM. There was a site visit by B&P on 4th April, at this point the need for an engineer's report was identified. Further follow-up with B&P pending – but we are mindful of recent events with staffing in B&P.

4 Mental Health attendance – there has been a significant improvement for attendance to MH patients by the MH team. There remains an issue that impacts on an infrequent basis when the SMET team is called away from Invercargill to places such as Queenstown – this can lead to lengthy delays for Invercargill ED MH patients. This is noted as an uneconomic process to change with the practice accepted. This A3 will be signed off and closed.

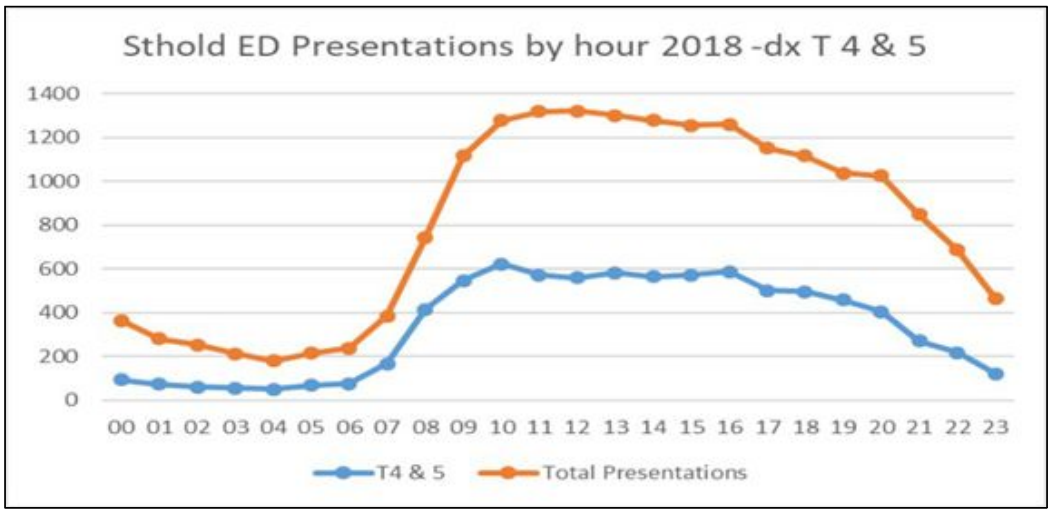
5. Turnaround time for urgent lab results - Improvements for this service is largely reliant on the new SCL contract and the installation of the lamson tube. This A3 will be put on hold for the next 2 weeks pending the new contract but will be reactivated if the new contract does not eventuate or does not lead to an improvement of this service.
6. Access to CT – An analysis of the Radiology data has identified that most of the easyRIS data is timestamped with administrative processes and does not truly reflect service delivery. A manual data capture has been undertaken with one week of data collected, aiming for a total of four weeks of data. Preliminary results identify good access to test and provision of results on most days with Sunday being the exception. Wednesday had the most referrals from ED with the best turnaround times. It has been identified that there is a batching way of working for some providers over the weekend e.g. an ED CT referral at 10am will be delayed until just prior to an already scheduled CT at 1pm. The data has also identified that requisitions marked "Semi-urgent" have much longer delays than those marked "Urgent". This A3 remains open with manual data collection completed by staff on ACC return to work programmes and it is now being analysed.
7. Stranded Patients – those patients that are delayed in ED due to multiple referrals. There have been fewer patients identified in the past month, however there is a low confidence in the quality

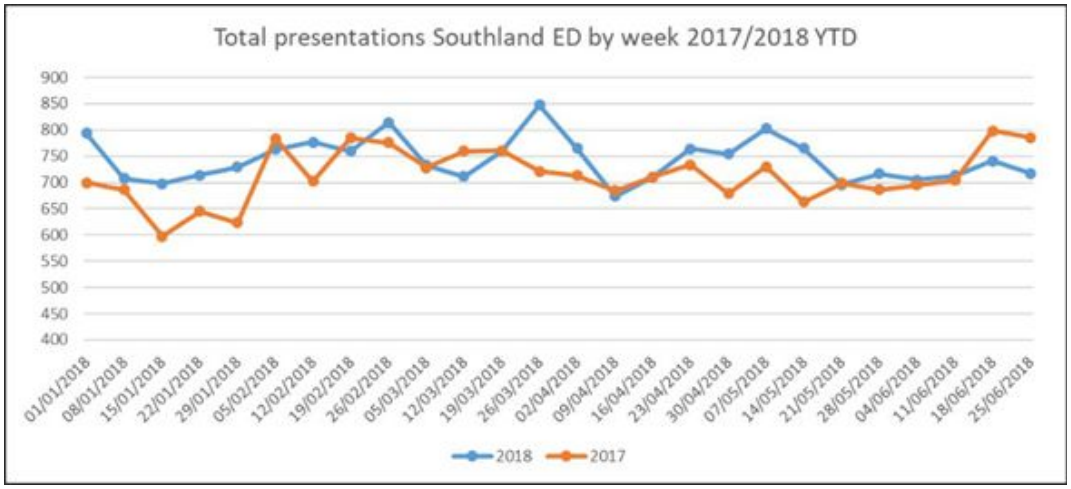
and quantity of manual data collection. Electronic avenues are being explored to improve data collection. This A3 remains open.

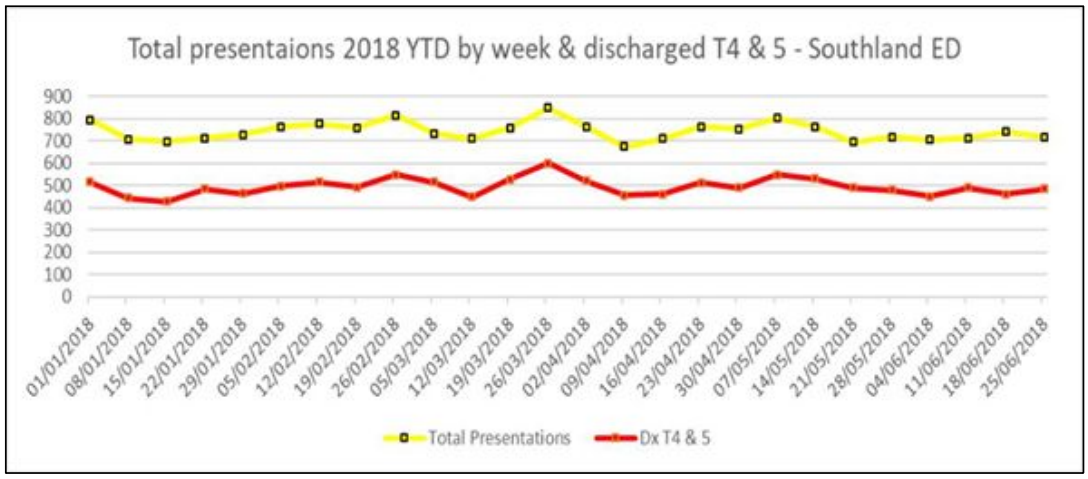
The focus is currently on after hour's care, however the presentation data indicates that there is a need for improved access to acute primary care from 8am right through to 9pm with a quick tapering off of numbers closer to mid-night. The collection of discharged Triage 4 & 5s provides a crude measure of potential primary care patient, but is an indicator of where gains could potentially be made.

8. WellSouth have made some progress with the trial of their Winter Clinic. This is a service provided from 3pm to 7pm weekdays, staff by RNs. The RNs have virtual medical backup with a GP from Dunedin on video link. Reports are positive from a patient perspective. The clinic has been operational since the beginning of June and it is reported that they have seen 33 patients to date.

   Southland ED report a greater use of Primary Care Vouchers this year with the ability to use these for follow-up appointments if it will prevent a return to ED.







HealthPathways

Three pathways went live in June (a total of 536 are now live):

1. Developmental Milestones
2. Analgesia in Children with Acute Injuries
3. Poisoning and Drug Overdose

Of the total live pathways to date, 111 pathways went live during the period 1 July 2017 to 30 June 2018.

The 10 most frequently viewed pathways for the month of June were:

1. Bowel Screening - Family History
2. National Bowel Screening Programme (NBSP)
3. Abnormal Uterine Bleeding (AUB)
4. Cognitive Impairment
5. Headaches in Adults
6. Hypertension
7. Deep Vein Thrombosis (DVT)
8. Atrial Fibrillation (AF)
9. Colorectal Symptoms
10. IV Iron Infusion

The HealthPathways Coordinator resigned in June 2018 to pursue opportunities outside the SDHB. We have recruited to the role with the successful candidate due to start in this role at the end of July 2018. In the interim period, the Coordinator role is being covered by the HealthPathways Manager and Service Administrator.

Preliminary work around set up to localise the HealthInfo site has commenced. It is not planned to "go live" until 85% of the site content is localised. HealthInfo content will initially be localised as part of the HealthPathways business as usual localisation and HealthPathways Review work programmes. A more detailed work programme and approach to HealthInfo will be developed over the coming month.

4. RURAL HEALTH

Primary Maternity Project

Monthly meetings with the Executive Director, Strategy Primary and Community and the Director of Midwifery and local LMCs continue. Key points from the last meeting held on the 27th June include:

Heather LaDell, MQSO Co-ordinator, spoke to the transport policy providing clarification on the policy and protocols particularly around working with other organisations. It is important that everyone involved with transfers understand the policy to ensure efficient and effective use of all transport and transfer services to everyone's advantage, particularly in regards to urgent cases.

Early care in pregnancy as per Section 88 was discussed. Need for primary care to provide good support for those women who contact GPs prior to engaging with an LMC. Work has recently been undertaken with WellSouth to update general practitioners on this.

"Voluntary Bonding Scheme" – this is a scheme, which provides payments to reward eligible health professionals who agree to work in hard-to-staff professions, communities and/or specialties. Review of the 2019 Scheme confirmed that midwives are not included for the Southern district. It should also be noted that additional professions, communities and specialties may be added at a later date before the 2019 intake registration period opens, so we are investigating whether the Southern district can be included.

Intra partum cover for Dunedin in December 2018 and January 2019 was discussed – it was emphasised how important this is for rural areas.

Work continues to engage with local and locum LMCs to ensure continuity of services in Wanaka. Locum cover is to be in place until October 2018.

Southern DHB are now responsible for the LMC room in the Wanaka Medical Centre. It is recognised that a booking system needs to be established. There is some tension around access to the rooms amongst LMCs.

Work also continues on the establishment of a maternal and child hub in Wanaka. An infant warmer has been purchased for Wanaka and will be in place late July. Wwork continues on getting a service contract in place to support maintenance.

SOUTHERN DISTRICT HEALTH BOARD

7

Title:	**FINANCIAL REPORT**	
Report to:	Commissioner Team	
Date of Meeting:	26 July 2018	
SUMMARY:		
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: Strategy, Primary & Community Team **DATE:** 20 July 2018	**PRESENTED BY:** Lisa Gestro Executive Director Strategy, Primary & Community	
RECOMMENDATION: **1. That this report be received.**		

STRATEGY, PRIMARY & COMMUNITY REPORT
June 2018

1. Overview

The overall result follows;

Month				Year to Date		
Actual $' 000	Budget $' 000	Variance $' 000		Actual $' 000	Budget $' 000	Variance $' 000
76,379	75,096	1,283	Revenue	903,416	900,441	2,975
78,592	76,487	(2,105)	Less Expenses	915,270	912,259	(3,011)
(2,212)	(1,392)	(820)	Net Surplus / (Deficit)	(11,854)	(11,817)	(37)
			Expenses			
4,278	4,406	128	Personnel	51,482	52,853	1,371
94	84	(10)	Outsourced Clinical Services	903	1,001	98
995	994	(1)	Outsourced Funder Services	11,896	11,931	35
450	454	4	Clinical Supplies	5,775	5,350	(425)
408	403	(5)	Infrastructure & Non Clinical Supplies	5,244	5,003	(241)
			Provider Payments			
57,252	55,530	(1,722)	Personal Health	668,119	665,560	(2,559)
90	98	8	Public Health	1,105	1,172	67
14,992	14,394	(598)	Disability Support	169,559	167,894	(1,665)
32	125	93	Maori Health	1,189	1,494	305
78,592	76,487	(2,105)	Expenses	915,270	912,259	(3,011)

Summary Comment:

Strategy, Primary and Community had a deficit for June of $2.22m against a budget deficit of $1.39m which is $0.82m unfavourable. YTD there is a deficit of $11.58m against a budgeted deficit of $11.81m which is $0.04m unfavourable.

Revenue is favourable by $1.28m for June and $2.97m favourable YTD, with the main reasons being extra Refugee revenue ($1.53m favourable YTD), In Between Travel ($1.80m favourable YTD), Performance Management revenue ($0.36m favourable YTD) offset by Capital Charge ($1.20m unfavourable YTD).

Expenditure for the month is unfavourable to budget by $2.10m with the main reasons being pharmaceuticals & PCT ($0.46m unfav), PHO lines ($0.30m unfav), Immunisation ($0.27m unfav), Electives ($1.4m unfav) Personal health IDFs ($0.18m unfav) and Residential Care Hospitals ($0.29m unfav).

YTD expenditure is $3.01m unfavourable to budget with the main reasons being pharmaceuticals and PCT ($1.48m unfav), IDF personal health ($1.23m unfav) Disability Support expenditure ($0.72m unfavourable) and Refugee expenditure ($1.53m unfav), offset by personnel costs ($1.3m fav).

Personnel

Expenditure

Group	$000's Monthly actual	$000's Monthly budget	$000's Monthly variance	$000's YTD actual	$000's YTD budget	$000's YTD Variance
SMO's	694	579	(15)	7,282	7,050	(232)
RMO's	46	51	5	460	620	160
Nursing	1,545	1,629	84	18,956	19,592	636
Allied Health	1,514	1,555	41	18,015	18,522	507
Support	11	11	0	135	135	0
Management & Administration	567	581	3	6,634	6,933	288
Total	4,278	4,406	108	51,822	52,853	1,371

FTE's

Group	YTD actual	YTD budget	YTD variance
SMO's	25	25	0
RMO's	4	5	1
Nursing	231	238	7
Allied Health	263	270	6
Support	3	3	0
Management & Administration	98	101	3
Total	624	642	18

Personnel costs are $1.37m favourable YTD which is reflective of the 18 FTE vacancies. Nursing is the main area affected with 7 FTE vacancies currently and an underspend of $0.64m YTD. The main area impacting on this variance is Nurse Managers and Nurse Educators where there is 6 FTE vacancies and an underspend YTD of $0.459.

Management & Administration favourable variances are mainly in the Non Clinical Administration, Clerical and Secretarial area with 6 FTE vacancies and an underspend of $0.45m YTD.

Outsourced Services

Expenses

Group	$000's Monthly actual	$000's Monthly budget	$000's Monthly variance	$000's YTD actual	$000's YTD budget	$000's YTD variance
Clinical Services	94	84	(10)	903	1,001	98
Funder Services	995	994	(1)	11,896	11,931	35
Total	1,089	1,078	(11)	12,799	12,932	133

Outsourced clinical services - other ($91k fav YTD).

Clinical Supplies

Expenses

Group	$000's Monthly actual	$000's Monthly budget	$000's Monthly variance	$000's YTD actual	$000's YTD budget	$000's YTD variance
Treatment Disposables	216	205	(11)	2,837	2,442	(395)
Diagnostic Supplies	2	5	3	47	62	15
Instruments & Equipment	52	55	3	645	654	9
Patient Appliances	127	137	10	1,671	1,577	(94)
Implants & Prostheses	0	0	0	6	2	(4)
Pharmaceuticals	28	36	8	431	430	(1)
Other Clinical Supplies	25	15	(10)	138	184	45
Total	450	454	4	5,775	5,350	(425)

Treatment disposables ($395k unfavourable YTD) with Continence & Hygiene Supplies ($180k unfavourable YTD), Dental Supplies ($118k unfavourable YTD) and dressings ($92k unfavourable) being the main drivers.

Infrastructure & Non Clinical Supplies

Expenses

Group	$000's Monthly actual	$000's Monthly budget	$000's Monthly variance	$000's YTD actual	$000's YTD budget	$000's YTD variance
Hotel Services, Laundry & Cleaning	161	169	7	2,018	2,050	32
Facilities	39	36	(3)	386	422	36
Transport	122	137	15	1,498	1,586	89
IT Systems and Telecommunications	40	29	(11)	437	349	(88)
Professional Fees & Expenses	1	35	34	493	418	(75)
Other Operating Expenses	24	(2)	(26)	384	172	(212)
Democracy	0	0	0	7	5	(2)
Total	386	403	17	5,222	5,003	(219)

Professional fees & expenses ($75k unfavourable YTD) mainly due to Consultants fees ($51k unfavourable YTD.) Other operating expenses is due to sundry expenses ($265k unfavourable YTD) offset by Postage Courier & freight ($33k favourable).

Personal Expenditure NGO and Provider Payments

Personal Health June 2018	Current Month Actual $(000)	Budget $(000)	Variance $(000)	Variance %	Year to Date Actual $(000)	Budget $(000)	Variance $(000)	Variance %	Annual Budget $(000)	Variance Note
Personal Health - Provider Arm										
Personal Health to allocate	-	-			-	-				
Child and Youth	341	341			4,097	4,097			4,097	
Laboratory	-	-			-	-			0	
Infertility Treatment Services	-	-			-	-			0	
Maternity	23	23			271	271			271	
Maternity (Tertiary & Secondary)	1,379	1,379			16,548	16,548			16,548	
Pregnancy and Parenting Education	-	-			-	-			0	
Neo Natal	666	666			7,997	7,997			7,997	
Sexual Health	86	86			1,036	1,036			1,036	
Adolescent Dental Benefit	27	27			320	320			320	
Dental - Low Income Adult	28	28			339	339			339	
Child (School) Dental Services	601	601			7,211	7,211			7,211	
Secondary / Tertiary Dental	120	120			1,443	1,443			1,443	
Pharmaceuticals	415	372	(43) U	(12%)	5,191	4,469	(722) U	(16%)	4,469	1
Pharmaceutical Cancer Treatment Drugs	721	602	(119) U	(20%)	7,676	7,139	(537) U	(8%)	7,139	1
Pharmacy Services	-	-			-	-			0	
Primary Practice Services - Capitated	42	10	(32) U	(320%)	503	115	(388) U	(337%)	115	4
Primary Health Care Strategy - Health/SIA	-	-			-	-			0	
Primary Health Care Strategy - Other	-	-			-	-			0	
Practice Nurse Subsidy	-	-			-	-			0	
Rural Support for Primary Health Pro	72	72			865	865			865	
Immunisation	69	69			831	831			831	
Radiology	279	279			3,348	3,348			3,348	
Palliative Care	-	-			-	-			0	
Meals on Wheels	35	35			424	424			424	
Domiciliary & District Nursing	1,125	1,125			13,429	13,429			13,429	
Community based Allied Health	557	557			6,356	6,356			6,356	
Chronic Disease Management and Educa	150	150			1,804	1,804			1,804	
Medical Inpatients	6,910	6,910			82,924	82,924			82,924	
Medical Outpatients	3,283	3,283			39,398	39,398			39,398	
Surgical Inpatients	13,267	11,716	(1,551) U	(13%)	140,593	140,593			140,593	7
Surgical Outpatients	1,686	1,686			20,229	20,229			20,229	
Paediatric Inpatients	679	679			8,143	8,143			8,143	
Paediatric Outpatients	246	246			2,954	2,954			2,954	
Pacific Peoples' Health	10	10			120	120			120	
Emergency Services	1,715	1,715			20,576	20,576			20,576	
Minor Personal Health Expenditure	15	15			182	182			182	
Price adjusters and Premium	1,964	1,964			23,571	23,571			23,571	
Travel & Accomodation	8	8			96	96			96	
	36,519	34,774	(1,745) U	(5%)	418,475	416,828	(1,647) U	(0%)	416,828	
Personal Health NGO										
Personal Health to allocate	-	-			-	-			0	
Child and Youth	34	35	1 F	3%	343	421	78 F	19%	421	
Laboratory	1,512	1,505	(7) U	(0%)	18,082	18,056	(26) U		18,056	
Infertility Treatment Services	8	8			96	96			96	
Maternity	234	206	(28) U	(14%)	2,445	2,470	25 F	1%	2,470	
Maternity (Tertiary & Secondary)	3	1	(2) U	(200%)	63	8	(55) U	(688%)	8	
Pregnancy and Parenting Education	29	15			262	177	(85) U	(48%)	177	
Sexual Health	-	8	8 F		(9)	98	107 F	109%	98	
Adolescent Dental Benefit	159	194	35 F	18%	2,117	2,117			2,117	
Dental - Low Income Adult	40	46	6 F	13%	188	550	362 F	66%	550	2
Child (School) Dental Services	24	35	11 F	31%	363	423	60 F	14%	423	
Secondary / Tertiary Dental	132	133	1 F	1%	1,581	1,601	20 F	1%	1,601	
Pharmaceuticals	6,370	6,068	(302) U	(5%)	73,339	73,123	(216) U	(0%)	73,123	1
Pharmaceutical Cancer Treatment Drugs	-	-			-	-			-	1
Pharmacy Services	(8)	-			-	-			-	
Management Referred Services	(587)	167	754 F	451%	1,246	2,000	754 F	38%	2,000	
General Medical Subsidy	83	77	(6) U	(8%)	1,070	769	(301) U	(39%)	769	3
Primary Practice Services - Capitated	4,036	4,005	(31) U	(1%)	48,463	48,058	(405) U	(1%)	48,058	4
Primary Health Care Strategy - Care	376	348	(28) U	(8%)	4,481	4,175	(306) U	(7%)	4,175	4
Primary Health Care Strategy - Health	482	551	69 F	13%	5,823	6,615	792 F	12%	6,615	4
Primary Health Care Strategy - Other	374	89	(285) U	(320%)	1,020	912	(108) U	(12%)	912	4
Practice Nurse Subsidy	12	16	4 F	25%	174	195	21 F	11%	195	
Rural Support for Primary Health Pro	1,412	1,353	(59) U	(4%)	16,939	16,235	(704) U	(4%)	16,235	5
Immunisation	482	212	(270) U	(127%)	2,512	2,135	(377) U	(18%)	2,135	6
Radiology	220	198	(22) U	(11%)	2,765	2,390	(375) U	(16%)	2,390	8
Palliative Care	520	545	25 F	5%	6,345	6,491	146 F	2%	6,491	
Meals on Wheels	21	21			251	255	4 F	2%	255	
Domiciliary & District Nursing	509	556	47 F	8%	6,559	6,678	119 F	2%	6,678	
Community based Allied Health	191	186	(5) U	(3%)	2,268	2,238	(30) U	(1%)	2,238	
Chronic Disease Management and Educa	124	94	(30) U	(32%)	1,478	1,132	(346) U	(31%)	1,132	
Medical Outpatients	405	413	8 F	2%	4,826	4,960	134 F	3%	4,960	
Surgical Inpatients	7	21	14 F	67%	142	246	104 F	42%	246	
Surgical Outpatients	155	190	35 F	18%	1,885	2,276	391 F	17%	2,276	
Paediatric Outpatients	-	-			3	-	(3) U		-	
Pacific Peoples' Health	11	11			112	132	20 F	15%	132	
Emergency Services	156	164	8 F	5%	1,908	1,971	63 F	3%	1,971	
Minor Personal Health Expenditure	75	47	(28) U	(60%)	469	561	92 F	16%	561	
Price adjusters and Premium	141	199	58 F	29%	1,902	2,383	481 F	20%	2,383	9
Travel & Accomodation	279	371	92 F	25%	4,914	4,792	(122) U	(3%)	4,792	10
Inter District Flow Personal Health	2,849	2,666	(183) U	(7%)	33,218	31,991	(1,227) U	(4%)	31,991	11
	20,870	20,754	(116) U	(1%)	249,643	248,730	(913) U	(0%)	248,730	
Total Personal Health	57,389	55,528	(1,861) U	0 F	668,118	665,558	(2,560) U	(0%)	665,558	

Personal Health expenditure variance notes;

1. **Pharmaceuticals & PCT (NGO & Provider) –** .$1.48m unfavourable YTD
   June expenditure is $0.46m unfavourable to budget. The Pharmac rebate advice received on 6 July of $17.3m plus gst claimable from IRD of $0.71m was significantly lower than the previous advice of $19.4m and lower than the $18.5m used to calculate the rebate accrued in May.

2. **Low Income Dental-** $0.36m favourable YTD
   Price Volume Capped service where invoicing has been up to six months in arrears. Accruals have been based on the top of the capped level to avoid under accrual. The June 17 yearend accrual was overstated and is the main reason for the favourable variance.

3. **GMS -** $0.30m unfavourable YTD
   Demand driven service that also includes expenditure relating to Refugee's.

4. **PHO lines (Primary Practice Capitated & Primary Health Care) –** $0.42m unfavourable YTD
   Unfavourable variances across these lines is due to Careplus, Performance Management and Refugee expenditure where there are revenue offsets, along with a favourable variance for an over accrual for U13 wash-ups for 2016/17.

5. **Rural Support for Primary Health Providers**- $0.70m unfavourable YTD.
   Relates to Clutha Health expenditure incurred where the budget is sitting in Price adjusters and Premiums.

6. **Immunisation -** $0.37m unfavourable YTD.
   Demand driven. Due to variability of phasing expenditure budget this overspend was not foreseen in previous months.

7. **Surgical Inpatients -** $0.1m favourable YTD.
   Unfavourable variance in June of $1.50m due to 17/18 additional electives wash-up.

8. **Radiology** - $0.37m unfavourable YTD.
   Mainly due to extra costs incurred in Central Otago wash-up with regards to CT scanner.

9. **Price Adjusters and Premium** - $0.48m favourable YTD.
   Mainly relates to Clutha health expenditure incurred in Rural Support.

10. **Travel & Accommodation -** $0.12m unfavourable YTD.
    Demand driven service.

11. **IDF's -** $1.23m unfavourable YTD.
    Expenditure includes YTD wash-up estimate.

Disability Support Services

DSS *June 2018*	Current Month Actual $(000)	Budget $(000)	Variance $(000)	Variance %	Year to Date Actual $(000)	Budget $(000)	Variance $(000)	Variance %	Annual Budget $(000)	Variance Note
Disability Support Services - Provider Arm										
AT & R (Assessment, Treatment and Re	1,900	1,900			22,806	22,806			22,806	
Information and Advisory	-	-	-		-	-			0	
Needs Assessment	108	108			1,315	1,315			1,315	
Service Co-ordination	20	20			236	236			236	
Home Support	-	-	-		-	-			0	
Carer Support	-	-	-		-	-			0	
Residential Care: Rest Homes	-	-	-		-	-			0	
Residential Care: Loans Adjustment	-	-	-		-	-			0	
Long Term Chronic Conditions	-	-	-		-	-			0	
Residential Care: Hospitals	-	-	-		-	-			0	
Ageing in Place	-	-	-		-	-			0	
Environmental Support Services	2	2			27	27			27	
Day Programmes	-	-	-		-	-			0	
Expenditure to Attend Treatment ETAT	-	-	-		-	-			0	
Minor Disability Support Expenditure	-	-	-		102	102			102	
Respite Care	-	-	-		-	-			0	
Child Development	90	90			1,078	1,078			1,078	
Community Health Services & Support	21	21			254	254			254	
	2,141	2,141	-		25,818	25,818			25,818	
Disability Support Services - NGO										
Disability Support - Pay Equity	2,100	1,328	(772) U	(58%)	15,267	15,000	(267) U	(2%)	15,000	12
AT & R (Assessment, Treatment and Re	335	357	22 F	6%	4,027	4,284	257 F	6%	4,284	
Information and Advisory	11	12	1 F	8%	131	147	16 F	11%	147	
Needs Assessment	35	34	(1) U	(3%)	404	398	(6) U	(2%)	398	
Service Co-ordination	-	-			-	-			0	
Home Support	2,342	2,359	17 F	1%	24,415	23,911	(504) U	(2%)	23,911	13
Carer Support	156	133	(23) U	(17%)	1,850	1,594	(256) U	(16%)	1,594	
Residential Care: Rest Homes	3,118	3,207	89 F	3%	38,965	38,762	(203) U	(1%)	38,762	14
Residential Care: Loans Adjustment	(30)	(23)	7 F	30%	(314)	(276)	38 F	14%	-276	
Long Term Chronic Conditions	-	-			-	-			0	
Residential Care: Hospitals	4,337	4,228	(109) U	(3%)	52,576	51,020	(1,556) U	(3%)	51,020	15
Environmental Support Services	-	10	10 F		71	122	51 F	42%	122	
Day Programmes	36	44	8 F	18%	384	523	139 F	27%	523	
Minor Disability Support Expenditure	14	9	(5) U	(56%)	106	107	1 F	1%	107	
Respite Care	4	157	153 F	97%	1,279	1,729	450 F	26%	1,729	
Child Development	-	-			-	-			0	
Community Health Services & Support	64	52	(12) U	(23%)	557	626	69 F	11%	626	
Inter District Flow Disability Support	329	344	15 F	4%	4,022	4,129	107 F	3%	4,129	
	12,851	12,251	(600) U	(5%)	143,740	142,076	(1,664) U	(1%)	142,076	
Total Disability Support Services	14,992	14,392	(600) U	(4%)	169,558	167,894	(1,664) U	(1%)	167,894	

Disability Support Services expenditure variance notes;

12. **Disability Support – Pay Equity -** $0.27m unfavourable YTD.
    Pay equity expense includes accrual for Mental Health pay equity. Offset by an favourable revenue variance.

13. **Home Support -** $0.50m unfavourable YTD.
    Due to over budget IBT expenditure (revenue offset).

14. **Residential Care Rest Homes** - $0.20m unfavourable YTD
    Due to a mix of price and volume variances to budget along with savings targets not met.

15. **Residential Care Hospitals -** $1.55m unfavourable YTD.
    Due to a mix of price and volume variances to budget along with savings targets not met.

Public Health

Public Health *June 2018*	Current Month Actual $(000)	Budget $(000)	Variance $(000)	Variance %	Year to Date Actual $(000)	Budget $(000)	Variance $(000)	Variance %	Annual Budget $(000)	Variance Note
Public Health - Provider Arm										
Alcohol & Drug	-	-	0		-	-	0			
Communicable Diseases	8	4	(4) U		94	44	(50) U	(114%)	44	
Mental Health	-	-			-	-				
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	-		410	410	-		410	
	42	38	(4) U		504	454	(50) U		454	
Public Health - NGO										
Mental Health	4	15	11 F		71	180	109 F	61%	180	16
Nutrition and Physical Activity	37	38	1 F		449	454	5 F	1%	454	
Physical Environment	-	-	-		-	-	-		0	
Public Health Infrastructure	-	-	-		-	-	-		0	
Sexual Health	-	-	-		-	-	-		0	
Social Environments	-	-	-		-	-	-		0	
Tobacco Control	7	7	-		80	80	-		80	
Well Child Promotion	-	-	-		-	-	-			
	48	60	12 F	10%	600	714	114 F	16%	714	
Total Public Health	90	98	8 F	6%	1,104	1,168	64 F	5%	1,168	

Public health expenditure variance notes;

16. Mental Health - $0.1m favourable YTD – Suicide prevention contract now expensed in Mental Health directorate.

Maori Health Expenditure

Maori Health June 2018	Current Month Actual $(000)	Budget $(000)	Variance $(000)	Variance %	Year to Date Actual $(000)	Budget $(000)	Variance $(000)	Variance %	Annual Budget $(000)	Variance Note
Maori Health - Provider Arm										
Maori Service development	16	16			192	192			191	
Maori Provider Assistance Infrastructure	-	-			-	-				
Maori Workforce Development	-	-			-	-				
Minor Maori Health Expenditure	-	-			-	-				
Whanau Ora Services	8	8			96	96			98	
Maori Health - Provider Arm Total	**24**	**24**			**288**	**288**			**289**	
Maori Health - NGO										
Maori Service development	20	21			244	249	5 F		250	
Maori Provider Assistance Infrastructure	-	-			-	-				
Maori Workforce Development	-	-			-	-				
Minor Maori Health Expenditure	-	-			-	-				
Whanau Ora Services	(12)	80	92 F	115%	655	958	303 F	-32%	956	17
Maori Health - NGO Total	**8**	**101**	**93 F**	**92%**	**899**	**1,207**	**308 F**	26%	**1,206**	
Total Maori Health	**32**	**125**	**93 F**	**74%**	**1,187**	**1,495**	**308 F**	21%	**1,495**	

Maori Health Services expenditure variance notes;

17. Whanau Ora - $0.30m favourable YTD – Waihopai Hauora under budget due to service not being provided.

SOUTHERN DISTRICT HEALTH BOARD

Title:	**Community Health Council** Community, Whānau and Patient Engagement Framework and Roadmap
Report to:	Commissioner Team
Date of Meeting:	26 July 2018

8

Summary:

The Community Health Council (CHC) is an advisory council to the Southern DHB and WellSouth PHN. The Council brings together people from diverse backgrounds, ages, health and social experiences to give our communities, whānau and patients across the Southern district a stronger voice into decision-making.

Over the last month the CHC has been engaging with DHB and WellSouth staff to discuss how staff can involve communities, whānau and patients in decision-making at every level.

The CHC has also connected back to communities outlining how people can get involved by way of the Community, Whānau and Patient Engagement Roadmap. The Roadmap is focused on encouraging stronger engagement at the upper end of the engagement spectrum (collaborating and empowering patients, whānau and our communities).

To date there has been pleasing progress with a number of staff approaching the CHC for support with engaging with communities, whānau and patients in specific projects and there have been a number of people register as advisors.

It is important to continue momentum around this work across the Southern heath system and to ensure communication continues with stakeholders, both staff and communities, whānau and patients, to ensure successful and meaningful progress.

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:**
Professor Sarah Derrett Chair of Community Health Council Charlotte Adank Community Health and Clinical Council's Facilitator **Date:** 6 July 2018	Lisa Gestro Executive Director Strategy, Primary & Community

RECOMMENDATION:

That the Commissioner and Deputy Commissioners note the content of this paper.

Background

In the early stages of evolvement the CHC received a number of requests from services for suitable community, whānau and patient advisor(s) to be part of various working groups. It has been pleasing to see the willingness of services to engage with patients and whānau and include this important viewpoint in decision-making.

To enable a sustainable process for engagement 'co-design' to occur across the Southern health system the CHC refined their Community, Whānau and Patient Engagement Framework and developed a Roadmap (Appendix 1) to support this work. This work connects in with the Southern Future priorities and the recently developed Primary and Community Care Strategy and Action Plan.

The Roadmap the Council has developed outlines a systematic process that supports staff to connect with communities, whānau and patients when undertaking projects. Resources have been developed to support both staff and advisors as they work together on projects, and further resources may be added in due course.

Progress with implementation

- **Communication and Connections**

DHB and WellSouth Staff

Over the last few months, the CHC has met and communicated with staff about the role of the CHC and the work they do. CHC members have meet with various staff groups including: WellSouth leadership team, the DHB senior leadership team, tier 4 managers, the quality improvement team and some general staff forums were held in Dunedin and Invercargill. These sessions were also the opportunity to outline the Roadmap that the CHC have created for staff to engage with communities, whānau and patients.

The 'CHC - Our First Year document[1]' was released at the end of May and provided a platform to begin conversations with staff about the importance of involving community, whānau and patients in decision-making and how the CHC had been supporting staff with this over the last year.

The CHC will need to continue having ongoing engagement forums with staff as we have yet to meet with some key groups such as the Clinical Directors, Allied Health Directors and Nursing Directors. Meetings are scheduled with these groups in the coming weeks.

Staff, who have attended forums, have provided positive feedback and support of the work that the Council is guiding.

As the CHC has stated from the outset this programme of work, engagement and involvement of communities, whānau and patients is about changing the culture across the Southern health system to ensure the *patient is truly at the centre* and involved in *decision-making*.

Our Communities

In addition to engaging with staff, the Council has re-connected with communities in Dunedin, Invercargill, Queenstown and Oamaru (Waitaki Interagency Network) to inform people how they can get involved with projects within the Southern health system. The process of how to register as an advisor was outlined to attendees at these forums (Appendix 2), as well as what would be expected of advisors and their role on projects alongside healthcare teams.

These community forums were mostly well received but as was expected there were issues that arose at these forums that were not the prime purpose for engaging and need to be documented and addressed in a systematic manner. Some of these issues (Appendix 3) have been heard through other

[1] https://www.southerndhb.govt.nz/pages/community-health-council/

channels previously, but it is worth noting these issues have not been addressed from a community perspective.

The Dunedin presentation was filmed and will be circulated and made available on the DHB website.

There is valuable knowledge, skills and experience available within our communities that will add value to the projects staff are undertaking. Since the CHC held these forums, approximately 20 people have signed up to be advisors and 4 advisors have been put forward to work on projects that include:

1) Theatre project,
2) Access to acute theatre (a work stream of the above project),
3) Rheumatology project, and
4) Home and community support services review of outcomes.

There are other projects that the CHC facilitator has been approached about which are being worked on. It would appear at the early stages of this work that there has been a gap for some time, whereby staff have wanted to work in partnership with communities, whānau and patients but it has been seen to be either too difficult to identify someone, or the processes around supporting the advisor were difficult to navigate. With the Roadmap the CHC has developed it brings about a systematic and consistent process to how advisors are being identified for projects, as well as providing support to advisors and staff when they are working on projects.

All advisors will be connected to a CHC member who will provide coaching/support to advisors when they work on projects. Coaching will be provided in way of a brief phone call/email to ensure the advisor is comfortable in that their voice is being heard around the table, reinforcing the need for confidentiality and general support to the advisor if required.

The CHC plan to keep all registered advisors on the database informed through way of a bi-monthly e-newsletter of who has been placed on projects.

- **Database Updated and Maintained**

A database (contained in an excel spreadsheet) is being used to store all necessary information from people who sign-up to be an advisor. This database is stored in a secure place with the CHC Facilitator who will manage and maintain it.

Process from here

- *Continued engagement and communication with staff*
  - The CHC plan to continue engagement with staff including some key clinical professions (Clinical Directors, Allied Health and Nursing Directors) in the coming weeks.
  - A foyer display on hospital sites is planned before the end of the year overviewing the importance and benefits of engaging communities, whānau and patients in decision-making.

- *Continued engagement and communication with communities*
  - The CHC discussed communication at their July meeting and plan to draft up a communications strategy of how to communicate with the communities. Part of this strategy will be about the need to connect in with some key members in our community that have multiple connections and also look to connect in with inter-agency groups so information can be passed on more easily.

- The CHC will circulate a bi-monthly e-newsletter to advisors informing them of projects that advisors have been placed on.

- *Evaluation and Monitoring*
  - Evaluating and monitoring progress of how advisors and projects are working is imperative to ensuring the success of working in partnership. The CHC will have some insight of the success of engagement throughout various projects through the coaching/support they will provide to the advisor. The CHC Facilitator will also maintain contact with lead staff members throughout the projects.
  - It is expected that the feedback forms will also provide learnings from the engagement and these will be filled out at the completion of a project and amendments will be made to the process as seen necessary.
  - A symposium of all advisors is scheduled for July 2019, whereby all registered advisors and staff involved in projects since June 2018, will come together and learn of the success of working on projects in partnership and what changes could be made going forward.

Appendix 1 CHC Community, Whānau & Patient Engagement Roadmap

8

5

Appendix 2 Form to register as a Community, Whānau & Patient Advisor

- Do you want to get involved to improve healthcare in the Southern district?
- Do you want to have a say in how things happen and help the Southern health system understand what you need from health services?
- Community, whānau and patient advisors are people who collaborate with health staff to bring about health reforms.
- A community, whānau and patient advisor operates at a high-level within the Southern health system interacting and influencing staff and participating in co-design aimed at improvements in planning, delivery, monitoring and evaluation of health services.
- The people we are looking for want to be involved in the decisions made by the health service – with the aim of building a better health service for everyone.

If that sounds like you, please complete the form on the next page.

How can advisors participate in a project?

- The Community Health Council maintains a database of people who want to be engaged and support our health system here in the Southern district.
- The database will help identify advisors who are best suited for particular projects based on their areas of interest, experience and available time.
- People on the database will be called up to participate when areas of interest are matched to a specific project. The Project Team will confirm which Advisor(s). It is expected this will operate much like a jury service.

For more information about this way of working please contact the CHC Facilitator at:

Phone: 03 476 9778

Email: chc@southerndhb.govt.nz

Privacy Agreement

The information we are collecting from you will be used by Southern health staff for the sole purpose of facilitating your engagement with us. Your personal information will not be used by Southern health for any other purpose and we will not disclose your personal information to any person or organisation outside of Southern health. Your personal information will be securely stored with the Community Health Council at Southern DHB.

Community, Whānau & Patient Advisor Form

Please complete sections below

Title	☐ Mrs ☐ Mr ☐ Ms ☐ Miss ☐ ☐
Name	
Address	
Phone	
Email	
Gender	☐ Female ☐ Male ☐ her Preferred pronouns_____
Date of Birth	
Ethnicity	☐ New Zealand European ☐ Māori Iwi Affiliation_____ ☐ Samoan ☐ Cook Islands Māori ☐ Tongan ☐ Niuean ☐ Chinese ☐ Indian ☐ Other eg. Dutch, Japanese. Please state _____
I am currently *(tick as many as applicable)*	☐ Working in paid employment full time ☐ Working in paid employment part time ☐ Looking for work ☐ Engaged in domestic duties ☐ Engaged in voluntary work ☐ Retired ☐ Unable to work ☐ A student ☐ Other (please specify)

1. Please tell us a little about yourself, your background, and your interests in health?

2. Please tick up to 3 fields (for each column) you have an understanding and/or knowledge of below.

Health Fields	Patient / personal interest perspective Tick up to 3 fields	Whānau/ family support carer perspective Tick up to 3 fields	General interest perspective Tick up to 3 fields
Alcohol & Other Drugs			
Disability + DEAF			
Injury			
LGBT+ Health			
Long Term Conditions			
Māori Health			
Men's Health			
Mental Health & Addictions			
Older Persons			
Oral Health			
Pacific Peoples Health			
Palliative Care			
Public Health			
Rural Health			
Primary Health			
Refugee Health			
Sexual Health			
Women's Health			
Youth & Children's Health			
Other (please state)			

Thank you for your interest

This is a new initiative within the Southern health system and you will be contacted as projects arise in your areas of interest.

8

Appendix 3 Summary of high-level themes from CHC Community forums 2018

Communication	General DHB communication Letters for appointments going missing Booking of appointments at unreasonable times for people living outside of Dunedin Need for improved, and alternative, methods of communication from the CHC
Complaints/feedback process	Further attention is required and DHB responses need to be more receptive to looking at feedback as a quality improvement resource
Parking	Parking issues for people outside of Dunedin
Accommodation	Difficulties with accommodation for people outside of Dunedin
After Hours Primary Care Access	After-hours access in Invercargill and free under 13s
Cost of Primary Care	Co-payments with GPs are a barrier for people seeking medical care
Blood tests	People outside of main cities having to pay for blood tests
Dunedin Hospital rebuild	Ensuring community engagement is genuine during planning and design stages
Discharge Planning & Care Plans	People still discharged with little support and poor information leading to re-admission
Service Integration	Integration and connection of hospital services with primary & community care service

SOUTHERN DISTRICT HEALTH BOARD

Title:	**Scope for developing a local Disability Strategy**
Report to:	Commissioner Team
Date of Meeting:	26 July 2018

Summary:

For the 2017/18 Annual Plan, the Ministry of Health (MoH) stated that Disability Support Services would be a new government priority. DHBs were required to provide a stocktake of services that were currently being delivered to support people with disabilities. Southern DHB (SDHB) also included an action to develop a local Disability Strategy.

The development of this strategy was endorsed by the ELT in September of 2018 and the associated action was allocated to the Executive Director, Quality and Clinical Governance, which is a position that remains vacant. The Consumer Health Council has taken an active promotion role of the development of the strategy, and Strategy, Primary and Community has supported a discussion with the Donald Beasley Institute on the actual undertaking of the work (by a process of engagement that was supported by an exemption from internal procurement) Their scope is now attached for review and endorsement.

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

Financial:	$114,179
Workforce:	
Other:	

Document previously submitted to:	ELT	**Date:** 5th July 2018
Approved by Chief Executive Officer:	N/A	**Date:**

Prepared by: Strategy, Primary & Community Team **Date:** 16 July 2018	**Presented by:** Lisa Gestro Executive Director Strategy, Primary & Community

RECOMMENDATION:

1. **Commissioner Team review and endorse the scope of the proposed plan;**
2. **Commissioner Team to advise on how it would like the DSAC to monitor and oversee the undertaking of the plan.**

9

Closed Session:

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

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

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