SOUTHERN DISTRICT HEALTH BOARD

DISABILITY SUPPORT ADVISORY COMMITTEE
and
COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE

Wednesday, 27 July 2016
commencing at the conclusion of the public
Hospital Advisory Committee meeting

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

A G E N D A

Lead Director: Sandra Boardman

Item

1. **Apologies**

2. **Interests Register**

3. **Minutes of Previous Meeting**

4. **Matters Arising**

5. **Planning & Funding Report**
   5.1 Planning & Funding Activity
   5.2 Public Health South Report
   5.3 Public Health Annual Plan

6. **Contracts Register**

7. **Financial Report**

APOLOGIES

At the time of going to print, no apologies had been received.

SOUTHERN DISTRICT HEALTH BOARD

Title:	**INTERESTS REGISTERS**
Report to:	Disability Support and Community & Public Health Advisory Committees
Date of Meeting:	27 July 2016

Summary:

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

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 since the last meeting:

- Entries in the Executive Management Team Register updated for Nigel Millar, Nicola Mutch and Lynda McCutcheon.

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

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

Prepared by:

Jeanette Kloosterman
Board Secretary

Date: 18/07/16

RECOMMENDATION:

1. **That the Interests Registers be received and noted.**

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
COMMISIONER TEAM CONSULTANT/CHAIR FAR COMMITTEE

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
Kathy GRANT	25.06.2015	Chair, Otago Polytechnic	Southern DHB has agreements with Otago Polytechnic for clinical placements and clinical lecturer cover.	
(Commissioner)	25.06.2015	Director, Dunedin City Holdings Limited	Nil	
	25.06.2015	Trustee, Sport Otago	Nil	
	25.06.2015	Trustee of numerous private trusts	Nil	
	25.06.2015	Consultant, Gallaway Cook Allan	Nil	
	25.06.2015	Dunedin Sinfonia Board	Nil	
	25.06.2015	Director, Dunedin City Treasury Limited	Nil	
	25.06.2015	Director, Dunedin Venues Limited	Nil	
		Spouse:		
	25.06.2015	Partner, Gallaway Cook Allan	Nil	
	25.06.2015	Chair, Slinkskins Limited	Nil	
	25.06.2015	Chair, Parkside Quarries Limited	Nil	
	25.06.2015	Director, South Link Health Services Limited	A SLH entity, Southern Clinical Network, has applied for PHO status.	Step aside from decision-making (refer Commissioner's meeting minutes 02.09.2015).
	25.06.2015	Board Member, Warbirds Over Wanaka Community Trust	Nil	
	25.06.2015	Director, Warbirds Over Wanaka Limited	Nil	
	25.06.2015	Director, Warbirds Over Wanaka International Airshows Limited	Nil	
	25.06.2015	Board Member, Leslie Groves Home & Hospital	Leslie Groves has a contract with Southern DHB for aged care services.	
	25.06.2015	Board Member, Dunedin Diocesan Trust Board	Nil	
	25.06.2015	Director, Nominee companies associated with Gallaway Cook Allan	Nil	
	25.06.2015	Trustee of numerous private trusts	Nil	
	25.06.2015 (updated 22.04.2016)	President, Otago Racing Club Inc.	Nil	
Graham CROMBIE	27.06.2015	Independent Director, Surf Life Saving New Zealand	Nil	
(Deputy Commissioner)	25.06.2015	Chairman, Dunedin City Holdings Ltd	Nil	
	25.06.2015	Chairman, Otago Museum	Nil	
	25.06.2015	Chairman, New Zealand Genomics Ltd	Nil	
	25.06.2015	Independent Chairman, Action Engineering Ltd	Nil	
	25.06.2015	Trustee, Orokonui Foundation	Nil	
	25.06.2015	Chairman, Dunedin City Treasury Ltd	Nil	
	25.06.2015	Chairman, Dunedin Venues Ltd	Nil	
	25.06.2015	Independent Chair, Innovative Health Technologies (NZ) Ltd	Possible conflict if Southern DHB purchased this company's product.	

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
COMMISIONER TEAM CONSULTANT/CHAIR FAR COMMITTEE

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	25.06.2015	Associate Member, Commerce Commission	Potential conflict if complaint made against Southern DHB.	
Angela PITCHFORD (Deputy Commissioner)	03.08.2015	National Clinical Director of Emergency Department Services, Ministry of Health (2/10ths).	Target Champion for 'Shorter Stays in Emergency Departments' Health Target	
Richard THOMSON (Deputy Commissioner)	13.12.2001	Managing Director, Thomson & Cessford Ltd	Thomson & Cessford Ltd is the company name for the Acquisitions Retail Chain. Southern DHB staff occasionally purchase goods for their departments from it.	
	13.12.2002	Chairperson and Trustee, Hawksbury Community Living Trust.	Hawksbury Trust runs residential homes for intellectually disabled adults in Otago and Canterbury. It does not have contracts with Southern DHB.	
	23.09.2003	Trustee, HealthCare Otago Charitable Trust	Health Care Otago Charitable Trust regularly receives grant applications from staff and departments of Southern DHB, as well as other community organisations.	
	06.04.2011	Councillor, Dunedin City Council		
	05.02.2015	One immediate family member is an employee of Dunedin Hospital (Anaesthetic Technician)		
	07.10.2015	Southern Partnership Group	The Southern Partnership Group will have governance oversight of the CSB rebuild and its decisions may conflict with some positions agreed by the DHB and approved by the Commissioner team.	
Susie Johnstone	21.08.2015	Independent Chair, Audit & Risk Committee, Dunedin City Council	Nil	
(Consultant, Finance Audit & Risk Committee)	21.08.2015	Trustee, Community Trust of Otago	Southern DHB may apply for funding.	
	21.08.2015	Board Member, REANNZ (Research & Education Advanced Network New Zealand)	Nil	
	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.	

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
COMMISIONER TEAM CONSULTANT/CHAIR FAR COMMITTEE

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
		Spouse is Consultant/Advisor to:		
	21.08.2015	Tuapeka Community Health Co Ltd & Tuapeka Health Incorporated	Tuapeka Community Health Co Ltd & Tuapeka Health Incorporated have a contract with Southern DHB.	
	21.08.2015	Wyndham & Districts Community Rest Home Inc	Wyndham & Districts Community Rest Home Inc has a contract with Southern DHB.	
	21.08.2015	Roxburgh District Medical Services Trust	Roxburgh District Medical Services Trust has a contract with Southern DHB.	
	21.08.2015	West Otago Health Ltd & West Otago Health Trust	West Otago Health Ltd & West Otago Health Trust have a contract with Southern DHB.	
	21.08.2015	A number of primary health care providers in rural Otago	All of the primary health provider clients in rural Otago are likely to have a contract through Southern DHB and/or the WellSouth Primary Care Network.	
	21.08.2015	Director, Clutha Community Health Co. Ltd	Clutha Community Health Co. Ltd has a contract with Southern DHB.	
		Daughter:		
	21.08.2015	3rd Year Medical School Student		

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE MANAGEMENT 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
Sandra BOARDMAN	07.02.2014	Nil	
Pania COOTE	26.05.2016	Ngai Tahu registered.	Nil
	30.09.2011	Member, Southern Cancer Network	Nil
	30.09.2011	Member, Aotearoa New Zealand Association of Social Workers (ANZASW)	Nil
	30.09.2011	Member, SIT Social Work Committee	Nil
	29.06.2012	Member, Te Waipounamu Māori Cancer Leadership Group	Nil
	26.01.2015	National Māori Equity Group (National Screening Unit) – MEG.	Nil
	26.01.2015	SDHB Child and Youth Health Service Level Alliance Team	Nil
Richard BUNTON	17.03.2004	Managing Director of Rockburn Wines Ltd	The only potential conflict would be if the Southern DHB decided to use this product for Southern DHB functions.
	17.03.2004	Director of Mainland Cardiothoracic Associates Ltd	This company holds the Southern DHB contract for publicly funded Cardiac Surgery. Potential conflict exists in the renegotiation of this contract.
	17.03.2004	Director of the Southern Cardiothoracic Institute Ltd	This company provides private cardiological services to Otago and Southland. A potential conflict would exist if the Southern DHB were to contract with this company.
	17.03.2004	Director of Wholehearted Ltd	This company is one used for personal trading and apart from issues raised in second line above no conflict exists.
	22.06.2012	Chairman, Board of Cardiothoracic Surgery, RACS	No conflict.
	29.04.2010	Trustee, Dunedin Heart Unit Trust	No conflict.
	29.04.2010	Chairman, Dunedin Basic Medical Sciences Trust	No conflict.
Carole HEATLY	11.02.2014	Trustee, Southern Health Welfare Trust	Southland Hospital Trust.

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE MANAGEMENT TEAM

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
Lynda McCUTCHEON	22.06.2012	Member of the University of Otago, School of Physiotherapy, Admissions Committee	Lead contact for University of Otago undergraduate clinical placements (Allied Health, Scientific & Technical professions) in Southern DHB.
	19.08.2015	Member of the National Directors of Allied Health	Nil
	04.07.2016	NZ Physiotherapy Board: Professional Conduct Committeee (PCC) member	No perceived conflict. If complaint involves SDHB staff member or contractor, will not sit on PCC.
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 assesemnt 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 conent in the Atlas may adversly affect the SDHB.
Nicola MUTCH	16.03.2016	Member, International Nominations Committee, Amnesty International	Nil
		Deputy Chair, Dunedin Fringe Trust	Nil

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE MANAGEMENT TEAM

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

Southern District Health Board

Minutes of the Joint Meeting of the Disability Support Advisory Committee and Community & Public Health Advisory Committee held on Tuesday, 21 June 2016, commencing at 9.50 am, in the Board Room, Wakari Hospital Campus, Dunedin

Present:	Mrs Kathy Grant	Commissioner
	Mr Graham Crombie	Deputy Commissioner (until 12 noon)
	Mr Richard Thomson	Deputy Commissioner
In Attendance:	Mrs Lexie O'Shea	Acting CEO/Chief Operating Officer
	Mrs Sandra Boardman	Executive Director Planning & Funding
	Dr Nigel Millar	Chief Medical Officer
	Mrs Leanne Samuel	Executive Director Nursing & Midwifery
	Mr Clive Smith	Chief Financial Officer (until 12 noon)
	Ms Jane Wilson	Implementation Manager, Commissioner's Office
	Ms Jeanette Kloosterman	Board Secretary

1.0 WELCOME

The Commissioner welcomed everyone to the meeting.

2.0 APOLOGIES

Apologies were received from Dr Angela Pitchford, Deputy Commissioner, and Ms Carole Heatly, Chief Executive Officer.

3.0 DECLARATION OF INTERESTS

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

4.0 PREVIOUS MINUTES

Correction: It was noted that the date of the previous meeting was 25 May 2016.

Recommendation:

> **"That the minutes of the meeting held on 25 May 2016 be approved and adopted as a true and correct record."**

Agreed

5.0 REVIEW OF ACTION SHEET

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

Unconfirmed

Home and Community Support Services Triage Process

The Executive Director Planning & Funding reported that the Needs Assessment and Service Co-ordination (NASC) services were working towards completing assessments for all categories of clients within specified timeframes, and an update would be provided at the next meeting.

6.0 REVIEW OF TERMS OF REFERENCE

The Committees reviewed their terms of reference and a recommendation that they meet again in July, in Invercargill, then bimonthly thereafter (tab 6).

Recommendation:

> **"That the Commissioner approve the amended terms of reference and meeting dates for the Disability Support and Community & Public Health Advisory Committees."**

Agreed

7.0 PLANNING AND FUNDING REPORT

In presenting the monthly report of Planning & Funding activities (tab 7), the Executive Director Planning & Funding (EDP&F) highlighted and provided updates on the following items.

- The Outpatients Project group had identified five key areas to focus on that would facilitate implementation of the plan. An update would be provided at the July meeting.
- The Radiology Systems Project group had commenced work on three work streams, including process mapping a single point of entry.
- The Health of Older People team would be presenting a model options paper to the Alliance Leadership Team and the result of that would be brought to the Disability Support Advisory Committee.
- A business case for the development of a Primary Options for Acute Care (POAC) Service would be presented to the Alliance Leadership Team in a couple of weeks' time.
- The Health Outcomes Framework was progressing well and would be used to focus the work of the Long Term Conditions Team, particularly on supporting people with multiple conditions.
- WellSouth were engaging additional clinical pharmacists to help patients manage their conditions in the community.

In response to concerns about the extension of timeframes for the Raise HOPE Growing Community Rehab Options project, the Executive Manager Planning & Funding advised that she believed they were still on track and were looking at whether additional resources were required for implementation.

Unconfirmed

TeleHealth

The Executive Director Planning & Funding reported that the DHB had invested almost $500k in TeleHealth and explained how this was being used to provide consultations for people living in rural communities.

Waitaki

The Executive Director Planning & Funding reported that discussions were continuing with the Waitaki community and health service providers. Patient journeys had been mapped to see how patients flow through the system and how that could be improved. A workshop was now planned to engage with the wider public, GPs, Waitaki District Health Service and Southern DHB staff.

Recommendation:

> **"That the report be noted."**

Agreed

8.0 QUARTER THREE 2015/16 PERFORMANCE REPORT

An overview of performance against Quarter Three 2015/16 health targets and indicators of DHB performance (tab 8) was taken as read.

Better Help for Smokers to Quit

The Executive Director Planning & Funding highlighted that Southern DHB had been ranked second out of 20 DHBs for the Primary Care 'Better Health for Smokers to Quit' Health Target. The Commissioner advised that she had conveyed the DHB's congratulations to the Chair and CEO of WellSouth Primary Health Network.

The Executive Director Nursing & Midwifery reported that the Secondary Care figures for the 'Better Health for Smokers to Quit' Health Target, including rural hospitals, had reached 93% the previous week. She advised that the small numbers in the rural hospitals meant that one or two patients being missed within a department could have a disproportionate effect on the overall result. Data on Lead Maternity Carers had been requested, as there was doubt about the accuracy of the figures reported.

Oral Health

The Chief Operating Officer reported that there had been some staffing challenges in the Community Oral Health Service but that was being rectified as Dental Therapists were recruited. The focus now was on catching up on children who had not been seen and a progress report would be submitted to the next Hospital Advisory Committee meeting.

Recommendation:

> **"That the Commissioner note the results for Quarter Three 2015/16 DHB Performance Reporting."**

Agreed

Unconfirmed

9.0 CONTRACTS REGISTER

The Funding contracts register as at June 2016 was circulated with the agenda (tab 9) for information.

Recommendation:

"That the Contracts Register be noted."

Agreed

10.0 FINANCIAL REPORT

The Executive Director Planning & Funding presented the Funder financial results for May 2016 (tab 10).

Recommendation:

"That the report be received."

Agreed

CONFIDENTIAL SESSION

At 10.20 am, it was resolved that the Disability Support and Community & Public Health Advisory Committees reconvene at the conclusion of the public excluded section of the Hospital Advisory Committee meeting and move into committee to consider the agenda items listed below.

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.
2. Confidential Planning & Funding Report ▪ Contract Negotiations	To allow activities and negotiations (including commercial and industrial negotiations) to be carried on without prejudice or disadvantage.	Sections 9(2)(i) and 9(2)(j) of the Official Information Act (OIA) 1982.
3. Draft 2016/17 Annual Plans	Annual Plan is subject to Ministerial approval.	Section 9(2)(f) of the OIA.
4. Contract Approvals	To allow activities and negotiations (including commercial negotiations) to be carried on without prejudice or disadvantage.	Section 9(2)(j) of the OIA.

Confirmed as a true and correct record:

Commissioner: ______________________________ Date: ___________________

Unconfirmed

5.1

SOUTHERN DISTRICT HEALTH BOARD

Title:	**Planning and Funding Report**	
Report to:	Disability Support and Community & Public Health Advisory Committees	
Date of Meeting:	27 July 2016	
Summary: Monthly report on the Planning and Funding activities and progress to date.		
Specific implications for consideration (financial/workforce/risk/legal etc.):		
Financial:	N/A	
Workforce:	N/A	
Other:	N/A	
Document previously submitted to:	N/A	**Date:** N/A
Approved by Chief Executive Officer:	N/A	**Date:** N/A
Prepared by: Planning & Funding Team **Date:** 15 July 2016	**Presented by:** Sandra Boardman Executive Director Planning & Funding	
RECOMMENDATION: **That the Commissioner and Deputy Commissioners note the content of this paper.**		

PLANNING AND FUNDING REPORT
June 2016

Service/Quality Improvement Initiatives

Primary Health

Clinical Pharmacists: Interviews conducted 6 July 2016 to appoint to the additional 4.0 FTE approved by SDHB in June 2016.

System Level Measures (value and high performance of the Health System): Workshop set for 13 July 2016 for SDHB and WellSouth to commence planning for the Improvement Plan to be submitted to the Ministry of Health by October 2016.

Health of Older People

Age Related Residential Care: Ryman's Frances Hodgkins Rest Home in Dunedin received a four year certification after an audit with no findings and four recognised Continuous Improvements in the areas of good practice, falls prevention programme, induction programme and infection surveillance.

Palliative Care: Using new funding from Ministry, Hospice Southland and Otago Community Hospice are offering a new Palliative Care Service to support Aged Care Facilities in delivering quality end of life care. This initiative is in place in Southland and has received excellent support.

Child, Youth and Maternity

Primary Maternity Services: The primary maternity services project is about how to configure a network of primary birthing facilities that is clinically effective, supports convenient access for women and clinicians, best utilises equipment and resources and lives within funding means available.

Data analysis, to inform decision making is progressing according to plan. A small Steering Group has been established with two independent midwives engaged to help inform and support processes and engagement.

A number of community consultation meetings are being planned to occur across the district to engage with consumers, midwives and primary facility providers. Meetings are likely to be held in early September.

Radiology Systems Project: Detailed work under the three workstreams continues. One key area is developing the process by which General Practitioners will access radiology services for their patients. The project group has identified an initial range of clinical conditions to focus on. Another area of focus is in developing detailed mapping of the current process of how requests for radiology services are managed through the current system; building this understanding

will assist the workstream developing the concept of a Single point of Entry (SPOE) to radiology services.

The project group has also identified a need for data modelling anticipated future demand for services so that capacity for delivery of service can be matched to expected demands. This analysis will be undertaken over the next few weeks.

Outpatient Project: The project was discussed at the Southern Hospitals Executive Committee meeting on 30 June 2016. A direction forward was agreed using the cardiology service as a pilot, the aim being to improve overall access to cardiology services within the district. It is anticipated that the lessons learned through the cardiology pilot will be able to be applied to other services.

Other Strategic Priorities

Ministry of Health requirements

Social Sector Trials: Over the last month both the South Dunedin and Gore Social Sector Trials have continued to work on their models for community led ownership.

At the recent South Dunedin Social Sector Trial meeting, the small Steering Group (sub-group of the main Advisory Group) presented its final report (Developing Community-Led, Collaborative Approaches: Improving Outcomes for Dunedin's Vulnerable Youth) to the BASE Advisory Group. A consensus was reached to support the recommendations included in the report. Members of the Advisory Group were then asked to seek and confirm their organisations support for the recommendations. Another meeting is to be held on 27 June to consider the next steps in more depth so that a clear way forward is identified.

The Gore Social Sector Trial has completed a scoping document to conceptualise an overarching framework that facilitates an integrated approach to ensure children and young people (aged 5-24 years) in the Gore district are resilient, healthy and safe members of the community who have the skills and support necessary to achieve success in all aspects of their lives. This will also support the move to a community led initiative.

Human Papillomavirus (HPV) Programme in 2017 and 2018 (calendar year to reflect that this is a school based programme): PHARMAC have released a consultation paper on proposed vaccine schedule changes for 2017. One of the changes is to replace the current quadrivalent Gardasil vaccine with the Gardasil 9 vaccine that protects against the most common strains of HPV that cause cervical, genital and anal cancers and genital warts. A Changed Medicine Notification has been lodged with Medsafe to change the regimen from three dose to two dose schedule for children aged 14 years and under. If approval is obtained from Medsafe, PHARMAC will recommend that Gardasil 9 vaccine be approved for both a two dose and three dose HPV schedule.

Currently, nurses visit schools to deliver the HPV programme - girls in year 8 receive three doses of the HPV vaccine. In 2017 the HPV two dose schedule will be delivered to boys and girls. In 2018 the school based programme will change again to deliver an initial dose of HPV to girls and boys in year 7 as well as a two dose schedule for boys and girls in year 8. Thereafter, boys and girls will begin the 2 dose schedule in year 7 with the second dose administered in year 8. These proposals are still subject to approval by Medsafe and PHARMAC.

The benefits of the change will mean a reduction in school visits, improved use of resources, streamlined services and opportunities for increasing the HPV immunisation coverage.

The MoH recognises there is also opportunity to move the School Based Immunisation Programme to be delivered in year seven when the Tdap vaccine is delivered in other districts, but in 2017 the first change will occur i.e. HPV vaccinations delivered to girls and boys. Planning for this change is currently occurring. Southern DHB will need to consider if delivery of Tdap, which is currently delivered in primary care, should change to be part of the school based programme and how this would be managed.

Living within Our Means

Waitaki Review of Services: Four successful workshops have now been held with the Waitaki Review Group. On 28 June a day of community, staff and provider meetings were held to share the preliminary ideas from the group. Initial ideas are grouped under the six themes of coordinated urgent care, services closer to home, community based services, improved post hospital discharge, system communication and coordination, and workforce. The group will produce a draft report by 15 July for consideration by both the Waitaki District Health Services Board and the SDHB Commissioners. The report will likely focus on recommendations to support the development of a community care hub and local single point of entry for enhanced community service provision, workforce planning for the future, primary and hospital options for urgent care including the ED model, and how services can better meet the needs of the frail elderly people and patients with more than one chronic condition.

Home & Community Support Services: Contract Variations for 16/17 are agreed for the Bulk-Funded Health of Older Peoples' (HOP) Restorative Services and the Fee for Service agreements for Short-Term, Palliative, Long Term Support/Chronic Health Conditions and Mental Health & Addictions. Additional monies have been invested in the HOP Services to account for an increased number of clients.

Age Related Residential Care (ARRC): Please see Appendix 1. Expenditure continues under budget for Age Related Residential Care.

Appendix 1: Southern Residential Care June 16

Rest Home Level - 6640 | Hospital Level - 6650

	Rest Home Beds Actual	Budget	Variance		Hospital Care Beds Actual	Budget	Variance	
June 16 - Bed nights	31,350	32,933	1,583	Fav	28,110	30,540	2,430	Fav
YTD - Bed nights	385,091	393,983	8,892	Fav	342,629	360,565	17,936	Fav
June 16 - Beds per day	1,045	1,097.77	53	Fav	937	1,018	81	Fav
YTD - Beds per day	1,052	1,076.46	24	Fav	936	985	49	Fav

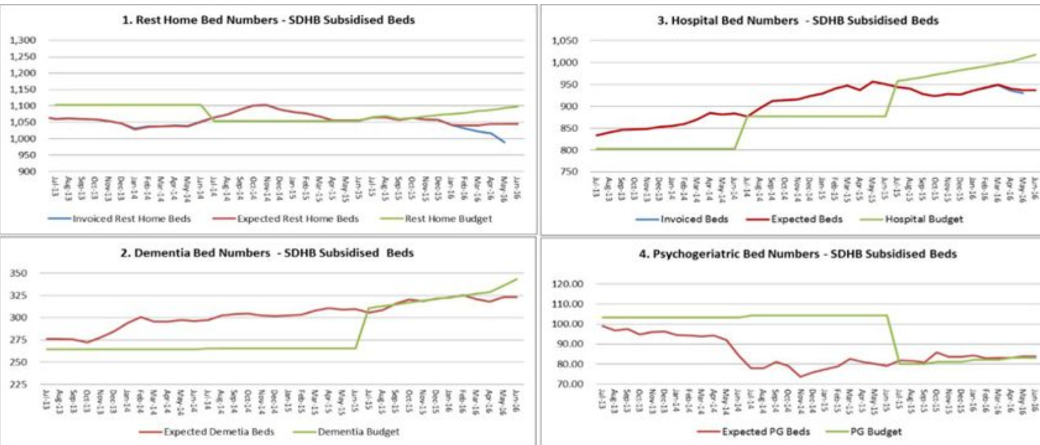
	Dementia Beds Actual	Budget	Variance		Psychogeriatric Beds Actual	Budget	Variance	
June 16 - Bed nights	9,690	10,287	597	Fav	2,514	2,494	- 20	Unfav
YTD - Bed nights	116,584	118,256	1,672	Fav	30,453	29,879	- 574	Unfav
June 16 - Beds per day	323	342.90	20	Fav	84	83	- 1	Unfav
YTD - Beds per day	319	323	5	Fav	83	82	- 2	Unfav

Total Beds	Total 6640 Actual	Budget	Variance		Total 6650 Actual	Budget	Variance	
June 16 - Bed nights	41,040	43,220	2,180	Fav	30,624	33,034	2,410	Fav
YTD - Bed nights	501,676	512,239	10,564	Fav	373,082	390,444	17,362	Fav
15 /16 YE Forecast - Bed nights	501,676	512,239	10,564	Fav	373,082	390,444	17,362	Fav

Finanical Year-General Ledger	Actual	Budget	Variance		Actual	Budget	Variance	
11/12 Year	35,731,858	34,169,680	- 1,562,178	Unfav	40,489,080	39,188,664	- 1,300,416	Unfav
12/13 Year	34,889,991	36,213,476	1,323,485	Fav	42,364,651	41,939,535	- 425,116	Unfav
13/14 Year	34,459,963	35,880,081	1,420,118	Fav	44,844,798	42,713,656	- 2,131,142	Unfav
14/15 Year	39,203,324	35,274,468	- 3,928,855	Unfav	46,775,238	46,415,737	- 359,501	Unfav
15/16 YTD	38,081,925	39,324,010	1,242,085	Fav	47,345,042	49,804,266	2,459,224	Fav

Variance Analysis -YTD vs Budget			14/15 FY		15/16 Estimate	
YTD Rest Home - Price Variance	174,375	Fav	- 760,717	Unfav	**174,375**	**Fav**
YTD Dementia - Price Variance	- 163,807	Unfav	137,751	Fav	**- 163,807**	**Unfav**
YTD Rest Home - Volume Variance	626,763	Fav	- 546,674	Unfav	**626,763**	**Fav**
YTD Dementia - Volume Variance	151,261	Fav	- 1,305,741	Unfav	**151,261**	**Fav**
YTD LTS-CHC Variance	428,716	Fav	- 214,408	Unfav	**428,716**	**Fav**
Variance -$ Service vs Budget	**1,217,308**	**Fav**				
Other (over accrual 14/15 $100)	24,776	Fav	- 1,239,066.10		**24,776**	
Variance - $ Ledger vs Budget (as per accounts)	**1,242,085**	Fav	**- 3,928,855**	Unfav	**1,242,085**	**Fav**

Variance Analysis - YTD vs. Budget			14/15 FY		15/16 Estimate	
YTD Hospital Care - Price Variance	- 136,433	Unfav	1,401,927	Fav	**- 136,433**	**Unfav**
YTD Psychogeriatric - Price Variance	107,983	Fav	- 4,569	Unfav	**107,983**	**Fav**
YTD Hospital Care - Volume Variance	2,217,048	Fav	- 2,242,334	Unfav	**2,217,048**	**Fav**
YTD Psychogeriatric - Volume Variance	- 87,071	Unfav	1,386,976	Fav	**- 87,071**	**Unfav**
YTD LTC-CHC Variance	129,845	Fav	- 370,375	Unfav	**129,845**	**Fav**
Variance -$ Service vs Budget	**2,231,373**	Fav				
Other (Over Accrual 14/15 $200)	227,851	Fav	- 531,126		**227,851**	
Variance - $ Ledger vs Budget (as per accounts)	**2,459,224**	Fav	**- 359,501**	Unfav	**2,459,224**	**Fav**



Aged Residential Care – Performance against budget – Risks and mitigants

• Calculation of Accrual:

Volume: The month of payment is often not the month of service due to the nature of the invoicing systems and processes. To accurately calculate the correct accrual care is needed to predict the current and prior month's volumes. SDHB have created a model to help predict volume of ARC categories (basis for accrual calculations).

Average subsidy levels: The average subsidy paid by SDHB changes every month, primarily due to the mix of Maximum Contributors (residents who do not qualify for Residential Care Subsidy) & Subsidised Residents changing constantly.

• Nature of service: ARC is a demand driven service, where (subject to needs assessment and availability of beds) the DHB is obliged to pay for residents care (less resident contribution).

• The utilisation of ARC facilities can be seasonal and somewhat variable and illnesses that affect the older people population can have major impact on level of utilisation. This winter we experienced a relatively severe "flu season" and we are still uncertain how this will affect utilisation. On one hand utilisation could go down if existing residents passed away due to the flu but on the other hand utilisation could go up if older people in the community become unwell to a degree that they needed to be admitted to an ARC facility. Due to invoicing lag it maybe some months until we can be certain of the level of ARC utilisation.

• Supply induced demand: SDHB has found from recent experience that an increase in supply of ARC beds will increase the demand for these beds. SDHB has improved budgeting processes and now factors in known bed increases/changes.

Data Table

Month	Days in month	Invoiced: Rest Home Southern	Invoiced: Dementia Beds Southern	Invoiced: Total Rest Home and Dementia	Expected: Rest Home Southern	Expected: Dementia Beds Southern	Expected: Total Rest Home and Dementia	Budget: Rest Home Southern	Budget: Dementia Beds Southern	Budget: Total Rest Home and Dementia	Bed days: # Rest Home Bed Days	Bed days: # Dementia Beds Days	Bed days: Total bed days	Avg DHB Subsidy $: Rest Home	Avg DHB Subsidy $: Dementia	DHB Subsidy $ Budget: Rest Home	DHB Subsidy $ Budget: Dementia	Total $ based on month of service: Rest Home	Dementia	Total	SERVICE BASED ON FORECAST BEDS	General ledger	Budget	Variance Service vs Ledger	Variance Ledger vs budget
11/12 Total		**425,318**	**92,222**	**517,540**				**408,333**	**89,208**	**497,541**	**13,985**	**3,033**	**17,019**	**65.61**	**86.04**	**-**	**-**	**27,907,275**	**7,931,516**	**35,838,791**		**35,731,858**	**34,169,680**	**106,933**	**1,562,178**
12/13 Total		**400,526**	**94,862**	**495,388**				**415,600**	**90,353**	**505,953**	**13,165**	**3,119**	**16,284**	**66.26**	**90.70**	**-**	**-**	**26,538,971**	**8,602,714**	**35,141,685**		**34,889,991**	**36,213,476**	**251,694**	**- 1,323,485**
13/14 Total		**382,691**	**104,680**	**487,130**				**402,310**	**96,448**	**498,758**	**12,581**	**3,443**	**16,016**	**66.10**	**89.92**	**67.00**	**92.55**	**25,297,603**	**9,412,109**	**34,709,712**		**34,459,963**	**35,880,081**	**- 249,749**	**1,420,118**
14/15 Total		**392,883**	**111,208**	**504,091**				**384,754**	**96,951**	**481,705**	**12,917**	**3,656**	**16,573**	**69.18**	**90.35**	**67.25**	**91.59**	**27,180,822**	**10,047,544**	**37,964,257**		**39,203,324**	**35,274,468**	**1,239,066**	**- 3,928,855**
Jul-15	31	33,013	9,486	42,498	33,013	9,486	42,498	33,045	9,638	42,682	1,065	306	1,371	70.26	92.12	70.49	90.46	2,319,527.60	873,819.63	3,249,038	3,249,038	3,318,403	3,271,784	69,365	- 46,619
Aug-15	31	33,023	9,564	42,586	33,023	9,564	42,586	33,169	9,700	42,868	1,065	309	1,374	70.18	92.55	70.49	90.46	2,317,447.53	885,130.16	3,254,934	3,254,934	3,408,809	3,286,133	153,875	- 122,676
Sep-15	30	31,718	9,469	41,187	31,718	9,469	41,187	31,793	9,447	41,240	1,057	316	1,373	70.15	92.39	70.49	90.46	2,225,021.51	874,835.76	3,138,738	3,138,738	3,129,217	3,164,015	- 9,521	34,798
Oct-15	31	32,967	9,925	42,892	32,967	9,925	42,892	32,991	9,824	42,815	1,063	320	1,384	70.13	91.63	70.49	90.46	2,311,961.52	909,351.75	3,257,099	3,257,099	3,303,028	3,284,831	45,929	- 18,197
Nov-15	30	31,778	9,555	41,333	31,778	9,555	41,333	32,033	9,567	41,600	1,059	319	1,378	70.21	92.40	70.49	90.46	2,230,981.49	882,911.29	3,145,994	3,145,994	3,166,169	3,191,788	20,175	25,619
Dec-15	31	32,794	9,968	42,762	32,794	9,968	42,762	33,239	9,948	43,187	1,058	322	1,379	70.31	93.00	70.49	90.46	2,305,614.23	927,039.26	3,263,749	3,263,749	3,171,459	3,313,530	- 92,290	142,071
Jan-16	31	32,304	9,999	42,303	32,304	9,999	42,303	33,363	10,010	43,373	1,042	323	1,365	70.35	92.21	70.49	90.46	2,272,547.82	922,030.64	3,227,193	3,227,193	3,254,062	3,331,242	26,869	77,181
Feb-16	29	29,909	9,393	39,302	30,160	9,425	39,585	31,284	9,422	40,706	1,031	324	1,355	70.31	91.60	70.49	90.46	2,102,884.29	860,378.54	2,994,800	3,015,416	3,047,413	3,127,812	31,996	80,399
Mar-16	31	31,693	9,908	41,601	32,240	9,951	42,191	33,611	10,134	43,745	1,022	320	1,342	70.43	91.25	70.49	90.46	2,232,155.52	904,125.18	3,166,334	3,208,745	3,150,466	3,359,941	- 58,279	209,475
Apr-16	30	30,492	9,505	39,997	31,350	9,540	40,890	32,633	9,867	42,500	1,016	317	1,333	69.35	91.25	70.49	90.46	2,114,652.21	867,331.25	3,009,642	3,072,306	3,043,181	3,264,474	- 29,125	221,294
May-16	31	30,652	9,950	40,602	32,395	10,013	42,408	33,890	10,413	44,303	989	321	1,310	69.35	91.00	70.49	90.46	2,125,732.43	905,450.00	3,059,763	3,186,357	3,055,460	3,404,846	- 130,897	349,386
Jun-16	30	17,260	5,842	23,102	31,350	9,690	41,040	32,933	10,287	43,220	575	195	770	69.40	91.00	70.49	90.46	1,197,865.13	531,622.00	1,758,068	3,086,061	3,034,259	3,323,614	- 51,802	289,356
15/16 YTD		**367,603**	**112,563**	**480,167**	**385,091**	**116,584**	**501,676**	**393,983**	**118,256**	**512,239**	**12,044**	**3,689**	**15,733**	**70.07**	**91.90**	**70.49**	**90.46**	**25,756,391**	**10,344,025**	**36,525,351**	**38,105,630**	**38,081,925**	**39,324,010**	**- 23,705**	**1,242,085**

Data Table

Month	Days in month	Invoiced: Hospital Care	Invoiced: Psychogeriatric	Invoiced: Total Hospital and Psychogeriatric	Expected: Hospital Care	Expected: Psychogeriatric	Expected: Total Hospital and Psychogeriatric	Budget: Hospital Care	Budget: Psychogeriatric	Budget: Total Hospital and Psychogeriatric	Bed days: # Hospital Care Bed Days	Bed days: # Psychogeriatric Beds Days	Bed days: Total bed days	Avg DHB Subsidy $: Hospital Care	Avg DHB Subsidy $: Psychogeriatric	DHB Subsidy $ Budget: Hospital Care	DHB Subsidy $ Budget: Psychogeriatric	Total $ based on month of service: Hospital Care	Psychogeriatric	Total	SERVICE BASED ON FORECAST BEDS	General ledger	Budget	Variance Service vs. Ledger	Variance Ledger vs. budget
11/12 Total		**286,188**	**35,836**	**322,024**				**271,284**	**36,912**	**308,196**	**9,411**	**1,178**	**10,590**	**123.69**	**147.50**	**-**	**-**	**35,398,400**	**5,285,054**	**40,683,455**		**40,489,080**	**39,188,664**	**194,375**	**1,300,416**
12/13 Total		**295,187**	**37,233**	**332,420**				**289,005**	**37,340**	**326,345**	**9,707**	**1,224**	**10,931**	**125.56**	**149.59**	**-**	**-**	**37,065,204**	**5,569,574**	**42,634,779**		**42,364,651**	**41,939,535**	**270,127**	**425,116**
13/14 Total		**313,255**	**34,480**	**347,735**				**293,165**	**37,674**	**330,839**	**10,300**	**1,133**	**11,433**	**125.23**	**146.70**	**126.38**	**150.32**	**39,226,272**	**5,059,765**	**44,286,037**		**44,844,798**	**42,713,656**	**558,761**	**2,131,142**
14/15 Total		**337,491**	**28,743**	**366,234**				**319,846**	**38,038**	**357,884**	**11,098**	**945**	**12,043**	**122.94**	**149.38**	**127.08**	**149.22**	**41,486,923**	**4,293,598**	**45,780,521**		**46,775,238**	**46,415,737**	**531,126**	**359,501**
Jul-15	31	29,259	2,541	31,800	29,259	2,541	31,800	29,667	2,484	32,151	944	82	1,026	123.93	148.57	123.61	151.72	3,626,045	377,513	4,003,559	4,025,792	3,995,083	4,100,880	- 30,709	105,797
Aug-15	31	29,150	2,527	31,677	29,150	2,527	31,677	29,822	2,484	32,306	940	82	1,022	123.88	148.38	123.61	151.72	3,611,172	374,953	3,986,125	4,006,587	3,761,245	4,120,039	- 245,342	358,794
Sep-15	30	27,843	2,424	30,267	27,843	2,424	30,267	29,010	2,404	31,414	928	81	1,009	123.56	148.26	123.61	151.72	3,440,184	359,386	3,799,570	3,819,371	3,870,891	4,005,675	51,520	134,784
Oct-15	31	28,635	2,659	31,294	28,635	2,659	31,294	30,132	2,515	32,647	924	86	1,009	123.44	149.25	123.61	151.72	3,534,823	396,848	3,931,671	3,960,479	4,015,345	4,163,061	54,866	147,716
Nov-15	30	27,845	2,511	30,356	27,845	2,511	30,356	29,310	2,434	31,744	928	84	1,012	123.57	150.55	123.61	151.72	3,440,772	378,019	3,818,791	3,848,017	3,909,737	4,047,400	61,721	137,663
Dec-15	31	28,728	2,594	31,322	28,728	2,594	31,322	30,442	2,515	32,957	927	84	1,010	124.13	147.19	123.61	151.72	3,565,896	381,810	3,947,706	3,978,026	3,944,629	4,201,380	- 33,398	256,752
Jan-16	31	29,015	2,612	31,627	29,015	2,612	31,627	30,597	2,546	33,143	936	84	1,020	124.21	145.86	123.61	151.72	3,604,027	380,975	3,985,003	4,015,350	3,977,100	4,230,597	- 38,250	253,497
Feb-16	29	27,303	2,405	29,708	27,347	2,405	29,752	28,768	2,382	31,150	941	83	1,024	124.44	146.01	123.61	151.72	3,397,585	351,146	3,748,731	3,782,626	3,841,366	3,974,955	58,740	133,589
Mar-16	31	29,415	2,573	31,988	29,450	2,573	32,023	30,907	2,546	33,453	949	83	1,032	124.90	146.83	123.61	151.72	3,673,956	377,789	4,051,745	4,091,236	3,981,354	4,268,916	- 109,882	287,562
Apr-16	30	28,072	2,495	30,567	28,200	2,495	30,695	30,060	2,494	32,554	936	83	1,019	124.00	148.31	123.61	151.72	3,480,905	370,038	3,850,944	3,899,910	3,914,190	4,154,301	14,281	240,111
May-16	31	28,836	2,598	31,434	29,047	2,598	31,645	31,310	2,577	33,887	930	84	1,014	124.00	149.45	123.61	151.72	3,575,664	388,283	3,963,947	4,023,710	4,150,181	4,323,434	126,471	173,253
Jun-16	30	16,911	1,474	18,385	28,110	2,514	30,624	30,540	2,494	33,034	564	49	613	124.00	149.45	123.61	151.72	2,096,964	220,296	2,317,260	3,894,996	3,983,920	4,213,628	88,924	229,708
15/16 YTD		**331,012**	**29,413**	**360,425**	**342,629**	**30,453**	**373,082**	**360,565**	**29,879**	**390,444**	**10,847**	**964**	**11,811**	**124.00**	**148.18**	**123.61**	**151.72**	**41,047,995**	**4,357,056**	**45,405,051**	**47,346,099**	**47,345,042**	**49,804,266**	**- 1,057**	**2,459,224**

5.2

SOUTHERN DISTRICT HEALTH BOARD

Title:	**PUBLIC HEALTH SERVICE REPORT**
Report to:	Community and Public Health Advisory Committee (CPHAC)
Date of Meeting:	27 July 2016

Summary:

Considered in these papers are:

- Public Health Service Activity
- Public Health Service Annual Plan 2016-17
- The financial information for the Public Health Service Annual Plan has been removed to protect the privacy of staff who may be directly identifiable from that information. This financial information is to be tabled in the closed section of the meeting.

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:** n/a
Approved by:	Elaine Chisnall General Manager, Women's, Children's, Public Health and Support Directorate	**Date:** June 2016

Prepared by:	**Presented by:**
Lynette Finnie, Service Manager, Public Health Service. Women's, Children's, Public Health and Support Directorate **Date:** 28/6/2016	Sandra Boardman Executive Director Planning & Funding

RECOMMENDATIONS:

1. **That CPHAC receives the Public Health Service Activity Report;**
2. **That the Commissioner endorses the Public Health Annual Plan 2016-17.**

Public Health Service Report to the Southern DHB
Community and Public Health Advisory Committee Report
27 July 2016

Measles
There is an outbreak of measles circulating in New Zealand at present. The first case associated with the outbreak was identified in March, and cases are still being notified. Confirmed case numbers are in excess of 70 and are mainly confined to the North Island. Cases have been predominantly in the 10 to 19 years of age cohort. A number of events have been identified involving this cohort over the next few months which will increase visitor flows through the district from high risk areas.

Although no cases have been confirmed in the Southern district, communicable disease staff have developed a communication strategy. Letters have been sent to principals of local schools and early childhood centres advising of the outbreak and encouraging them to ensure their immunisation registers are up to date. An item to be included in school newsletters was also provided. Clinical information and Ministry of Health advice regarding vaccination has been sent to general practices, as well as being posted on the Southern DHB website. A media release was prepared for inclusion in Better Health and wider distribution.

Contact tracing can be extensive for a single confirmed case, and would stretch the regular communicable disease team. Therefore a training session on the clinical symptoms and rationale for contact tracing has been held for staff likely to be recruited to provide surge capacity. This has been extremely well received.

Update on Smokefree Babies (Auahi Kore Mo Kā Pepi) Project
Southern DHB has high numbers of women who smoke during pregnancy and this project has been designed to encourage and support pregnant women and their family members to stop smoking. The project offers Nicotine Replacement Therapy and one-on-one support, including meetings, texts and phone calls. The women and their family members can earn vouchers from a variety of retailers if they remain smokefree (measured by carbon monoxide readings). The vouchers are non-redeemable for cash, tobacco and alcohol.

Initially participants were required to live in South Dunedin, Gore and Mataura but this was extended to Bluff, with assistance from local stop smoking services.

At the time of writing this report the project has been operating for 18 weeks.

- 100 people have been referred to the Programme (80 referrals were for pregnant women and 20 for supporting family members)
- 67 pregnant women are engaged in the programme and 10 supporting family members
- 18 pregnant women and 4 supporting family members remained quit at 4 weeks
- 2 pregnant women have remained quit at 12 weeks (a 2-4 week follow up will occur when the mother has delivered her baby).

As many women and their family members are only part way through the programme, the data is incomplete.

There has been good engagement with Māori with 19% of participants identifying as Māori, but low engagement with the Pacific community with 2% of participants.[1]

[1] Data from the last census reveals that in the Southern District Māori smoking prevalence is 29.9%; just under the national average for Maori which is 32.7% (there are 4908 Māori who smoke in the Southern district). Smoking prevalence for Pacific peoples is 24%, just over the national average which is 23.2% (there are 840 Pacific people who smoke in the Southern district).

Anecdotal evidence has highlighted the importance of the open and positive contact between staff and participants. Missed appointments and participants who are unable to be contacted are the exception rather than the rule. This is an important feature of the Smokefree Babies project as it seems to speak to not only the relationship staff build with participants but also the ownership they have of their smoking status as a health issue in pregnancy.

We are also encouraging any participants who will be bed sharing with their babies to apply for a Pepi-Pod which will assist in the safe sleep messages we are supporting.

Supporting the Department of Conservation's Battle for Our Birds Campaign

The Battle for our Birds campaign is a national pest control programme run by the Department of Conservation to protect our most vulnerable native bird species. In the last month Health Protection Officers have processed an increased number of applications to lay Vertebrate Toxic Agents (VTA's) to control vertebrate pests such as opossums, rabbits, rats, mice, ferrets, stoats and weasels. VTA's are usually cyanide or 1080 applied to bait that are either be placed in bait stations in areas being controlled, or can be applied by air (usually by helicopter).

The Health Protection Officers' role is to ensure that the public health risks from these operations are effectively addressed. Applications are assessed for control relating to public access, signage, the laying of toxins in relation to 'sensitive' activities (e.g. water supplies/walking tracks/huts) and the degree of public consultation required with affected stakeholders.

The increase in aerial 1080 applications is from operators working for the Department of Conservation's Battle for our Birds campaign. This campaign is in response to the beech mast season where it is anticipated vertebrate pest numbers (mice, rats, and mustelids) will increase substantially due to increased seed from prolific beech tree flowering. This can have a significant effect on our native bird populations.

In the last month applications have been received for applications in various locations in the Fiordland, and Aspiring National Parks as well as the Catlins Forest Park. Twenty-seven applications were processed in May and June, which is approximately four times the usual number.

Public Health Service Annual Plan 2016-2017

The Ministry of Health contracts the Public Health Service directly to deliver agreed services to the Southern population.

The 2016-2017 Southern DHB Public Health Annual Plan has been prepared in accordance with the requirements of the National Annual Planning Package for Public Health Units. This is structured around the five public health functions and uses Results Based Accountability to describe performance.

The plan has a population approach aiming to reduce inequalities and improve health outcomes for Māori and other vulnerable groups, and covers priority areas including reducing smoking, alcohol related harm and obesogenic environments.

Through our Health Promotion and Health Protection functions we aim to create and advocate for healthy social, physical and cultural environments.

The Annual Plan is attached for CPHAC endorsement.

5.3

Southern District Health Board
Public Health Annual Plan 2016-17

8 June 2016

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SOUTHERN DISTRICT HEALTH BOARD'S PUBLIC HEALTH PLAN FOR 2016–17

Southern DHB Vision:	Better Health, Better Lives, Whānau Ora
Southern DHB Mission:	We work in partnership with people and communities to achieve their optimum health and wellbeing.
The Southern Way:	The community and patients are at the centre of everything we do. We are a single unified DHB which values and supports its staff. We are a high performing organisation with a focus on quality. We provide clinically and financially sustainable services to the community we serve. We work closely with the entire primary care sector to provide the right care in the right place at the right time at the right time to improve the health of the community.

The vision and mission of Southern District Health Board (SDHB), encapsulates the aspirations of all the DHB's staff and services. With strong public health overtones, these aspirations are particularly relevant to the Public Health Service. The 2015-16 Public Health Service Annual Plan outlines the activities the Service intends to undertake in the coming year to make its contribution to this vision. This plan sits alongside the draft SDHB Annual Plan 2015-2016 and the draft SDHB Māori Health Plan 2015-2016.

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

- It describes public health services provided or funded by Southern DHB and its Public Health Unit.
- It describes key relationships with other agencies.
- It is based on a South Island planning template utilising the Core Public Health Functions framework.

Our Public Health Service

Southern DHB's Public Health Service is the largest provider of public health services within the Southern district with most work programmes funded by the Ministry of Health (MOH). This plan outlines activities planned for the 2015-2016 year intended to fulfil both our statutory and contractual obligations as holders of that contract.

PHS holds additional contracts funded by the MOH and SDHB. These include services under the Drinking Water Assistance programme, Health Promoting Schools, Primary and Secondary Better Help for Smokers to Quit Coordination, Suicide Prevention and Violence Intervention Programme contracts.

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

1. Well South
2. Papatipu runaka agencies –Te Ao Marama and Kai Tahu Ki Otago
3. Māori Providers – Uruuruwhenua Health; Nga Kete Matauranga Pounamu; Arai Te Uru Whare Hauora, Awarua Whānau Services, Te Roopu Tautoko Ki Te Tonga
4. Non-Government Organisations – Heart Foundation; Cancer Society; Regional Sports Trusts
5. Local government.

Demographics

The Southern DHB population is gradually increasing and is estimated to be 316,600 in 2018 and 338,800 in 2043 (Table 1). However, the average annual rate of population change is predicted to decrease, from 0.7% for the 5-year period preceding 2018 to just 0.1% for the 5-year period preceding 2043. In the short to medium term, annual population change rates differ by ethnicity, with higher rates among Māori, Pacific and Asian populations compared with the rest of the population (Figure 1). The aging population trend is expected to continue, with increased population proportion above 65 years (from 15.6% in 2013 to 25.1% in 2043) and increased median age (from 38.9 years in 2013 to 42.4 years in 2043). Compared with 2013, there will be fewer children and middle aged people, and substantially more people above retirement age in the 2023 population (Figure 2). Going forward, the Southern DHB can anticipate increased age-related population health needs.

5.3

Table 1 Southern District Health Board: Summary of Resident Total Population Projections, 2018–2043; 2013 Base

Year Ending 30 June	Resident Total Population	Population Change		Births		Deaths		Natural Increase	Population Change Due to:		Resident Total Population Age Distribution			Median Age (Years)
		Number (1)	Average Annual Rate (%)	Number (1)	Annual Rate (2)	Number (1)	Annual Rate (2)	(1)	Inter-Ethnic Mobility (3)	Net Migr-ation	0-14	15-64	65+	(4)
2013	306,400										18.4	66.1	15.6	38.9
Medium Projection: Assuming Medium Fertility, Medium Mortality, and Medium Migration														
2018	316,600	10,200	0.7	17,500	11.2	12,400	8.0	5,100	.	5,000	17.6	65.1	17.3	39.2
2023	322,900	6,300	0.4	17,700	11.1	12,900	8.1	4,800	.	1,500	17.1	63.3	19.6	39.6
2028	328,700	5,800	0.4	17,800	10.9	13,500	8.3	4,300	.	1,500	16.4	61.5	22.1	40.1
2033	333,400	4,700	0.3	17,700	10.7	14,400	8.7	3,200	.	1,500	16.2	60.1	23.7	40.9
2038	336,800	3,400	0.2	17,400	10.4	15,600	9.3	1,800	.	1,500	16.0	59.1	24.9	41.7
2043	338,800	2,000	0.1	17,200	10.2	16,700	9.9	500	.	1,500	15.8	59.1	25.1	42.4

(1) For 5-year period
(2) Number per 1000 mean resident population
(3) The net effect of people changing their ethnic group. Not applicable for the total population
(4) Half of the resident population is older than this age

Note: Owing to rounding, individual figures do not always sum to the stated totals.
These projections were produced in October 2014.

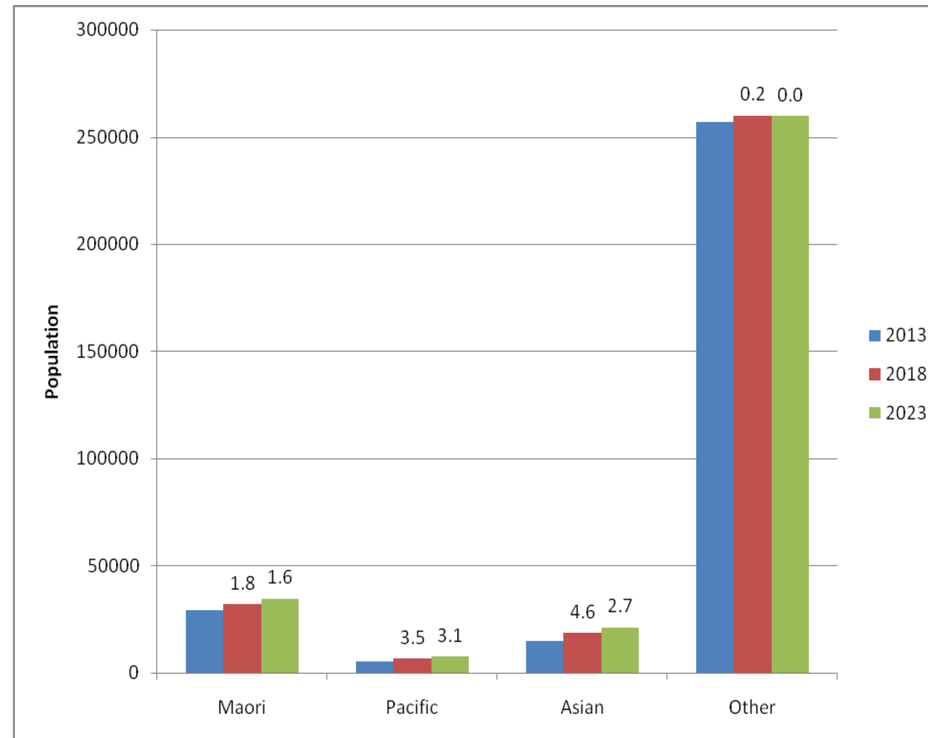

Figure 1. Southern DHB: Projected Total Population by Ethnicity, 2013 Base.
Bar labels show projected average annual rate of population change for the preceding 5-year period

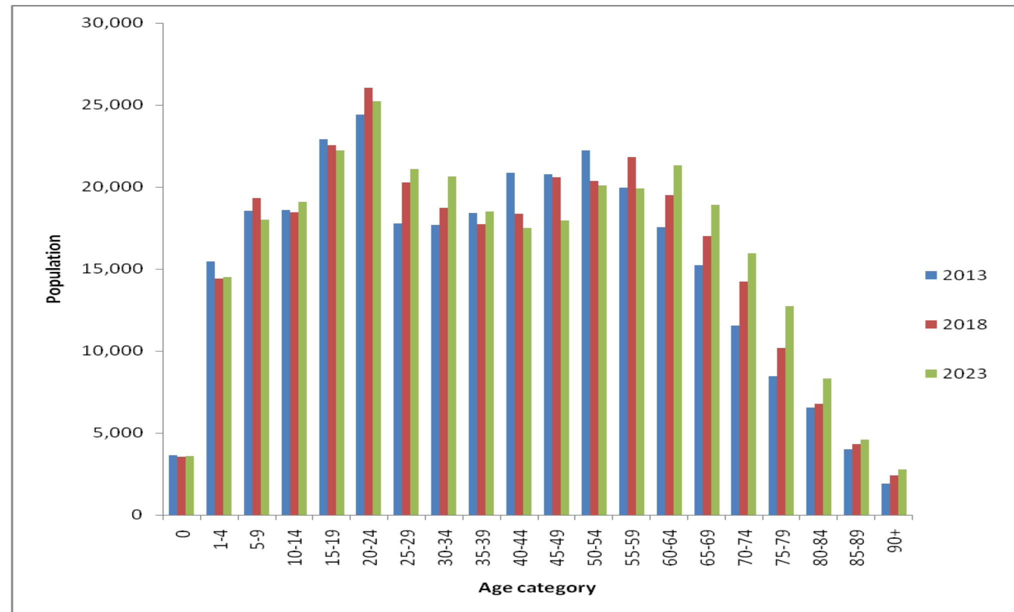

Figure 2. Southern DHB: Projected Total Population by Age, 2013 Base

Health Needs

Statistically significant differences between the SDHB population and the total New Zealand population aged 15 years and over have been identified in several areas of the New Zealand Health Survey 2011-2014 (age standardized).

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

- Be a current and/or daily smoker
- Display hazardous drinking behaviours
- Meet vegetable intake guidelines
- Be physically active

- Have diagnosed osteoarthritis
- Have visited a dental health care worker (dentate only).

People aged 15 years and over in Southern District are less likely to:
- Have visited after hours care in the past 12 months
- Have unmet need for a GP or after-hours care due to a lack of transport
- Have an unfilled prescription due to cost
- Usually only visit dental health care workers for dental problems, or never visits (dentate only).

Statistically significant differences between the results of the 2006/07 and the 2011-14 surveys among the SDHB population aged 15 years and over have been identified in several areas:
- More of the population is meeting physical activity guidelines
- The prevalence of diagnosed mood or anxiety disorder increased markedly (from 9.6% to 16.7% between surveys).

Looking deeper into some of these key areas for the SDHB we find:
- Smoking prevalence is much higher among Māori than non-Māori
- Hazardous drinking is more common among men and people in younger age groups
- Māori and non-Māori enjoy the same prevalence of meeting vegetable intake and physical activity guidelines
- As expected, osteoarthritis is more prevalent among woman and people in older age groups
- Osteoarthritis has a significant impact on woman 65 years or older, with a 41% prevalence recorded in this group
- The increased burden of diagnosed mood or anxiety disorder has fallen disproportionately on women, particularly those in younger age groups.

Public Health Approach

The work of PHS is underpinned by the public health principles of:
a. focusing on the health of **communities** rather than individuals
b. influencing **health inequalities**
c. basing practice on the best available **evidence**
d. building effective **partnerships** across the health sector and other sectors
e. Remaining **responsive** to new and emerging health threats.

Quality

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

- Improve the health of our population
- Improve the care experience by our patients
- Improve the efficiency of our DHB
- Improve learning opportunities for current and future staff.

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

Southern DHB's Strategic Direction

National context:

At the highest level DHBs are guided by the New Zealand Health Strategy (200), Disability Strategy (2000), and *He Korowai Oranga* - Māori Health Strategy (2014), refreshed NZ Health Strategy (when published), Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2014-18 and by the requirements of the New Zealand Public Health and Disability Act (2000). Southern DHB is also expected to meet Government commitments to: increase access to services and reduce waiting times; improved quality, patient safety and performance; and provide better value for money**.**

Alongside these national strategies and commitments, the Minister of Health's 'Letter of Expectations' and the National Health Board's planning guidelines signal annual priorities for the health sector. As part of the continuum of care for SDHB's population, public health action makes a contribution to each of the Minister's priorities and the National Health Targets.

Public health legislation provides a legal and administrative framework for managing risks, protecting public health and safety, implementing standards and informing the public about a range of public health and consumer issues and risks. PHUs implement legislation in accordance with Government and Ministry of Health policies and by following advice and direction from the Ministry including using relevant Ministry Manuals and Guidelines

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

Regional context:

In delivering the goal of '*better, sooner, more convenient health services'* the Government has clear expectations of increased regional collaboration and alignment between DHBs. SDHB is part of the South Island region along with Nelson Marlborough, Canterbury, West Coast, and South Canterbury DHBs. While each DHB is individually responsible for the provision of services to its own population, working regionally enables us to better address our shared challenges and support improved patient care and more efficient use of resources. Together the South Island DHBs have established the South Island Alliance; a partnership between the five DHBs that is committed to a '*best for patients, best for system*' framework and strong clinical engagement .

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

South Island Public Health Partnership

The Public Health Service's principal role in regional activity is as a member of the South Island Public Health Partnership, which aims for:
"A healthier South Island population through effective regional and local delivery of core public health functions."

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

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

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

Regional priorities for 2016-17[1] are:

1. Supporting and developing a Māori voice within the South Island Alliance.
2. Increasing awareness of the key Māori public health issues in the South Island.
3. Development of quality management systems.
4. Increased awareness around environmental sustainability and the co-benefits of action in this area for population health.
5. Active promotion of a Health in All Policies (HiAP) approach towards the environmental determinants influencing healthy weight, oral health, clean air, warm homes and alcohol harm reduction.
6. Monitoring South Island Rheumatic fever cases and supporting DHBs to have mechanisms in place to ensure the Rheumatic Fever Prevention and Management Plan is implemented as intended.

The template of this annual plan; the short term outcomes we are working towards and the accompanying short term outcome indicators were developed by members of the partnership and are used by each PHU for their plans.

Reporting against this plan will meet the requirements of the Ministry of Health reporting schedule and 'Vital few' reporting as outlined in the planning and reporting package for 2016-17.

Local Context:

Southern DHB's priorities for 2016-17 are guided by the Minister of Health's 'Letter of Expectations', the SI Regional Health Services Plan, and aligned with the needs of its community and patients and the organisation itself. At the higher level, the priorities facing SDHB are consistent with the rest of New Zealand.

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

- Southern Strategic Health Plan 2015
- Draft Southern DHB Annual Plan 2016-17
- Draft Southern DHB Māori Health Action Plan 2016-17
- Raise Hope Southern DHB's Mental Health and Addiction Strategic Plan
- Southern DHB Tobacco Control Plan 2015-18
- Southern DHB Performance Excellence and Quality Improvement Strategy

[1] South Island Public Health Partnership Plan 2015-18

- Southern DHB Family Violence Intervention Programme Strategic Plan 2015-2018

A Renewed Focus

The five core public health functions agreed by the Public Health Clinical Network have now been adopted by the Ministry of Health and incorporated into the purchasing of Public Health Services. They are as follows:

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

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

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Appendix One outlines how public health strategies from a range of core functions are combined across Southern DHB to address priority health issues, and specifies targets for that work.

Treaty of Waitangi

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

This is reiterated in the *He Korowai Oranga* -Māori Health Strategy (2014), which sets the overarching framework to guide the government and disability sector to achieve the best health outcomes for Māori. The refreshed strategy incorporates the three elements of Pae ora: Mauri ora – healthy individuals, Whānau ora - healthy families and Wai ora – healthy environments. The principles of partnership, participation and protection with, by and of Māori communities are integral parts of programme planning within the Public Health Service.

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

The Public Health Service's commitment to the principles of the Treaty of Waitangi underscores work and its contribution to the outcomes of the draft SDHB's Māori Health Plan 2016-2017.

FINANCIALS

KEY RELATIONSHIPS

Government/Crown
Ministry of Health
Department of Conservation
Ministry of Primary Industries
NZ Police
Ministry of Social Development
NZ Customs Service
NZ Fire Service
Ministry of Business Innovation and Employment
Work Safe NZ
Department of Corrections
Environmental Science and Research
Environmental Protection Agency
Health Promotion Agency
University of Otago
Nelson Marlborough District Health Board
Canterbury District Health Board
South Island Alliance

Regional Councils/Territorial Local Authorities
Environment Southland
Otago Regional Council
Central Otago District Council
Clutha District Council
Dunedin City Council
Gore District Council
Southland District Council
Invercargill City Council
Queenstown Lakes District Council
Waitaki District Council

Papatipu Runaka and Māori Providers
Oraka Aparima
Awarua
Waihopai
Hokonui
Otakou
Moeraki
Puketeraki
Te Ao Marama
Kai Tahu Ki Otago
Awarua Whānau Services
Uruuruwhenua Health
Te Roopu Tautoko Ki Te Tonga
Nga Kete Matauranga Pounamu Charitable Trust
Arai Te Uru Whare Hauora
Tokomariro Wiaora
Te Hou Ora Whanau Services

Non-Government Organisations
WellSouth Primary Health Network
Cancer Society
National Health Foundation
Sports Southland
Sport Otago
Pacific Island Advisory and Cultural Trust
Otago Pacific People's Health Trust
New Zealand Family Planning Association

ACTIVITIES

This part of Southern DHB's Public Health Services Plan for 2016- 2017 presents activities for each service line in the context of the core functions of public health for New Zealand as outlined in the core functions report[2]. These are:

"Health assessment and surveillance
Strategies

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

Public health capacity development
Strategies

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

Health promotion
Strategies

- *Developing public and private sector policies beyond the health sector that will improve health; improve Māori health and reduce disparities.*
- *Creating physical, social and cultural environments supportive of health.*

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[2] Core Public Health Functions for New Zealand, NZ Medical Journal Volume 128, Number 1418 Williams D et al

- *Strengthening communities' capacity to address health issues of importance to them, and to mutually support their members in improving their health.*
- *Supporting people to develop skills that enable them to make healthy life choices and manage minor and chronic conditions for themselves and their families.*
- *Working in partnership with other parts of the health sector to support health promotion, prevention of disease, disability, injury, and rational use of health resources.*

Health protection
Strategies

- *Implementing and reviewing public health laws and regulations*[3]*.*
- *Supporting, monitoring and enforcing compliance with legislation.*
- *Identifying, assessing, and reducing communicable disease risks, including management of people with communicable diseases and their contacts.*
- *Identifying, assessing and reducing environmental health risks, including border health, air, water quality, sewage and waste disposal, and hazardous substances.*
- *Preparing for and responding to public health emergencies, including natural or man-made disasters, hazardous substances emergencies, disease outbreaks and pandemics.*

Preventative interventions
Strategies

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

Please note all activities under this plan are carried out in accordance with the relevant plans, guidance, manuals, policy and advice as provided by the Ministry of Health.

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

OUTCOMES FRAMEWORK

A. Health Assessment and Surveillance

"Understanding health status, health determinants and disease distribution"

Outcomes and Activities table

	Short Term Outcomes (what we want to achieve)		**Activities** (what we'll do to get the result)	**Key Performance Measures**		
				Quantity (How Many)	**Quality (How Well)**	**Short Term Outcome Indicators (Is anyone better off)**
Health assessment	Robust population health information available for planning health and community services	CD SH	Monitor, analyse and report on key health determinants Develop health status reports and health needs analyses for specific populations Develop disease-specific reports for conditions of concern		Reports should highlight disparities by sex, ethnicity and or deprivation	Plans based on health information to address local needs
		SF	Monitor and/or undertake local analysis reports of smoking prevalence highlighting disparities by sex, ethnicity and/or deprivation		Reports produced are robust with high quality data	Smokefree services, programmes and project plans are based on regional or local analysis reports
		ALC	Monitor and/or undertake regional or local analysis reports of alcohol intake and trends and/or impact of alcohol-related disease, highlighting disparities by sex,	Nature (scope, content, audience) of regional or local analysis reports prepared and/or shared internally	Any reports produced are robust with high quality ethnicity data	

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	Short Term Outcomes (what we want to achieve)		**Activities** (what we'll do to get the result)	**Key Performance Measures**		
				Quantity (How Many)	**Quality (How Well)**	**Short Term Outcome Indicators (Is anyone better off)**
			ethnicity, and/or deprivation			
		MH	Suicide data in the Southern district is regularly monitored Annual report of suicide data in the Southern District is produced		Effective allocation of public health interventions in relation to need	People at risk of suicide will have improved access to support
		ENV	Review national Environmental Health Indicators (Centre for Public Health Research at Massey University)	Number of situations where information is reviewed for planning purposes	Implement strategies to continually improve the quality of data used to drive these information repositories	Good information for planning future public health services
	Improved public understanding of health determinants		Disseminate information in existing and dedicated reports (e.g. DHB Quality Accounts, DHB website, print media)			Availability of information to public
		Refugee	Evaluation of refugee resettlement health sector planning undertaken			Findings inform future planning and resource utilisation

B. Public Health Capacity Development

"Enhancing our system's capacity to improve population health"

Outcomes and Activities table

	Short Term Outcomes (What we want to achieve)		**Activities** (What we'll do to get the result)	**Key Performance Measures**		
				Quantity (How Many)	**Quality** (How Well)	**Short Term Outcome Indicators** (Is anyone better off)
Public health information systems	Public health information accessible to public health and other health workers		Review and maintain public health information systems Contribute to development of regional and local information systems		Database systems maintained and data collected as per national requirements	Availability and accessibility of public health information
		INF	Develop and implement public health communications plan Public health website updated	Number of media releases	All external communication is peer reviewed and complies with current internal policy requirements	
		INF	Promotion and circulation of public health resources Utilisation of Accredo Mercury as a resource management system	Number of resources distributed	Positive authorised resource provider user survey	
		NPA	Maintain a database of reported breaches of the New		Number and detail of potential	

	Short Term Outcomes (What we want to achieve)		**Activities** (What we'll do to get the result)	**Key Performance Measures**		
				Quantity (How Many)	**Quality** (How Well)	**Short Term Outcome Indicators** (Is anyone better off)
			Zealand Code of marketing of breast milk substitutes		breaches	
		NPA	Coordinate and/or participate in nutrition and physical activity network meetings, projects and initiatives e.g. Breastfeeding networks, PAN networks, GDA etc	Number of initiatives participated in	% of initiatives that have enabled joint planning, best practice etc	
		ENV	Effective internal information systems maintained for the purposes of: • Submissions • Enquiries • Lead and Asbestos Enquiries • VTA Operations	Four databases maintained	Processes are set up to audit data quality so that it is robust and sound	Good information for planning future public health services
		ALC	Participate in the National Public Health Alcohol Working Group (NPHAWG) meetings, projects and initiatives, and other advisory or working groups such as the SI Public Health Partnership Alcohol Work Group Contribute to a collaborative approach with key stakeholders on public health	Nature of any joint projects or initiatives of the NPHAWG and/or other groups, and the value added by our staff	Evidence of prioritisation of projects or initiatives that will impact on Māori and Pacific communities and youth	Staff attend training

	Short Term Outcomes (What we want to achieve)		**Activities** (What we'll do to get the result)	**Key Performance Measures**		
				Quantity (How Many)	**Quality** (How Well)	**Short Term Outcome Indicators** (Is anyone better off)
			action such as Social Sector Trials and Healthy Families			
Partnerships with iwi, hapü, whānau and Māori	Effective partnerships with iwi, hapü, whānau and Māori	ALL	Maintain and foster relationships with local Runaka, Māori providers and Māori community groups	Number of relationships maintained and fostered		Joint approaches and initiatives
		INF	Build cultural competency in staff by increasing staff knowledge and awareness in Te Reo Māori/tikanga	Number of staff attending and frequency of Te Reo Māori/tikanga sessions		Increased cultural competence in participating staff
		INF	Foster relationships with the management team of the Maori Health Directorate Work with local Iwi, hapū. whānau and Māori to maintain and strengthen existing relationships Contribute to implementing strategies identified in SDHB Māori Health Plan	Identify two Māori groups and work to strengthen our relationship and communication		Increased relationships with Kohanga Reo and Māori Women's Welfare League

	Short Term Outcomes (What we want to achieve)		**Activities** (What we'll do to get the result)	**Key Performance Measures**		
				Quantity (How Many)	**Quality** (How Well)	**Short Term Outcome Indicators** (Is anyone better off)
		SF	Participate in and/or facilitate meetings, projects, initiatives and other working groups (including South Island Alliance, Smokefree Otago, Smokefree Murihiku and Smokefree Central Otago)	Number of combined projects annually	Joint initiatives prioritise Māori, Pacific, pregnant women and youth (evidenced by meeting minutes, e.g. Local coalition promotions (e.g. Smokefree Awards), Little Lungs – Pūkahukahu Iti, and Smokefree Babies	
			Effective partnership maintained with Kai Tahu Ki Otago and Te Ao Marama	Three meetings per annum to manage the relationship agreement and service planning	An effective relationship is maintained between all three parties	Public Health Service has a shared understanding of public health issues relevant to our partners
Partnerships with Pacific and other ethnic leaders and communities	Effective partnerships with Pacific and other ethnic communities	All	Maintain and foster relationships with Pacific stakeholders		Joint approaches and initiatives	

	Short Term Outcomes (What we want to achieve)		**Activities** (What we'll do to get the result)	**Key Performance Measures**		
				Quantity (How Many)	**Quality** (How Well)	**Short Term Outcome Indicators** (Is anyone better off)
		SF	Participate in and/or facilitate meetings, projects, initiatives and other working groups (including South Island Alliance, Smokefree Otago, Smokefree Murihiku and Smokefree Central Otago)	Number of combined projects annually	Joint initiatives prioritise Māori, Pacific, pregnant women and youth (as evidenced by meeting minutes, e.g. Local coalition promotions (e.g. Smokefree Awards), Little Lungs – Pūkahukahu Iti, and Smokefree Babies.	
		All	Maintain and strengthen existing relationships with staff from Pacific Island Trusts	Number of meetings attended	Increased opportunity for participation in workforce development opportunities	Proportion of Pacific Island Trust that have increased understanding of public health through relationships with Public Health South staff
Human resources	A highly skilled public health workforce		Develop and implement local and regional public health workforce development plans, including Health In All Policies and Whanau Ora approaches, for public health, other health	Number of training opportunities and participants, including collaborative partners in	Analysis of evaluation shows through feedback that 90% of training opportunities have been effective in	Percentage of staff with appropriate or relevant public health qualifications

5.3

	Short Term Outcomes (What we want to achieve)		**Activities** (What we'll do to get the result)	**Key Performance Measures**		
				Quantity (How Many)	**Quality** (How Well)	**Short Term Outcome Indicators** (Is anyone better off)
			sector and non-health staff Offer workplace development opportunities to other health and non-health staff where possible Contribute to regional processes *(Refer to Health Protection for Statutory officer information)*	professional development Four district meetings held Number of staff with appropriate or relevant public health qualifications Number of educational sessions held and number of participants	meeting training needs Peer review processes indicate effective management of physical environments issues	An increased proportion of participants have increased confidence and knowledge in evidence based practice
Planning and advising on public health programmes	Population health interventions are based on best available evidence and advice		Develop reports and advice to support robust public health interventions, with a focus on improving Māori health and reducing health disparities Contribute to regional and local public health infrastructure and supports, including South Island Public Health Partnership, National			Planning advice/ reports

	Short Term Outcomes (What we want to achieve)		**Activities** (What we'll do to get the result)	**Key Performance Measures**		
				Quantity (How Many)	**Quality** (How Well)	**Short Term Outcome Indicators** (Is anyone better off)
			Public Health Clinical Network, National Health Promoting Schools Group, etc.			
		SH	Provide professional development for stakeholders working in sexual health Provide leadership by representing health promotion at the New Zealand Sexual Health Society Participate in the national network of promoters advocating for sexual health NZ (PASHANZ) Support the planning and implementation process of Theatre in Health Education Trust (THETA) sexwise programme	Number of professional development opportunities and collaborative projects Number of professional meetings attended Number of training sessions conducted	Percentage feedback demonstrates effectiveness in reaching goals and objectives Percentage feedback demonstrating positive shifts in knowledge and confidence of THETA staff	Planning advice/ reports Increased collaboration for regional and local providers An informed and connected national network in sexual health promotion THETA facilitators have a high level of knowledge and skills to carry out their work
			Contribute to and support the Southern Health Promotion Alliance Contribute to management and regional work groups as	Number of Joint initiatives	Joint plans incorporate an effective communications plan	Reports from South Island Public Health Partnership

	Short Term Outcomes (What we want to achieve)		**Activities** (What we'll do to get the result)	**Key Performance Measures**		
				Quantity (How Many)	**Quality** (How Well)	**Short Term Outcome Indicators** (Is anyone better off)
			needed, such as the: • SI Population Health analysts network • SI Population Health workforce development group • SI Alcohol workgroup • SI Smokefree 2025 group • SI Sustainability workgroup • Management			
		SE	Contribute to and support the Southern Health Promotion Alliance	Number of joint initiatives	Joint plans incorporated an effective communications plan	Success of joint initiatives acknowledges fair attribution of input
		SE	Participate in regional and national public health forums	Describe the forums participated in	Effective advocacy of Southern DHB issues	National and regional work plans recognise and take into account Southern issues
		MH	Implement programmes aimed at developing the mental health promotion	PHS works with five agencies to develop programmes aimed	Increased recognition and ownership of	Evaluations and feedback demonstrate better

	Short Term Outcomes (What we want to achieve)		**Activities** (What we'll do to get the result)	**Key Performance Measures**		
				Quantity (How Many)	**Quality** (How Well)	**Short Term Outcome Indicators** (Is anyone better off)
			capacity of providers working with vulnerable populations[4]	at vulnerable populations in the Southern district	mental health promotion processes by stakeholders	health outcomes for the target populations
Quality management	A continuous improvement culture and robust quality systems for all public health work		Maintain IANZ accreditation of drinking water unit – (R*efer Health Protection drinking water)*			
			Develop and implement quality improvement plans and projects e.g. issues register Quality review committees exist in key areas: • Project planning • Submissions • Quality and staffing meetings	Number of quality projects		

[4] Vulnerable populations include offenders, refugee and migrant workers, young people and homeless people

5.3

C. Health Promotion

"Enabling people to increase control over and improve their health"

Outcomes and Activities table

	Short Term Outcomes (What we want to achieve)		**Activities** (What we'll do to get the result)	**Key Performance Measures**		
				Quantity (How Many)	**Quality** (How Well)	**Short Term Outcome Indicators** (Is anyone better off)
Building Healthy Public Policy	Increased numbers of sustainable policies and practices that support health and wellbeing, improve Māori health, and reduce disparities	ALL	Work with key stakeholders in the Southern district to implement a Health in all Policies framework in their decision-making	Five stakeholders adopt HiAP Two HiAP workshops	An understanding of HiAP leads to the making of decisions that consider a positive health outcome	Better outcomes through better decision-making by those stakeholders
		ALL	Work with Local Authorities at policy development stages Input into submissions on local authority bylaws and plans, legislation or national policies, and formal advocacy opportunities	Number of submissions[5]	Work undertaken is consistent with Ministry of Health policy positions, guidelines, legislation and other relevant documents	Narrative report on improved health outcomes through the adoption of more effective public policy (BC, S) Percentage recommendations in submissions adopted

[5] Not including RMA submissions made in the Environmental Health chapter.

	Short Term Outcomes (What we want to achieve)		**Activities** (What we'll do to get the result)	**Key Performance Measures**		
				Quantity (How Many)	**Quality** (How Well)	**Short Term Outcome Indicators** (Is anyone better off)
						by recipient (BC, O)
		ALC	Work with organisations to develop evidence-based frameworks, policies, and strategies which support the reduction of alcohol-related harm - School settings - Workplaces - Sports clubs		Organisations engaged with, including Māori and Pacific organisations. Description of advice/support given e.g. frameworks, policies and strategies contributed to and summary of key information	Increased number of effective organisational policies and practices
		NPA	Engage with local councils and other priority organisations to develop/review policies, plan strategies and practices which relate to physical activity and nutrition	Number of organisations engaged with and supported	Work undertaken is consistent with best practice	
		SF	Work with organisations to develop evidence based frameworks, policies and strategies which support smokefree 2025	Number of organisations engaged with – two per quarter	Evidence that priority is given to policies that are likely to improve the health of	

5.3

	Short Term Outcomes (What we want to achieve)		**Activities** (What we'll do to get the result)	**Key Performance Measures**		
				Quantity (How Many)	**Quality** (How Well)	**Short Term Outcome Indicators** (Is anyone better off)
			Linkages maintained with Regional Stop Smoking Service, National Tobacco Advocacy Service and Ministry of Health Tobacco Integration Network.		Māori, Pacific, youth and foster equity. Description of advice/support given e.g. frameworks, policies and strategies and a summary of key information	
		MH	Work with both health agencies to explore the extent that public health issues are being addressed and any opportunity for these issues to be placed on the policy and planning agenda[6]	PHS participation on seven strategic groups with improved mental health outcomes as their stated purpose	Describe the implementation of good mental health policy	Policy decisions made by these groups reduce the risk of adverse mental health outcomes
Built Environments	Built Environments promote health and support health choices and public	SE	Encourage the development of well-designed built environments (including transport networks and public spaces) that are universally accessible and promote health	Number of organisations supported to implement healthy homes programmes	Describe the extent to which best practice and evidence based practice was used, including:	Number of Councils that have implemented or embedded healthy housing approaches as a result of our

[6] E.g. Mental Health Service Level Alliance (South), Regional Mental Health Networks in Dunedin, Southland, Central Otago and Waitaki, Southern District Health Board District Suicide Prevention Group

	Short Term Outcomes (What we want to achieve)		**Activities** (What we'll do to get the result)	**Key Performance Measures**		
				Quantity (How Many)	**Quality** (How Well)	**Short Term Outcome Indicators** (Is anyone better off)
	policy behaviours			Describe the nature of the activities implemented	- Supporting the setting/organisation to use an enquiry approach to identify health and wellbeing areas to address - Working at a systems level (beyond individual settings), considering the complexity of the interactions between people and their environment	support (BC,O)
Creating supportive environments	Settings that support healthy choices and behaviours	NPA	Support the development and promotion of healthy nutrition and physical activity policies and practices within settings e.g. schools, workplaces and sports/activity groups	Number and type of setting supported	Policy advice is evidence based	
		NPA	Promote breastfeeding friendly processes within priority settings e.g. workplaces, public	Number of priority settings supported to implement	Advice based on best practice	Audit of venues on BURP app.

	Short Term Outcomes (What we want to achieve)		**Activities** (What we'll do to get the result)	**Key Performance Measures**		
				Quantity (How Many)	**Quality** (How Well)	**Short Term Outcome Indicators** (Is anyone better off)
			places	breastfeeding friendly practices		
		NPA	Explore and encourage improvement in food and beverage marketing within local sport and physical activity environments	Number of organisations engaged	Advice based on best practice	
		NPA	Support and encourage food and beverage caterers including Southern DHB to provide a range of healthy food options	Number of food and beverage caterers supported	Support is evidence based	
		SH	Advocate strategically for the adoption of sexual health policy and procedures in priority settings Plan and implement projects that reduce stigma and discrimination related to sexual diversity	Number of activities undertaken	Percentage feedback and evaluation which indicate an increase in knowledge and understanding of sexuality education	Number and type of settings that embed a systems approach to improving health
Education settings	ECEC's, schools, and tertiary settings that support healthy choices	ENV	Produce Healthy Hints for Tots - He kōrero hauora mō kā mokopuna newsletter with content from primary, public health and other community	Four editions per annum	Percentage of ECEC's report they are satisfied or very satisfied with He kōrero	ECEC's report that they have current health information to inform and change practice in their

	Short Term Outcomes (What we want to achieve)		**Activities** (What we'll do to get the result)	**Key Performance Measures**		
				Quantity (How Many)	**Quality** (How Well)	**Short Term Outcome Indicators** (Is anyone better off)
	and behaviours		stakeholders distributed to the ECEC sector in the Southern district		hauora mō kā mokopuna[7]	settings and inform parents and caregivers. (SK, S)
Workplaces	Workplaces that support healthy choices and behaviours	SE	Work with networks to inform health promoting workplaces	Ten workplace network meetings attended	Meeting minutes reflect public health input	Workplace representatives are cognisant of public health implications of workplace initiatives
		SE	Work with Healthy Families Invercargill to implement a simplified workplace wellbeing programme in priority workplaces in Invercargill	Number of workplaces supported under the programme	Describe the extent to which best-practice and evidence based practice was used, including: - supporting the setting/organisation to use an enquiry approach to identify health and wellbeing areas to address - working at a systems level (beyond	Describe the outcomes achieved, including: - adoption of healthy behaviours as a result of the provider's activity - how the programme is meeting the needs of the populations that they are designed for and not causing harm

[7] We will adopt the Likert scale for satisfaction measures of this nature across the board, if this measure is chosen (Likert scale: 1 very dissatisfied; 2 dissatisfied; 3 neutral; 4 satisfied; very satisfied).

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	Short Term Outcomes (What we want to achieve)		**Activities** (What we'll do to get the result)	**Key Performance Measures**		
				Quantity (How Many)	**Quality** (How Well)	**Short Term Outcome Indicators** (Is anyone better off)
					individual settings), considering the complexity of the interactions between people and their environment	- evidence that healthy workplace activity is self-sustaining
	Marae and other Māori settings that support healthy choices and behaviours	SE	Working to support Māori Health providers with strategy and programmes aimed at improving public health outcomes	Number of Māori providers engaged with	Describe the extent to which Māori communities were involved in planning, developing and implementing activities	Number/percentage of Māori organisations/ settings that have implemented or embedded healthy settings approaches as a result of our support (BC, O)
Community Action	Effective community action initiatives	NPA SF ALC SE	Support communities to address priority issues and implement initiatives including Healthy Families NZ Support Healthy Families Invercargill workforce in developing Prevention Partnerships networks for strategic health promotion action.	Number and type of community initiatives supported Describe activities delivered to support Māori communities to identify the community's	Support is evidence based Priority is given to planning actions that improve the health of the population groups with the greatest health needs	

	Short Term Outcomes (What we want to achieve)		**Activities** (What we'll do to get the result)	**Key Performance Measures**		
				Quantity (How Many)	**Quality** (How Well)	**Short Term Outcome Indicators** (Is anyone better off)
			Joint initiatives include: • Invercargill smokefree spaces • Alcohol in sports club • Data analysis of GIS Mapping • Workplaces Support the Gore and South Dunedin Social Sector Trial transition: • Work with leads and key stakeholders to develop an agreed transition plan • Support the implementation of transition plan	priorities for public health action Number and type of collaboratively planned, implemented and evaluated initiatives	Transition plan in place by 31 July 2016	
		SE MH	Contribute to a collaborative approach with key stakeholders on public health action[8].	Fifteen community projects successfully facilitated by groups	Describe the positive mental health outcomes that are achieved	Increased community ownership and engagement in events
		All	Projects aimed at supporting refugees and migrants[9] to improve communities' health	Number of newcomers networks set up	Describe how we have engaged with and supported	Southern communities have effective strategies in

[8] E.g. WellSouth, Safer Waitaki Coalition, Southland Safer Communities Network, Councils of Social Services, Interagency Forums, DHB VIP coordinators in Dunedin and Invercargill, and wider Family Violence Networks etc.

[9] E.g. Central Otago Fruit Picking, Dairy Industry, Dunedin Refugee resettlement programme.

	Short Term Outcomes (What we want to achieve)		**Activities** (What we'll do to get the result)	**Key Performance Measures**		
				Quantity (How Many)	**Quality** (How Well)	**Short Term Outcome Indicators** (Is anyone better off)
			outcomes.		refugees and migrant communities in leading and determining its priorities and planning community activities	place to support newcomers
Develop personal skills	People with skills to enable healthy choices and behaviours Communities aware of health issues and healthy choices and behaviours	ALC	Support national social marketing campaigns, and contribute to regional and local social marketing campaigns to highlight the legislation on social supply of alcohol to minors and change attitudes around supplying alcohol		Description of PHU role (e.g. support national campaign, design and delivery of local campaign)	Any resources developed as per Tier 2 quality measures
		NPA	Deliver BURP App/website programme to advise parents of supportive places to breastfeed in communities	Number of people downloading app/website	Percentage of survey respondents satisfied with app	
		NPA	Collaborate with key stakeholders to deliver relevant and timely information and campaigns such as World Breastfeeding Week, Big Latch	Number of initiatives supported	Support is evidence based	Increased awareness of health issues as reported in evaluation

	Short Term Outcomes (What we want to achieve)		**Activities** (What we'll do to get the result)	**Key Performance Measures**		
				Quantity (How Many)	**Quality** (How Well)	**Short Term Outcome Indicators** (Is anyone better off)
			On, and Just Cook			
		ALL	Contribute articles to Southern DHB media e.g. Better Health, He kōrero hauora mō kā mokopuna, Health Promoting Schools	Number of articles supplied to DHB media	Articles are evidence based	Articles printed
		NPA	Ensure current nutrition and physical activity resources are distributed to NGOs, agencies and community groups	Number of resources distributed	Sufficient resources to meet requirements	
		SF	Support national social marketing campaigns that advance Smokefree 2025 (e.g. World Smokefree Day, Stoptober)	Support and delivery of three national campaigns locally	Coordination maintained with Health Promotion Agency for national campaigns	Number of campaigns supported in high need areas
		SF	Develop projects to advance smokefree 2025 (e.g. Matariki, Side-line Warriors and other environments)	Number of projects developed and delivered	Supported projects are likely to improve the health of Māori, Pacific, youth and foster equity. Develop projects with a focus on mental health and pregnant women	

5.3

	Short Term Outcomes (What we want to achieve)		**Activities** (What we'll do to get the result)	**Key Performance Measures**		
				Quantity (How Many)	**Quality** (How Well)	**Short Term Outcome Indicators** (Is anyone better off)
		SF	Deliver Pepi-Pod project to support safe behaviours for new babies (first 300 sleeps) promoting smokefree, breastfeeding, good maternal nutrition, alcohol and drug free and safe sleep practices	Number of families seen by Well Child providers to provide safety advice	Number of families still using Pepi-Pod at first follow-up	
		MH	Work alone or with community stakeholders on projects aimed at improving mental health literacy[10], access to self-help, support groups and electronic resources	Number of mental health literacy projects rolled out	Evaluations indicate improved recognition of mental health issues	Organisations and communities more cognisant and tolerant of mental health issues
		MH	Lead the implementation of Raise Hope Stepped Care Plan goals as they relate to Step 1. Self Care and Informal Community Responses	Number of mental health stakeholders supporting the implementation of Step 1 objectives	Evidence of increasing access to self-help resources in the Southern district	More people will have the information and resources they need to take care of their own wellbeing
Re orient Health Service	Preventative and population approaches support healthy choices and behaviours in	ALL	Southern DHB adopts policies and behaviours that role model public health behaviours[11] Work with hospital and	Implementation of the issues are across a wide range of Southern DHB services. Number of public	Health of DHB staff and clients is improved in targeted areas	Southern DHB adopts behaviours that role model public health behaviours[9]

[10] E.g. Tuakiri o te Tangata, MH 101 etc

[11] E.g. Sugar sweetened beverages, Alcohol Strategy, Smokefree policy

	Short Term Outcomes (What we want to achieve)		**Activities** (What we'll do to get the result)	**Key Performance Measures**		
				Quantity (How Many)	**Quality** (How Well)	**Short Term Outcome Indicators** (Is anyone better off)
	healthcare settings		community health care providers to develop health promoting settings	health issues Southern DHB assumes leadership of	Number of other organisations supported to adopt similar policies	
		NPA	Promote a population health approach to promoting healthy weight with other parts of our DHB and via SI SLAs and workstreams and Alliance South workstreams			
		ALC	Develop DHB alcohol harm reduction strategies			Southern has an Alcohol Harm Reduction Strategy in place
		Refug ee	Public Health lead health sector planning and response to refugee resettlement in Dunedin		Project plan outlining interventions focusing on Dunedin refugees	Public Health approach is applied to Dunedin refugee resettlement planning

D. Health Protection

"Protecting communities against public health hazards"

Outcomes and Activities table

	Short Term Outcomes (What we want to achieve)		**Activities** (What we'll do to get the result)	**Key Performance Measures**		
				Quantity (How Many)	**Quality** (How Well)	**Short Term Outcome Indicators** (Is anyone better off)
Communicable disease control	Prompt identification and analysis of emerging disease trends, clusters and outbreaks		Review, analyse and report on communicable diseases data	Fortnightly meetings to review disease statistics	Percentage Sentinel GP influenza surveillance reported to ESR weekly Timeliness of reports for trends and outbreaks of concern	Surveillance
	Reduced incidence of notifiable diseases Reduced incidence of influenza		EpiSURV database maintained Follow up cases and contacts as per protocols, including timely identification and investigation of notifiable diseases and outbreaks Provide public information and advice, including promoting immunisation and hand hygiene Work with priority settings and	Number of diseases notified Number of outbreaks reported Number of outbreak management	Database systems maintained and data collected as per national requirements Disease notifications and outbreaks are investigated in accordance with recognised protocols Duration of	Availability and accessibility of public health information Notifiable diseases and influenza rates, outbreak rates and trends

	Short Term Outcomes (What we want to achieve)		**Activities** (What we'll do to get the result)	**Key Performance Measures**		
				Quantity (How Many)	**Quality** (How Well)	**Short Term Outcome Indicators** (Is anyone better off)
			communities to increase immunisation and improve infection control (including Needle Exchanges) Communicate with internal and external stakeholders regarding disease notifications, including promotion of immunisation and hand hygiene	education sessions delivered Number of observational visits conducted at needle exchanges	outbreaks are minimised Information disseminated is evidence based Number/percentage of needle exchanges are operating in accordance with the required standards Percentage of evaluations indicating training is of a high standard	Percentage of staff receiving an annual flu vaccination Number and percentage of approved needle exchanges operating in the district
Border health protection	Reduced international spread of infectious disease		Provide pratiques Issue ship sanitation certificates Assess port and airport compliance with IHR and Health Act requirements Maintain strong relationships with Border Agencies Ensure emergency plans are maintained Undertake exotic mosquito surveillance	Number of pratiques issued Number of ship sanitation certificates issued Frequency of visits to POEs Record of interagency	Percentage of activities and reporting in accordance with the Environmental Health manual Percentage of documentation completed in accordance with WHO standards Joint review of emergency plans	Port and airport compliance with International Health Regulations and Health Act quarantine requirements Public health plan and ill traveller protocol are interoperable with port plans Exotic mosquito

5.3

	Short Term Outcomes (What we want to achieve)		**Activities** (What we'll do to get the result)	**Key Performance Measures**		
				Quantity (How Many)	**Quality** (How Well)	**Short Term Outcome Indicators** (Is anyone better off)
				meetings Number of interceptions and incursions	Percentage of specimens forwarded to the lab using appropriate protocols Percentage of reports of suspected interceptions of exotic mosquitos submitted to Ministry within two hours	surveillance reporting
Human resources	A highly skilled public health workforce		Relevant staff receive training in fields of Environment Health Competency. Fields include: - Resource management - Sewage - Professional updates	Statutory Officer competencies maintained Number of staff with appropriate or relevant public health qualifications	Percentage of nurses who are authorised vaccinators Percentage of nurses gazetted for BCG vaccination Peer review processes indicate effective management of physical environments issues	Percentage of staff with appropriate or relevant public health qualifications Ministry of Health Statutory Officer Competency annual return provided as per Ministry of Health requirements
Drinking water quality	Public health information accessible to		Review and maintain WINZ		Database systems maintained and data collected as per	Availability and accessibility of public health information

	Short Term Outcomes (What we want to achieve)		**Activities** (What we'll do to get the result)	**Key Performance Measures**		
				Quantity (How Many)	**Quality** (How Well)	**Short Term Outcome Indicators** (Is anyone better off)
	public health and other health workers				national requirements	
	A continuous improvement culture and robust quality systems for all public health work		Maintain IANZ accreditation of drinking water unit	Number of drinking water assessors Number of regional SIDWAU meetings attended	Plan approved and reported Percentage of DWAs accredited for technical competency Percentage of HPOs attending annual refresher training	Quality improvement plan reports IANZ Accreditation results Training records
	Optimised adequacy, safety and quality of drinking water in the Southern District Prevention of spread of disease through reticulated water		Support local authorities to maintain catchment protection through submissions and WSPs Provide technical advice on public health aspects of drinking water supplies to ensure compliance with the Health Act and the DWS to internal and external stakeholders Assess WSPs and monitor their implementation Conduct the annual survey of	Number of prioritised plans agreed with TLAs Number of WSPs assessed Number of registered water carriers Number of investigations into	Percentage of annual compliance reports completed in the legislated timeframe Percentage of WSPs assessed within the legislated timeframe Percentage of Annual Survey data provided by due date and in the correct format Percentage of major	Percentage/numbers of supplies with approved and implemented Water Safety Plans Percentage of drinking water suppliers compliant with the Health Act Percentage of

	Short Term Outcomes (What we want to achieve)		**Activities** (What we'll do to get the result)	**Key Performance Measures**		
				Quantity (How Many)	**Quality** (How Well)	**Short Term Outcome Indicators** (Is anyone better off)
	supplies		drinking water supplies and undertake compliance reporting Register drinking water suppliers Register water carriers Respond to transgressions and suspected water borne disease outbreaks and cases	major transgressions undertaken	transgressions advised to the Ministry of Health within 24 hours	networked suppliers responding to incidents in accordance with the legislation
Sewage	Reduced incidence and impact of environmental hazards from the treatment and disposal of sewage		Work with councils to promote and ensure safe sewage disposal including making submissions on regional plans and policies, district plans and policies, and resource consents. (See also Resource Management activities) Work with councils to manage risks of unplanned contamination events Liaise with councils to provide public advice on safe sewage disposal, sewage overflows, and waterways contamination	Record of external meetings attended and agreed actions *(See Resource Management for submissions*) Number of incidents per annum Record of contribution	Timely professional investigation reports produced Recommendations provided that will	Sewage-related outbreaks Environmental contamination events

	Short Term Outcomes (What we want to achieve)		**Activities** (What we'll do to get the result)	**Key Performance Measures**		
				Quantity (How Many)	**Quality** (How Well)	**Short Term Outcome Indicators** (Is anyone better off)
			Investigate clusters and cases of illnesses associated with non-occupational exposure to sewage *(see Communicable Disease)*		prevent recurrence of incident *(See Communicable Disease)*	
Recreational water	Reduced incidence and impact of environmental hazards associated with recreational waters.		Agree recreational water protocols with councils annually and monitor implementation and effectiveness Work with councils to address contamination sources Contribute to adverse water quality event responses Provide public information and advice In conjunction with Iwi stakeholders and regional councils, research and develop a Southern Water Profile from a public health perspective	Two meetings per annum in Southland and Seven meetings per annum in Otago Number of incidents per annum	An annual synopsis of recreational and food gathering water quality is provided in Southland. Improved engagement from Territorial Local Authorities in recreational water quality in Otago Reports written on incidents for peer review and future reference Ensure all stakeholders share in the development and sense of	Percentage of waters monitored by regional councils not suitable for contact recreation purposes but that may be used as such, have permanent warning signs (CC, O) Public not adversely affected through water quality incidents All stakeholders clearly understand the public health values that underpin water quality in the

	Short Term Outcomes (What we want to achieve)		**Activities** (What we'll do to get the result)	**Key Performance Measures**		
				Quantity (How Many)	**Quality** (How Well)	**Short Term Outcome Indicators** (Is anyone better off)
					ownership of this work	South. This work will serve to inform the development of a Southern District Water Quality Position Statement.
Housing	Less disease caused by inadequate housing		Work with councils and other agencies to ensure warm and dry housing, especially for vulnerable groups (including identification and referral of vulnerable households)		Actions and/or outcomes from key housing stakeholder meetings/interactions reflect public health input	Housing quality improvements
			Contribute to planning processes that impact on improved housing for the Southern district Work with councils and social service agencies to develop effective interventions for the management of infirm and neglected persons	Number of cases referred for assistance Four meetings per annum in Dunedin and Invercargill	Record of contribution Meetings resolve issues through collaborative effort	Agencies understand each other's roles and responsibilities and implement what is required of them.
Resource management	Public health issues identified and addressed in		Make timely and professional submissions on national[12] and regional plans and policy statements, district long term	Percentage of resource consents and district and regional plans that	Percentage of District and regional plans and resource consents where	

[12] including national policy statements, national environmental standards and or guidelines.

	Short Term Outcomes (What we want to achieve)		**Activities** (What we'll do to get the result)	**Key Performance Measures**		
				Quantity (How Many)	**Quality** (How Well)	**Short Term Outcome Indicators** (Is anyone better off)
	decisions made on the sustainable management of natural and physical resources and social environments		and annual plans and, where appropriate, resource consent applications to ensure that the public health effects are considered Provide public health advice to Iwi, consent authorities and planning consultants in the management of consent processes outside the legal requirement of the Act (i.e. working upstream) Work with councils to reduce emissions in priority locations while maintaining warm homes Work closely with Kai Tahu Ki Otago and Te Ao Marama in the areas of local and regional planning processes, resource consents and recreational waters	are addressed without a need for a public health submission Number of times advice is provided Number of inputs relating to local and regional planning processes and resource consents	there is evidence that PHS input has mitigated public health risks (CC, O)	Formal consent processes are already cognisant of Public Health issues prior to lodgement/ notification Air quality monitoring results
Hazardous substances	Public protected from		Provide summaries for the past year (to 30 June) and estimates for the coming year (1 July to	Number of public health HSNO enforcement		

	Short Term Outcomes (What we want to achieve)		**Activities** (What we'll do to get the result)	**Key Performance Measures**		
				Quantity (How Many)	**Quality** (How Well)	**Short Term Outcome Indicators** (Is anyone better off)
	exposure to hazardous substances		30 June) of the nature and level of hazardous substances activities Report all notifications of hazardous substances injuries, including agrichemical spraydrift complaints, lead poisoning and poisoning arising from chemical contamination of the environment, to the science provider in the format required, including GP notifications Ensure that the conditions imposed by the public health HSNO enforcement officer granting permits for the use of controlled vertebrate toxic agents are complied with. Field or desktop audits of all permissions are required to ensure compliance, as appropriate Provide copies of VTA permits to the EPA	officers Number of applications for VTA permission processed Number of desk top audits of VTA operations Number of field audits of VTA operations Number of VTA complaint	Percentage of compliance documentation completed to standard required by the Ministry of Health (required 100%) Percentage of VTA applications undertaken in accordance with all relevant guidelines (required 100%).	Number of communities that are protected from potential effects of VTA operations (CC, O)

	Short Term Outcomes (What we want to achieve)		**Activities** (What we'll do to get the result)	**Key Performance Measures**		
				Quantity (How Many)	**Quality** (How Well)	**Short Term Outcome Indicators** (Is anyone better off)
			(permissions@epa.govt.nz) within three working days of issuing the permission	investigations received and investigated	Percentage of VTA permits copied to EPA within three working days of issuing the permission (required 100%)	
			Maintain effective risk management strategies and response plans for emergency situations involving hazardous substances, including deliberate chemical contamination and chemical fires, and including at designated points of entry. Responses are required to be consistent with the Ministry's advice and guidelines[13] Provide an incident report to the EPA (HSincidents@epa.govt.nz), copied to the Ministry of Health, within 24 hours of hazardous	Number of hazardous substances incidents or emergencies attended Number of paint samples tested for the presence of lead	Percentage of emergencies and incidents reported to the EPA and Ministry of Health within 24 hours, using the form provided by the EPA (required 100%)	

[13] Including *Major Response to Fires; guidelines for public health units (Revised 2014), Investigation and Surveillance of Agrichemical Spraydrift Incidents: guidelines for public health units.*

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	Short Term Outcomes (What we want to achieve)		**Activities** (What we'll do to get the result)	**Key Performance Measures**		
				Quantity (How Many)	**Quality** (How Well)	**Short Term Outcome Indicators** (Is anyone better off)
			substances incidents or emergencies attended by public health staff using the form provided by the EPA Promote public knowledge on the risks of environmental and non-occupational exposures to hazardous substances and products, including asbestos on the non-occupational environment by: • providing public health advice and information on hazardous substances and products to the public, health professionals and organisations • advising on the safe management of hazardous substances and products, including their removal and disposal from contaminated areas • working intersectorally with other agencies to clarify	Number of samples from domestic settings tested for the presence of asbestos Number of intersectoral meetings participated in to clarify agency roles in the management of asbestos	Intersectoral agreements for the	

	Short Term Outcomes (What we want to achieve)		**Activities** (What we'll do to get the result)	**Key Performance Measures**		
				Quantity (How Many)	**Quality** (How Well)	**Short Term Outcome Indicators** (Is anyone better off)
			roles and responsibilities in the management of asbestos Represent public health interests at meetings of the HAZMAT Committees (or equivalent bodies) Work with councils and other agencies to reduce public exposure to hazardous substances, including responding to hazardous substance emergencies Provide public information and advice (may include examples, e.g. dust, asbestos)		management of asbestos clearly define agency roles and responsibilities Percentage of HAZMAT (or equivalent) meetings attended	
Early childhood education centres	Reduced incidence and impact of health issues in early childhood centres		Assessments at centres as requested and in accordance with the Environmental Health Protection Manual Communication with local Ministry of Education staff Visit, assess and provide	Number of requests Two meetings per annum	Effective electronic management of ECEC's data negates the need for paper files Discussion includes quality of assessments	Health and Safety risks in ECEC's are effectively managed

5.3

	Short Term Outcomes (What we want to achieve)		**Activities** (What we'll do to get the result)	**Key Performance Measures**		
				Quantity (How Many)	**Quality** (How Well)	**Short Term Outcome Indicators** (Is anyone better off)
			advice to ECEC's Work with councils to ensure appropriate placement of new ECEC's.			Public health risks are minimised by appropriate location of ECEC's
Emergency preparedness	Southern District is prepared for emergencies impacting public health		Emergency plan is maintained Response exercise is undertaken Staff training in CIMS and EMIS Develop and maintain relationships with other responding agencies (Otago Regional Council, TLAs, Civil Defence Emergency Management Group, SDHB Emergency Manager, and Regional Emergency Management Advisor)	Number of multi-agency exercises undertaken Number and type of staff trained	Percentage of health protection and management competent in using EMIS Joint review of plans	Effective emergency responses as required Public health plan and ill traveller protocol are interoperable with port plans. *(Refer Border Health)*
Sustainability	Greater understanding of and action on sustainability		Raise awareness regarding sustainability and climate disruption, including both adaptation and mitigation strategies	Number of submissions addressing a sustainability issue	Evidence of activity to improve understanding of sustainability and to promote sustainable practices	Evidence of increased awareness and development of sustainable approaches within our DHBs and partner organisations

	Short Term Outcomes (What we want to achieve)		**Activities** (What we'll do to get the result)	**Key Performance Measures**		
				Quantity (How Many)	**Quality** (How Well)	**Short Term Outcome Indicators** (Is anyone better off)
Tobacco	Reduced tobacco sales, especially to minors Reduced exposure to second-hand smoke Audit of schools compliance with the SEA 20127		Record new tobacco and herbal smoking product retailers on the PHS local retailer list Controlled Purchase Operations (CPO's) undertaken Database updated with monitoring results and compliance action taken Database of compliance updated	Four CPO's annually in high prevalence areas Schools checked: Year 1 – 50 Year 2 – 90 Year 3 – 60	Requirements of the Smokefree Enforcement Manual are met Availability of health and surveillance information Support to schools on all aspects of smokefree	Record number of non-compliant premises *(refer Vital few reporting)* Number of schools compliant following audit
			Education of tobacco and herbal smoking product retailers Provide support as required	10% of retailers educated		10% goal achieved
			Respond to complaints related to: - Underage sales - Smoking in the workplace - Open areas in licensed premises - All other queries/complaints	Number and type of breaches Assessments of open areas as required		

	Short Term Outcomes (What we want to achieve)		**Activities** (What we'll do to get the result)	**Key Performance Measures**		
				Quantity (How Many)	**Quality** (How Well)	**Short Term Outcome Indicators** (Is anyone better off)
		SF	Staff attend workshops that support identified workforce development needs/competencies Provide training and professional development for identified staff on health promotion to achieve smokefree 2025	One per annum	Training consistent with Ministry of Health requirements and legislation Evaluation results of major training initiatives and/or informal feedback shows training was well received and of high quality Training includes a focus on improving health of Māori and Pacific and fostering equity	Results of any evaluation showing an increase in knowledge and skills of staff
Alcohol	Less alcohol trauma		Develop and/or maintain an up-to-date database of alcohol licences, including addresses, to assist with planning of compliance and enforcement activities	Database completed	Database is kept up-to-date	
			Inquire into all on-, off-, club and special licence applications and provide Medical Officer of	Number and type of applications and renewals received	Reports are robust, internally peer reviewed and meet	*(Refer Vital few Reporting)*

	Short Term Outcomes (What we want to achieve)		**Activities** (What we'll do to get the result)	**Key Performance Measures**		
				Quantity (How Many)	**Quality** (How Well)	**Short Term Outcome Indicators** (Is anyone better off)
			Health (MOsH) reports to District Licensing Committee (DLC), either where there are matters in opposition or recommendations (on the basis of application of the relevant risk assessment tool in the Public Health Alcohol Regulatory Officer Toolkit)	Number of applications and renewals inquired into Numbers of premises that matters in opposition identified. Where matters in opposition were identified, number of reports provided to the licensing committee within fifteen days	requirements of DLC and the Alcohol Regulatory and Licensing Authority (ARLA) Completed as per the Public Health Alcohol Regulatory Officer Toolkit	
			Provide education as part of licensing and new licensing processes, including: Educating retailers and employers about Sale and Supply of Alcohol Act 2012 responsibilities. Lead role.	Number of on-, club- and off-licences visited to educate, and type of education delivered	Information given as per relevant toolkit, legislation, or as per relevant manuals	
			Undertake CPOs (or collaborate in police-led CPOs) to reduce sale of alcohol to minors	Number of on, club and off-licences visited	Procedures followed as per 2014 Health Promotion Agency Guidelines for	

5.3

	Short Term Outcomes (What we want to achieve)		**Activities** (What we'll do to get the result)	**Key Performance Measures**		
				Quantity (How Many)	**Quality** (How Well)	**Short Term Outcome Indicators** (Is anyone better off)
			Participating alongside NZ Police	Number of CPOs conducted, including number of premises per CPO (specifying number of on-, club- special and off-licences visited) Number of failures for CPOs	Conducting CPOs and Ministry of Health policy. CPOs focused in first instance on high risk premises, then on communities with high Māori populations or high deprivation	
			Undertake or work with partners to undertake night visits of: - High risk premises as per PHU risk rating tool (with Police and Licensing Inspector, as appropriate) - Selected premises, based on local data, complaints or other intelligence (including requests from police or liquor licensing inspectors.) - Participating with partners	Number of night visits performed as part of multiagency efforts and category (a,b) Number of night visits and category (a,b) performed by PHU acting as a single agency	Visits performed as per relevant manuals Informal and formal feedback shows those conducting night visits have quality relationships with police and/or liquor licensing inspectors	
		ALC	Staff attend NPHAWG workshops where this supports their workforce development needs/competencies	Number and nature of training delivered and to whom	Training content consistent with Ministry of Health requirements, and	Staff attend training

	Short Term Outcomes (What we want to achieve)		**Activities** (What we'll do to get the result)	**Key Performance Measures**		
				Quantity (How Many)	**Quality** (How Well)	**Short Term Outcome Indicators** (Is anyone better off)
					legislation Evaluation results of major training initiatives and/or informal feedback	
Other psychoactive substances	Improved compliance with Psychoactive Substances Act 2013	10	Record new psychoactive substances and herbal smoking product retailers on the PHS local/national retailer list Retailer database is kept current All data is logged (e.g. visits, complaints, CPO's)	Number of new premises	Up-to-date database maintained	Details of all retailers are available
			Education of psychoactive substances and herbal smoking product retailers	Number of retailer education visits		
			Respond to complaints related to sale of psychoactive substances	Number and type of breaches		
			Investigate non-compliances as required	Number of investigations		

	Short Term Outcomes (What we want to achieve)		**Activities** (What we'll do to get the result)	**Key Performance Measures**		
				Quantity (How Many)	**Quality** (How Well)	**Short Term Outcome Indicators** (Is anyone better off)
Solaria	Reduce the public health risks from using solaria and sunbeds		Visit all commercial solaria on a six-month basis, assess compliance with recent Health Act amendments as well as provide information to operators on best practice to reduce health risk	Number of operators inspected	Provide six monthly reports to the Ministry of Health in January and July	Percentage decreasing in numbers of solaria leading to a reduction in public health risk due to sunbed use (CC O)
Burial and Cremation	Disposal of the dead takes place in a dignified manner that doesn't pose any public health risks		All burial and cremation issues that arise are dealt with according to the Environmental Health Protection Manual	Number of disinternments	Ministry of Health are satisfied with the way burial and cremation issues are addressed in the Southern district	Exhumations conducted in a dignified and safe manner

E. Preventive Interventions

“Population programmes delivered to individuals”

Outcomes and Activities table

	Short Term Outcomes (What we want to achieve)	**Activities** (what we’ll do to get the result)		**Key Performance measures**		
				Quantity (How Many)	**Quality** (How Well)	**Short Term Outcome Indicators** (Is anyone better off)
Immunisation	Increased immunisation coverage, especially priority groups	Immunisation co-ordination Immunisation promotion Immunisation delivery (NB: Outreach and NIR immunisation functions are not delivered through the Core Public Health Contract)		Number of authorised vaccinators Number of BCG vaccinations delivered	MOH chairs the Southern Immunisation Steering Group Percentage of referred babies receiving the neonatal BCG prior to six months of age	

5.3

APPENDIX A – REPORTING REQUIREMENTS

All Reporting Requirements to the Ministry of Health as per Public Health Unit Core Public Health Services Contract

REPORTING REQUIREMENTS		On Incident / Occurrence	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Six-monthly core contract reporting (including six-monthly financial reporting)														
Core Contract Six-Monthly Reporting (plus six-monthly financial reporting) **(to Sector Services and Ministry Portfolio Manager)**	Summary Progress Report at six months (due by 31 January) and Whole-of-year Report at 12 months (due by 31 July) for all services delivered as per agreed Annual Plan. The reporting should be against the Key Performance Measures (covering three dimensions) in the Plan and includes all reporting for business- as-usual activities outlined in manuals and legislation. Reporting for services that are not part of the core contract goes to individual personnel/teams looking after these non-core contracts.		√						√					

Specific regulatory reporting in addition to standard core contract reporting														
Emergency Reporting **(to Sally Gilbert, Manager Environmental & Border Health,or staff on call)**	Immediately, or within 24 hours of occurrence of a public health event or emergency with inter-district, national or potentially international implications, submit a report to the Environmental & Border Health Protection Team and a copy to your Public Health, NHB, Portfolio Manager.	**Immediately, or at least within 24 hours**												
Emergency Reporting **(to Office of the Director of Public Health**	Immediately also notify the Office of the Director of Public Health, copied to Sally Gilbert and your Public Health, NHB, Portfolio Manager, of any public health event involving any of the diseases specified in Annex 2 of the IHR (2005) or any event that might otherwise be of potential public health significance (e.g., is unusual or unexpected) irrespective of its cause, including those of unknown origin.	**Immediately**												
Investigation Reports **(to Sally Gilbert, Manager Environmental & Border Health,or staff on call)**	As soon as practicable and not later than 14 days after the occurrence of any emergent issue, unusual event or public health investigation which has potential inter-district, national or international implications, submit a report to the Environmental & Border Health Team and a copy to your Public Health, NHB, Portfolio Manager.	**As soon as practicable and not later than 14 days**												
Reports Verifying Ongoing Competence of Statutory Officers **(to Sally Gilbert, Manager Environmental & Border Health)**	By **20 July each year**, each public health manager will provide a written report to the Environmental & Border Health Protection Team which identifies all statutory officers in the public health unit and provides the following information for each officer: (see contract for information required)		√											

5.3

Border Health Protection and Vector Surveillance **(to Sally Gilbert, Manager Environmental & Border Health)**	(i) By **20 February each year**, provide the Ministry (in the form outlined in the Quarantine and Biosecurity sections of the Environmental Health Protection Manual) with: ▪ a summary for the previous calendar year of activities undertaken, including issuing pratique, undertaking sanitation inspections of ships, seaports and airports, ensuring points of entry are maintained in a sanitary condition and free from sources of infection and contamination including vectors and reservoirs; supervision of any deratting, disinfection, disinsection, or decontamination as appropriate; application of control measures to any conveyance; interception responses; and maintenance of effective contingency arrangements ▪ a report on designated airports' and ports' ability to meet core capacities as outlined in Annex 1B of the International Health Regulations 2005; ▪ a forecast of your border health protection surveillance programme for the forthcoming financial year.										√				
Border Health Protection and Vector Surveillance (to John Gardner, Senior Advisor Biosecurity and Sally Gilbert, Manager Environmental & Border Health)	(ii) Within two hours of identification of exotic mosquitoes of public health significance, notify the Senior Advisor (Border Health Protection) and provide situation reports (in the form outlined in the Quarantine and Biosecurity sections of the Environmental Health Protection Manual) on activities undertaken during interception responses as required by the Senior Advisor (Border Health Protection).	**Within two hours of identification**													

	(iii) Immediately notify the Senior Advisor (Border Health Protection) of any control measures applied to any conveyance that are other than routine and copy the Office of the Director of Public Health.	**Immediately**												
Communicable Disease Control **(to Dr Lisa Oakley, Manager Communicable Diseases)**	(i) Immediately, or at least within 24 hours, report to the Ministry's Communicable Disease Team and the Office of the Director of Public Health significant communicable disease events or other events of public health significance, including, in particular, any events involving the diseases specified in the two lists contained in Annex 2 of the IHR (2005).	**Immediately, or at least within 24 hours**												
	(ii) Immediately notify the Senior Advisor (Border Health Protection) of any control measures applied to any conveyance that are other than routine, and copy the Office of the Director of Public Health.													
Drinking Water **(to Scott Rostron, Senior Advisor Environmental & Border Health)**	(i) Report serious drinking water incidents to the Ministry's Environmental and Border Health Protection Team within 24 hours (in a form specified by the Ministry – including any instances where emergency powers are exercised under s. 69ZO of the Health Act 1956, or where advice is required as to whether the situation warrants a Ministerial declaration under s. 69ZZA and/or action is needed that requires an exemption from Part 3 of the RMA 1991).	**Within 24 hours of incident**												
Hazardous Substances **(to Sally Gilbert, Manager Environmental & Border Health)**	(i) By 14 July each year, report to the Ministry using the format outlined in the Hazardous Substances Section of the Environmental Health Protection Manual with summaries for the past year (to 30 June) and estimates for the coming year (1 July to 30 June) of the nature and level of inspection and enforcement services under HSNO Act, sec. 98(2), such matters as:		√											

	▪ the planned and actual levels of inspection/investigation ▪ emergency responses ▪ compliance orders and infringement notices and warnings issued ▪ a list of the premises or situations inspected ▪ investigations and actions proposed and undertaken ▪ prosecutions.														
Solaria **(to Sally Gilbert, Manager Environmental & Border Health)**	Report to the Ministry by 31 January and 31 July on surveys of Solaria, in the format specified by the Ministry.		√						√						
Misuse of Drugs **(to Alison Cossar, Manager Office of the Psychoactive Substances Regulatory Authority)**	(i) Report to the Ministry as required on the enforcement of the Psychoactive Substances Act 2013 and Regulations (note: regulations have yet to be formulated).	**When required**													
ISE report **(to Peter Burt, Portfolio Manager, Public Health, National Services Purchasing)**			√						√						

Summary of required reporting to other agencies

REGULATORY & SIX-MONTHLY REPORTING REQUIREMENTS		On Incident / Occurrence	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Communicable diseases	(i) Where a disease outbreak may be associated with food, report it to the Ministry for Primary Industry:	**When required**												
	(ii) Report to the Centre for Adverse Reactions Monitoring Unit (PO Box 913, Dunedin): adverse effects of vaccination.													
	(iii) Notify the CJD Register, Department of Preventive and Social Medicine, Otago Medical School, PO Box 913, Dunedin: suspected cases of Creutzfeld-Jakob disease on suspicion of diagnosis (forms for this notification will be provided by the registrar).													
Environmental Health	(iii) Provide reports to the science provider on the incidence of hazardous substances injuries, using the format specified by the science provider.		√											

REGULATORY & SIX-MONTHLY REPORTING REQUIREMENTS		**On Incident / Occurrence**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**
	(iv) Provide reports on drinking water supplies for incorporation in the annual report on the Quality of Drinking water Supplies by 8 August, using the format specified by the science provider.			√										
	(v) Provide copies of VTA permits to ERMANZ every time they are issued.	**When required**												
	(v) Provide reports on all hazardous substances emergency and incident responses to the EPA, copied to the Environmental and Border Health Team, within 24 hours on the form specified by the EPA.	**When required**												
Sexually Transmissible Infections, including HIV/AIDS Prevention & Control	(i) Report AIDS cases to the AIDS Epidemiology Group, Department of Preventive and Social Medicine, University of Otago, Medical School, PO Box 913, Dunedin. Note: This report must be on form H773/1A as prescribed under Section 74 of the Health Act 1956. Further information is outlined in the	**When required**												

REGULATORY & SIX-MONTHLY REPORTING REQUIREMENTS		On Incident / Occurrence	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
	Communicable Disease Control Manual issued by the Ministry.													

i. Ministry of Health 'Vital few' reporting requirements

Appendix 5C: Vital Few RBA Reporting (six-monthly reporting showing data for each six months) Version December 2015. Vital Few RBA Reporting will be used to track the value of PHU investment nationally, linked to national population health outcomes and indicators. We intend to work with the PHU sector on developing the PHUs' Vital Few. In the meantime, we have retained the Tobacco and Alcohol performance measures (as per ISE reporting required in the past).																			
Service line/issue area 1:		Tobacco																	
Core function		Health Protection																	
Quantity (how many = #)				**Quality** (how well = %)								**Is anyone better off?** (Quantity and quality of effect = #/%)							
Performance measure		**First six months**	**Second six months**	**Performance measure**		**First six months**			**Second six months**			**Performance measure**		**First six months**			**Second six months**		
		#	**#**			**# (num)**	**# (den)**	**%**	**# (num)**	**# (den)**	**%**			**# (num)**	**# (den)**	**%**	**# (num)**	**# (den)**	**%**
1	# tobacco retailer education visits (one visit = one visit to one tobacco retailer).			**1**	% tobacco retailers visited during CPOs are from low socio-economic communities (ie, deprivation index 7-10). Numerator: # tobacco retailers in CPOs from low socio-economic							**1**	#/% tobacco retailers that are compliant at CPOs with the provision of the Smoke-free Environments Act 1990 that prohibits tobacco sales to persons aged under 18 years (BC, O). Numerator: #						

					communities: Denominator: total # tobacco retailers visited during CPOs.								tobacco retailers compliant at time of CPOs; Denominator: total # tobacco retailers undertaken in CPOs.						
2	# controlled purchase operations (one CPO = one total organised operation that targets a number of premises).			2								2							
3	# tobacco retailers visited during CPOs.			3								3							

Service line/issue area 2:	Alcohol		
Core function	Health Protection		
How many		**How well**	**Is anyone better off** (Quantity and quality of effect = #/%)

	Performance measure	First six months	Second six months
		#	#
1	# applications and renewals received.		
2	# applications and renewals that were inquired into.		
3	# applications and renewals inquired into that had		

	Performance measure	First six months			Second six months		
		# (num)	# (den)	%	# (num)	# (den)	%
1	% reports to District Licensing Committee submitted within 15 days as per Sale and Supply of Alcohol Act 2012. Numerator: # reports to DLC submitted within 15 days; Denominator: total # reports submitted to DLC.						
2							
3							

	Performance measure	First six months			Second six months		
		# (num)	# (den)	%	# (num)	# (den)	%
1	To be determined.						
2							
3							

	matters in opposition identified.																		

Service line/issue area 3:		Environmental and Border Health																	
Core function		Health Protection																	
How many				**How well**								**Is anyone better off** (Quantity and quality of effect = #/%)							
Performance measure		**First six months**	**Second six months**	**Performance measure**		**First six months**			**Second six months**			**Performance measure**		**First six months**			**Second six months**		
		#	**#**			**# (num)**	**# (den)**	**%**	**# (num)**	**# (den)**	**%**			**# (num)**	**# (den)**	**%**	**# (num)**	**# (den)**	**%**
1	To be determined.			**1**	To be determined.							**1**	To be determined.						

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SOUTHERN DISTRICT HEALTH BOARD

Title:	**CONTRACTS REGISTER**
Report to:	Commissioner Team
Date of Meeting:	27 July 2016

Summary:

Funding contracts signed under delegation by Executive Director Planning & Funding and Chief Executive Officer and contracts approved by the Commissioner executed since last report.

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

Financial:	Nil
Workforce:	Nil
Other:	Nil

Document previously submitted to:	n/a	**Date:** n/a

Prepared by:	**Presented by:**
Sandra Boardman Executive Director Planning and Funding **Date:** 13 July 2016	Sandra Boardman Executive Director Planning and Funding

RECOMMENDATION:

1. **That the Commissioner note the attached Contracts Register.**

FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) JULY 2016

PROVIDER NAME	DESCRIPTION OF SERVICES	ANNUAL AMOUNT	CONTRACT/VARIATION END DATE	APPROVED BY
Contract Value of - $0 - $100,000 (Level 3)				
University of Otago - School of Dentistry Variation to Service Schedule	Sleep Apnoea Service	$14,039.10	31.10.16	EDP&F 20.04.16
Glenbrae Rest Home Limited Variation to Agreement	Long Term Support - Chronic Health Conditions	$27,217.56 (Estimated p.a.)	03.08.20	EDP&F 30.05.16
Kiwi Elderly Care Limited Variation to Agreement	Long Term Support - Chronic Health Conditions	$46,075.15 (Estimated p.a.)	03.08.20	EDP&F 31.05.16
Ryman Healthcare Limited Variation to Agreement	Long Term Support - Chronic Health Conditions	$36,405.87 (Estimated p.a.)	03.08.20	EDP&F 31.05.16
BUPA Care Services NZ Ltd - Windsor Park New Agreement	Long Term Support - Chronic Health Conditions	$66,335.10	16.03.17	EDP&F 18.05.16
Downie Stewart Foundation Variation to Agreement	Sleepover Settlement	$74,519.00	30.06.17	EDP&F 08.06.16
Heritage Lifecare Limited Variation to Agreement	Long Term Support - Chronic Health Conditions	$29,340.67 (Estimated p.a.)	03.08.20	EDP&F 13.06.16
	Total for Level 3	**$ 279,893.35**		

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FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) JULY 2016

Contract Value of - $100,000 - $500,000 (Level 2)				
WellSouth Primary Health Network New Service Schedule	Clinical Pharmacist Facilitators	$576,000.00 (Total Contract Value $1,728,000.00)	30.04.19	Commissioner 25.05.16
University of Otago - School of Dentistry Variation to Service Schedule	Emergency Dental Treatments	$271,580.00	31.10.16	EDP&F 20.04.16
Radius Residential Care Limited Variation to Agreement	Long Term Support - Chronic Health Conditions	$154,756.28 (Estimated p.a.)	03.08.20	EDP&F 30.05.16
	Total for Level 2	**$ 1,002,336.28**		
Contract Value of - $500,000 - 1 Million (Level 1)				
University of Otago - School of Dentistry Variation to Service Schedule	Inpatient & Outpatient Dental Treatment	$791,432.67	31.10.16	CEO 22.04.16
	Total for Level 1	**$ 791,432.67**		
Contract Value of - $1 Million and Over (Commissioner)				
Otago Community Hospice Variation to Agreement	Palliative Care Services	$3,561,420.00 (Total Contract Value $3,658,216.00)	30.06.16	Commissioner 25.05.16
Hospice Southland Variation to Agreement	Palliative Care Services	$2,162,852.00 (Total Contract Value $2220674.00)	30.06.17	Commissioner 25.05.16
	Total for Board Level	**$ 5,724,272.00**		
	Grand Total	**$ 7,797,934.30**		

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SOUTHERN DISTRICT HEALTH BOARD

Title:	**FINANCIAL REPORT**
Report to:	Disability Support and Community & Public Health Advisory Committees
Date of Meeting:	27 July 2016

Summary:

The issues considered in this paper are:

- June 2016 Funds result

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

Financial:	As set out in report.
Workforce:	No specific implications
Other:	n/a

Document previously submitted to:	Not applicable, report submitted directly to DSAC/CPHAC	**Date:** n/a

Prepared by:	**Presented by:**
Planning & Funding Team **Date:** 15 July 2016	Sandra Boardman Executive Director Planning & Funding

RECOMMENDATION:

1. **That the report be received.**

FUNDER FINANCIAL REPORT – June 2016

1. Overview

The overall funder result follows;

Month Actual $' 000	Month Budget $' 000	Month Variance $' 000		Year to Date Actual $' 000	Year to Date Budget $' 000	Year to Date Variance $' 000
72,265	70,783	1,482	Revenue	853,162	848,545	4,617
(73,010)	(72,559)	(452)	Less Other Costs	(868,664)	(889,596)	932
(744)	(1,775)	1,030	Net Surplus / (Deficit)	(15,502)	(21,051)	5,549
			Expenses			
(52,016)	(51,734)	(282)	Personal Health	(623,356)	(621,785)	(1,571)
(7,334)	(7,416)	82	Mental Health	(88,586)	(89,036)	450
(112)	(101)	(11)	Public Health	(1,293)	(1,210)	(83)
(12,404)	(12,158)	(246)	Disability Support	(142,733)	(144,799)	2,066
(115)	(121)	6	Maori Health	(1,384)	(1,454)	70
(1,029)	(1,029)	0	Other	(11,312)	(11,312)	0
(73,010)	(72,559)	(452)	Expenses	(868,664)	(869,596)	932

Summary Comment:

For June the Funder had a deficit of $0.74m against a budget deficit of $1.77m which is $1.03m favourable.
Revenue is favourable by $1.48m. Costs overall were unfavourable by $0.45m in June

The favourable revenue variance of $1.48m is mainly due to IDF wash-ups, unbudgeted revenue such as VLCA for Under 13's and In Between Travel.
Expenditure for the month is unfavourable to budget with the main reason being unbudgeted expenditure relating to unbudgeted revenue for U13's and In Between travel. Other expenditure overall is favourable to budget. Residential Care Hospitals ($0.23m) and Residential Care Rest Homes ($0.29m) and Mental Health Community Residential Beds ($0.25m) are the main contributors.
YTD expenditure is favourable to budget by $0.93m with the main drivers being Residential Care Hospitals $2.42m favourable, Residential care Rest Homes $1.24m favourable, PCT $0.44m favourable, Travel & Accommodation $0.72m favourable and palliative care $0.72m favourable, offset by Pharmaceuticals (including PCT) $0.19m unfavourable and PHO's $2.27m unfavourable.

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2. Results by Grouping

The following table shows revenue and expenditure by Output Class:

Month Actual $' 000	Month Budget $' 000	Month Variance $' 000		Year to Date Actual $' 000	Year to Date Budget $' 000	Year to Date Variance $' 000
			Revenue			
51,785	50,308	1,477	Personal Health	609,397	604,874	4,523
7,159	7,154	5	Mental Health	85,949	85,855	94
101	101	0	Public Health	1,212	1,212	0
12,070	12,070	0	Disability Support	143,840	143,840	0
121	121	0	Maori Health	1,452	1,452	0
1,029	1,029	0	Funding and Governance	11,312	11,312	0
72,265	70,783	1,482	Revenue total	853,162	848,545	4,617
			Expenses			
(52,016)	(51,734)	(282)	Personal Health	(623,356)	(621,785)	(1,571)
(7,334)	(7,416)	82	Mental Health	(88,586)	(89,036)	450
(112)	(101)	(11)	Public Health	(1,293)	(1,210)	(83)
(12,404)	(12,158)	(246)	Disability Support	(142,733)	(144,799)	2,066
(115)	(121)	6	Maori Health	(1,384)	(1,454)	70
(1,029)	(1,029)	0	Funding and Governance	(11,312)	(11,312)	0
(73,010)	(72,559)	(452)	Expenses total	(868,664)	(869,596)	932
			Surplus (Deficit)			
(231)	(1,426)	1,195	Personal Health	(13,959)	(16,911)	2,952
(175)	(262)	87	Mental Health	(2,637)	(3,181)	544
(11)	0	(11)	Public Health	(81)	2	(83)
(334)	(88)	(246)	Disability Support	1,107	(959)	2,066
6	0	6	Maori Health	68	(2)	70
0	0	0	Funding and Governance	0	0	0
(745)	(1,776)	1,031		(15,502)	(21,051)	5,549

- Revenue YTD is $4.62m favourable to budget and is due to additional funding for Under 13's, In Between Travel and IDF wash-ups.
- Personal Health payments are unfavourable YTD by $1.57m. Primary Health Care Strategy $1.85m and Medical Outpatients & 0.97m are the main drivers offset by favourable variances of $0.72m in Travel & Accommodation and $0.71m in palliative care.
- DSS is favourable to budget by $2.06m and is due to Residential Care Hospitals, Residential Care Rest Homes and AT&R.
- Mental Health and Public Health costs are close to budget.

3. DHB Funds Result split by NGO and Provider

Personal Health June 2016	Current Month Actual $(000)	Current Month Budget $(000)	Current Month Variance $(000)	Current Month Variance %	Year to Date Actual $(000)	Year to Date Budget $(000)	Year to Date Variance $(000)	Year to Date Variance %	Variance Note
Personal Health - Provider Arm									
Child and Youth	(339)	(339)			(4,070)	(4,070)			
Laboratory	-	-			-	-			
Infertility Treatment Services	-	-			(187)	(187)			
Maternity	(22)	(22)			(269)	(269)			
Maternity (Tertiary & Secondary)	(1,342)	(1,342)			(16,102)	(16,102)			
Pregnancy and Parenting Education	(3)	(3)			(32)	(32)			
Neo Natal	(647)	(647)			(7,767)	(7,767)			
Sexual Health	(86)	(86)			(1,030)	(1,030)			
Adolescent Dental Benefit	(26)	(26)			(318)	(318)			
Dental - Low Income Adult	(28)	(28)			(337)	(337)			
Child (School) Dental Services	(597)	(597)			(7,163)	(7,163)			
Secondary / Tertiary Dental	(84)	(84)			(1,009)	(1,009)			
Pharmaceuticals	(345)	(258)	(87) U	(34%)	(4,181)	(3,109)	(1,071) U	(34%)	4
Pharmaceutical Cancer Treatment Drugs	(476)	(475)	(1) U		(5,255)	(5,699)	444 F	8%	4
Pharmacy Services	-	-			-	-			
Primary Health Care Strategy - Health/SIA	-	-			-	-			
Rural Support for Primary Health Pro	(72)	(72)			(859)	(859)			
Immunisation	(69)	(49)	(20) U	(40%)	(823)	(589)	(234) U	(40%)	
Radiology	(277)	(277)			(3,326)	(3,326)			
Palliative Care	-	-			-	-			
Meals on Wheels	(35)	(35)			(421)	(421)			
Domicilary & District Nursing	(1,106)	(1,106)			(13,271)	(13,271)			
Community based Allied Health	(495)	(495)			(5,938)	(5,938)			
Chronic Disease Management and Educa	(155)	(155)			(1,861)	(1,861)			
Medical Inpatients	(6,726)	(6,726)			(80,715)	(80,715)			
Medical Outpatients	(3,243)	(3,243)			(38,919)	(38,919)			
Surgical Inpatients	(11,194)	(11,194)			(134,328)	(134,328)			
Surgical Outpatients	(1,602)	(1,602)			(19,316)	(19,219)	(97) U	(1%)	9
Paediatric Inpatients	(702)	(702)			(8,420)	(8,420)			
Paediatric Outpatients	(225)	(225)			(2,705)	(2,705)			
Pacific Peoples' Health	(10)	(10)			(119)	(119)			
Emergency Services	(1,703)	(1,703)			(20,440)	(20,440)			
Minor Personal Health Expenditure	(15)	(15)			(181)	(181)			
Price adjusters and Premium	(500)	(500)			(6,000)	(6,000)			
Travel & Accomodation	(8)	(8)			(95)	(95)			
	(32,132)	**(32,024)**	**(108) U**	**(0%)**	**(385,457)**	**(384,498)**	**(958) U**	**(0%)**	
Personal Health NGO									
Personal Health to allocate	-	-			-	-			
Child and Youth	(127)	(33)	(94) U	(284%)	(571)	(398)	(173) U	(44%)	
Laboratory	(1,468)	(1,486)	18 F	1%	(17,534)	(17,827)	293 F	2%	1
Infertility Treatment Services	(8)	(102)	94 F	92%	(95)	(1,015)	920 F	91%	2
Maternity	(214)	(198)	(17) U	(8%)	(2,577)	(2,388)	(189) U	(8%)	
Maternity (Tertiary & Secondary)	(1)	(1)			(14)	(8)	(6) U	(74%)	
Pregnancy and Parenting Education	(16)	(7)	(10) U	(149%)	(102)	(95)	(6) U	(7%)	
Sexual Health	(1)	(1)		(3%)	(18)	(17)		(1%)	
Adolescent Dental Benefit	(191)	(181)	(10) U	(6%)	(1,862)	(2,076)	214 F	10%	
Dental - Low Income Adult	(130)	(62)	(68) U	(109%)	(563)	(747)	184 F	25%	3
Child (School) Dental Services	(33)	(35)	2 F	5%	(309)	(415)	106 F	25%	
Secondary / Tertiary Dental	(132)	(133)	1 F	1%	(1,704)	(1,595)	(110) U	(7%)	
Pharmaceuticals	(5,989)	(5,953)	(36) U	(1%)	(71,700)	(72,044)	344 F		4
Pharmaceutical Cancer Treatment Drugs	-	-			-	-			4
Pharmacy Services	1	(11)	13 F	111%	(41)	(137)	96 F	70%	4
Management Referred Services	-	-			-	-			
General Medical Subsidy	(58)	(77)	19 F	25%	(703)	(952)	249 F	26%	
Primary Practice Services - Capitated	(4,137)	(3,785)	(353) U	(8%)	(45,854)	(45,421)	(434) U	(1%)	5
Primary Health Care Strategy - Care	(345)	(336)	(9) U	(3%)	(4,069)	(4,026)	(42) U	(1%)	5
Primary Health Care Strategy - Health	(805)	(389)	(415) U	(107%)	(6,518)	(4,672)	(1,847) U	(40%)	5
Primary Health Care Strategy - Other	-	-			-	-			
Practice Nurse Subsidy	(21)	(16)	(5) U	(29%)	(200)	(195)	(5) U	(2%)	
Rural Support for Primary Health Pro	(1,280)	(1,271)	(9) U	(1%)	(15,422)	(15,374)	(48) U		
Immunisation	(270)	(217)	(53) U	(24%)	(2,174)	(2,048)	(126) U	(6%)	6
Radiology	(173)	(167)	(6) U	(4%)	(2,177)	(2,003)	(174) U	(9%)	7
Palliative Care	(609)	(579)	(30) U	(5%)	(6,231)	(6,949)	718 F	10%	8
Meals on Wheels	(20)	(19)	(1) U	(5%)	(242)	(232)	(11) U	(5%)	
Domicilary & District Nursing	(547)	(560)	13 F	2%	(6,606)	(6,773)	167 F	2%	
Community based Allied Health	(175)	(154)	(21) U	(14%)	(2,102)	(1,908)	(194) U	(10%)	
Chronic Disease Management and Educa	(93)	(94)	1 F	1%	(1,134)	(1,138)	4 F		
Medical Outpatients	(454)	(401)	(53) U	(13%)	(5,812)	(4,845)	(967) U	(20%)	9
Surgical Inpatients	96	(19)	115 F	606%	(139)	(228)	89 F	39%	
Surgical Outpatients	(42)	(149)	107 F	72%	(1,788)	(1,822)	34 F	2%	
Paediatric Outpatients	-	-			(12)	-	(12) U		
Pacific Peoples' Health	(11)	(11)		3%	(135)	(135)	1 F	1%	
Emergency Services	(149)	(156)	6 F	4%	(1,822)	(1,896)	75 F	4%	
Minor Personal Health Expenditure	(24)	(40)	16 F	40%	(398)	(542)	144 F	27%	
Price adjusters and Premium	(143)	(105)	(39) U	(37%)	(1,637)	(1,256)	(381) U	(30%)	10
Travel & Accomodation	(310)	(397)	86 F	22%	(4,430)	(5,150)	719 F	14%	11
Inter District Flow Personal Health	(2,002)	(2,565)	563 F	22%	(31,205)	(30,961)	(244) U	(1%)	12
	(19,881)	**(19,710)**	**(171) U**	**(1%)**	**(237,900)**	**(237,288)**	**(612) U**	**(0%)**	
Total Personal Health	**(52,013)**	**(51,734)**	**(279) U**	**(1%)**	**(623,357)**	**(621,786)**	**(1,570) U**	**(0%)**	

Personal Health expenditure variance notes;

1. **Laboratories** - $0.29m favourable YTD.
   Main contract payments to SCL are favourable to budget YTD. Budget was overstated by $30k per month.
2. **Infertility Treatment Services -** $0.92m favourable YTD.
   Expenditure now included in IDF's paid to Canterbury DHB.
3. **Dental – Low Income Adult** - $0.25m favourable YTD.
   Dental school contract less than budget due to change in eligibility criteria.
4. **Pharmaceuticals including PCT (Provider & NGO) –** $0.19m unfavourable YTD.
   Expenditure is based on the Pharmac's latest forecast (received in April).
5. **Primary Capitated and Health Care (All lines combined)** - $2.27m unfavourable YTD.
   These service lines form a major part of the PHO contract. The unfavourable variance relates to unbudgeted Very Low Cost Access for Under 13s offset by revenue received, along with unbudgeted expenditure for Clinical Pharmacist and Social Sector trials.
6. **Immunisation** - $0.36m unfavourable YTD.
   Demand driven service. The budget was weighted to the April/May period but expenditure is still over budget, with the majority of the overspend occurring in May.
7. **Radiology -** $0.17m unfavourable YTD.
   Budget includes a savings line of $0.3m YTD.
8. **Palliative care** – $0.71m favourable YTD.
   Demand driven service. Change in criteria for eligibility from 3 months to 6 weeks is the main driver of the underspend.
9. **Medical Outpatients -** $0.97m unfavourable YTD
   Expenditure includes $0.57m of unbudgeted PET Scan costs. Haemophilia national pool costs are over budget by $0.27m due to wash-ups for 2014/15 being higher than accrued. Expenditure includes $0.10m of unbudgeted Renal medicine training costs.
10. **Price Adjusters and Premium -** $0.38m unfavourable YTD.
    Budget includes IDF savings of $0.50m YTD. IDF Savings coded in this line due to national reconciliations. The savings line has been offset by Rural Trust contracts where the coding within the contracts have changed. The contract for one Rural Trust has a negative adjuster line to account for the 5% savings reduction.
11. **Travel & Accommodation -** $0.72m favourable YTD.
    Demand driven service.
12. **IDF Personal Health -** $0.24m unfavourable YTD.
    Includes Infertility treatment expenditure now a regional service. Offset by favourable variance in infertility Treatment line. Expenditure also includes national wash-ups that are favourable.

Mental Health

Mental Health June 2016	Current Month Actual $(000)	Budget $(000)	Variance $(000)	Variance %	Year to Date Actual $(000)	Budget $(000)	Variance $(000)	Variance %	Variance Note
Mental Health - Provider Arm									
Mental Health to allocate	-	-	0 F		-	-	0 F		
Acute Mental Health Inpatients	(1,310)	(1,310)	0 F	(0%)	(15,721)	(15,721)	0 F	(0%)	
Sub-Acute & Long Term Mental Health	(366)	(366)	0 F	(0%)	(4,386)	(4,386)	0 F	(0%)	
Crisis Respite	(2)	(2)	0 F	(0%)	(25)	(25)	0 F	(0%)	
Alcohol & Other Drugs - General	-	-	0 F		-	-	0 F		
Methadone	(95)	(95)	0 F	(0%)	(1,136)	(1,136)	0 F	(0%)	
Dual Diagnosis - Alcohol & Other Drugs	(282)	(282)	0 F	(0%)	(3,380)	(3,380)	0 F	(0%)	
Dual Diagnosis - MH/ID	(5)	(5)	0 F	(0%)	(60)	(60)	0 F	(0%)	
Child & Youth Mental Health Services	(581)	(581)	0 F	(0%)	(6,967)	(6,967)	0 F	(0%)	
Forensic Services	(556)	(556)	0 F	(0%)	(6,668)	(6,668)	0 F	(0%)	
Kaupapa Maori Mental Health Services	(147)	(147)	0 F	(0%)	(1,759)	(1,759)	0 F	(0%)	
Mental Health Community Services	(1,758)	(1,758)	0 F	(0%)	(21,095)	(21,095)	0 F	(0%)	
Prison/Court Liaison	-	-	0 F		-	-	0 F		
Day Activity & Work Rehabilitation S	(63)	(63)	0 F	(0%)	(761)	(761)	0 F	(0%)	
Mental Health Funded Services for Older P	(36)	(36)	0 F	(0%)	(430)	(430)	0 F	(0%)	
Advocacy / Peer Support - Consumer	(24)	(24)	0 F	(0%)	(291)	(291)	0 F	(0%)	
Other Home Based Residential Support	(58)	(58)	0 F	(0%)	(699)	(699)	0 F	(0%)	
Advocacy / Peer Support - Families	(11)	(11)	0 F	(0%)	(127)	(127)	0 F	(0%)	
	(5,294)	**(5,294)**	0 F		**(63,505)**	**(63,505)**	0 F		
Mental Health - NGO									
Mental Health to allocate	-	-	0 F	n/m	-	-	0 F	n/m	
Crisis Respite	(4)	(6)	2 F	38%	(55)	(73)	18 F	24%	
Alcohol & Other Drugs - General	(67)	(15)	(51) U	(331%)	(333)	(186)	(147) U	(79%)	
Alcohol & Other Drugs - Child & Youth	-	(3)	3 F	100%	(30)	(36)	6 F	15%	
Dual Diagnosis - Alcohol & Other Drugs	(21)	(63)	42 F	67%	(674)	(754)	80 F	11%	
Eating Disorder	(11)	(11)	0 F	(0%)	(130)	(130)	0 F	(0%)	
Maternal Mental Health	(3)	(3)	0 F	(0%)	(42)	(42)	0 F	(0%)	
Child & Youth Mental Health Services	(444)	(454)	10 F	2%	(5,347)	(5,472)	125 F	2%	
Forensic Services	-	-	0 F	n/m	-	-	0 F	n/m	
Kaupapa Maori Mental Health Services	(6)	(6)	0 F	(0%)	(74)	(74)	0 F	(0%)	
Mental Health Community Services	(111)	(104)	(7) U	(6%)	(1,265)	(1,258)	(7) U	(1%)	
Day Activity & Work Rehabilitation S	(123)	(135)	11 F	8%	(1,487)	(1,624)	137 F	8%	
Advocacy / Peer Support - Consumer	(24)	(23)	(1) U	(5%)	(273)	(280)	7 F	2%	
Other Home Based Residential Support	(447)	(330)	(117) U	(35%)	(4,224)	(3,959)	(265) U	(7%)	13
Advocacy / Peer Support - Families	(63)	(50)	(13) U	(27%)	(714)	(608)	(106) U	(17%)	
Community Residential Beds & Service	(209)	(454)	246 F	54%	(4,848)	(5,451)	603 F	11%	13
Minor Mental Health Expenditure	(40)	(30)	(10) U	(31%)	(365)	(365)	0 F	(0%)	
Inter District Flow Mental Health	(469)	(435)	(34) U	(8%)	(5,218)	(5,220)	1 F	(0%)	
	(2,042)	**(2,122)**	**81 F**	**4%**	**(25,079)**	**(25,532)**	**452 F**	**2%**	
Total Mental Health	**(7,336)**	**(7,416)**	**81 F**	**1%**	**(88,584)**	**(89,037)**	**452 F**	**1%**	

Mental Health expenditure variance notes;

13. Community Residential Beds & Services ($0.60m favourable YTD)

Demand driven service with the main reason for the underspend being exceptional circumstances expenditure. This is partially offset by an overspend in Other Home Based Residential Support.

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Disability Support Services

DSS *June 2016*	Current Month Actual $(000)	Current Month Budget $(000)	Current Month Variance $(000)	Current Month Variance %	Year to Date Actual $(000)	Year to Date Budget $(000)	Year to Date Variance $(000)	Year to Date Variance %	Variance Note
Disability Support Services - Provider Arm									
AT & R (Assessment, Treatment and Re	(1,866)	(1,866)	-	(0%)	(22,386)	(22,386)	-	(0%)	
Information and Advisory	-	-	-	n/m	-	-	-	n/m	
Needs Assessment	(137)	(127)	(10) U	8%	(1,647)	(1,527)	(120) U	8%	
Service Co-ordination	(20)	(20)	-	(0%)	(235)	(235)	-	(0%)	
Home Support	-	-	-	n/m	-	-	-	n/m	
Carer Support	-	-	-	n/m	-	-	-	n/m	
Residential Care: Rest Homes	-	-	-	n/m	-	-	-	n/m	
Residential Care: Loans Adjustment	-	-	-	n/m	-	-	-	n/m	
Long Term Chronic Conditions	-	-	-	n/m	-	-	-	n/m	
Residential Care: Hospitals	-	-	-	n/m	-	-	-	n/m	
Ageing in Place	-	-	-	n/m	-	-	-	n/m	
Environmental Support Services	(2)	(2)	-	(0%)	(27)	(27)	-	(0%)	
Day Programmes	-	-	-	n/m	-	-	-	n/m	
Expenditure to Attend Treatment ETAT	-	-	-	n/m	-	-	-	n/m	
Minor Disability Support Expenditure	-	-	-	n/m	(42)	(42)	-	(0%)	
Respite Care	-	-	-	n/m	-	-	-	n/m	
Child Development	(90)	(90)	-	(0%)	(1,075)	(1,075)	-	(0%)	
Community Health Services & Support	(21)	(21)	-	(0%)	(252)	(252)	-	(0%)	
	(2,136)	**(2,126)**	**(10)**	**0.00**	**(25,664)**	**(25,544)**	**(120) U**	**(0%)**	
Disability Support Services - NGO									
AT & R (Assessment, Treatment and Re	(317)	(284)	(34) U	(12%)	(3,807)	(3,457)	(350) U	(10%)	14
Information and Advisory	(11)	(11)	-	2%	(131)	(135)	5 F	3%	
Needs Assessment	(25)	(29)	5 F	16%	(297)	(358)	61 F	17%	
Service Co-ordination	-	-	-	n/m	(4)	-	(4) U	n/m	
Home Support	(2,192)	(1,501)	(691) U	(46%)	(19,339)	(18,009)	(1,330) U	(7%)	15
Carer Support	(146)	(127)	(19) U	(15%)	(1,752)	(1,654)	(99) U	(6%)	
Residential Care: Rest Homes	(3,034)	(3,324)	289 F	9%	(38,082)	(39,324)	1,242 F	3%	16
Residential Care: Loans Adjustment	32	23	9 F	(38%)	237	276	(39) U	14%	
Residential Care: Hospitals	(3,987)	(4,216)	230 F	5%	(47,382)	(49,804)	2,422 F	5%	17
Environmental Support Services	-	(9)	9 F	100%	(78)	(107)	29 F	27%	
Day Programmes	(19)	(56)	36 F	65%	(420)	(661)	241 F	36%	
Minor Disability Support Expenditure	(15)	(6)	(8) U	(130%)	(95)	(77)	(18) U	(23%)	
Respite Care	(168)	(143)	(25) U	(18%)	(1,710)	(1,718)	8 F	(0%)	
Child Development	-	-	-	n/m	-	-	-	n/m	
Community Health Services & Support	(72)	(54)	(18) U	(33%)	(565)	(646)	81 F	13%	
Inter District Flow Disability Support	(312)	(298)	(14) U	(5%)	(3,583)	(3,582)	(1) U	(0%)	
	(10,271)	**(10,035)**	**(236) U**	**(2%)**	**(117,069)**	**(119,256)**	**2,187**	**2%**	
Total Disability Support Services	**(12,407)**	**(12,161)**	**(246) U**	**(2%)**	**(142,733)**	**(144,800)**	**2,067 F**	**1%**	

<u>Disability Support Services expenditure variance notes;</u>

14. AT&R - $0.35m unfavourable YTD.

Provider contracts $0.26m more than budgeted YTD. Budget also includes $0.10m of savings YTD.

15. Home Support - $1.3m unfavourable.

Includes unbudgeted expenditure for In Between Travel which is partially offset by unbudgeted revenue.

16. Residential Care Rest Homes - $1.24m favourable YTD.

The main driver of the YTD variance is LTS-CHC expenditure which is $428k under budget YTD along with a Rest Home price variance of $174k and Rest Home Volume variance of $626k under budget.

17. Residential Care: Hospitals - $2.42m favourable YTD.

Hospital price and volumes for 15/16 are less than budget by $2.18m.
Psychogeriatric is close to budget with volumes for 15/16 being over budget by $87k, offset by price being $108k under budget.
LTS-CHC price and volumes for 15/16 are under budget by $129k
2014/15 over accruals $297k.

Public Health

Public Health June 2016	Current Month Actual $(000)	Budget $(000)	Variance $(000)	Variance %	Year to Date Actual $(000)	Budget $(000)	Variance $(000)	Variance %	Variance Note
Public Health - Provider Arm									
Alcohol & Drug	-	-	0 F		-	-	0 F		
Communicable Diseases	(4)	(4)	0 F	(0%)	(44)	(44)	0 F	(0%)	
Mental Health	(11)	(11)	0 F	(0%)	(136)	(136)	0 F	(0%)	
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)	(26)	(8) U	(31%)	(407)	(311)	(96) U	31%	
	(49)	**(41)**	**(8) U**	**(20%)**	**(587)**	**(491)**	**(96) U**	**(20%)**	
Public Health - NGO									
Mental Health	(10)	-	(10)		(79)	-	(79)		
Nutrition and Physical Activity	(31)	(27)	(4) U	(16%)	(352)	(320)	(32) U	(10%)	
Physical Environment	-	-	-	n/m	-	-	-	n/m	
Public Health Infrastructure	-	-	-	n/m	-	-	-	n/m	
Sexual Health	-	-	-	n/m	-	-	-	n/m	
Social Environments	-	-	-	n/m	-	-	-	n/m	
Tobacco Control	(23)	(33)	11 F	32%	(277)	(399)	122 F	30%	
Well Child Promotion	-	-		n/m	2	-	2 F	n/m	
	(64)	**(60)**	**(3)**	**(5%)**	**(706)**	**(719)**	**13**	**2%**	
Total Public Health	**(113)**	**(101)**	**(11) U**	**(11%)**	**(1,293)**	**(1,210)**	**(83) U**	**(7%)**	

<u>Public health expenditure variance notes;</u>

No significant variances.

Maori Health Expenditure

Maori Health June 2016	Current Month				Year to Date				Variance Note
	Actual $(000)	Budget $(000)	Variance $(000)	Variance %	Actual $(000)	Budget $(000)	Variance $(000)	Variance %	
Maori Health - Provider Arm									
Maori Service development	(16)	(16)	0 F	(0%)	(189)	(189)	0 F	(0%)	
Maori Provider Assistance Infrastructure	-	-	0 F	(0%)	-	-	0 F	(0%)	
Maori Workforce Development	-	-	0 F	(0%)	-	-	0 F	(0%)	
Minor Maori Health Expenditure	-	-	0 F	(0%)	-	-	0 F	(0%)	
Whanau Ora Services	(8)	(8)	0 F	(0%)	(97)	(97)	0 F	(0%)	
Maori Health - Provider Arm Total	**(24)**	**(24)**	0 F	(0%)	**(286)**	**(286)**	0 F	(0%)	
Maori Health - NGO									
Maori Service development	(21)	(25)	4 F	16%	(237)	(299)	62 F	21%	
Maori Provider Assistance Infrastructure									
Maori Workforce Development									
Minor Maori Health Expenditure									
Whanau Ora Services	(70)	(72)	2 F	3%	(861)	(869)	8 F	1%	
Maori Health - NGO Total	**(91)**	**(97)**	**6 F**	**(46%)**	**(1,098)**	**(1,168)**	**70 F**	6%	
Total Maori Health	**(115)**	**(121)**	**6 F**	5%	**(1,384)**	**(1,454)**	**70 F**	5%	

Maori Health Services expenditure variance notes;

No significant variances.

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.
2. Confidential Planning & Funding Report	To allow activities and negotiations (including commercial and industrial negotiations) to be carried on without prejudice or disadvantage.	Sections 9(2)(i) and 9(2)(j) of the Official Information Act (OIA) 1982.
3. Public Health Annual Plan	To protect the privacy of natural persons.	Section 9(2)(a) of the OIA.
4. Contracts	To allow activities and negotiations (including commercial negotiations) to be carried on without prejudice or disadvantage.	Section 9(2)(j) of the OIA.