SOUTHERN DISTRICT HEALTH BOARD

DISABILITY SUPPORT ADVISORY COMMITTEE
and
COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE

Tuesday, 21 June 2016
commencing at the conclusion of the public
Hospital Advisory Committee meeting

Board Room, Level 2, West Wing, Main Block,
Wakari Hospital Campus, 371 Taieri Road, Dunedin

A G E N D A

Lead Director: Sandra Boardman

Item

1. **Apologies**
2. **Interests Register**
3. **Minutes of Previous Meeting**
4. **Matters Arising**
5. **Review of Action Sheet**
6. **Review of Terms of Reference**
7. **Planning & Funding Report**
   7.1 Planning & Funding Activity
8. **Quarter Three 2015/16 Southern DHB Performance Reporting**
9. **Contracts Register**
10. **Financial Report**

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 ▪ Primary Maternity	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. Contracts	To allow activities and negotiations (including commercial negotiations) to be carried on without prejudice or disadvantage.	Section 9(2)(j) of the OIA.

APOLOGIES

Apologies have been received from Angela Pitchford, Deputy Commissioner, and Carole Heatly, Chief Executive Officer.

SOUTHERN DISTRICT HEALTH BOARD

Title:	**INTERESTS REGISTERS**
Report to:	Commissioner Team
Date of Meeting:	21 June 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:

- Susie Johnstone, Independent Chair of the Finance, Audit & Risk Committee – entry for Office of the Auditor-General updated;
- Pania Coote, Executive Director Māori Health - Ngai Tahu entry updated; SI DHBs Medical Diagnostic Lab Steering Group and various SDHB operational advisory committees removed.

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

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

Prepared by:

Jeanette Kloosterman
Board Secretary

Date: 10/06/16

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 International Airport Limited~~ (Ended 31.10.2015)	Nil	
	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, Arai Te Uru Kokiri Centre~~ - DELETED 02.09.2015	n/a	
	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.	
	23.11.2015	~~Director, Dunedin Venues Management Ltd~~ - DELETED 26.02.2016	Nil	
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.	
	29.03.2010	~~Chairman, Composite Retail Group (Removed 21.12.2015)~~	~~May have some stores that deal with Southern DHB.~~	
	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 McCUTHEON	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
Nigel MILLAR		TBA	
Nicola MUTCH	16.03.2016	Member, International Nominations Committee, Amnesty International	Nil
		Trustee, Blueskin Resilient Communities Trust	Nil
		Deputy Chair, Dunedin Fringe Trust	Nil
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	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 Wednesday, 25 May 2015, commencing at 1.30 pm, in the Board Room, Wakari Hospital Campus, Dunedin

Present:	Mrs Kathy Grant	Commissioner
	Mr Graham Crombie	Deputy Commissioner
	Dr Angela Pitchford	Deputy Commissioner
	Mr Richard Thomson	Deputy Commissioner
In Attendance:	Ms Carole Heatly	Chief Executive Officer
	Mrs Lexie O'Shea	Deputy 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
	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

There were no apologies.

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 REVIEW OF TERMS OF REFERENCE

The Committee reviewed their terms of reference (tab 3) and requested:

- That the Chief Executive Officer report back, with recommendations, on the location and frequency of meetings;
- That the review period be changed to, "The terms of reference for this Committee shall be reviewed as and when appropriate."

5.0 PLANNING AND FUNDING REPORT

In presenting the monthly report of Planning & Funding activities (tab 3.1), the Executive Director Planning & Funding (EDP&F) highlighted and provided updates on the following items.

- *Outpatients and Radiology Systems* – both of these projects were designed to ensure equity of access for both rural and urban populations. An event was planned for early July to agree a programme of work, which would identify particular outpatient specialities where improved access was likely to have the most benefit for rural populations.

- *Urgent Care* – the Service Level Alliance Team (SLAT) put a proposal to Alliance South the previous day around primary options for acute care, which was accepted by the Alliance Leadership Team (ALT). It was expected that a business case would be submitted to the ALT next month which would enable some patients with conditions such as cellulitis or deep vein thrombosis to be treated closer to home.

- *Investing for Outcomes* – this work was being undertaken with Central Otago and Lakes providers to explore how they could work more collaboratively to improve health outcomes for their community. This work feeds into the outpatients and radiology projects, as well as improved access to mental health services.

- *Better Health for Smokers to Quit* – primary care had achieved this target for the first time in quarter 3.

- *Social Sector Trials* - both the Gore and South Dunedin Social Sector Trials were considered to be successful and discussions were occurring on how they could be transitioned to a local model from January 2017.

During discussion, the Executive Manager Planning & Funding answered questions on the projects being undertaken, the connection between them and whether they were sufficiently resourced.

Public Health

A report on Public Health Services (tab 3.2) was taken as read. The Executive Director Planning & Funding drew attention to the approach being taken to providing face-to-face refugee interpreter services for the whole health sector.

Recommendation:

"That the report be noted."

Agreed

6.0 ANNUAL PLAN 2015/16 PROGRESS REPORT

The Committees considered a progress report on delivering the plans, actions and commitments in the Southern DHB 2015/16 Annual Plan and Joint DHB/PHO Southern Māori Health Plan 2015/16 (tab 5), and requested further information on the triage processes for Home and Community Support Services (section 17.1.2).

Recommendation:

"That the Commissioner note the progress in Quarter Three in delivering the Southern DHB Annual Plan 2015/16 and Southern Māori Health Plan 2015/16 and the intended actions where activity is incomplete.

Agreed

7.0 CONTRACTS REGISTER

The Funding contracts register as at May 2016 was circulated with the agenda (tab 6) for information.

Recommendation:

"That the Contracts Register be noted."

Agreed

CONFIDENTIAL SESSION

At 1.50 pm, 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. Confidential Planning & Funding Report ▪ Pharmaceuticals ▪ Primary Maternity ▪ Long Term Conditions	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.
2. 2016/17 Annual Plan Update	Annual Plan is subject to Ministerial approval.	Section 9(2)(f) of the OIA.
3. Contract Approvals	To allow activities and negotiations (including commercial negotiations) to be carried on without prejudice or disadvantage.	Section 9(2)(j) of the OIA.

Confirmed as a true and correct record:

Commissioner: _____

Date: _____

Southern District Health Board

DISABILITY SUPPORT AND COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEES MEETING

ACTION SHEET

As at 10 June 2016

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
25 May 2016	**Terms of Reference** (Minute item 4.0)	▪ CEO to report back, with recommendations on location and frequency of meetings. ▪ Review period to be changed to "as and when appropriate".	CEO BS	Completed	June 2016
25 May 2016	**Annual Plan 2015/16 Progress Report** (Minute item 6.0)	Further information to be provided on the triage processes for Home and Community Support Services (section 17.1.2).	EDP&F	▪ The DHB and Rural Hospital NASC services assess the complex Health of Older People (HOP) clients using the interRAI Home Care (HC) tool. ▪ Complex HOP clients are currently not being assessed within Service Specification timeframes. ▪ The DHB is reviewing its referral, triage and data capture processes to ensure consistency and accuracy – Specific actions include, monitoring throughput and key performance indicators (KPIs) to identify and address barriers – The DHB expects increased throughput of new referrals and a reduction in wait times. Progress will be reported in Q4. ▪ The Home and Community Support Services (HCSS) Providers (HCNZ, Access Homehealth and RDNS) assess the non-complex HOP clients	Complete

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
				using the interRAI Contact Assessment tool. ▪ Non-complex HOP clients are currently being assessed within Service Specification timeframes. ▪ The HCSS providers will provide quarterly reports to the DHB (within 2 weeks after the end of the quarter) showing the number of urgent, semi urgent and routine non-complex HOP assessments completed within Service Specification timeframes.	

SOUTHERN DISTRICT HEALTH BOARD

Title:	**Terms of Reference Review**
Report to:	Disability Support and Community & Public Health Advisory Committees
Date of Meeting:	21 June 2016

Summary:

The Terms of Reference (ToR) for the Disability Support and Community & Public Health Advisory Committees (DSAC/CPHAC) were last reviewed and modified in March 2014. Minor amendments are recommended to reflect the Commissioner's appointment.

Location and Frequency of Meetings:

Based on annual planning and reporting activities and significant items in the Annual Plan, it is recommended that DSAC/CPHAC meet on the following dates in 2016:

- 27 July (Invercargill)
- 27 September (Dunedin)
- 22 November (Dunedin)

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

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

Document previously submitted to:		**Date:**
Approved by Chief Executive Officer:		**Date:**

Prepared by: Jeanette Kloosterman Board Secretary **Date:** 13/06/2016	**Presented by:** Sandra Boardman Executive Director Planning & Funding

RECOMMENDATION:

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

COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE (CPHAC)

Terms of Reference

Accountability

The Community & Public Health Advisory Committee is constituted by section 34, part 3, of The New Zealand Public Health and Disability Act 2000 (The Act).

The procedures of the Committee shall also comply with Schedule 4 of the Act.

The Committee is to further comply with the standing orders of the Southern DHB which may not be inconsistent with the Act.

Function and Scope

1) The statutory functions of CPHAC is to give the ~~Board~~Commissioner advice on:

   a) the needs, and any factors that the Committee believes may adversely affect the health status, of the resident population of the Southern DHB; and

   b) priorities for use of the limited health funding provided.

2) The statutory aim of CPHAC's advice is to ensure that the following maximise the overall health gain for the population the Committee serves:

   a) all service interventions the Southern DHB has provided or funded or could provide or fund for that population;

   b) all policies the DHB has adopted or could adopt for that population.

3) CPHAC's advice may not be inconsistent with the New Zealand Health Strategy.

Responsibilities

The Committee is responsible for:

1) Taking an overview of the population and health improvement;

2) Providing recommendations for new initiatives in community and public health improvement;

3) Addressing the prevention of inappropriate hospital admissions through health promotion and community care interventions;

4) Examining the role that primary care, disability support, public health and other community services - as well as hospital services - can play in achieving health improvement;

5) Ensuring better co-ordination across the interface between services and providers;

6) Focusing on the needs of the populations and developing principles on which to determine priorities for using finite health funding;

7) Interpreting the local implications of the nation-wide and sector-wide health goals and performance expectations;

8) Providing advice, in collaboration with the Iwi Governance Committee, on strategies to reduce the disparities in health status; especially relating to Maori and Pacific Island peoples;

9) Providing advice on priorities for health improvement and independence as part of the strategic planning process;

10) Ensuring the processes and systems are put in place for effective and efficient management of health information in the Southern DHB district, including policies regarding data ownership and security;

11) Ensuring the priorities of the community are reflected in the Annual Plan of the Southern DHB, and to ensure that appropriate processes are followed in preparation of the plan.

12) Ensuring that recommendations for significant change or strategic issues have noted input from key stakeholders and consultation has occurred in accordance with statutory requirements and Ministry guidelines.

Membership

All members of the Committee are to be appointed by the ~~Board~~Commissioner. The ~~Board~~Commissioner will appoint the chairperson.

The Committee is to comprise of ~~Board members~~the Commissioner and Deputy Commissioners, supplemented with external appointees as required.

Membership will provide for Māori representation on the Committee. The Committee may obtain additional advice as and when required.

Where a person, who is not a ~~Board member~~Deputy Commissioner, is appointed to the Committee, the person must give the ~~Board~~Commissioner a statement that discloses any present or future conflict of interest, or a statement that no such conflicts exist or are likely to exist in the future.

Conflicts of Interest

Where a potential conflict of interest exists with an agenda item, these are to be declared by members and staff. A register of interests shall form part of each Committee meeting agenda.

Quorum

The quorum of members of a committee is,—

(a) if the total number of members of the committee is an even number, half that number; but
(b) if the total number of members of the committee is an odd number, a majority of the members.

Meetings

~~A minimum of~~Up to ~~eight~~ meetings per year are to be held.

Review

The Terms of Reference for this Committee shall be reviewed ~~at the beginning of each new Board term.~~as and when required.

Management Support

The Chief Executive Officer shall ensure adequate provision of management and administrative support to the Committee.

6

DISABILITY SUPPORT ADVISORY COMMITTEE (DSAC)

Terms of Reference

Accountability

The Disability Support Advisory Committee is constituted by section 35, part 3, of The New Zealand Public Health and Disability Act 2000 (The Act).

The procedures of the Committee shall also comply with Schedule 4 of the Act.

The Committee is to further comply with the standing orders of the Southern DHB which may not be inconsistent with the Act.

Function and Scope

1) The statutory functions of DSAC are to give the ~~Board~~Commissioner advice on:
   a) The disability support needs of the resident population of the Southern DHB
   b) Priorities for use of the disability support funding provided.

2) The aim of the Committee's advice will be to ensure that the following promote the inclusion and participation in society, and maximise the independence, of the people with disabilities within the Southern DHB's resident population:
   a) the kinds of disability support services the Southern DHB has provided or funded or could provide or fund for those people;
   b) all policies the Southern DHB has adopted or could adopt for those people.

3) The Committee's advice may not be inconsistent with the New Zealand Disability Strategy.

Responsibilities

The Committee is responsible for:

1) Providing advice on the overall performance of the disability support services delivered by or through the Southern DHB;

2) Providing advice on strategic issues related to the delivery of disability support services delivered by or through the Southern DHB;

3) Focusing on the disability support needs of the population and developing principles on which to determine priorities for using finite disability support funding;

4) Ensuring that the District Annual Plans (DAPs) of the Southern DHB demonstrate how people with disability will access health services and how the Southern DHB will ensure that the disability support services they fund or provide are co-ordinated with the services of other providers to meet the needs of people with disabilities;

5) Assessing the disability support services' performance against expectations set in the relevant accountability documents, documented standards and legislation;

6) Ensuring that recommendations for significant change or strategic issues have noted input from key stakeholders and consultation has occurred in accordance with statutory requirements and Ministry guidelines.

Membership

All members of the Committee are to be appointed by the ~~Board~~Commissioner. The ~~Board~~Commissioner will appoint the chairperson.

The Committee is to comprise of ~~Board members~~the Commissioner and Deputy Commissioners, supplemented with external appointees as required.

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Quorum

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(a) if the total number of members of the committee is an even number, half that number; but

(b) if the total number of members of the committee is an odd number, a majority of the members.

Meetings

~~A minimum of~~Up to ~~eight~~ meetings per year are to be held.

Review

The Terms of Reference for this Committee shall be reviewed ~~at the beginning of each new Board term.~~as and when required.

Management Support

The Chief Executive Officer shall ensure adequate provision of management and administrative support to the Committee.

SOUTHERN DISTRICT HEALTH BOARD

Title:	**Planning and Funding Report**		
Report to:	Disability Support and Community & Public Health Advisory Committees		
Date of Meeting:	21st June 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:**	
Approved by Chief Executive Officer:	N/A	**Date:**	
Prepared by: Planning & Funding Team **Date:** 10th June 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

Current System Priorities

Priority Area	**Aim** • **Why?** • **Intended benefit**	**Approach** • **Planned approach** • **Overall timeline**	**Activity undertaken this month and planned for next**
Outpatients Project	The funding and delivery of outpatient services has remained unchanged for several years. Current volumes are based on historical patterns of funding. This project will seek to ensure equity of access to outpatient services across the Southern district utilising funding available to achieve optimal outcomes.	Draft report and analysis on current state and proposed future state has been completed with input/feedback from several stakeholder meetings. The draft report has been considered by the SDHB Executive Leadership team. Timelines have been set for short term activity over the remainder of 2015/16 (as per activities in next column). Achieving the strategic objectives (such as a single waiting list across the district) are scheduled for commencement in 2016/17.	Initial engagement with both the Provider Arm and rural hospitals has occurred. It is proposed that P&F will design and develop a system improvement planning event. This will be held late June early July, the anticipated outcome will be an agreed programme of implementation with key stakeholders. The agreed programme will start with focussing on localised and specific specialties where ensuring improved access is likely to most benefit rural populations, for example, a district wide Cardiology service. **A presentation on the report was delivered as part of a workshop on Thursday, 9 June. The workshop was attended by Provider Arm management and rural hospital managers. The workshop discussed the opportunities for improving access to outpatient services in rural areas. The group has identified a list of 5 key work areas to focus on which will facilitate implementation of the plan. Each of the work areas was allocated an "owner" and is due to report back on progress in 3 weeks time.**

Priority Area	**Aim** • **Why?** • **Intended benefit**	**Approach** • **Planned approach** • **Overall timeline**	**Activity undertaken this month and planned for next**
Radiology Systems Project	Aim is to configure a district wide radiology system that is clinically effective, supports convenient access for patients and clinicians, best utilises existing equipment and is financially sustainable.	Project team was established. The team developed a series of key discussion areas. Subsequently held a series of discussion based workshops across the district to discuss key issues. Feedback used to inform the development of a series of strategic recommendations. Strategic recommendations have been accepted in principle by the DHB Executive Leadership Team. Project team has now been tasked with developing a detailed implementation plan with specific timelines.	Draft strategic report circulated to stakeholders. Project Team has developed a draft implementation plan which takes each of the strategic recommendations and allocates them to an individual workstream. Workstreams include: Workstream 1 Areas of work: Improved use of Health Pathways, Use of ERMS (Electronic Request Management System), Adoption of National Community Referred Guidelines to ensure appropriate referral Outcomes: Direct access for GPs, appropriate and timely referrals made. **Specific pathways have been selected for focus, draft processes and principles for those pathways are being prepared for discussion.** **Review of how other DHBs have implemented the National Community Referred Guidelines for Radiology to be undertaken next month.** Workstream 2 Areas of work: Single point of entry for management of capacity vs wait vs clinical need, Integration of IT systems, integration of radiology team Outcomes: Single consistent process for referral, integrated information systems visible across the health system, patient access improved as capacity better managed.

Priority Area	**Aim** • **Why?** • **Intended benefit**	**Approach** • **Planned approach** • **Overall timeline**	**Activity undertaken this month and planned for next**
			Process map for Single Point of Entry for access to radiology services has been drafted. Close liaison with the clinical lead for the electronic referral management (ERMS) project has commenced and will continue as the radiology project progresses. Workstream 3 Areas of work: Increased access to hi-tech imaging in Waitaki and Central Outcomes: Population need understood, funding models support population need, access to hi-tech imaging improved for the Waitaki and Central populations. **Demand analysis for radiology services into the future is a significant piece of work planned for the coming month. This will be used to inform the work of all 3 workstreams.**
Raise HOPE – Stepped Care Implementation	Hapai te Tumanako Raise HOPE Strategic Plan identified the need for improved access to and appropriate utilisation of multiple mental health and addiction services. A district wide tiered service model (Stepped Care) will improve consumer outcomes as	Stepped Care Model design (completed) Sector consultation (underway) Implementation plan (underway)	Sector consultation - survey and focus groups, 5 April-20 April completed. Rapid Improvement Event (RIE) was held on 28 April. The RIE brought together a wide range of sector participants including families, service users and providers to co-create what a Stepped Care experience might look like in the southern district and allowed participants to build an understanding of the changes we need to make Stepped Care a reality.

Priority Area	Aim • **Why?** • **Intended benefit**	Approach • **Planned approach** • **Overall timeline**	**Activity undertaken this month and planned for next**
	services are better connected and integrated across the continuum intervening in the least intrusive way from self- care to specialist support		Initial draft Implementation Plan will be ready for feedback on 23 May and will be circulated to Project Sponsor, Executive Team and Commissioning Team on that day. Feedback opportunities for Alliance South, WellSouth, senior clinicians scheduled to occur on 24 and 25 May. **Initial draft Implementation Plan feedback process subsequently revised. Network Leadership Group (NLG) reviewed initial draft Plan at their meeting on 8 June and agreed necessary changes. Implementation Plan to be finalised by end September 2016** Finalisation of Implementation Plan draft and sign off NLG/SLAT 16 June. (As a result of stakeholder feedback the timeframe for completion of the Implementation Plan has been extended by two weeks to allow additional feedback opportunities for key stakeholder groups.) **Business case for Stepped Care to Alliance Leadership Team by end September 2016**
Raise HOPE – Growing Community Rehab Options	A project to develop and implement a strengthened model for community based rehabilitation (recovery) services with a focus on supporting people (adults) in the community with high/ complex/ long term mental	Phase 1. Development of a proposed strengthened model for community based rehabilitation services by end May 2016 **Formal Request to sponsor to change timeframe** Phase 2. Provider service change	Following feedback from the project working group and steering group, the proposed draft model is undergoing further development; this is now expected to be completed by the end of May 2016. A business case for implementation will then be tabled with Project Sponsors for consideration. End June 2016 – dependent on business case

Priority Area	**Aim** • **Why?** • **Intended benefit**	**Approach** • **Planned approach** • **Overall timeline**	**Activity undertaken this month and planned for next**
	health needs. The model will provide safe, timely & effective support to people whose needs cannot be met by less intensive mainstream adult mental health services & who would otherwise be long term users of inpatient services	processes including formal consultation affected parties by end November 2016 **Formal Request to sponsor to change timeframe** Phase 3. Implementation - phased from early 2017 (dependent on any related procurement processes) by end December 2017	approval move to phase 2 of project – implementation including formal consultation with affected staff/providers.
Health of Older People	To develop a model of care that ensures Older People are supported to live well, get well and stay well in their homes and communities, for as long as possible and achieve optimal health outcomes. The model of care will focus also on enhanced wellbeing and independence through proactive services that reduce acute hospital admissions and delay/prevent entry to long-term residential care. Services will be integrated across the continuum of care and promote smooth transitions between the interfaces in different care settings.	An initial work plan has now been developed. Key points: • March - May 2016 – Define an approach for reorienting Health of Older People (HOP) services in Southern district , aligning with National HOP Strategy and integrating Long Term Conditions (LTC) tiered approach with a focus on the interface between hospital/community care/primary care for people who are acutely unwell or deteriorating • June – Present approach to Alliance Leadership Team (ALT) in June for appraisal, input and confirmation • June - August - Consult with	Work has continued on developing and planning the redesign of our Early Supported Discharge (ESD)/Early Discharge and Rehabilitation Service (EDRS)/Rapid Response service. Draft options model paper that aligns to the National Health of Older People Strategy is under development with key priority areas identified. The HOP SLAT is working closely with the LTC SLAT on tiered approach to primary care (May - June 2016). **Model Options paper to be presented to Alliance Leadership Team June 2016.**

Priority Area	Aim • **Why?** • **Intended benefit**	Approach • **Planned approach** • **Overall timeline**	Activity undertaken this month and planned for next
		provider and community stakeholders across district • July onwards - Plan implementation phasing, and actions over 16/17 for agreed work plan.	
Urgent Care	Develop an implementable acute care network service design that is consistent and equitable across the district. Current data shows patients using the Emergency Departments for non-urgent cases by default. A key focus will be to ensure patients have convenient access to urgent care at the right time by the right provider and in the right place.	Stakeholder consultation and engagement (December 2015-April 2016) Review of the literature and models of care (December 2015-April 2016) Draft model of care option paper developed (May 2016) Implementation of recommendations (July 2016)	Initial stakeholder consultation completed (April 2016) Draft options paper and recommendation is currently being developed and will be presented to the ALT May 2016 meeting. The SLAT has been meeting weekly to ensure deliverable dates are met. Communication plan and strategy being developed, with this being aligned to ensure that communication and stakeholder engagement from each of the SLATs is coordinated reducing risk of duplication and consultation "overload" **Draft options paper presented and endorse by Alliance Leadership Team (ALT) May 2016 meeting.** **Business case for the development of a Primary Options for Acute Care (POAC) service being developed and presented to ALT June 2016 meeting.**

Priority Area	**Aim** • **Why?** • **Intended benefit**	**Approach** • **Planned approach** • **Overall timeline**	**Activity undertaken this month and planned for next**
Long Term Conditions	To develop a model of care that will improve the management of long term conditions for patients with high complex needs. Patients with long term conditions have been identified as a priority population group for improving health outcomes and reducing costs associated with their care. Patients with long term complex needs will be identified and a risk stratification approach allow for tailored packages of care to be delivered in primary care. Care will be provided in the right place at the right time.	Initial activity is focussing on the standardisation of the use of primary flexible funding in order to deliver more targeted long-term conditions management in general practice. A draft model options paper will be sent to the Alliance Leadership Team (April 2016) - Completed Consultation with General practice (June- July 2016) Final recommendation to Alliance Leadership Team (June 2016) Implement Enhanced LTC care packages (July 2016- 16/17 year)	Proposed LTC model options paper presented at April ALT meeting and endorsed. **ALT identified risk around multiple SLATS planning change using flexible funding pool, and that the funding pool may not be sufficient to meet these needs. A meeting is to be held between SDHB and Well South Executive to better understand the options for future use of the flexible funding pool.** **Investigating how other districts have managed the transition of patients from the existing system to the new model was also highlighted by ALT as requiring consideration as part of implementation.** **Consultation on model with General Practice is planned for June/July 2016 with a communication plan and strategy being developed. The time period for consultation has been extended to ensure that sufficient time is available to undertake this. This will not affect the final recommendation and implementation dates.**
Rural Health	The Rural SLAT is investigating how rural networks could work to improve the ways the various parts of the system work together will a goal to:	Initial work will focus on completing a stocktake of services in rural Southern district and using this information to identify communities where services are at-risk, once this is completed the	Stocktake of primary health services (General Practice, District Nursing, Allied Health) – looking for anomalies between rural care clusters and between urban/rural communities (May 2016). Data to assist with analysis and understanding the

Priority Area	Aim • **Why?** • **Intended benefit**	Approach • **Planned approach** • **Overall timeline**	**Activity undertaken this month and planned for next**
	• improve the patient journey • improve resilience & sustainability of services • remove inequities of access for rural people	SLAT will make recommendations that will improve resilience in these services. (**now August 2016**)	issues and current situation is progressing. This has been somewhat challenging in ensuring that the data is useful, meaningful and comparative. While this has caused some delay in the development phase, a recommendation will be presented to the ALT June meeting as planned. **Project scope and Terms of Reference further revised with recommendation to ALT now scheduled for August 2016.**
Child and Youth	To provide strategic oversight and coordination for relevant child and youth health service planning in the Southern District in order to improve health outcomes for children and young people.	Work plan is in the process of being developed and will be finalised in June 2016. Key emerging focus areas include: Reviewing prevention and management relating to child obesity across the district Reviewing the provision of community paediatric services across the district Taking a whole-of-system approach to a district-wide youth support model	Scoping of the work required under the headings of child obesity service alignment has continued. A work group that will take a whole of system approach to identify ways to reduce the prevalence of child/youth obesity across the district is being convened. In early May, Child/Youth members hosted the Healthy Weight Roadshow on behalf of the South Island Alliance. Further defining and developing of the work plan and work groups around specific child and youth health priority areas is continuing. (May-June 2016)
Health Pathways	HealthPathways is a clinician led, management supported process which involves groups from general practice working with their hospital colleagues to identify, agree, and implement	Work plan and priorities agreed for 16/17 year (complete) Pathway development nomination form implemented (March 2016)	Continue to progress the review of GPSIs Skin Lesion service – complete by June 16 Implementing change to pathway development process (March 2016 - April 2016) has been completed. Communication around this and wider

Priority Area	**Aim** • **Why?** • **Intended benefit**	**Approach** • **Planned approach** • **Overall timeline**	**Activity undertaken this month and planned for next**
	opportunities for standardisation and improvement of the management of patients across the primary-secondary interface. The outcome is documentation of those agreements as easy-to-follow guidelines in a website localised to our district.	Priorities identified for implementation in the 16/17 year: • Skin lesions • Renal Impairment • Spirometry • Carpal Tunnel • Back pain • COPD In parallel to the development of the above prioritised pathways, work will continue on the localisation of pathways as identified by the SLATs and work streams to support the implementation of new models of care.	HealthPathways activity will now be developed and is considered a priority. 16/17 Work programme finalised. Resource and approach required to progress pathways across the district is being reviewed. (May 2016) Develop POAC (Primary Options for Acute Care) service further to include DVT, Epistaxis and in-dwelling Catheters (June 2016)
Health Outcomes Framework	The development of a Health Outcomes Framework is intended to deliver the following benefits: • Driving desired and agreed change in the Southern health system over the next ten years • Allowing all stakeholders to see where the system is going and how their contribution at an individual, team, and service level might fit with	A small project team has been working with some identified subject matter experts on the initial development of the Framework. The Framework needs to be further developed and refined through wider socialisation and input via focus groups. Focus groups are planned for May-June 2016.	This month: Presentations have been delivered in the Alliance South Leadership Team, Well South Board, and Commissioners in order to highlight the potential future use of the Framework in driving system improvement. In the next month: Further work will occur on refining the current Level 3 Strategic Measures, and the Framework will be tested with the Long Term Conditions SLAT developing the Level 4 and 5 Organisational and Project level measures.

Priority Area	Aim • **Why?** • **Intended benefit**	Approach • **Planned approach** • **Overall timeline**	**Activity undertaken this month and planned for next**
	that • Prioritising our system and service level improvement efforts to ensure cohesion • Improved use of data for driving improvement, and a visible methodology for understanding whether improvements are actually being made	The place of the Framework within our system needs to be determined: how can we integrate it into all of our improvement work? Discussions are being held with the Alliance South Leadership Team on 26 April 2016.	**This month: Measures for the Framework have been mapped against existing data collections and the South Island Outcomes Framework. The applicability of the Framework for managing long term conditions has been reviewed and was found to be useful in its potential to focus the work of the Long Term Conditions SLAT on improving services for our community, with a particular focus on supporting people with multiple long term conditions.**
Investing For Outcomes	Establishing a locality network covering Central Otago and Lakes in order to enable provider organisations and individuals in that area to work together and take action to improve overall health outcomes whilst containing and reducing overall health system costs. The group provides an opportunity for local system leaders to be involved in both health system innovation and longer term health service development for the area; the Network will design an innovative rural health system for the future.	There will be an Expressions of Interest process to determine the membership of the group. The group will consider current and changing needs of the population and how services might need to respond over time. This includes how the role of the two rural hospitals in that area might change and be developed. The group will build on work already completed, initially focussing on: the development of primary care (home of health), improving access to services through localised health pathways, and reviewing workforce development opportunities. The	This month: a selection panel, including input from the Mayors of both Queenstown Lakes and Central Otago, met to review over 30 expressions of interest for joining the Locality Network and agree membership. On 11th May the first meeting was held and initial areas of priority were determined as: • Developing a one region view for Central /Lakes/Queenstown including completion of a localised health needs analysis • Equity of access for services such as outpatients, radiology, after hours • Improved access to mental health services Next month: the group will meet again to review data around population growth, understand where they can link with other work underway (e.g. Radiology Project) and to initiate the health needs analysis.

Priority Area	**Aim** • **Why?** • **Intended benefit**	**Approach** • **Planned approach** • **Overall timeline**	**Activity undertaken this month and planned for next**
		timelines for this work will be determined by the group once established.	**Data has been gathered to inform the next meeting of the group. Next meeting to be held on 23 June.**
Hospital and Community Pharmaceuticals	The primary objectives of the work stream is to improve the optimisation of: ▪ Patient outcomes ▪ Pharmaceutical utilisation ▪ Expenditure on pharmaceuticals	Three focus areas have been identified: ▪ Reducing polypharmacy ▪ Influencing prescribing behaviours ▪ Improving information sharing	Contract request is with Sector Operations. WellSouth should be receiving the contract for an additional 4 FTE clinical pharmacists shortly (this is dependent on Sector Operations). **WellSouth has received the contract for additional Clinical Pharmacists, recruitment will now commence.** WellSouth is developing guidelines on how the clinical pharmacists focus will be prioritised, and aligned to the work of the Hospital and Community Pharmaceutical work stream, LTC SLAT, and HOP SLAT. **WellSouth has commenced an EOI process to practices that wish to host Clinical Pharmacists. This resource will be in practices where there are patients that need to see Clinical Pharmacists the most (as informed by the risk stratification model developed by the Long Term Conditions Network). Criteria for accessing the clinical pharmacy services are being developed but will likely include multi-morbidity, high needs demographics, ethnicity, number of items dispensed regularly (hyper-polypharmacy – 10+ items), frequent admission to or discharge from ED and/or**

Priority Area	Aim • Why? • Intended benefit	Approach • Planned approach • Overall timeline	Activity undertaken this month and planned for next
			hospital, and new or re-referral to Home and Community Support Services.

Service/Quality Improvement Initiatives

After Hours
Utilisation data is being analysed to identify patients for follow up in primary care, aiming to reduce inappropriate presentations at Southland Hospital ED, Invercargill.

Falls and Fragility Fracture Liaison Service
A live run through of the Fragility Fracture Portal occurred at Wanaka Medical Centre 5th May 2016. The overall feedback was positive, both from the patients involved and the nurses observing and/or completing the assessment.

Information Technology

TeleHealth
Telehealth pilots will commence from mid–June 2016. The initial practices participating are: Aspiring Medical Centre, Wanaka; Gore Hospital and Junction Health, Cromwell.

HealthOne
WellSouth held a HealthOne demonstration for key PHO, DHB, and clinical staff members on 27th April 2016. Following this, there was a launch meeting to establish the timeline for the roll out of HealthOne and roles and responsibilities within this project. Training for HealthOne will be held in July 2016. HealthOne is set to 'Go Live' on the 27th July 2016.

Maori Enrolments
Maori enrolments continue to increase. This is a pleasing trend and a priority within our local Maori Health Plan.

Ethnicity	Jan 15	Apr 16	Increase	Estimated 2015 Pop	% enrolled
Pacific	5,229	5,619	+390	4,651	120%
Asian	9,546	10,897	+1,351	12,344	88%
Māori	23,613	25,148	+1,535	30,400	82%

WellSouth Primary Health Network (WSPHN) continues to work with practices to implement the Primary Care Ethnicity Data Audit Tool, to ensure Maori are maintained on their registers and that the number of Maori enrolments continue to increase.

Other Strategic Priorities

Ministry of Health requirements

Social Sector Trials Update

The Social Sector Trials (SST) Programme Manager has attended both Social Sector Trial Advisory Group meetings to give an overview of decisions made relating to the future of SST. Decisions have been made locally that both Southern district SSTs will transition to community ownership but precisely what this looks like is yet to be determined in both areas.

Work that needs to be undertaken to support decision making about the future includes:

- **Completion of a line by line review of everything involved with SSTs to decide how current activity could be resourced in the future. This includes services, initiatives, meetings that are convened by the Trials or that SST leads take part in, newsletters, Facebook pages and other communications mechanisms.**
- **A Transition Plan has to be developed with agreed outcomes by 15 August 2016.**
- **Actions within both SSTs Action Plans to be completed and consideration given to what needs to continue.**
- **Existing contracts need to be completed and decisions made about what is required in the future.**
- **A Funding Plan needs to be developed by 15 June 2016 – a further allocation of funding has been given to both SST in the Southern district and decisions need to be made how to allocate this funding with a view to future opportunities.**
- **Both SSTs are holding additional meetings to their regular two monthly Advisory Group meetings to support decision making and transition processes. Southern DHB Planning and Funding representatives continue to attend these meetings.**

Living within Our Means

Waitaki Review of Services: Two successful workshops have been held with a group from the Waitaki community, Waitaki District Health Services and Southern DHB. The group completed process maps on six of the most common patient journeys, understanding what happens now and what could be improved. The same group will meet on 16 June to agree the opportunities for service improvement and to discuss how these improvements might be made. Following this workshop there will be engagement with the wider Waitaki community, Waitaki GPs, Waitaki District Health Service staff and SDHB staff week commencing 27 June.

SOUTHERN DISTRICT HEALTH BOARD

Title:	**Quarter Three 2015/16 Southern DHB Performance Reporting**
Report to:	Commissioners Report
Date of Meeting:	21 June 2016

Summary:

Overview of DHB Performance Reporting for **Quarter Three 2015/16** with brief comments where targets or expectations have not been met.

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

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

Document previously submitted to:		**Date:**
Approved by Chief Executive Officer:		**Date:**

Prepared by: Planning & Funding **Date: 18/05/2016**	**Presented by:** Sandra Boardman Executive Director Planning & Funding

RECOMMENDATIONS:

That the Commissioner notes the results for Quarter Three 2015/16 DHB Performance Reporting

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Summary of Southern DHB Performance Reporting – Quarter 3 2015/16

Health Targets

Measure		Target	Q4	Q1	Q2	Q3	Rating	Shortened Ministry of Health Comments
Better Help for Smokers to Quit	Primary Care	90%	73.5%	78.3%	87.3%	90.1%	A	**Rank: 2nd out of 20 DHBs**. There has been an increase of 2.8% from last quarter. The Ministry congratulated Southern for achieving the target for the first time.
	Secondary	95%	95.1%	89.9%	89.5%	89.5%	P	**Rank: 20th out of 20 DHBs**. Southern DHBs result was again the lowest for all DHBs at 89.5%, with no improvement from last quarter. There was an improvement in the Maori result. The Ministry expects an improvement during Quarter 4.
	Maternity	90%	94%	90.2%	87.4%	86%	P	**Rank: 19th out of 20 DHBs**. There has been a further decrease of 1.4% of pregnant women who were offered brief advice to stop smoking from the previous quarter, resulting in Southern DHB not meeting the target. The Māori specific result also decreased from last quarter, 83.9% of pregnant Māori women were given brief advice and support.
Improved Access to Elective Surgery		100%	103.6%	106.7%	107%	107%	A	

Measure	Target	Q4	Q1	Q2	Q3	Rating	Shortened Ministry of Health Comments
Increased Immunisation	95%	93.6%	94%	94%	94.4%	P	On-going hard work has maintained coverage between 94 – 95% (target missed by one child). The Maori population target was achieved. The DHB should be focussing on timeliness, as around 1% of the eligible population are being immunised between age 8 and 12 months.
More Heart and Diabetes Checks	90%	83.4%	85.3%	87%	87.7%	P	**Rank: 18th out of 20 DHBs**. There has been an increase of 0.7% from last quarter. Southern is focussing on priority populations and on CVDRA coverage sustainability as the Health Target ceases.
Shorter Stays in Emergency Departments	95%	93.6%	90.8%	95%	94.5%	P	Southern DHB was not able to maintain its achievement of the Shorter Stays in Emergency Department health target this quarter. Dunedin and Lakes Hospital are achieving the health target, however Southland hospital is not. Actions are in place to address.
Faster Cancer Treatment (from Oct 2014)	85%	66%	66.7%	77.3%	77.5%	P	Southern DHB achieved 77.5 % this quarter (based on data from October 2015 – March 2016) which is a 0.2 % increase from last quarter. The Ministry is pleased that the DHB is identifying barriers and improving processes particularly within MDMs and clinician engagement. Achievement of the 85% target is expected from quarter one 2016/17.

Indicators of DHB Performance

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

Measures of DHB Performance			
Measure		**Final Rating**	**Shortened Ministry of Health Comments**
Policy Priorities Dimension			Achieving Government's priority goals/objectives and targets
PP7 Improving mental health services using transition (discharge) planning and employment		P	The Southern DHB continues to improve the rate of transition planning. 61.3% of Child & Youth clients have a transition (discharge) plan (target 95%).
PP8 Shorter waits for non-urgent mental health and addiction services for 0 – 19 year olds		A	
PP10 Oral Health – Mean DMFT score at Year 8		N	The 2015 result of 1.08 shows an increase in mean DMFT (i.e. a worse result) in comparison with the 2014 result of 0.93. The DHB has not achieved its 2015 target of 1.0 DMFT.
PP11 Children caries-free at five years of age		N	The caries-free result of 60% is lower than the 2014 result of 64%, and the DHB's 2015 target of 70%.
PP13 Improving the number of children enrolled in DHB funded dental services		P	The DHB's 2015 results for pre-school enrolment in the Community Oral Health Service (80% overall) represents a slight decline in enrolment since 2014, and significant disparities in enrolment are still evident for Māori and Pacific children. In 2016, substantial progress needs to be made towards reaching the national target of 95% enrolment. Excellent COHS examination arrears results of 7% or less have been achieved for all three ethnic groups reported.
	Focus Area 1:	A	

Southern District Health Board

Measures of DHB Performance			
Measure		**Final Rating**	**Shortened Ministry of Health Comments**
PP20 Improved management for Long Term C Conditions (LTC) (CVD, Diabetes and Stroke)	LTC & Diabetes Care Improvement Programme (DCIP)		
	Focus area 2 Diabetes Management(HbA1c)	A	
	Focus Area 3: Acute Coronary Syndrome	P	The DHB achieved the 'Door to Cath' indicator this quarter – 75.8% (target 70%). Southern narrowly missed the data collection indicator – 91.8% (target 95%), and have plans in place that should help to achieve the target.
	Focus Area 4: Stroke Services	P	The DHB met the stroke unit indicator (percentage of stroke patients admitted to a stroke unit or organised stroke service with demonstrated stroke pathway) – 90% (target 80%). The thrombolysis indicator has not been achieved – 9% (target 6% of potentially eligible stroke patients are thrombolysed).
PP21 Immunisation coverage (previous health target)		A	
PP22 Improving System Integration		A	
PP23 Improving Wrap Around Services – Health of Older People		A	
PP25 Prime Ministers youth mental health project		A	

Southern District Health Board

Measures of DHB Performance			
Measure		**Final Rating**	**Shortened Ministry of Health Comments**
PP26 Rising to the Challenge: The Mental Health and Addiction Service Development plan	Focus Area 1 – Rising to the Challenge Implementation	A	
	Focus Area 2 – Primary Mental Health	A	
PP27 Delivery of the Children's Action Plan (CAP)		A	
PP28 Reducing Rheumatic Fever		A	
PP29 Improving waiting times for diagnostic services	Coronary Angiography	A	
	CT / MRI	P	CT - 78% (target 95%) and MRI - 54.2% (target 85%) will receive their scan within 6 weeks (42 days). The DHB have plans in place that should help to achieve the target. For example, continuing to undertake a district wide review of all Radiology services funded by Southern DHB.
	Colonoscopy	A	
PP30 Faster Cancer Treatment/ Shorter Waits for cancer treatment	Part A – faster cancer treatment 31 day indicator	P	Southern DHB achieved an improvement in the 31-day indicator this quarter to 83.7% (from 83.3%). Target is 85 percent of patients receive their first cancer treatment (or other management) within 31 days from data of decision-to-treat.

Southern District Health Board

Measures of DHB Performance			
Measure		**Final Rating**	**Shortened Ministry of Health Comments**
	Part B – radiotherapy & chemotherapy	A	
System Integration Dimension			Meeting service coverage requirements and supporting sector inter-connectedness
SI2 Delivery of Regional Service plans		P	SIAPO reports on activity and progress on the South Island Health Services Plan.
SI4 Standardised Intervention rates		A	
SI6 Cervical Screening		P	79.5% overall actual (target 80%). Maori coverage 61.3%. Pacific coverage 77.8%. Asian coverage 60.3%. European/Other coverage 82.5%. The DHB must focus on improving Maori and Asian coverage rates.
Output Dimension			Purchasing the right mix and level of services within acceptable financial performance
OP1 Mental Health output Delivery against plan		A	
Ownership Dimension			Providing quality services efficiently
OS3 Inpatient Average Length of Stay (ALOS) - days	Acute	A	
	Elective	A	
	Focus area 1:	O	

Measures of DHB Performance			
Measure		**Final Rating**	**Shortened Ministry of Health Comments**
OS10 Improving the quality of data provided to national collection systems	Improving the quality of identity data within the NHI		
	Focus area 2: Improving the quality of the data submitted to National Collections	A	
	Focus area 3: Improving the quality of the Programme for the Integration of Mental Health data (PRIMHD)	P	PRIMHD incomplete data (quality) has been identified as an issue. The DHB continues to investigate the missing PRIMHD data in conjunction with the Mental Health Coordinators and Extract Systems Providers.
Development Dimension			
DV4 Improving patient experience		A	
DV5 Childhood obesity (health target development)		A	

Crown Funding Agreements (CFA) Variations

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

Crown Funding Agreements (CFA) Variations		
Measure	**Final Rating**	**Comments**
B4 School Check Funding	S	
Disability Support Services (DSS) Increase of Funding	S	
Boost Hospice Care Funding	S	
Electives Initiative and Ambulatory Initiative Variation	S	
National Patient flow	S	
Green Prescription Initiative	S	
Well Child Tamariki Ora Services	S	

Assessment Criteria/Ratings

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

Health Targets & Performance Measures

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

Rating	Abbrev	Criteria
Outstanding performer/sector leader	O	1. This rating indicates that the DHB achieved a level of performance considerably better than the agreed DHB and/or sector expectations. 2. Note: this rating can only be applied in the fourth quarter for measures that are reported quarterly or six-monthly. Measures reported annually can receive an 'O' rating, irrespective of when the reporting is due.
Achieved	A	1. Deliverable demonstrates targets / expectations have been met in full. 2. In the case of deliverables with multiple requirements, all requirements are met. 3. Data, or a report confirming expectations have been met, has been provided through a mechanism outside the Quarterly Reporting process, and the assessor can confirm.
Partial achievement	P	1. Target/expectation not fully met, but the resolution plan satisfies the assessor that the DHB is on track to compliance. 2. A deliverable has been received, but some clarification is required. 3. In the case of deliverables with multi-requirements, where all requirements have not been met at least 50% of the requirements have been achieved.
Not achieved – escalation required	N	1. The deliverable is not met. 2. There is no resolution plan if deliverable indicates non-compliance. 3. A resolution plan is included, but it is significantly deficient. 4. A report is provided, but it does not answer the criteria of the performance indicator. 5. There are significant gaps in delivery. 6. It cannot be confirmed that data or a report has been provided through channels other than the quarterly process.

CFA Variations

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

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

SOUTHERN DISTRICT HEALTH BOARD

Title:	**CONTRACTS REGISTER**
Report to:	Commissioner Team
Date of Meeting:	21 June 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:**

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

RECOMMENDATION:

1. That the Commissioner note the attached Contracts Register.

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FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) JUNE 2016

PROVIDER NAME	DESCRIPTION OF SERVICES	ANNUAL AMOUNT	CONTRACT/VARIATION END DATE	APPROVED BY
Contract Value of - $0 - $100,000 (Level 3)				
Corstorphine Baptist Community Trust Variation to Agreement	Additional Support for named individual	$11,934.00	30.04.17	Executive Director Planning & Funding 04.04.16
WellSouth Primary Health Network Service Schedule Variation	After Hours Primary Health Network	$10,886.58	30.06.16	Executive Director Planning & Funding 20.04.16
IDEA Services Limited Variation to Agreement	Services for named individual	$3,684.67	10.04.16	Executive Director Planning & Funding 15.04.16
WellSouth Primary Health Network Variation to Agreement	Telehealth System Integration	$71,176.38	30.04.16	Executive Director Planning & Funding 27.05.16
Healthcare of New Zealand Ltd Variation to Service Schedule	HCSS - Health of Older People	$9,857.28 (Estimated)	30.06.18	Executive Director Planning & Funding 03.06.16
Healthcare of New Zealand Ltd Variation to Service Schedule	HCSS - Long Term Support-Chronic Health Conditions	$18,454.04 (Estimated)	30.06.16	Executive Director Planning & Funding 23.03.16
Healthcare of New Zealand Ltd Variation to Service Schedule	HCSS - Short Term Care	$29,539.28 (Estimated)	30.06.18	Executive Director Planning & Funding 23.03.16
Healthcare of New Zealand Ltd Variation to Service Schedule	HCSS - Palliative Care	$1,801.92 (Estimated)	30.06.18	Executive Director Planning & Funding 23.03.16
	Total for Level 3	**$ 157,334.15**		

FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) JUNE 2016

Contract Value of - $100,000 - $500,000 (Level 2)				
WellSouth Primary Health Network New Service Schedule	Telehealth System Integration	$425,525.88	30.04.16	Executive Director Planning & Funding 17.05.16
Healthcare of New Zealand Ltd Variation to Service Schedule	HCSS - Mental Health & Addiction	$81,917.80 (Estimated Total Contract Value $184,315.10)	30.06.18	Executive Director Planning & Funding 23.03.16
	Total for Level 2	**$ 507,443.68**		
Contract Value of - $500,000 - 1 Million (Level 1)				
Access Homehealth Limited - Variation to Service Schedule	HCSS - Health of Older People - In Between Travel	$766,623.80 (Estimated Total contract value $1,788,788.56)	30.06.18	Commissioner 26.02.16
	Total for Level 1	**$ 766,623.80**		
Contract Value of - $1 Million and Over (Commissioner)				
Royal District Nursing Service NZ - Variation to Service Schedule	HCSS Health of Older People - In Between Travel	$1,092,624.79 (Estimated Total Contract Value $2,549,457.84)	30.06.18	Commissioner 26.02.16
	Total for Board Level	**$ 1,092,624.79**		
	Grand Total	**$ 2,524,026.42**		

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SOUTHERN DISTRICT HEALTH BOARD

Title:	**FINANCIAL REPORT**
Report to:	Disability Support and Community & Public Health Advisory Committees
Date of Meeting:	21 June 2016

Summary:

The issues considered in this paper are:

- May 2016 Funds result

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

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

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

Prepared by: Planning & Funding Team **Date:** 15/06/2016	**Presented by:** Sandra Boardman Executive Director Planning & Funding

RECOMMENDATION:

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

FUNDER FINANCIAL REPORT – May 2016

1. Overview

The overall funder result follows.

Month				Year to Date		
Actual $' 000	Budget $' 000	Variance $' 000		Actual $' 000	Budget $' 000	Variance $' 000
71,394	70,783	611	Revenue	780,897	777,762	3,134
(73,348)	(73,178)	(170)	Less Other Costs	(795,654)	(797,038)	1,384
(1,954)	(2,395)	441	Net Surplus / (Deficit)	(14,757)	(19,276)	4,518
			Expenses			
(52,391)	(52,215)	(176)	Personal Health	(571,340)	(570,051)	(1,288)
(7,377)	(7,416)	38	Mental Health	(81,252)	(81,621)	368
(190)	(101)	(89)	Public Health	(1,181)	(1,109)	(72)
(12,317)	(12,376)	59	Disability Support	(130,329)	(132,641)	2,312
(124)	(121)	3	Maori Health	(1,269)	(1,333)	64
(949)	(949)	0	Other	(10,283)	(10,283)	0
(73,348)	(73,178)	(170)	Expenses	(795,654)	(797,038)	1,384

Summary Comment:

For May the Funder had a deficit of $1.95m against a budget deficit of $2.39m, which is $0.44m favourable.
Revenue is favourable by $0.61m. Costs overall were unfavourable by $0.17m in May.

The favourable revenue variance of $0.61m is due to unbudgeted revenue such as VLCA for Under 13s and In Between Travel. The extra revenue is offset by unbudgeted expenditure.

Expenditure for the month is unfavourable to budget, however when the unbudgeted expenditure relating to unbudgeted revenue is taken into account, the variance is favourable. The main driver of the favourable variance for May is Residential Care Hospitals and Residential Care Rest Homes.

Year to date (YTD) expenditure is favourable to budget by $1.38m, with the main drivers being Residential Care Hospitals, Residential care Rest Homes, PCT, Travel & Accommodation and palliative care.

2. Results by Grouping

The following table shows revenue and expenditure by output class:

Month				Year to Date		
Actual $' 000	Budget $' 000	Variance $' 000		Actual $' 000	Budget $' 000	Variance $' 000
			Revenue			
51,046	50,439	607	Personal Health	558,095	555,034	3,061
7,107	7,103	4	Mental Health	78,307	78,233	74
101	101	0	Public Health	1,111	1,111	0
12,070	12,070	0	Disability Support	131,770	131,770	0
121	121	0	Maori Health	1,331	1,331	0
949	949	0	Funding and Governance	10,283	10,283	0
71,394	70,783	611	Revenue total	780,897	777,762	3,134
			Expenses			
(52,391)	(52,215)	(176)	Personal Health	(571,340)	(570,051)	(1,288)
(7,377)	(7,416)	38	Mental Health	(81,252)	(81,621)	368
(189)	(101)	(89)	Public Health	(1,181)	(1,109)	72
(12,317)	(12,376)	59	Disability Support	(130,329)	(132,641)	2,312
(124)	(121)	3	Maori Health	(1,269)	(1,333)	64
(949)	(949)	0	Funding and Governance	(10,283)	(10,283)	0
(73,348)	(73,178)	(170)	Expenses total	(796,654)	(797,038)	1,384
			Surplus (Deficit)			
(1,345)	(1,776)	431	Personal Health	(13,245)	(15,017)	1,772
(270)	(313)	(43)	Mental Health	(2,945)	(3,387)	442
(88)	0	(88)	Public Health	(70)	2	(72)
(247)	(306)	59	Disability Support	1,441	(565)	2,312
(3)	0	(3)	Maori Health	62	(2)	64
0	0	0	Funding and Governance	0	0	0
(1,954)	(2,395)	441		(15,757)	(19,276)	4,518

- Revenue YTD is $3.13m favourable to budget and is mainly due to additional Under 13s funding.
- Personal Health payments are unfavourable YTD by $1.28m. Pharmaceuticals $0.60m and Primary Health Care Strategy $1.55m are the main drivers, offset by favourable variances of $0.63m in Travel & Accommodation and $0.75m in Palliative Care. Pharmaceuticals are expected to be in line with budget over the course of the full year and the Primary Health Strategy is offset by extra revenue.
- DSS is favourable to budget by $2.31m and is due to Residential Care Hospitals and Residential Care Rest Homes.
- Mental Health and Public Health costs are close to budget.

3. DHB Funds Result split by NGO and Provider

Personal Health *May 2016*	Current Month Actual $(000)	Budget $(000)	Variance $(000)	Variance %	Year to Date Actual $(000)	Budget $(000)	Variance $(000)	Variance %	Variance Note
Personal Health - Provider Arm									
Child and Youth	(339)	(339)			(3,731)	(3,731)			
Laboratory	-	-			-	-			
Infertility Treatment Services	-	-			(187)	(187)			
Maternity	(22)	(22)			(246)	(246)			
Maternity (Tertiary & Secondary)	(1,342)	(1,342)			(14,760)	(14,760)			
Pregnancy and Parenting Education	(3)	(3)			(29)	(29)			
Neo Natal	(647)	(647)			(7,120)	(7,120)			
Sexual Health	(86)	(86)			(944)	(944)			
Adolescent Dental Benefit	(26)	(26)			(291)	(291)			
Dental - Low Income Adult	(28)	(28)			(309)	(309)			
Child (School) Dental Services	(597)	(597)			(6,566)	(6,566)			
Secondary / Tertiary Dental	(84)	(84)			(925)	(925)			
Pharmaceuticals	(397)	(270)	(127) U	47%	(3,836)	(2,852)	(984) U	35%	4
Pharmaceutical Cancer Treatment Drugs	(496)	(475)	(21) U	4%	(4,779)	(5,224)	445 F	(9%)	
Pharmacy Services	-	-			-	-			
Primary Health Care Strategy - Health/SIA	-	-			-	-			
Rural Support for Primary Health Pro	(72)	(72)			(788)	(788)			
Immunisation	(69)	(49)	(20) U	41%	(755)	(540)	(215) U	40%	
Radiology	(277)	(277)			(3,049)	(3,049)			
Palliative Care	-	-			-	-			
Meals on Wheels	(35)	(35)			(386)	(386)			
Domicilary & District Nursing	(1,106)	(1,106)			(12,165)	(12,165)			
Community based Allied Health	(495)	(495)			(5,443)	(5,443)			
Chronic Disease Management and Educa	(155)	(155)			(1,706)	(1,706)			
Medical Inpatients	(6,726)	(6,726)			(73,989)	(73,989)			
Medical Outpatients	(3,243)	(3,243)			(35,675)	(35,675)			
Surgical Inpatients	(11,194)	(11,194)			(123,134)	(123,134)			
Surgical Outpatients	(1,602)	(1,602)			(17,715)	(17,617)	(98) U	1%	9
Paediatric Inpatients	(702)	(702)			(7,718)	(7,718)			
Paediatric Outpatients	(225)	(225)			(2,479)	(2,479)			
Pacific Peoples' Health	(10)	(10)			(109)	(109)			
Emergency Services	(1,703)	(1,703)			(18,737)	(18,737)			
Minor Personal Health Expenditure	(15)	(15)			(166)	(166)			
Price adjusters and Premium	(500)	(500)			(5,500)	(5,500)			
Travel & Accomodation	(8)	(8)			(87)	(87)			
	(32,204)	**(32,036)**	**(168) U**	**(1%)**	**(353,324)**	**(352,472)**	**(852) U**	**(0%)**	
Personal Health NGO									
Personal Health to allocate	-	-			-	-			
Child and Youth	39	(33)	72 F	217%	(444)	(365)	(79) U	(22%)	
Laboratory	(1,492)	(1,486)	(6) U		(16,066)	(16,341)	275 F	2%	1
Infertility Treatment Services	(8)	(102)	94 F	92%	(87)	(914)	827 F	90%	2
Maternity	(214)	(198)	(17) U	(8%)	(2,362)	(2,190)	(172) U	(8%)	
Maternity (Tertiary & Secondary)	(1)	(1)			(13)	(7)	(6) U	(81%)	
Pregnancy and Parenting Education	-	(7)	7 F	106%	(85)	(89)	4 F	4%	
Sexual Health	(1)	(1)		(3%)	(16)	(16)		(1%)	
Adolescent Dental Benefit	(102)	(135)	33 F	24%	(1,670)	(1,895)	224 F	12%	
Dental - Low Income Adult	(46)	(62)	17 F	27%	(433)	(685)	252 F	37%	3
Child (School) Dental Services	(30)	(34)	5 F	14%	(276)	(380)	104 F	27%	
Secondary / Tertiary Dental	(132)	(133)	1 F	1%	(1,573)	(1,462)	(111) U	(8%)	
Pharmaceuticals	(6,008)	(6,233)	225 F	4%	(65,712)	(66,091)	380 F	1%	4
Pharmaceutical Cancer Treatment Drugs	-	-			-	-			
Pharmacy Services	(5)	(11)	7 F	58%	(43)	(126)	83 F	66%	
Management Referred Services	-	-			-	-			
General Medical Subsidy	(52)	(82)	30 F	37%	(645)	(874)	229 F	26%	
Primary Practice Services - Capitated	(3,810)	(3,785)	(25) U	(1%)	(41,716)	(41,635)	(81) U		
Primary Health Care Strategy - Care	(345)	(336)	(9) U	(3%)	(3,724)	(3,691)	(33) U	(1%)	
Primary Health Care Strategy - Health	(586)	(389)	(197) U	(51%)	(5,714)	(4,283)	(1,431) U	(33%)	5
Primary Health Care Strategy - Other	-	-			-	-			
Practice Nurse Subsidy	(12)	(16)	4 F	24%	(179)	(179)			
Rural Support for Primary Health Pro	(1,280)	(1,271)	(9) U	(1%)	(14,142)	(14,103)	(39) U		
Immunisation	(570)	(385)	(185) U	(48%)	(1,904)	(1,831)	(73) U	(4%)	
Radiology	(164)	(167)	3 F	2%	(2,004)	(1,836)	(168) U	(9%)	6
Palliative Care	(505)	(579)	74 F	13%	(5,622)	(6,370)	748 F	12%	7
Meals on Wheels	(20)	(19)	(1) U	(5%)	(222)	(213)	(9) U	(4%)	
Domicilary & District Nursing	(533)	(560)	27 F	5%	(6,059)	(6,213)	154 F	2%	
Community based Allied Health	(175)	(154)	(21) U	(14%)	(1,927)	(1,754)	(173) U	(10%)	
Chronic Disease Management and Educa	(93)	(94)	1 F	1%	(1,040)	(1,044)	3 F		
Medical Outpatients	(621)	(401)	(220) U	(55%)	(5,358)	(4,444)	(914) U	(21%)	8
Surgical Inpatients	102	(19)	121 F	639%	(235)	(209)	(26) U	(12%)	
Surgical Outpatients	(142)	(149)	7 F	5%	(1,747)	(1,673)	(74) U	(4%)	9
Paediatric Outpatients	-	-			(12)	-	(12) U		
Pacific Peoples' Health	13	(11)	24 F	215%	(124)	(124)			
Emergency Services	(149)	(156)	6 F	4%	(1,672)	(1,741)	68 F	4%	
Minor Personal Health Expenditure	(31)	(40)	9 F	22%	(374)	(502)	129 F	26%	
Price adjusters and Premium	(124)	(105)	(19) U	(18%)	(1,493)	(1,151)	(342) U	(30%)	10
Travel & Accomodation	(361)	(460)	100 F	22%	(4,120)	(4,753)	633 F	13%	11
Inter District Flow Personal Health	(2,729)	(2,565)	(164) U	(6%)	(29,202)	(28,396)	(807) U	(3%)	12
	(20,187)	**(20,179)**	**(8) U**	**(0%)**	**(218,015)**	**(217,580)**	**(435) U**	**(0%)**	
Total Personal Health	**(52,391)**	**(52,215)**	**(176) U**	**(0%)**	**(571,339)**	**(570,052)**	**(1,287) U**	**(0%)**	

Personal Health expenditure variance notes:

1. **Laboratories** - $0.27m favourable YTD.
   Main contract payments to SCL are favourable to budget YTD.
2. **Infertility Treatment Services -** $0.83m favourable YTD.
   Expenditure now included in IDFs 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 (Provider & NGO) –** $0.60m unfavourable YTD.
   Expenditure is based on Pharmac's latest forecast (received in April). The phasing of the budget differs to the Pharmac forecast phasing and is the cause of the variance. The full year forecast is in line with the budget.
5. **Primary Capitated and Health Care (All lines combined)** - $1.55m unfavourable YTD.
   These service lines form a major part of the PHO contract. The unfavourable variance mirrors the unbudgeted Very Low Cost Access for Under 13s revenue received.
6. **Radiology -** $0.17m unfavourable YTD.
   Budget includes a savings line of $0.29m YTD.
7. **Palliative Care** – $0.75m favourable YTD.
   Demand driven service. Change in criteria for eligibility from 3 months to 6 weeks is the main driver of the underspend.
8. **Medical Outpatients -** $0.91m unfavourable YTD
   Expenditure includes $0.55m 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.
9. **Surgical Outpatients -** $0.17m unfavourable YTD.
   National Patient Flow expenditure ($97k) offset by unbudgeted revenue. Skin lesion expenditure exceeds budget by $80k.
10. **Price Adjusters and Premium -** $0.34m unfavourable YTD.
    Budget includes IDF savings of $0.46m YTD, however IDF expenditure does not appear in this line. IDF Savings coded in this line due to limitations of reporting driven by national reconciliations.
11. **Travel & Accommodation -** $0.63m favourable YTD.
    Demand driven service.
12. **IDF Personal Health -** $0.81m unfavourable YTD.
    Includes Infertility Treatment expenditure now a regional service. Offset by favourable variance in Infertility Treatment line.

Mental Health

Mental Health May 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%	(14,411)	(14,411)	0 F	0%	
Sub-Acute & Long Term Mental Health	(366)	(366)	0 F	0%	(4,021)	(4,021)	0 F	0%	
Crisis Respite	(2)	(2)	0 F	0%	(23)	(23)	0 F	0%	
Alcohol & Other Drugs - General	-	-	0 F		-	-	0 F		
Methadone	(95)	(95)	0 F	0%	(1,041)	(1,041)	0 F	0%	
Dual Diagnosis - Alcohol & Other Drugs	(282)	(282)	0 F	0%	(3,099)	(3,099)	0 F	0%	
Dual Diagnosis - MH/ID	(5)	(5)	0 F	0%	(55)	(55)	0 F	0%	
Child & Youth Mental Health Services	(581)	(581)	0 F	0%	(6,387)	(6,387)	0 F	0%	
Forensic Services	(556)	(556)	0 F	0%	(6,113)	(6,113)	0 F	0%	
Kaupapa Maori Mental Health Services	(147)	(147)	0 F	0%	(1,613)	(1,613)	0 F	0%	
Mental Health Community Services	(1,758)	(1,758)	0 F	0%	(19,337)	(19,337)	0 F	0%	
Prison/Court Liaison	-	-	0 F		-	-	0 F		
Day Activity & Work Rehabilitation S	(63)	(63)	0 F	0%	(697)	(697)	0 F	0%	
Mental Health Funded Services for Older P	(36)	(36)	0 F	0%	(394)	(394)	0 F	0%	
Advocacy / Peer Support - Consumer	(24)	(24)	0 F	0%	(266)	(266)	0 F	0%	
Other Home Based Residential Support	(58)	(58)	0 F	0%	(641)	(641)	0 F	0%	
Advocacy / Peer Support - Families	(11)	(11)	0 F	0%	(117)	(117)	0 F	0%	
	(5,294)	(5,294)	0 F	0%	(58,215)	(58,215)	0 F	0%	
Mental Health - NGO									
Mental Health to allocate	-	-	0 F		-	-	0 F		
Crisis Respite	(5)	(6)	2 F	25%	(51)	(67)	15 F	23%	
Alcohol & Other Drugs - General	(5)	(15)	11 F	70%	(266)	(170)	(96) U	(56%)	
Alcohol & Other Drugs - Child & Youth	-	(3)	3 F		(30)	(33)	3 F	8%	
Dual Diagnosis - Alcohol & Other Drugs	(78)	(63)	(16) U	(25%)	(654)	(692)	38 F	6%	
Eating Disorder	(11)	(11)	0 F	0%	(119)	(119)	0 F	0%	
Maternal Mental Health	(3)	(3)	0 F	0%	(38)	(38)	0 F	0%	
Child & Youth Mental Health Services	(412)	(454)	43 F	9%	(4,903)	(5,018)	115 F	2%	
Forensic Services	-	-	0 F		-	-	0 F		
Kaupapa Maori Mental Health Services	(6)	(6)	0 F	0%	(68)	(68)	0 F	0%	
Mental Health Community Services	(116)	(104)	(12) U	(12%)	(1,154)	(1,154)	0 F	0%	
Day Activity & Work Rehabilitation S	(112)	(135)	23 F	17%	(1,363)	(1,489)	125 F	8%	
Advocacy / Peer Support - Consumer	(22)	(23)	1 F	5%	(248)	(256)	8 F	3%	
Other Home Based Residential Support	(339)	(330)	(9) U	(3%)	(3,777)	(3,629)	(149) U	(4%)	13
Advocacy / Peer Support - Families	(63)	(50)	(13) U	(27%)	(651)	(558)	(93) U	(17%)	
Community Residential Beds & Service	(464)	(454)	(10) U	(2%)	(4,640)	(4,997)	357 F	7%	13
Minor Mental Health Expenditure	(18)	(30)	12 F	40%	(325)	(334)	9 F	3%	
Inter District Flow Mental Health	(432)	(435)	3 F	1%	(4,749)	(4,785)	35 F	1%	
	(2,086)	(2,122)	38 F	2%	(23,036)	(23,407)	367 F	2%	
Total Mental Health	(7,380)	(7,416)	38 F	1%	(81,251)	(81,622)	367 F	0%	

Mental Health expenditure variance notes:

13. Community Residential Beds & Services ($0.36m 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.

Disability Support Services

DSS *May 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)			(20,521)	(20,521)			
Information and Advisory	-	-			-	-			
Needs Assessment	(137)	(127)	(10) U	(8%)	(1,510)	(1,400)	(110) U	(8%)	
Service Co-ordination	(20)	(20)			(216)	(216)			
Home Support	-	-			-	-			
Carer Support	-	-			-	-			
Residential Care: Rest Homes	-	-			-	-			
Residential Care: Loans Adjustment	-	-			-	-			
Long Term Chronic Conditions	-	-			-	-			
Residential Care: Hospitals	-	-			-	-			
Ageing in Place	-	-			-	-			
Environmental Support Services	(2)	(2)			(24)	(24)			
Day Programmes	-	-			-	-			
Expenditure to Attend Treatment ETAT	-	-			-	-			
Minor Disability Support Expenditure	-	-			(42)	(42)			
Respite Care	-	-			-	-			
Child Development	(90)	(90)			(986)	(986)			
Community Health Services & Support	(21)	(21)			(231)	(231)			
	(2,136)	**(2,126)**	**(10)**	**0.00**	**(23,530)**	**(23,420)**	**(110) U**	**(0%)**	
Disability Support Services - NGO									
AT & R (Assessment, Treatment and Re	(317)	(284)	(34) U	(12%)	(3,490)	(3,174)	(316) U	(10%)	14
Information and Advisory	(11)	(11)		2%	(120)	(124)	4 F	4%	
Needs Assessment	(25)	(29)	5 F	16%	(273)	(329)	56 F	17%	
Service Co-ordination	-	-			(4)	-	(4) U		
Home Support	(1,861)	(1,501)	(360) U	(24%)	(17,147)	(16,508)	(639) U	(4%)	15
Carer Support	(111)	(156)	46 F	29%	(1,606)	(1,526)	(80) U	(5%)	
Residential Care: Rest Homes	(3,055)	(3,405)	349 F	10%	(35,048)	(36,000)	953 F	3%	16
Residential Care: Loans Adjustment	(7)	23	(30) U	129%	205	253	(48) U	19%	
Residential Care: Hospitals	(4,190)	(4,325)	136 F	3%	(43,398)	(45,591)	2,193 F	5%	17
Environmental Support Services	(6)	(9)	3 F	28%	(78)	(98)	20 F	21%	
Day Programmes	(74)	(54)	(20) U	(37%)	(400)	(605)	205 F	34%	
Minor Disability Support Expenditure	(9)	(6)	(2) U	(37%)	(80)	(71)	(10) U	(14%)	
Respite Care	(194)	(143)	(50) U	(35%)	(1,542)	(1,575)	33 F	2%	
Child Development	-	-			-	-			
Community Health Services & Support	(20)	(54)	34 F	63%	(493)	(592)	99 F	17%	
Inter District Flow Disability Support	(298)	(298)			(3,271)	(3,283)	12 F		
	(10,185)	**(10,252)**	**70 F**	**1%**	**(106,801)**	**(109,223)**	**2,422**	**2%**	
Total Disability Support Services	**(12,321)**	**(12,378)**	**60 F**	**0%**	**(130,331)**	**(132,643)**	**2,312 F**	**2%**	

Disability Support Services expenditure variance notes;

14. AT&R - $0.32m unfavourable YTD.

Provider contracts $0.24m more than budgeted YTD. Budget also includes $104k of savings YTD.

15. Home Support - $0.64m unfavourable.

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

16. Residential Care Rest Homes - $0.95m favourable YTD.

The main driver of the YTD variance is LTS-CHC expenditure, which is $0.39m under budget YTD along with a Rest Home price variance of $0.13m and Rest Home volume variance of $0.456m under budget, partially offset by an over budget price and volume variance in Dementia Care of $0.15m.

17. Residential Care: Hospitals - $2.19m favourable YTD.

Hospital price and volumes for 15/16 are less than budget by $1.79m.

Psychogeriatric is close to budget, with volumes for 15/16 being over budget by $81k offset by price being $0.10m under budget.

LTS-CHC price and volumes for 15/16 are under budget by $0.12m.

2014/15 over accruals account for $297k of the favourable variance.

June 15 accrual for volumes was overstated by approximately $199k. Rest Home volumes were also overstated by approximately $0.12m in June 15. The budget for 15/16 has been reduced by $0.3m to reflect the over accrual. The budget reduction was all put against Rest Homes and not split between the two and therefore the YTD favourable variance to budget in Hospitals is overstated by approximately $0.13m and the Rest Homes favourable variance is understated.

Public Health

Public Health *May 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%)	(41)	(41)	0 F	(0%)	
Mental Health	(11)	(11)	0 F	(0%)	(124)	(124)	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	(114)	(26)	(88) U	338%	(373)	(285)	(88) U	31%	
	(129)	**(41)**	**(88) U**	**(215%)**	**(538)**	**(450)**	**(88) U**	**(20%)**	
Public Health - NGO									
Mental Health	(10)	-	(10)		(69)	-	(69)		
Nutrition and Physical Activity	(28)	(27)	(2) U	(6%)	(321)	(293)	(27) U	(9%)	
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%	(255)	(366)	111 F	30%	
Well Child Promotion	-	-		n/m	2	-	2 F	n/m	
	(61)	**(60)**	**(1)**	**(2%)**	**(643)**	**(659)**	**17**	**3%**	
Total Public Health	**(190)**	**(101)**	**(89) U**	**(88%)**	**(1,181)**	**(1,109)**	**(71) U**	**(6%)**	

Public health expenditure variance notes:

No significant variances.

Maori Health Expenditure

Maori Health *May 2016*	Current Month Actual $(000)	Budget $(000)	Variance $(000)	Variance %	Year to Date Actual $(000)	Budget $(000)	Variance $(000)	Variance %	Variance Note
Maori Health - Provider Arm									
Maori Service development	(16)	(16)	0 F	(0%)	(176)	(176)	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%)	(88)	(88)	0 F	(0%)	
Maori Health - Provider Arm Total	**(24)**	**(24)**	0 F	(0%)	**(264)**	**(264)**	0 F	(0%)	
Maori Health - NGO									
Maori Service development	(15)	(25)	10 F	40%	(213)	(272)	59 F	22%	
Maori Provider Assistance Infrastructure									
Maori Workforce Development									
Minor Maori Health Expenditure									
Whanau Ora Services	(85)	(72)	(13) U	(18%)	(792)	(796)	4 F	1%	
Maori Health - NGO Total	**(100)**	**(97)**	**(3) U**	**(46%)**	**(1,005)**	**(1,068)**	**63 F**	6%	
Total Maori Health	**(124)**	**(121)**	**(3) U**	**5%**	**(1,269)**	**(1,332)**	**63 F**	5%	

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Maori Health Services expenditure variance notes:

No significant variances.