

SOUTHERN DISTRICT HEALTH BOARD

DISABILITY SUPPORT ADVISORY COMMITTEE and COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE

Wednesday, 21 November 2018
9.30 am

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

A G E N D A

Lead Director: *Lisa Gestro, Executive Director Strategy, Primary & Community*

Item

1. **Apologies**
2. 9.30 am
Presentation: *Andrew Leys, Southland Community Hospice*
3. **Interests Register**
4. **Minutes of Previous Meeting**
5. **Matters Arising**
6. **Review of Action Sheet**
7. **Strategy, Primary & Community Report**
8. **Child and Youth Wellbeing Strategy Development**
9. **Financial Report**
10. **Resolution to Exclude Public**

Southern DHB Values			
Kind <i>Manaakitanga</i>	Open <i>Pono</i>	Positive <i>Whaiwhakaaro</i>	Community <i>Whanaungatanga</i>

APOLOGIES

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

9.30 am

Presentation: *Southland Community Hospice*

Andrew Leys, Chief Executive Officer

SOUTHERN DISTRICT HEALTH BOARD

Title:	INTERESTS REGISTERS
Report to:	Disability Support and Community & Public Health Advisory Committees
Date of Meeting:	21 November 2018
<p>Summary:</p> <p>Commissioner, Committee and Executive Team members are required to declare any potential conflicts (pecuniary or non-pecuniary) and agree how these will be managed. A member who makes a disclosure must not take part in any decision relating to their declared interest.</p> <p>Interests declarations, and how they are to be managed, are required to be recorded in the minutes and separate interests register (s36, Schedule 3, NZ Public Health and Disability Act 2000).</p> <p>Changes to Interests Registers over the last month:</p> <ul style="list-style-type: none"> ▪ Julie Rickman - shareholder and director of Barr, Burgess & Stewart Ltd added. 	
Specific implications for consideration (financial/workforce/risk/legal etc):	
Financial:	n/a
Workforce:	n/a
Other:	
<p>Prepared by:</p> <p>Jeanette Kloosterman Board Secretary</p> <p>Date: 06/11/2018</p>	
<p>RECOMMENDATION:</p> <p>1. That the Interests Registers be received and noted.</p>	

DSAC/CPHAC Meeting - Public - Interests Register

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
COMMISSIONER TEAM

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
Kathy GRANT (Commissioner)	25.06.2015	Chair, Otago Polytechnic	Southern DHB has agreements with Otago Polytechnic for clinical placements and clinical lecturer cover.	
	25.06.2015	Director, Dunedin City Holdings Limited	Nil	
	25.06.2015	Trustee of numerous private trusts	Nil	
	25.06.2015	Consultant, Gallaway Cook Allan	Nil	
	25.06.2015	Director, Dunedin City Treasury Limited	Nil	
	18.09.2016	Food Safety Specialists Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	18.09.2016	Director, Warrington Estate Ltd	Nil - no pecuniary interest; provide legal services to the company.	
	18.09.2016	Tall Poppy Ideas Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	18.09.2016	Rangiora Lineside Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	18.09.2016	Otaki Three Limited	Nil. Co-trustee in client trusts - no pecuniary interest.	
	21.09.2018	Dunedin Stadium Property Ltd (from 1 July 2018)		
			Spouse:	
	25.06.2015	Consultant, Gallaway Cook Allan	Nil (Updated 8 June 2017)	
	25.06.2015	Chair, Slinkskins Limited	Nil	
	25.06.2015	Director, South Link Health Services Limited	A SLH entity, Southern Clinical Network, has applied for PHO status.	Step aside from decision-making (refer Commissioner's meeting minutes 02.09.2015).
	25.06.2015	Board Member, Warbirds Over Wanaka Community Trust	Nil	
	25.06.2015	Director, Warbirds Over Wanaka Limited	Nil	
	25.06.2015	Director, Warbirds Over Wanaka International Airshows Limited	Nil	
	25.06.2015	Board Member, Leslie Groves Home & Hospital	Leslie Groves has a contract with Southern DHB for aged care services.	
25.06.2015	Chair Dunedin Diocesan Trust Board	Nil (Updated 16 April 2018)		
25.06.2015	Trustee of numerous private trusts	Nil		
25.06.2015 (updated 22.04.2016)	President, Otago Racing Club Inc.	Nil		
Graham CROMBIE (Deputy Commissioner)	27.06.2015	Independent Director, Surf Life Saving New Zealand	Nil	
	25.06.2015	Chairman, Dunedin City Holdings Ltd	Nil	
	25.06.2015	Chairman, Otago Museum	Nil	
	25.06.2015	Chairman, New Zealand Genomics Ltd (Removed 24.07.2018)	Nil	

DSAC/CPHAC Meeting - Public - Interests Register

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
COMMISSIONER TEAM

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	25.06.2015	Independent Chairman, Action Engineering Ltd	Nil	
	25.06.2015	Trustee, Orokonui Foundation	Nil	
	25.06.2015	Chairman, Dunedin City Treasury Ltd	Nil	
	25.06.2015	Independent Chair, Innovative Health Technologies (NZ) Ltd	Possible conflict if Southern DHB purchased this company's product.	
	16.01.2017	Director, Dunedin Stadium Property Ltd (previously known as Dunedin Venues Ltd)	Nil	
	08.02.2017	Independent Chair, TANZ eCampus Ltd		
	13.03.2017	Chair, South Island Alliance Information Services		
	23.11.2017	Director, A G Foley Ltd	Possible conflict if Southern DHB contracts this company's services.	
	06.06.2018	WJ Investments Ltd	Trustee for lawyer's trust, which owns this company.	Will withdraw if any conflict arises.
	18.09.2016	Director and Shareholder, Innovatio Ltd	Vehicle for governance and consulting assignments. Clients listed above.	
Richard THOMSON (Deputy Commissioner)	13.12.2001	Managing Director, Thomson & Cessford Ltd	Thomson & Cessford Ltd is the company name for the Acquisitions Retail Chain. Southern DHB staff occasionally purchase goods for their departments from it.	
	13.12.2002	Chairperson and Trustee, Hawksbury Community Living Trust	Hawksbury Trust runs residential homes for intellectually disabled adults in Otago and Canterbury. It does not have contracts with Southern DHB.	
	23.09.2003	Trustee, HealthCare Otago Charitable Trust	Health Care Otago Charitable Trust regularly receives grant applications from staff and departments of Southern DHB, as well as other community organisations.	
	05.02.2015	One immediate family member is an employee of Dunedin Hospital (Anaesthetic Technician)		
	07.10.2015	Southern Partnership Group	The Southern Partnership Group will have governance oversight of the Dunedin Hospital rebuild and its decisions may conflict with some positions agreed by the DHB and approved by the Commissioner team.	
	24.07.2018	Son's partner works for Southern DHB, Ophthalmology Service.		

DSAC/CPHAC Meeting - Public - Interests Register

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
ADVISORY COMMITTEE MEMBERS

Committee Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
Susie JOHNSTONE	21.08.2015	Independent Chair, Audit & Risk Committee, Dunedin City Council	Nil	
(Consultant, Finance Audit & Risk Committee)	21.08.2015	Board Member, REANNZ (Research & Education Advanced Network New Zealand) (Retired 30 June 2018)	REANNZ is the provider of Eduroam (education roaming) wireless network. SDHB has an agreement allowing the University to deploy access points in SDHB facilities.	
	21.08.2015	Advisor to a number of primary health provider clients in rural Otago	All of the primary health provider clients in rural Otago are likely to have a contract through Southern DHB and/or the WellSouth Primary Care Network.	
	18.01.2016	Audit and Risk Committee member, Office of the Auditor-General	Audit NZ, the DHB's auditor, is a business unit of the Office of the Auditor General.	
	16.09.2016	Director, Shand Thomson Ltd	Nil	
	16.09.2016	Director, Harrison Nominees Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	16.09.2016	Director, Abacus ST companies.	Nil. Co-trustee in client trusts - no pecuniary interest.	
	16.09.2016	Director, Shand Thomson Nominees Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	16.09.2016	Director, Johnstone Afforestation Co Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	16.09.2016	Director, Shand Thomson Nominees (2005) Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	16.09.2016	Director, McCrostie Nominees Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	28.05.2018	Clutha Community Health Company Co Ltd	Client of Shand Thomson. Two retired Shand Thomson partners are on the board, one is a long standing Chair.	
	23.07.2018	Trustee, Clutha Community Foundation (appointed June 2018)		
		Spouse is Consultant/Advisor to:		
	21.08.2015	Tuapeka Community Health Co Ltd & Tuapeka Health Incorporated	Tuapeka Community Health Co Ltd & Tuapeka Health Incorporated have a contract with Southern DHB.	
	21.08.2015	Wyndham & Districts Community Rest Home Inc	Wyndham & Districts Community Rest Home Inc has a contract with Southern DHB.	
	21.08.2015	Roxburgh District Medical Services Trust	Roxburgh District Medical Services Trust has a contract with Southern DHB.	
	21.08.2015	A number of primary health care providers in rural Otago	All of the primary health provider clients in rural Otago are likely to have a contract through Southern DHB and/or the WellSouth Primary Care Network.	
	26.09.2016	Director, Abacus ST companies.	Nil. Co-trustee in client trusts - no pecuniary interest.	
		Daughter:		
	21.08.2015	6th Year Medical School Student	(Updated 20.10.2017)	
Donna MATAHAERE-ATARIKI (IGC Member)	27.02.2014	Trustee WellSouth	Possible conflict with PHO contract funding.	
	27.02.2014	Trustee Whare Hauora Board	Possible conflict with SDHB contract funding.	
	27.02.2014	Council Member, University of Otago	Possible conflict between SDHB and University of Otago.	
	27.02.2014	Chair, Ōtākou Rūnanga	Nil	
	17.06.2014	Gambling Commissioner	Nil	
	05.09.2016	Board Member and Shareholder, Arai Te Uru Whare Hauora Limited	Nil - charitable entity.	
	21.03.2018	Board Member, Ōtākou Health Limited	Registered Charity not contracting in Health.	
	05.09.2016	Southern DHB, Iwi Governance Committee	Possible conflict with SDHB contract funding.	
	09.02.2017	Director and Shareholder, VIII(8) Limited	Nil	
	21.03.2018	Chair, NGO Council	Nil	
	07.06.2018	Chairperson, Te Rūnanga o Ōtākou Incorporated	Registered Charity - not contracting in Health.	
	07.06.2018	Director, Te Rūnanga Ōtākou Ltd	Nil does not contract in health.	Update to nature of interest 2 July 2018
	07.06.2018	Trustee, Kaupapa Taiao	Registered Charity - not contracting in Health.	

DSAC/CPHAC Meeting - Public - Interests Register

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
ADVISORY COMMITTEE MEMBERS

Committee Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	02.07.2018	Otakou Health Ltd - Shareholder of Te Kaika and its subsidiaries Mataora Health and Forbury Cnr Medical Centres	Possible conflict with SDHB contract funding.	Interest advised 2 July 2018
Odele STEHLIN	01.11.2010	Waihopai Rūnaka General Manager	Possible conflict with contract funding.	
Waihopai Rūnaka – Chair IGC	01.11.2010	Waihopai Rūnaka Social Services Manager	Possible conflict with contract funding.	
	01.11.2010	WellSouth Iwi Governance Group	Nil	
	01.11.2010	Recognised Whānau Ora site	Nil	
	24.05.2016	Healthy Families Leadership Group member	Nil	
	23.02.2017	Te Rūnanga alternative representative for Waihopai Rūnaka on Ngai Tahu.	Nil	
	09.06.2017	Director, Waihopai Runaka Holdings Ltd	Possible conflict with contract funding.	
	07.06.2018	Director of Waihopai Hauora.	Possible conflict with contract funding.	
Sumaria BEATON	27.04.2017	Southland Warm Homes Trust	Nil	
IGC - Awarua Rūnaka	09.06.2017	Director and Shareholder, Sumaria Consultancy Ltd	Nil	
	09.06.2017	Director and Shareholder, Monkey Magic 8 Ltd	Nil	
	07.06.2018	Treasurer, Community Energy Network Incorporated	Nil	
Taare BRADSHAW	17.03.2017	Director, Murihiku Holdings Ltd	Nil	
IGC - Hokonui Rūnaka	07.06.2018	Trustee, Hokonui Rūnanga Health & Social Services Trust	Possible conflict with contract funding.	
	07.06.2018	Vice Chairman, Hokonui Rūnanga Incorporated	Possible conflict with contract funding.	
Victoria BRYANT	06.05.2015	Member - College of Primary Nursing (NZNO)	Nil	
IGC - Puketeraki Rūnaka	06.05.2015	Member - Te Rūnanga o Ōtākou	Nil	
	06.05.2015	Member Kati Huirapa Rūnaka ki Puketeraki	Nil	
	06.05.2015	President Fire in Ice Outrigger Canoe Club	Nil	
	24.05.2017	Member, South Island Alliance - Raising Healthy Kids	Nil	
	06.03.2018	SDHB, Te Punaka Oraka, Public Health Nursing, Charge Nurse Manager	Nil	
	06.03.2018	Member of the New Zealand Nurses Organisation	Possible conflict when negotiations are taking place.	
	06.03.2018	Member of the Public Service Association (PSA)	Possible conflict when negotiations are taking place.	
Justine CAMP	31.01.2017	Research Fellow - Dunedin School of Medicine - Better Start National Science Challenge	Nil	
IGC - Moeraki Rūnaka		Member - University of Otago (UoO) Treaty of Waitangi Committee and UoO Ngai Tahu Research Consultation Committee	Nil	
		Member - Dunedin City Council - Creative Partnership Dunedin	Nil	
		Moana Moko - Māori Art Gallery/Ta Moko Studio - looking at Whānau Ora funding and other funding in health setting	Possible conflict with funding in health setting.	
		Daughter is a member of the Community Health Council	Nil	
Terry NICHOLAS	06.05.2015	Treasurer, Hokonui Rūnanga Inc.	Nil	
IGC - Hokonui Rūnaka	06.05.2015	Member, TRoNT Audit and Risk Committee	Nil	
	06.05.2015	Director, Te Waipounamu Māori Cultural Heritage Centre	Nil	
	06.05.2015	Trustee, Hokonui Rūnanga Health & Social Services Trust	Possible conflict when contracts with Southern DHB come up for renewal.	
	06.05.2015	Trustee, Ancillary Claim Trust	Nil	
	06.05.2015	Director, Hokonui Rūnanga Research and Development Ltd	Nil	
	06.05.2015	Director, Rangimanuka Ltd	Nil	
	06.05.2015	Member, Te Here Komiti	Nil	
	06.05.2015	Member, Arahua Holdings Ltd	Nil	
	06.05.2015	Member, Liquid Media Patents Ltd	Nil	
	06.05.2015	Member, Liquid Media Operations Ltd	Nil	
	09.06.2017	Director, Murihiku Holdings Ltd	Nil	
	09.06.2017	Director and Shareholder, Real McCoy Owner Ltd	Nil	
	09.06.2017	Director and Shareholder, Real McCoy Operator Ltd	Nil	
Ann WAKEFIELD	03.10.2012	Executive member of Ōraka Aparima Rūnaka Inc.	Nil	

DSAC/CPHAC Meeting - Public - Interests Register

SOUTHERN DISTRICT HEALTH BOARD
 INTERESTS REGISTER
 ADVISORY COMMITTEE MEMBERS

Committee Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
IGC - Ōraka Aparima Rūnaka	09.02.2011 03.10.2012	Member of Māori Advisory Committee, Southern Cross Te Rūnanga representative for Ōraka-Aparima Rūnaka Inc. on Ngai Tahu.	Nil Nil	

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

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

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
Mike COLLINS	15.09.2016	Wife, NICU Nurse	
Pania COOTE	08.12.2017	Ngāi Tahu, Ngāti Kauwhata and Ngāti Porou registered.	Nil
	30.09.2011	Member, South Island Alliance Southern Cancer Network	Nil
	30.09.2011	Member, Aotearoa New Zealand Association of Social Workers (ANZASW)	Nil
	29.06.2012	Member, Te Waipounamu Māori Cancer Leadership Group	Nil
	26.01.2015	National Māori Monitoring Equity Group (National Screening Unit) – MMEG.	Nil
	26.01.2015	Member, Child Health Network (Alliance South)	Nil
	19.09.2016	Shareholder (2%), Bluff Electrical 2005 Ltd	Nil
	08.12.2017	South Island Alliance, Strategic Planning and Integration Team (SPaIT)	Nil
	28.05.2018	SDHB National Bowel Screening Programme Governance Group	Nil
	28.05.2018	Hei Ahuru Mowai (Māori Cancer Leadership Aotearoa)	Nil
Matapura ELLISON	12.02.2018	Director, Otākou Health Services Ltd	Possible conflict when contracts with Southern DHB come up for renewal.
	12.02.2018	Director, Otākou Health Ltd	Nil
	12.02.2018	Deputy Kaiwhakahaere, Te Rūnanga o Ngai Tahu	Nil
	12.02.2018	Chairperson, Kati Huirapa Rūnaka ki Puketeraki	Nil

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

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
	12.02.2018	Trustee, Araiteuru Kōkiri Trust	Nil
	12.02.2018	Otago Museum Māori Advisory Committee	Nil
	12.02.2018	National Māori Equity Group (National Screening Unit) – MEG.	Nil
	12.02.2018	SDHB Child and Youth Health Service Level Alliance Team	Nil
	12.02.2018	Trustee, Section 20, BLK 12 Church & Hall Trust	Nil
	12.02.2018	Trustee, Waikouaiti Maori Foreshore Reserve Trust	Nil
	29.05.2018	Director & Shareholder (jointly held) - Arai Te Uru Whare Hauora Ltd	Possible conflict when contracts with Southern DHB come up for renewal.
Chris FLEMING	25.09.2016	Lead Chief Executive for Health of Older People, both nationally and for the South Island	
	25.09.2016	Chair, South Island Alliance Leadership Team	
	25.09.2016	Lead Chief Executive South Island Palliative Care Workstream	
	25.09.2016	Deputy Chair, InterRAI NZ	
	10.02.2017	Director, South Island Shared Service Agency	Shelf company owned by South Island DHBs
	10.02.2017	Director & Shareholder, Carlisle Hobson Properties Ltd	Nil
	26.10.2017	Nephew, Tax Advisor, Treasury	
	18.12.2017	Ex-officio Member, Southern Partnership Group	
	30.01.2018	CostPro (costing tool)	Developer is a personal friend.
	30.01.2018	Francis Group	Sister is a consultant with the Francis Group.
Lisa GESTRO	06.06.2018	Lead GM National Travel and Accommodation Programme	

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

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
Lynda McCUTCHEON	19.08.2015	Member of the National Directors of Allied Health	Nil
	04.07.2016	NZ Physiotherapy Board: Professional Conduct Committee (PCC) member	No perceived conflict. If complaint involves SDHB staff member or contractor, will not sit on PCC.
	18.09.2016	Shareholder, Marketing Business Ltd	Nil
Nigel MILLAR	04.07.2016	Member of South Island IS Alliance group	This group works on behalf of all the SI DHBs and may not align with the SDHB on occasions.
	04.07.2016	Fellow of the Royal Australasian College of Physicians	Obligations to the College may conflict on occasion where the college for example reviews training in services.
	04.07.2016	Fellow of the Royal Australasian College of Medical Administrators	Obligations to the College may conflict on occasion where the college for example reviews training in services.
	04.07.2016	NZ InterRAI Fellow	InterRAI supplies the protocols for aged care assessment in SDHB via a licence with the MoH.
	04.07.2016	Son - employed by Orion Health	Orion Health supplies Health Connect South.
	04.07.2016	Clinical Lead for HQSC Atlas of Healthcare variation	HQSC conclusions or content in the Atlas may adversely affect the SDHB.
	29.05.2018	Council Member of Otago Medical Research Foundation Incorporated	
Nicola MUTCH		Deputy Chair, Dunedin Fringe Trust	Nil
Patrick NG	17.11.2017	Member, SI IS SLA	Nil
	17.11.2017	Wife works for key technology supplier CCL	Nil
	18.12.2017	Daughter, medical student at Auckland University and undertaking Otago research project over summer 2017/18.	

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

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
Julie RICKMAN	31.10.2017	Director, JER Limited	Nil, own consulting company
	31.10.2017	Director, Joyce & Mervyn Leach Trust Trustee Company Limited	Nil, Trustee
	31.10.2017	Trustee, The Julie Rickman Trust	Nil, own trust
	31.10.2017	Trustee, M R & S L Burnell Trust	Nil, sister's family trust
	23.10.2018	Shareholder and Director, Barr Burgess & Stewart Limited	Accounting services
		<i>Specified contractor for JER Limited in respect of:</i>	
	31.10.2017	H G Leach Company Limited to termination	Nil, Quarry and Contracting.
Gail THOMSON	19.10.2018	Member Chartered Management Institute UK	Nil
Jane WILSON	16.08.2017	Member of New Zealand Nurses Organisation (NZNO)	No perceived conflict. Member for the purposes of indemnity cover.
	16.08.2017	Member of College of Nurses Aotearoa (NZ) Inc.	Professional membership.
	16.08.2017	Husband - Consultant Radiologist employed fulltime by Southern DHB and currently Clinical Leader Radiology, Otago site.	Possible conflict with any negotiations regarding new or existing radiology service contracts. Possible conflict between Southern DHB and SMO employment issues.
	16.08.2017	Member National Lead Directors of Nursing and Nurse Executives of New Zealand.	Nil

Southern District Health Board

Minutes of the Joint Meeting of the Disability Support Advisory Committee and Community & Public Health Advisory Committee held on Thursday, 27 September 2018, commencing at 9.30 am, in the Board Room, Wakari Hospital Campus, Dunedin

Present:	Mrs Kathy Grant Mr Graham Crombie Mr Richard Thomson Ms Justine Camp	Commissioner Deputy Commissioner Deputy Commissioner Committee Member (from 10.00 am)
In Attendance:	Mr Chris Fleming Mrs Lisa Gestro Dr Nigel Millar Dr Nicola Mutch Mr Patrick Ng Ms Julie Rickman Mrs Jane Wilson Ms Jeanette Kloosterman	Chief Executive Officer Executive Director Strategy, Primary & Community Chief Medical Officer Executive Director Communications Executive Director Specialist Services Executive Director Finance, Procurement & Facilities Chief Nursing Officer Board Secretary

1.0 APOLOGIES

No apologies were received.

2.0 PRESENTATION: MAIHEALTH - VIRTUAL HEALTH CLINIC

The Commissioner welcomed Mr Chin Loh, Director, Antidote NZ Ltd, and Mr James Nethercott, Clinical Pharmacist, Southern DHB, recipients of the Chief Executive Officer's Southern Innovation Challenge award, to the meeting.

Messrs Loh and Nethercott gave a presentation on Antidote's winning entry to pilot virtual health assessment booths linked to *Maihealth*, a cloud-based health service run by Dr Lance O'Sullivan, in Antidote pharmacies across Dunedin (tab 2). This was followed by a discussion on future models of care and how health professionals could interact locally.

Ms Justine Camp, Iwi Governance Committee representative, was welcomed to the meeting at 10.00 am.

3.0 DECLARATION OF INTERESTS

The Interests Registers were circulated with the agenda (tab 3). It was noted that amendments to the Registers had been declared at the Finance, Audit & Risk Committee meeting earlier in the week.

The Commissioner reminded everyone of their obligation to advise the meeting should any potential conflict arise during discussions.

Recommendation:

"That the Interests Registers be received and noted."

Agreed

4.0 PREVIOUS MINUTES

Recommendation:

"That the minutes of the meeting held on 26 July 2018 be approved and adopted as a true and correct record."

Agreed

5.0 MATTERS ARISING AND REVIEW OF ACTION SHEET

The Committees reviewed the action sheet (tab 6).

Primary Care - Changing the Invercargill Model of Care to Reduce ED Attendances

The Executive Director Finance, Procurement & Facilities (EDFP&F) reported that the issue impeding the triage redesign was that the area was a fire cell. In order to make the building changes requested the fire cell would have to be broken and another created at a significant cost or alternatives would have to be found.

The Commissioner requested that the matter be left on the action sheet and updated when a recommendation was received on how to address this issue.

"Home as my First Choice" Programme

The EDSP&C agreed to submit a report to the next meeting analysing Emergency Department (ED) presentations and "frequent flyers".

6.0 STRATEGY, PRIMARY AND COMMUNITY REPORT

The Strategy, Primary & Community Report (tab 7), was taken as read and the Executive Director Strategy, Primary & Community (EDSP&C) took questions.

It was noted that the Child Oral Health Recovery Plan had been omitted from the agenda. It was agreed that this be reviewed with an equity lens and submitted to the next Commissioner's and Iwi Governance Committee meetings.

Recommendation:

"That the report be noted"

Agreed

7.0 PERFORMANCE REPORT - QUARTER 4

The Committees considered a report on performance against Health Targets and indicators of service performance for quarter 4 2017/18 (tab 8).

The Committees sought reassurance that progress was being made to increase thrombolysis rates and requested advice on when it was expected the target rate would be achieved.

8.0 FINANCIAL REPORT

In presenting the Funder financial results for August 2018 (tab 9) the EDSP&C noted that failure to realise pharmaceutical savings was a major contributor to the result.

Recommendation:

“That the report be received.”

Agreed

CONFIDENTIAL SESSION

At 10.45 am, it was resolved that the Disability Support and Community & Public Health Advisory Committees move into committee to consider the agenda items listed below.

<i>General subject:</i>	<i>Reason for passing this resolution:</i>	<i>Grounds for passing the resolution:</i>
1. Previous Public Excluded Meeting Minutes	As set out in previous agenda.	As set out in previous agenda.
2. Statement of Service Performance for Annual Report 2017/18	Annual Report is not a public document until tabled in Parliament.	Section 9(2)(f) of the Official Information Act (OIA).
3. Development of Community Health Hubs and Locality Networks	To allow activities and negotiations to be carried on without prejudice or disadvantage.	Sections 9(2)(i) and (j) of the OIA.

Confirmed as a true and correct record:

Commissioner: _____

Date: _____

Southern District Health Board
DISABILITY SUPPORT AND COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEES MEETING
ACTION SHEET

As at 8 November 2018

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
July 2018	Primary Care - Changing In'gill Model of Care to Reduce ED Attendance (Minute item 5.0)	Further information to be provided on this project, including the process impeding the supply of an engineer's report and building quote.	EDSP&C/ EDFP&F	Verbal updated provided at September 2018 meeting.	Completed
Sept 2018					
Sept 2018	"Home as my First Choice" Programme - ED Presentations (Minute item 5.0)	Analysis of ED presentations and "frequent flyers" to be submitted to next meeting.	EDSP&C	Submitted to October 2018 Commissioner's meeting.	Completed
Sept 2018	Child Oral Health Recovery Plan (Minute item 6.0)	To be reviewed for equity and submitted to the next Commissioner's and Iwi Governance Committee meetings.	EDSP&C	Report will be provided in December 2018	December 2018
Sept 2018	Performance Reporting Q4 - Thrombolysis (Minute item 7.0)	Report to be provided on progress to increase thrombolysis rates and when it was expected targets would be met.	EDSS	A report will be submitted via the Hospital Advisory Committee in January 2019.	January 2019

SOUTHERN DISTRICT HEALTH BOARD

Title:	Strategy, Primary & Community Report		
Report to:	Disability Support and Community & Public Health Advisory Committees		
Date of Meeting:	21 November 2018		
Summary: Monthly report on the Strategy, Primary & Community Directorate activity.			
Specific implications for consideration (FINANCIAL/WORKFORCE/RISK/LEGAL ETC.):			
Financial:	N/A		
Workforce:	N/A		
Other:	N/A		
Document previously submitted to:	N/A		DATE:
Approved by Chief Executive Officer:	N/A		DATE:
Prepared by: Strategy, Primary & Community Team DATE: 9 th November 2018		Presented by: Lisa Gestro Executive Director Strategy, Primary & Community	
RECOMMENDATION: That the Committees note the content of this paper.			

COMMUNITY SERVICES

Health of Older People

The Francis Group have engaged with the Older Persons Health (OPH) team to understand the current work on frail elderly and opportunities to work on in the near future. This has coincided with the frail elderly work being done to support the 6ATR decant while the ICU redevelopments continue. As part of a planned process beds were reduced from 28 to 25 in mid-October, with the final reduction to 22 beds on 9 November. The OPH team have looked at the frail elderly journey through the hospital and have made/are making some key changes. These include:

- Establishment of the Home Team to avoid/support admission to ED, IMAU, or 8MED
- Admission from the community (negating the need to go to ED, IMAU or 8MED)
- Increase allied health rehab staff in both 8MED, 6ATR and Community Rehab.
- Changes to how teams work on the ward, but also working closer with other teams
- Introducing a home to assess approach, where the needs assessment process takes place after a supported discharge.

The team have really engaged and led the process and are positive about the strategic opportunities that lay ahead. Changes made over the past two months are already showing results. The wait list to 6ATR has reduced significantly and is zero on most days. Average length of stay for October was 14.3 days (Aug was 22.9 days).

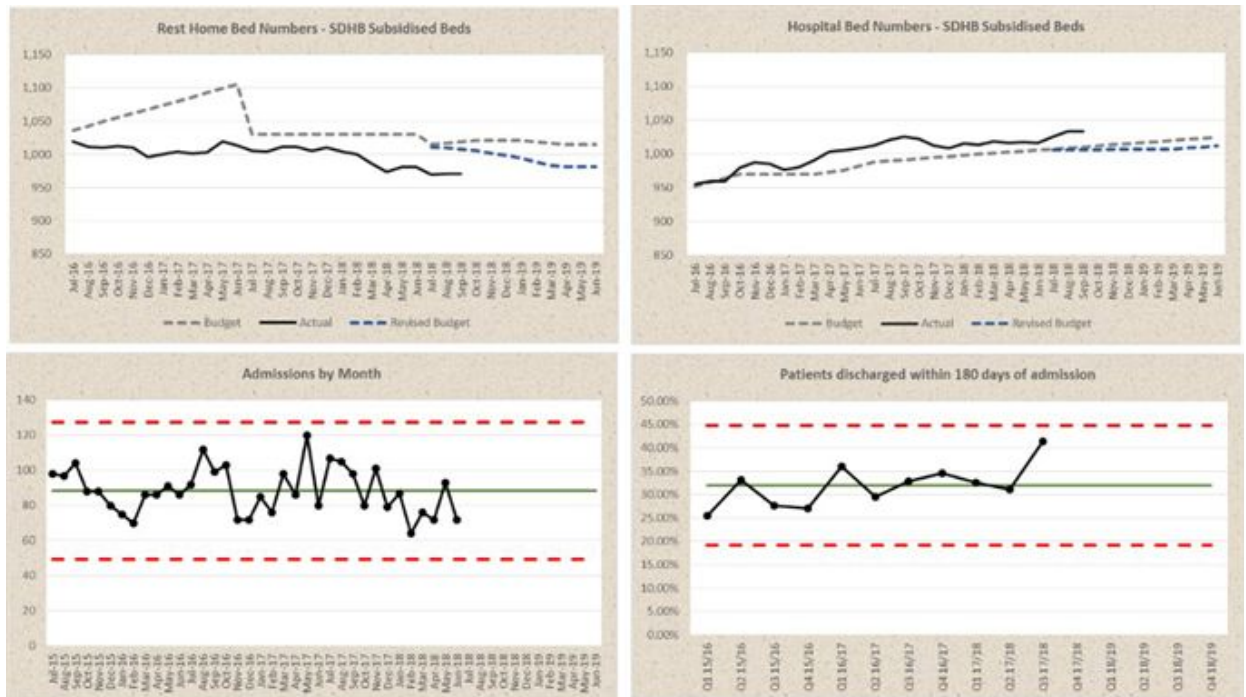
Home Team

In Dunedin recruitment is largely completed with several new staff, including Occupational Therapist, Physiotherapist, Registered Nurse and Rehabilitation Assistants starting over the coming month. The service is on-track to launch into a full service by 01 December 2018. Recruitment in Invercargill has been successful with the nursing roles but not allied health. The service is reconsidering how to attract allied health to these roles in Southland.

A communications plan has been developed which includes significant interaction with key inpatient services and general practice. There will be wider communications closer to when the team is ready to accept increased activity.

Aged Residential Care

The below graphs (still in development) show utilisation, admission and LOS (proxy measure) trends in Aged Residential Care.



Refugee Services

SDHB and WellSouth continue to work in partnership in reviewing the strategy and model of care.

We are awaiting a response from WellSouth around negotiating an interim contract that would be effective from 1/7//2018 to 31/3/2019. This would allow for completion of the review being undertake, while also putting the contract on a cycle in which there would be no gaps between MoH funding and service delivery.

Dunedin – first 30 Months:

- 515 people resettled, almost half were adults (44%).
- Children: under 5’s (17%); 5-12 years (27%); and 13-17 years (11%).
- 7236 interpreter appointments
- DNA rate = 3%
- Forecast – 180 refugees/annum shifting from Middle East (99% Arabic-speaking) to Afghani (Dari-speaking)

Invercargill – first 6 months:

- 62 people resettled, half were adults (50%)
- Children: under 5’s (15%); 5-12 years (16%); and 13-17 years (19%)
- 217 interpreter appointments completed
- DNA rate = 2%
- Forecast – 90 refugees/annum from Colombia (Spanish-speaking)

MBIE has advised that beginning in March 2019, the resettlement in Dunedin will diversify by including cohorts of Afghani refugees. Video interpreting via Vidyo will be carried out with Dari interpreters from beyond the SDHB catchment.

CALD training has been organised for the entire financial year. There is sufficient registration for the three courses in 2018. Two very well attended and received courses are complete.

Finally, the Dunedin City Council will be making \$80K/year available for refugee and migrant settlement services. After further meetings, it appears that about half of this is earmarked for interpreters that will be potentially managed by SDHB. The business analysts have raised some concerns around SDHB being a supplier of interpreter services for non-health related agencies: setting up a new logistics application, billing, and whether this falls outside a public health agency's range of services.

Public Health

Public Health Annual Plan

Following endorsement by both the Executive Leadership Team and the Commissioners, the final version of the Public Health Annual plan for 2018/2019 was submitted to the Ministry of Health on 5 November. This was acknowledged and the Ministry gave their approval of the plan on 6 November 2018.

Research Project into Carriage of Neisseria Meningitidis - Update

As reported previously a research project is underway with the University of Otago to determine the risk factors, prevalence and typing of Neisseria Meningitidis carriage in first year University of Otago students living in halls of residence. Over the last three weeks Public Health Staff have swabbed over 1000 throats of first year university students living in Otago University halls of residence as part of a meningococcal carriage survey.

Staff presented to the residential colleges about the project and all 14 first year colleges agreed to participate. Throat swabs were delivered daily to the laboratory for analysis for the presence of Neisseria Meningitidis, the organism responsible for meningococcal disease. We are also looking for any reduction of carriage among the Studholme College students who received clearance antibiotics in early August 2018 following three cases of the disease. While this survey involved a lot of additional work everyone enjoyed the opportunity to be part of a multidisciplinary team working on a project with such high relevance to our work. Once the data has been analysed by a researcher at the University it is hoped we will have clearer evidence around meningococcal carriage rates and the rate of reacquisition after treatment, as well as providing evidence in the New Zealand context to support a vaccination programme. The high number of students agreeing to be part of the survey will ensure our results have a good degree of statistical relevance.

Submissions

Public Health South lodged the following submissions in October:

- A supportive submission was lodged to the Queenstown-Lakes District Council on the physical activity proposals for the Peninsula Bay Reserve in Wanaka. We supported their proposals for bike tracks and disc golf and advocated that allowance also needs to be made for walkers including those with disabilities and those with prams. We also supported the retention of current green space.
- We submitted to the Waitaki District Council on their draft Alcohol Ban bylaw. As we were part of the group that drafted the bylaw we were supportive of the content. We recommended the use of more internationally accepted language from "Alcohol Ban" to "Alcohol-free areas".

- We submitted to the new Ministry of Housing and Urban Development on a discussion document of proposals to reform the Residential Tenancies Act. We took the position that given the increasing proportion of the population who are likely to be renting as opposed to owning their own homes, the power imbalance between tenants and landlords need to change with a view to creating a more stable home environment for tenants.
- A submission was lodged on a discussion document aimed at supporting changes to the Healthy Homes Guarantee Act. Our submission supported the adoption of more rigorous standards to keep houses warm and dry. We also advocated for the adoption of a Building Warrant of Fitness Programme for rental properties.
- Public Health advice was offered on Otago Regional Council's swimming water targets, to the Invercargill City Council on their Central City Coordinator's role, and Queenstown-Lakes District Council in support of their traffic parking bylaw. Advice was offered to Aukaha on a consent for the Clutha District Council to renew its discharge permit for the Waihola Sewage Treatment Plant. In addition we approved that Clutha District Council's application be processed as a non-notified consent.

Plan Change 13 – Update

As previously reported Public Health South lodged a submission on Plan Change 13 that sought to establish a residential subdivision adjacent to the Cromwell Motor Sport Park, the Cromwell Speedway and an orchard. There has been strong community opposition to this proposal and other major stakeholders including the New Zealand Transport Agency and the Otago Regional Council have raised concerns. There has been strong opposition from both the Cromwell Motor Sport Park and the Cromwell Speedway.

Submissions have now been summarised and all submitters have the opportunity to review each other's submissions with a view to identifying those that are supported or opposed. Mitchell Dayash are undertaking this work for us and have developed a draft cross submission that recommends the decision-makers reject submissions lodged by the applicant (Riverview Terrace Developments Ltd), and supports submissions lodged by the Highlands Motorsport Park, the neighbouring orchard, New Zealand Transport Agency, Otago Regional Council and Transpower New Zealand. Assuming the applicant proceeds with the application the next stage will be a hearing before independent Commissioners appointed on behalf of the Central Otago District Council.

Mental Health Awareness Week

This year the theme for Mental Health Awareness week was 'Let nature in, strengthen your wellbeing – Mā te taiao kia whakapakari tōu oranga'. This provided the opportunity to showcase public health messaging, role modelling of mental health promoting behaviour, and generally raising awareness of mental health issues in our community. A wide range of activities were undertaken across the district including:

- A number of activities aimed at Queenstown Lakes District Council staff, a workplace challenge with Mental Health Services, and free lunchtime yoga in Remarkables Park.
- Staff in Invercargill developed and distributed a calendar of mental health awareness week activities and organised a lunch time walk along the Otepuni Stream, and a workplace project with Environment Southland staff.
- A week-long mural project was a public event that was launched on the Monday morning of mental health awareness week in Dunedin's Wall St Mall. This involved creation of an interactive public mural promoting mental wellbeing and encouraging expression of this year's theme.

Smokefree - Fresh Air Project

The Fresh Air project is a pilot project encouraging and supporting venues in Dunedin, Queenstown and Invercargill to make their outdoor dining space smokefree. The aim of the project is to de-normalise smoking in these areas and reduce second-hand smoke. The pilot will run for five months starting on 1 November and during this time these businesses will be promoted on social media and the Fresh Air Project website. The public will be encouraged to dine at these venues and share their smokefree dining experience through feedback forms. The project is still in the recruitment phase with venues being signed up, resource packs distributed and pre-pilot questionnaires completed. Dunedin staff will be presenting this project at the public forum of the Community and Culture Committee meeting this month to gain support for the project from the Dunedin City Council.

Smokefree Presentations by Dr Mark Wallace-Bell

Dr Mark Wallace-Bell presented to staff from Mental Health services in Invercargill and Dunedin. He delivered five presentations to approximately 80 people; the majority were staff from Mental Health, Addictions and Intellectual Disability Services (MHAIDS). The aim of the presentations were to provide professional development to the staff to improve asking patients about their smoking, the most effective ways to support their quit attempts, and on the use of Nicotine Replacement Therapy. Feedback was very positive with everyone acknowledging that their clinical knowledge had increased and understanding of why it is particularly difficult for mental health service users to stop smoking. There was great interest in the information on vaping and how this harm reduction tool could see mental health service users switch to a less harmful product and reduce smoking on hospital grounds.

Following Mark's meeting with the MHAIDS smokefree committee it was felt that the smokefree policy should be reviewed and vaping removed. This was because vaping is not a combustible product so it is confusing that it is in there. Some of the nursing staff would like to look at how they can use NRT better, looking at double patching for example, and this would take some work with clinicians who may not have this information.

Pepi-Pods

Training was provided to the Pacific Island Advisory Trust staff in Southland to become distributors to enable access to pepi-pods for their clients and the wider Pacific community across the Southern district. They give the baby its own safe place to sleep when bed sharing with their parents. This is especially important for vulnerable babies e.g. those that have had exposure to cigarette smoke during their time in utero or immediately after. Pep-pods are available to families with new-born babies to support the safe sleep messages and are provided with a supply of merino blankets, sheets and a warm hat for baby. Pacific Island babies have the highest rate of sudden unexpected death in infancy (SUDI) in New Zealand so we are trying to strengthen our support for this community to increase access to pepi-pods.

Southern Excellence Award

Jillian Boniface and Leanne Liggett won the Breaking Boundaries Award for the Refugee Immunisation Calculator in the Southern Excellence Awards held this month. Primary Care focus groups undertaken as part of the Refugee Strategy evaluation identified the increasing demand for support for immunisation catch ups for resettlement cohorts

arriving in New Zealand. Southern DHB Programme Leader for Vaccine Preventable Disease Jillian Boniface and Public Health Analyst Dr Leanne Liggett are working in partnership with WellSouth to develop an online calculator which will simplify data collection, improve workflow efficiencies, support timely clinical delivery and ensure the National Immunisation Register is updated.

Oral Health

Maxillo- facial succession plan remains on track. This is a joint project with the University of Otago Dental Faculty and Canterbury DHB facilitated with SIAPO. Five suitable surgical registrar candidates have been identified and accreditation of the training programme is to be undertaken 1st week of November on Dunedin Sites and Southland.

The new part time Health Promotion Administration Officer has commenced work and is to work across the district for the team.

Advertising and interviewing for a number of positions have taken place this month and offers made to successful candidates.

Two new Oral Health Therapist graduates have been appointed for the Otago team (one full time fixed term position and one 0.6 FTE permanent position both working in Dunedin). Three dental therapist graduates have been appointed to work in the Southland team. This will be the first time Southland has been fully staffed for a number of years and permanent contracts will be completed once their Annual Practising Certificates (APC) have been issued. The staff were offered the Pre-Entry to Practice positions until they have their APC. Four have opted to take this offer up.

Otago will be assisting a new graduate that has been appointment to Southland with Pre-entry to Practice and mentoring for the first few months due to a lack of senior Dental therapist in Southland that can mentor.

The service has also appointed to their full time permanent Administrator position working in the Wakari office. The successful applicant is a current employee working at our Dunedin South Clinic so we will be advertising this position in the near future.

The Health Promotion team in Otago are working towards the South Dunedin Street Festival being held on 3rd November 2018 and arranging with Pak N Save for the donation of water bottles for the vendors to sell. This is a water only event. The Health Promotion staff will have a stall at this event and plan surveying the public to see if they support this event being sweet and beverage free.

There is a continued improvement in the patient arrears (16%) however staff remain under pressure to see as many patients as possible. This is continues to be closely monitored.

The treatment needs of many patients have increased due to delay in seeing them with many now needing fillings or extractions rather than preventative treatments that would have delayed or stopped caries from progressing.

The service is still awaiting a decision on our Hub at the Dental School. No firm date has been given to when we need to vacate our clinic or when we will be able to see our new temporary clinic. Planning for appointments at our Dental School clinic for December are on hold until we have more information.

The 2 provider agreements held with the same continue to be rolled over until the school knows what services are still needed post shift to their new facility. This is by mutual agreement

Quality Indicators:

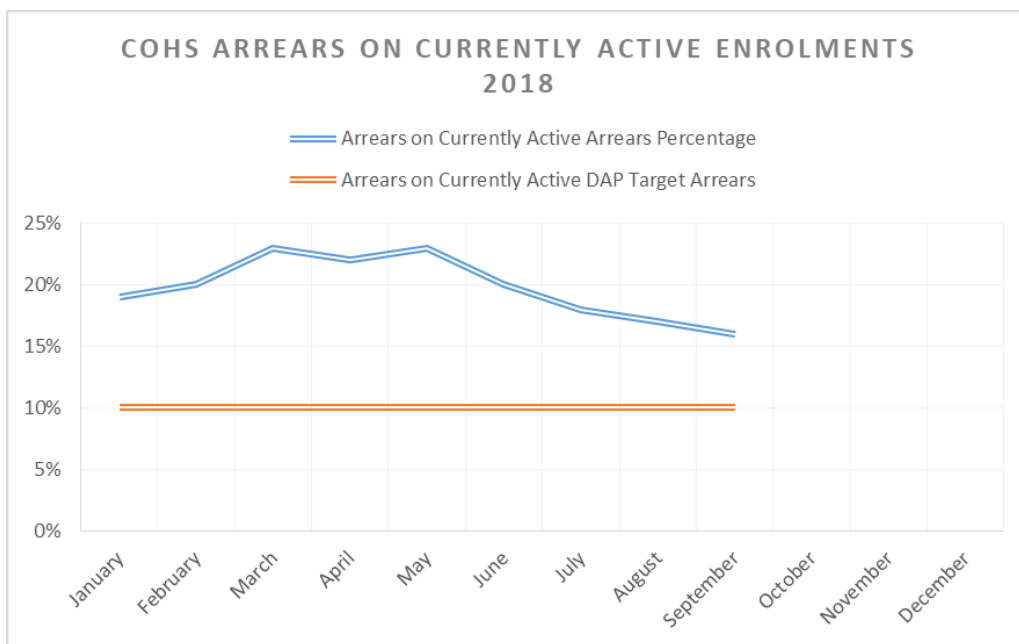
The quality group have developed internal audits and a trial of these has been undertaken with some fine tuning now undertaken. Once formal these will be included on an annual review calendar (still in development) and recorded on the services SharePoint that is currently under development. This will ensure that corrective actions are recorded and are distributed to the appropriate staff member(s) to complete. These will be monitored by Service Manager to make sure these are completed in a timely manner and presented at the Quality Group for final review.

Enrolments and Arrears Report (as of September) 2018

Arrears

This is the way we measure our current activity to meet the MOH target (<10%)

This is calculated on the total currently active enrolment vs the actual children we have been able to see for their annual visit.



Children’s Health (0-5 years)

Sudden Unexplained Death in Infants (SUDI)

No feedback has been received from the MoH on either the South Island Alliance SUDI work plan or the Southern district’s SUDI work plan, despite this, we have begun progressing some activities in the plan. A meeting has been held to progress introduction of wahakura in the Southern district. Ngai Tahu distribute wahakura to their whanau and others can independently purchase them, but Southern DHB do not

currently provide these safe sleep devices. SUDI funding enables us to support the introduction of a programme of work to assist whanau get wahakura if this is what they want. A wānanga wahakura weaving programme, which will also facilitate delivery of key and consistent safety messages. A discussion has been had with one of our kaumatua and a small group of key DHB and Maori health directorate staff has meet to commence planning a way forward. A paper is to be prepared for Iwi Governance detailing our suggestions. We will also plan engagement of key Maori staff, local Maori WCTO providers and local weavers. We have also recognised the need to support local marae model safe sleep for tamariki.

Discussion has occurred about the MoH proposal to collect NHI data on safe sleep device provision. It is a requirement in the new CFA variation that we provide baseline information on safe sleep device provision by the number of devices purchased, accepted by whanau, the number who attended wānanga and exception reporting if off track. There is also a requirement to provide NHI reporting on 6 descriptors to enable the Ministry to monitor the service particularly for high risk populations and the quality of safe sleep distribution across NZ. The question has been asked in terms of what families should be advised as to what data is captured, who it is being shared with and how is it being used. We are waiting a response about this.

The SUDI work plan is to be amended to reflect primary maternity activity occurring across the district and the significant allocation of funding to this. It will then be resubmitted to the MoH following a meeting with the South Island SUDI co-ordinator on the 14 November.

I-Moko

Work continues on the introduction of I-Moko in the Southern district. In collaboration with the Ministry of Education (MoE) we have identified a number of schools suitable for delivery of the programme. Two schools have agreed to progress with the introduction of I-Moko and two have declined the offer. Two kindergartens have requested I-Moko work with their CEO and this is currently progressing. Gore via the Hokonui Highway group are working with local schools to identify two schools to take up our offer. Schools have come back with a number of questions regarding staff capacity to undertake this work in their already busy days. Further discussions are occurring but time is running out as I-Moko are travelling south on the 20th and 21st November to conduct training and presentations to those willing to engage. They need two people from each organisation to attend training. Whanau are welcome to attend to develop understanding prior to completing consent forms.

Oranga Pepi

Evaluation of the introduction of Oranga Pepi continued this month. We have now started analysing data. Of particular interest is the significant increase in WCTO enrolments in the first week of a baby's life. Interview questions for key stakeholders have been established and interviews will commence in November.

Whilst the focus of activity has been on the Oranga Pepi evaluation, some work has progressed on developing information for new families. Discussions have been had on how to include information for refugee families coming to the district. We have also had discussions on where and how families should be able to access the information.

Pregnancy and Parenting

Work continues to support Plunket and three of our contracted WellChild Tamariki Ora providers on how to increase Maori and Pacific engagement in pregnancy and parenting classes across the district. Engagement between the providers and Plunket continues to be excellent as they also try to identify more acceptable trainers for the programme. They are also looking at the content and structure of the programme and discussing how to develop a Maori and Pacific model for delivery.

Pacific Trust Otago have recently moved premises so there is now a place to deliver the programme that women may be more familiar with. Arai Te Uru have assisted in identifying two locations in Dunedin, which should also be more acceptable to women and whanau.

STRATEGY AND PLANNING

Annual Plan

The Draft Southern DHB Annual Plan 2018/19, incorporating the Statement of Performance Expectations and System Level Measures Improvement Plan 2018/19, was submitted to the Ministry of Health on 1 November.

PRIMARY CARE

Implementation of the Primary and Community Strategy

Health Hubs

The Primary and Community Strategy Implementation Group is meeting weekly and are submitting updates on progress monthly to the Alliance group. Following the last Alliance meeting the next agreed steps are to:

- Undertake a series on conversations led by the Medical Director, Primary care with Clinical Directors and Service managers in secondary care to consider which aspects of their services will be transitioned to non-hospital settings over time.
- Develop a briefing that will articulate the requirements for primary care within a community health hub and help GP's to self-assess their business against what is required for them to consider registering their interest for next steps
- Designing workshops that will allow secondary care and primary care professionals to co-design what integrated care will look like in different settings/locations
- An EOI for the building requirements for Dunedin will be undertaken in the first quarter of 2019.

Locality Networks

Feedback was provided on the Locality Networks terms of reference by the Central Lakes network. The current Central Lakes network members will be written to in November to thank them for their contribution and invite them to consider applying to take part in the re-established locality network.

A workplan for establishment of the full set of locality networks district will be developed.

Healthcare Homes

Roll out of Tranche one continues to be on track with no unanticipated issues. The first 4 practices have now completed the initial phases of the work and have produced their plans for implementation including outcome measures. The HCH governance team have interviewed all 4 practices to ensure there was clarity on the plans and that the outcomes set were realistic while offering a degree of challenge and to ensure they were focused on the areas that will deliver greatest benefit. All 4 plans have been signed off.

The second group of practices are underway Two practices who were in this group had requested a delayed start time. As a result it has been decided to bring forward the start date for the next group from July 2019 to May 2019. Work has commenced on determining the budget required for the HCH programme in 19/20 and in determining the criteria for a new EOI for other practices in the district to come on board in 19/20 and 20/21. This plan will be available for consideration by ELT and Commissioners in early 2019.

Pharmacy

National Community Pharmacy Agreement

The Integrated Community Pharmacy Services Agreement (ICPSA) has now gone live in SDHB and with all of our community pharmacies signing the contract. This contract has a formal requirement for consultation with providers to change or develop new services. A new community pharmacy advisory group (CPAG) has been formed and met for the first time in October. This group is made up of Otago, Southland and Rural pharmacy contract holders, pharmacy employees as well as clinical pharmacists from WellSouth. Initial focus will be on new services offered through schedule 3b. A longer view to review ARRC, LTC and CPAMS services so they better align to the direction of service delivery indicated in the Strategy.

Southern Community Laboratories

Southern Community Laboratory contract negotiations are continuing through October. Final drafting points are being concluded and a full set of final draft schedules has gone to SCL by 12th Oct. They have replied with a number of small amendments to work through. The Lease agreements as well as the two DHB MoU will have to be completed at the time of the contract going live. It is expected that following these negotiations we will have a finalised draft contract to go live by December 1st. A new Clinical Operational Advisory Group (COAG) will be formed to manage this contract. Members will be from both DHBs as well as SCL.

Key ongoing COAG activities include;

1. Financial and operational governance of the contract
2. Management of new test requests
3. Management of the flexible funding pool value supporting new funded tests and laboratory related projects
4. Governance of any improvement projects such as those related to the SCL committed savings (Invercargill laboratory Rationalisation)
5. Service development initiatives (e.g. point of care testing).

HealthPathways

The Croup & Submandibular Gland Disorder pages went live in October for Southern HealthPathways. A total of 558 pages are now live.

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

1. Abnormal Uterine Bleeding (AUB)
2. Cognitive impairment
3. Deep Vein Thrombosis (DVT)
4. UTI in Adults
5. Infertility
6. Dyspepsia and Heartburn / GORD
7. Bowel Screening – Family History
8. Atrial Fibrillation
9. Breast Symptoms
10. Tonsillitis

Southern HealthPathways had 28,685 page views in October 2018 with an average page view per session of 4.45. Of the 1,552 users who viewed pages on HealthPathways, 839 (52.1%) of these were new users to the site. The number of sessions per user was 4.15.

The current Pathway review programme of work continues to be a priority for the HealthPathways Team with 101 Pathways currently open for review covering the following service areas:

- Gynaecology
- Sexual Health
- Pregnancy
- ENT
- Respiratory
- Oncology
- Vascular
- Allied Health- Exercise
- Allied Health- Cancer Care Coordination

To engage greater numbers of General Practitioners in the review process, expressions of interest will be called for from the sector with CPD points to be offered. We will also explore applying for CME regular –event endorsement through RNZCGP for HealthPathway education sessions.

Members of the HealthPathways Team are currently involved in pathway development and conversations to enable the following models of care change/service redesigns:

- Ophthalmology
- Client Led Integrated Care (CLIC) includes Advanced Care Planning
- Primary Options for Acute Care (POAC)
- Home Team
- General Surgical

We continue to support SIAPO with pathway work in the following areas:

- Vascular
- Urology
- Advanced Care Plans
- Child Health
- STEMI

- Fertility

With the Southern HealthPathways Team having led the development of the South Island Bowel Screening Pathway and ensuring that this was live before the roll out of the programme it was pleasing to see the acknowledgement of the good work of the Bowel Screening Team at the recent SDHB Excellence Awards.

Work on HealthInfo continues with page development being linked to pathway localisation, pathway reviews and service redesigns to avoid duplication of effort and activity. A go live date is likely to be towards the end of the third quarter.

Initial discussions between the Medical Director and Executive Director –Strategy, Primary & Community and the HealthPathways Programme Manager & Clinical Lead-Primary Care around the Valuing patient time- Outpatient Services (Single Repeatable Model) have occurred. While in the early stages further discussion is planned to work through what this project might look like moving forward.

A refresh of the HealthPathways front page is underway and will see a more easily navigated home page. As part of this work we will be promoting the subscriber update option across the system. This will give us a subscriber e-mail database that we can use as a direct communication tool. Using the HealthPathways page to promote system news is another area that we are promoting and plan to use more. Recent examples of this have included Bariatric Surgery and Radiology referral changes.

A mobile app version of HealthPathways will also be available in the near future with the launch of this in Southern likely to be in the New Year.

RURAL HEALTH

Waitaki District Health Services Ltd

The 2017/18 contract with WDHSL has now been extended for a period of 6 months, on the same terms and conditions, whilst the necessary work on the new Model of Care and new contractual agreement for this current financial year is completed. This will ensure that we have contractual arrangements in place to ensure continuity of funding. The contract variation extends the term out to 31 December 2018. However, given that there is still a substantial body of work to be completed before a new substantive contract can be offered to Waitaki District Health Services Ltd we believe it would be prudent to provide a further contractual variation which would extend to 30 June 2019

Other points to note for the period are:

- Planning for a new primary urgent care model. Given the advent of some Healthcare Homes in the Oamaru area, as part of the implementation of the Primary and Community Strategy, there is the potential to consider WDHSL as a pilot site for a community health hub. WDSHL have indicated they are keen to establish a general practice as part of their business and meeting have been held between SDHB, WellSouth and WDSHL representatives to discuss how to take this forward. This model would replicate the type of service offer available in Gore and Balclutha and would strongly align with the objectives of the Primary and Community Strategy and allow the business to become more financially sustainable in the longer term.
- The employment of a Nurse Practitioner as an addition to the clinical workforce.

- The single point of entry for access to community services has been implemented.
- WDHSL and SDHB jointly undertaking to review purchase unit codes with the aim of ensuring that the correct volumes are reported against the volume units.
- The nursing model of care has been progressively improved in stages and now includes a swing shift to strengthen nursing in ED and the ward. WDHSL has employed a Nurse Practitioner (NP) who is an ED specialty NP for adults for patients triaged in categories 3-5. It is intended that the NP will initially come in to facilitate early supported discharge and rapid response to assist in the management of those ED patient that fall within the triage categories described above. The concept is still been worked up and socialised but it offers good potential to appropriately manage ED volumes.
- Understanding what CT capacity at Waitaki might be available to assist in managing overall demand for CT imaging across the district. Presently WDHSL does provide some assistance through the use of their CT but there is potentially greater capacity to assist in this regard.
- Most recently, SDHB has learnt of the resignation of the Director of Nursing and we understand that this will take effect from approximately mid-October.
- Waitaki District Health Services Ltd have very recently appointed a Finance Manager. This will negate the contractual arrangement that Waitaki have with Deloitte for the provision of accounting and supporting financial services.
- Staff from the Strategy, Primary and Community Directorate are engaged in providing support to the Interim CEO and the newly appointed Finance Manager to develop a standard series of reports which will allow monitoring of contract volumes against actual volumes.

Lakes Hospital Refurbishment

The RFP for a lead constructor closed in August. There were three respondents who submitted documentation for consideration. An evaluation panel met on a number of occasions to select a successful party for the contract of lead constructor.

The panel has selected a preferred provider for lead construction. All of the respondents submitted proposals that were competitive. The successful party was Leighs Construction Limited. This respondent provided a proposal which was within budget but also committed to delivering the cooling works component of the project within our required timeframe. These factors coupled with Leigh's experience in other health building projects was sufficient to give the evaluation panel the confidence that the programme could be delivered within budget, on time and according to specification.

Other Points to Note:

- The timeline of activity indicated by the successful provider will see delivery of a phased programme with the CT component built by April 2019 and practical completion of the overall programme delivered by early August 2019.
- The application to the Lakes District Hospital Foundation for the funding associated with the purchase and installation of the CT was submitted. We have subsequently been advised that the application was successful

- Work is underway on the scheduling of the cooling works component of the project with respect to lead in time for the acquisition of the necessary equipment and subsequent installation (as part of the overall redevelopment programme) to achieve the December/January requirement for completion.
- The surgical bus continues its schedule of visits to the Wanaka Medical Centre whilst the building works at Lakes District Hospital are completed. The bus has completed two visits and a third is scheduled for early December.
- A small management team comprising members from Building and Property, Strategy, Primary and Community, Communications team and the firm engaged as Project Managers (RCP Queenstown) continue to meet on a fortnightly basis to oversee the progress on the project.

Rural Hospital Alliance

Following on from the Commissioner's workshop on Rural Health in September a subsequent workshop was held with the Rural Hospital Trusts in October. The workshop was prefaced by a meeting between the rural hospitals (CEOs and Chairs) and members of the Commissioner Team. One of the key themes of the discussion was exploring the possibilities for a shared services approach across the Southern health system.

The outcome from the workshop was agreement to establish a Rural Hospital Alliance. This Alliance will comprise (at least initially) of the rural hospitals (including Lakes District Hospital) and will be complimentary to the recently re-established SDHB alliance. The Rural Hospital Alliance will take the following areas as its focus:

1. Involvement in the establishment Community Health Hubs – linked to Locality Networks, Healthcare Homes, After Hours
2. Outpatient Clinics – linked to Diagnostics and Virtual Health
3. Patient transport
4. Centres of Excellence – linked to Strategic Workforce Development and Rural Health Schools
5. Procurement – linked to IT & Communications

The Rural Hospital's Alliance initial actions will be to:

1. Develop a Terms of Reference and formalise our structure
2. Organise a workshop (facilitated by the SDHB) to present concept of Community Health Hubs and assist everyone to have a common understanding of Hubs and what they anticipated issues may be
3. SDHB to organise a meeting with the Advisory Board, for them to present to the Alliance
4. All Board Chairs and CEOs to take further information to their respective Boards to facilitate support for this specific Alliance grouping.

Primary Maternity Project

Ministry of Health visit 12 October

Keriana Brooking, Katherine Torrance and Bronwen Pelvin from the Ministry of Health visited Southern DHB in Dunedin on 12 October. In addition to meeting with CEO &

EDSPC, they held a “workshop” meeting with maternity stakeholders. The MoH provided an update about their Maternity Programme of Work and expected timeline of 2-3 years to accomplish the objectives, including a replacement funding mechanism for LMC midwives. Local stakeholders provided information about the impact of the workforce pressures on women’s ability to access maternity care, and that a national solution is needed urgently.

Sustainability Package Approved and Announced

22 expressions of interest have been received for the sustainability package, and eleven applications have been received. A new LMC midwife has been supported into practice in Wanaka, and a new LMC midwife in Queenstown.

Demand still exceeds supply in Queenstown, and an antenatal care service has been reinstated at Lakes District Hospital, with acute care through LDH.

The first obstetric telemedicine clinic occurred in Wanaka on 29th October with five women booked for this service. There is likely to be an increased demand for this service across the District, especially in Central Otago.

Three midwives will be providing the weekend relief midwife service in Wanaka. Gore Health has agreed to contract the relief midwife for Te Anau – recruitment in progress.

Women in the Lumsden area have so far been able to access care either from Gore midwives or Winton/Invercargill.

Maternity Quality & Safety Programme

- Associate Coordinator recruited and started work 16 October.
- Favourable response to draft Annual Plan received from Ministry of Health. Priority improvement areas are: sustainable LMC workforce, improving normal birth rate for women having their first babies, improved rate of first trimester booking for priority populations, and continue to reduce severe perineal harm in childbirth.
- Annual Report draft in progress.

Dunedin Primary Maternity Feasibility Study

Ongoing consideration is occurring on the paper “Dunedin Primary Maternity facility Options Analysis”. This is being considered in conjunction with the development of the new Dunedin Hospital.

Jana Morgan (O&G SMO) and Heather LaDell (Primary Maternity System Improvement Lead), presented to the CLG endorsing the clinical benefits to women and babies of a primary maternity unit separate from the hospital building.

SOUTHERN DISTRICT HEALTH BOARD

Title:	Child and Youth Wellbeing Strategy development	
Report to:	Community and Public Health Advisory Committee	
Date of Meeting:	November 2018	
<p>New Zealand's Child Poverty Reduction Bill requires the adoption of a Child Wellbeing Strategy. The Strategy will apply to children and young people up to the age of 18, and young adults up to age 25 who are transitioning from State care.</p> <p>The Prime Minister, in her role as the Minister for Child Poverty Reduction, and the Minister for Children, Hon Tracey Martin, are jointly leading the development of the Strategy, which is seen as an opportunity to significantly improve the lives of New Zealand's children. An action plan will detail what needs to occur to achieve this. A Child Wellbeing Unit has also been established to support this work.</p> <p>The Strategy will be published in 2019. From now until December, consultation is occurring across the country. A consultation hui will be held in the Southern district on the 21 November 2018 at the Edgar Centre. We are working to ensure around 80 health sector representatives attend, along with other key partners who support health and wellbeing of children and young people. An excellent response rate has been received to date.</p>		
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: Thelma Brown Portfolio Manager Date: 9 November 2018	Presented by: Lisa Gestro Executive Director Strategy, Primary and Community	
RECOMMENDATION:		
That the Commissioner note the development of New Zealand's first Child and Youth Wellbeing Strategy for information and the Southern districts engagement in consultation.		

CHILD WELLBEING STRATEGY – DRAFT OUTCOMES FOR ALL CHILDREN, AND POTENTIAL FOCUS AREAS FOR POLICY WORK

14/06/2018

The wellbeing outcomes we are seeking for all New Zealand children – and for future generations of children – can be grouped into five 'domains'. The five domains overlap with one another, as different aspects of children's wellbeing can touch on many domains. When children experience wellbeing in these domains, it supports them to participate as citizens, enjoy their rights, meet their responsibilities, and play a positive part in society, now and through their whole life course. Several measures will be identified for each domain.



SAFETY	SECURITY	CONNECTEDNESS	WELLNESS	DEVELOPMENT
<p>Children are safe, and feel safe</p> <p>Whānau and homes are safe and nurturing</p> <p>Communities are safe and supportive, with children protected from victimisation</p> <p>All environments are safe, to protect children from accidental injury</p>	<p>Children enjoy sufficient financial, natural and social resources to thrive</p> <p>Children have a good standard of material wellbeing, including food and housing</p> <p>Parents and caregivers, and young people transitioning to adulthood, enjoy quality employment</p> <p>Children live in sustainable communities and environments</p>	<p>Children understand who they are, where they belong, and their connection to whānau, culture and community</p> <p>Children have positive relationships with family, wider whānau, friends, community groups and school</p> <p>Children have a positive sense of identity, opportunities to express themselves creatively, and to connect to their culture or belief systems</p> <p>Children are encouraged to play, participate in social and community activities, and be civically and environmentally engaged</p> <p>Children are valued for who they are, and their voices are heard</p>	<p>Children enjoy the best possible physical and mental health</p> <p>Children and whānau are empowered to understand and make positive decisions about health</p> <p>Physical and mental wellbeing are promoted, and health status is not a barrier to living good lives</p> <p>Young people take a positive approach to sexual health and reproductive choices</p> <p>Where children experience trauma, they can access timely, quality support for healing and recovery</p>	<p>Children have the skills and knowledge to live good lives and meet their aspirations</p> <p>Positive development starts before birth, including through mothers' wellbeing</p> <p>Children develop resilience, emotional skills, and positive behaviour skills</p> <p>Children are actively and positively engaged in learning</p> <p>Children are achieving in education and building skills and knowledge for life</p> <p>Children form positive peer relationships, and avoid offending behaviour</p>

<p>OUR APPROACH TO CHILD WELLBEING IS UNDERPINNED BY THESE KEY PRINCIPLES:</p>	<p>Recognising the United Nations Convention on the Rights of the Child as a foundational treaty, setting out children's rights in international law, and helping to achieve those rights</p>	<p>Ensuring children's voices are fundamental in developing and implementing the child wellbeing strategy</p>	<p>Promoting the primary role of strong, loving whānau in caring for children</p>	<p>Affirming that children are members of whānau and communities and cultures – and these must be at the heart of any action to improve children's wellbeing</p>	<p>Recognising the knowledge and potential in communities to nurture children's wellbeing and create positive change</p>	<p>Acknowledging the importance of the Crown-Māori partnership in all work to promote the wellbeing of New Zealand's children</p>
	<p>Sixteen potential focus areas for the child wellbeing strategy have been identified using evidence on what matters for child wellbeing and an assessment of areas where New Zealand is not doing well. Across all areas, there will be a focus on mitigating the effects of child poverty and socio-economic disadvantage. The focus areas have been linked to the domains they align most strongly with, but they also contribute to other domains.</p>					

<p>Children are safe and nurtured, in their whānau and their homes</p> <ul style="list-style-type: none"> Children live in loving homes, free from abuse, neglect and family violence Adults enjoy good mental health, including freedom from misuse of alcohol and drugs Children in care, including those removed from home because of offending, have a safe and caring environment <p>Children's physical safety is protected during everyday activities like travel and recreation</p> <ul style="list-style-type: none"> The community, physical, policy and regulatory environment work together to promote children's physical safety Serious injury and death through road accidents, drowning and other major accidental causes are reduced <p>Children have positive interactions with peers and others outside the home</p> <ul style="list-style-type: none"> Children have safe and appropriate peer and intimate relationships Children have safe relationships with adults outside the home Bullying in schools and recreational environments is reduced Children's safety online is supported 	<p>Children and whānau live in affordable, quality housing</p> <ul style="list-style-type: none"> Families can access and afford housing near where they live and work Housing is warm and dry, has space and facilities to meet essential needs, and supports good health There is stability of tenure for children in rented accommodation Housing is supported by quality infrastructure and community facilities to enable good quality of life <p>Child poverty is reduced, in line with the Government's intermediate and ten-year targets</p> <ul style="list-style-type: none"> Children and whānau have the resources they need to meet children's basic needs, and enable them to participate fully in society Rates of child poverty are significantly and sustainably reduced Mothers' education is supported Housing needs to be affordable, with enough income left over for families to meet their other needs <p>Children and whānau have equitable access to timely, good quality services</p> <ul style="list-style-type: none"> Core government services, like health, disability and education, meet the needs of different cultural and socioeconomic groups All children and their families can access and benefit from these services 	<p>Children are free from racism, discrimination and stigma</p> <ul style="list-style-type: none"> All children are respected and valued for who they are Unconscious bias is addressed No child, or group of children, faces discrimination or stigma on the grounds of race, or for any other reason <p>Children's cultures are celebrated, and Te Ao Māori and Te Reo Māori are promoted</p> <ul style="list-style-type: none"> All children can participate in te ao Māori and te reo Māori Te ao Māori and te reo Māori are actively promoted Children see their cultures portrayed in a positive way <p>Children have improved opportunities for civic engagement and environmental awareness</p> <ul style="list-style-type: none"> Children are positive, valued contributors to civic life Children's individual and collective agency is encouraged, and they participate in decisions that affect them directly and wider society Children are stewards of the environment 	<p>Children and whānau are empowered to maintain healthy lifestyles for children</p> <ul style="list-style-type: none"> Children and families have the knowledge and resources to make healthy decisions about diet and exercise Children maintain a healthy weight, including though diet, being active and getting enough sleep <p>Disabled children have improved opportunities and outcomes</p> <ul style="list-style-type: none"> Disabled children: <ul style="list-style-type: none"> are recognised as full and equal participants in every aspect of community and society have agency and voice in their wellbeing and choices have access to quality support and services to enable full and equitable participation Neurodisability is recognised, with children receiving quality services and support <p>Children's mental wellbeing is supported</p> <ul style="list-style-type: none"> Children are supported to build the resilience that helps them navigate life's challenges Children with emerging mental health needs are identified and receive quality, culturally appropriate support Children experience less bullying Substance abuse, self-harm and suicide are reduced 	<p>Children experience best development in their first 1000 days: safe and positive pregnancy, birth and parenting (conception to around 2)</p> <ul style="list-style-type: none"> People make positive, empowered choices about when to have a family The environment around the mother helps her make positive choices for pregnancy, birth and parenting Services for parents and babies are accessible, culturally appropriate, and meet a range of needs Mother's mental wellbeing is supported <p>Children are thriving socially, emotionally and developmentally in the early years (around 2 to 6)</p> <ul style="list-style-type: none"> Parents are supported to provide the best environments for their children to develop Children build resilience, self-control and mental wellbeing Children participate in high quality early learning Children's learning needs are identified quickly, and responded to in a timely way, including through additional learning support <p>All children have an equal chance to gain the skills, knowledge and capabilities for success in life, learning and work</p> <ul style="list-style-type: none"> High quality education for all children is assured, as an important protective factor and an enabler of social mobility Inequities in access to learning and achievement are reduced, among children of different socio-economic groups and ethnicity Barriers are removed, so all children can take part in a full range of opportunities to develop and express their talents <p>Children are supported to behave in pro-social ways</p> <ul style="list-style-type: none"> Behaviours with negative impacts for self or others are reduced, including alcohol and drug taking and unsafe sexual behaviour Offending by children is reduced
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VISION

New Zealand is the best place in the world for children and young people

This will be achieved when all children and young people:

WELLBEING DOMAINS



Families, whānau and homes are safe and nurturing

Children, young people and their parents, caregivers, families and whānau are able to spend quality time together

Children and young people are kept safe from accidental injury at home, in the community, on the road and when taking part in sport and recreational activities

Communities, including at school and online, are safe and supportive, with children and young people protected from victimisation



Children, young people and the adults caring for them have a good standard of material wellbeing, including food and housing

Parents and caregivers, and young people transitioning to adulthood, enjoy quality employment

Young people who are not in education, training or employment receive additional support to gain education and skills and to obtain and maintain employment

Children and young people live in sustainable communities and environments



Children and young people know who they are: their heritage, their whakapapa and their connection to family, whānau, community, culture, place (tūrangawaewae) and beliefs

Children and young people feel connected to their family, whānau and communities, and are actively included in schools, communities and society

Children and young people are valued and respected for who they are and are supported to have their voices heard

Children and young people are empowered to make age appropriate decisions, and are supported to exercise increasing autonomy as they move to adulthood

Children and young people care about and recognise their responsibilities to others, and contribute positively at home, school and in their communities

Children and young people are empowered to engage on matters of civic and environmental importance



Children and young people have the best possible physical health, and health status is not a barrier to living a good life

Children and young people experience mental wellbeing, are supported to cope with life's challenges and to heal and recover from trauma

Children and young people have strong networks of trusting, caring relationships with family, whānau, peers, communities and school

Children and young people can play, express themselves creatively, have fun, and have opportunities for down time

Young people take a positive approach to relationships, sexual health and reproductive choices



Children have positive development starting before birth, including through the wellbeing of mothers, families and whānau

Children and young people develop resilience, and emotional, behavioural and communication skills at home and in education, and are equipped to make successful transitions, including to primary school, secondary school, and into adulthood

Children and young people are positively engaged with and achieving in education, and building skills and knowledge for life and learning

Children and young people have developmentally appropriate opportunities outside the classroom that build confidence and important life skills

Young people make positive choices about alcohol, drugs and sexual relationships, and avoid criminal offending

DESIRED OUTCOMES

NOTE: 'Child' and 'children' includes children and young people up to age 18, and, for those transitioning from State care, up to age 25

PRINCIPLES

Our approach to wellbeing is underpinned by seven principles:

1 The inherent dignity and value of children and young people

2 The wellbeing of children and young people is interwoven with the wellbeing of the family and whānau

3 That networks of loving, trusting, caring relationships are at the heart of children's and young people's wellbeing

4 The foundational role of the Treaty of Waitangi and the importance of the Crown-Māori partnership in work to promote the wellbeing of New Zealand's children and young people

5 That children's and young people's voices and views should be taken into account in developing and implementing the Strategy and in important decisions affecting them

6 The rights contained in the United Nations Convention on the Rights of the Child, which New Zealand has ratified

7 We have collective responsibility to nurture the children and young people in our communities, and to support and value the adults who are caring for them

CHILD AND YOUTH WELLBEING STRATEGY **PROPOSED FOCUS AREAS**

DRAFT - FOR CONSULTATION - NOT GOVERNMENT POLICY

Sixteen potential focus areas for the first Child and Youth Wellbeing Strategy have been identified:

1. Children and young people are safe and nurtured in their families, whānau and homes

- Children and young people live in loving homes, connected to relationships and support and are free from abuse, neglect and family violence
- The work of parenting and nurturing children is recognised, valued and supported
- Adults caring for children and young people enjoy good mental health, including freedom from severe stress, misuse of alcohol and drugs
- Children and young people in care (including because of offending) have a safe environment and relationships of care, trust and connection

2. Children's and young people's physical safety is protected during everyday activities like travel and recreation

- The community and the physical, policy and regulatory environment work together to promote children's and young people's physical safety
- Serious injury and death through road accidents, drowning and other major accidental causes are reduced
- The particular vulnerability of disabled children and young people to accidental injury is addressed

3. Children and young people have positive interactions with peers and others outside the home

- Children and young people have safe and appropriate relationships with other children and young people and with adults outside the home
- Bullying in schools and recreational environments is addressed
- Children's and young people's safety online is supported

4. Children and young people and their families and whānau live in affordable, quality housing

- Families and whānau can access and afford housing near their work and/or social support structures
- Housing is warm and dry, has space and facilities to meet essential needs and supports good health
- There is stability of tenure for children and young people and families and whānau in rented accommodation
- Housing is supported by quality infrastructure and community facilities to enable good quality of life and positive social connection

5. Child poverty is reduced, in line with the Government's intermediate and ten-year targets

- Children, young people and families and whānau have the resources they need to meet children's basic needs, and enable them to participate fully in society
- Rates of child poverty are significantly and sustainably reduced
- Parents' education and participation in paid work is supported, where appropriate
- Once housing costs are met, families have enough income left over to meet their other needs

6. Children and young people experience improved equity of outcomes, with services helping address the impacts of poverty, low socioeconomic status and disadvantage

- Services and institutions are accessible, welcoming and respectful to all
- Parents, children and young people have the ability to influence the way they get support so it works best for them
- Core services and systems like health, education, justice and social support are designed and delivered in ways that meet diverse needs and that minimise the costs and stresses of engaging with them
- Universal services identify children and young people facing disadvantage and focus proportionately greater resources, effort and energy on supporting them

7. Children and young people are free from racism, discrimination and stigma

- All children and young people are respected and valued for who they are
- No child or young person, or group of children and young people, faces discrimination or stigma on the grounds of ethnicity, disability, or for any other reason

8. The cultures of children, young people and their families and whānau are recognised, enhanced and supported

- Whānau centered approaches are recognised and supported, increasing the agency of children, young people and their families and whānau
- Te Ao Māori and Te Reo Māori are actively promoted
- Children and young people see their cultures, values and context portrayed in a positive way

9. Children and young people have improved opportunities for civic engagement and environmental awareness

- Children and young people are supported to be positive, valued contributors to civic life and the protection of the environment (kaitiakitanga)
- Children's and young people's individual and collective agency is encouraged, and they participate in decisions that affect them directly and wider society

10. Children and young people and their families and whānau are empowered to make healthy lifestyle decisions for children and young people

- Children and young people and those caring for them have the knowledge and resources to make healthy decisions about food, exercise and sleep
- Communities offer access to affordable, nutritious food and environments that enable children to be physically active

11. Disabled children and young people have improved opportunities and outcomes

- Disabled children and young people:
 - Are actively included as full and equal participants in every aspect of community and society
 - Have agency and voice in their wellbeing and choices
 - Have access to quality support and services to enable full and equitable participation
- Neurodisability and neurodiversity are recognised, with children and young people receiving quality services and support

12. Children's and young people's mental wellbeing is supported

- Families and are equipped to provide a supportive home environment that promotes children's and young people's good mental wellbeing
- Children and young people are supported to build the resilience that helps them navigate life's challenges
- Children and young people with emerging mental health needs are identified and they and their families and whānau receive quality, culturally appropriate support
- Children and young people are free from bullying, substance abuse, self-harm and suicide
- Children and young people are supported to recover from trauma and harm

13. Children and young people are supported to make positive decisions

- Children and young people make considered and informed decisions about alcohol, drugs and sexual relationships
- Children and young people consider the impact of their behaviour on others
- Children and young people are supported to be accountable and address the underlying causes of their behaviour if they break the law

14. Children experience best development in their "first 1000 days", safe and positive pregnancy, birth and responsive parenting (conception to around 2)

- People make positive, empowered choices about when to have a family
- The environment around parents helps them make positive choices for pregnancy, birth and parenting
- Communities support families and whānau to grow stable, loving relationships of care for each other and for their babies
- Services for parents and babies are accessible, culturally appropriate, meet a range of needs and support parents to build the lives they want for their babies
- Parents' mental wellbeing is supported and care is taken to reduce stress in the lives of new parents

15. Children are thriving socially, emotionally and developmentally in the early years (around 2 to 6)

- Parents, families, whānau and communities are supported to provide loving, stimulating environments for children to develop and learn
- Children build resilience, self-control and mental wellbeing
- Children develop effective communication skills to support learning and social success
- Children benefit from high quality early learning
- Children's learning needs are identified quickly, and responded to in a timely way, including through additional learning support and support for family and whānau

16. All children and young people have an equal chance to gain the skills, knowledge and capabilities for success in life, learning and work

- High quality education for all children and young people is assured, given the intrinsic value of education, and its role in enabling children and young people to meet their academic and social potential and in ensuring they have options for meaningful work once they leave school
- Children, young people, their families and whānau have a voice and can help shape their learning and skills opportunities
- There is equity in access to quality learning and achievement among children and young people of different socio-economic groups and ethnicities
- All children and young people can take part in a full range of opportunities to develop and express their talents

SOUTHERN DISTRICT HEALTH BOARD

Title:	FINANCIAL REPORT	
Report to:	Commissioner Team	
Date of Meeting:	21 November 2018	
SUMMARY:		
SPECIFIC IMPLICATIONS FOR CONSIDERATION (FINANCIAL/WORKFORCE/RISK/LEGAL ETC):		
FINANCIAL:	As set out in report.	
WORKFORCE:	No specific implications	
OTHER:	n/a	
DOCUMENT PREVIOUSLY SUBMITTED TO:	Not applicable, report submitted directly to DSAC/CPHAC	DATE: N/A
PREPARED BY: Strategy, Primary & Community Team DATE: 12 September 2018	PRESENTED BY: Lisa Gestro Executive Director Strategy, Primary & Community	
RECOMMENDATION: 1. That this report be received.		

STRATEGY, PRIMARY & COMMUNITY REPORT October 2018

1. Overview

	Monthly Actual \$000s	Monthly Budget \$000s	Monthly Variance \$000s	YTD Actual \$000s	YTD Budget \$000s	YTD Variance \$000s	Annual Budget \$
REVENUE							
Government & Crown Agency Sourced							
MoH Revenue	72,135	71,767	368	287,616	287,068	548	861,203
IDF Revenue	1,559	1,815	-256	6,849	7,261	-412	21,783
Other Government	444	527	-83	2,031	2,119	-88	6,057
Total Government & Crown	74,138	74,109	29	296,496	296,448	48	889,042
Non Government & Crown Agency Revenue							
Patient related	18	20	-2	78	80	-2	239
Other Income	12	24	-12	68	98	-30	294
Total Non Government	31	44	-13	146	178	-32	533
Internal Revenue							
Internal Revenue							
Total Internal Revenue	2,279	2,239	40	9,126	8,967	159	26,732
TOTAL REVENUE	76,447	76,392	55	305,767	305,592	175	916,306
EXPENSES							
Workforce							
Senior Medical Officers (SMO's)							
SMO - Direct	558	515	-43	2,478	2,236	-242	6,839
SMO - Indirect	33	38	5	190	148	-42	461
SMO - Outsourced	0	35	35	-18	179	197	318
Total SMO's	592	588	-4	2,650	2,563	-87	7,618
Registrars / House Officers (RMOs)							
RMO - Direct	22	24	2	97	89	-8	353
RMO - Indirect	2	1	-1	5	5	0	19
RMO - Outsourced	0	2	2	0	6	6	18
Total RMOs	24	27	3	102	100	-2	390
Total Medical costs (incl outsourcing)	615	614	-1	2,752	2,663	-89	8,009
Nursing							
Nursing - Direct	2,209	2,132	-77	6,519	6,453	-66	19,107
Nursing - Indirect	0	0	0	0	0	0	0
Nursing - Outsourced	0	0	0	0	0	0	0
Total Nursing	2,209	2,132	-77	6,519	6,453	-66	19,107
Allied Health							
Allied Health - Direct	1,628	1,701	73	6,257	6,464	207	20,201
Allied Health - Indirect	29	14	-15	96	52	-44	301
Allied Health - Outsourced	25	32	7	90	126	36	375
Total Allied Health	1,682	1,747	65	6,444	6,643	199	20,878
Support							
Support - Direct	17	16	-1	51	49	-2	141
Support - Indirect	0	0	0	0	0	0	1
Support - Outsourced	0	0	0	0	0	0	0
Total Support	17	16	-1	51	50	-1	142
Management / Admin							
Management & Administration - Direct	587	571	-16	2,455	2,454	-1	7,185
Management & Administration - Indirect	4	5	1	5	18	13	54
Management & Administration - Outsourced	1	1	0	5	4	-1	13
Total Management / Admin	593	577	-16	2,466	2,476	10	7,252
Total Workforce Expenses	5,116	5,086	-30	18,231	18,284	53	55,387
Non Personnel							
Outsourced Clinical Services	83	95	12	332	369	37	1,067
Outsourced Corporate / Governance Services	0	0	0	0	0	0	0
Outsourced Funder Services	983	1,008	25	4,026	4,031	5	12,094
Clinical Supplies	591	422	-169	2,200	1,689	-511	5,013
Infrastructure & Non-Clinical Supplies	395	391	-4	1,562	1,608	46	4,754
Provider Payments							
Personal Health	56,143	56,383	240	227,128	225,796	-1,332	676,233
Change Initiative Fund	212	212	0	846	846	0	2,539
Mental Health	0	0	0	0	0	0	0
Public Health	86	99	13	349	397	48	1,190
Disability Support	15,072	14,894	-178	59,753	59,462	-291	176,654
Maori Health	161	127	-34	531	508	-23	1,524
Non Operating Expenses	0	0	0	0	0	0	0
Depreciation	0	0	0	0	0	0	0
Capital charge	0	0	0	0	0	0	0
Interest	0	0	0	0	0	0	0
Total Non Personnel Expenses	73,724	73,630	-94	296,727	294,706	-2,021	881,068
TOTAL EXPENSES	78,840	78,716	-124	314,958	312,990	-1,968	936,455
Net Surplus / (Deficit)	-2,393	-2,324	-69	-9,191	-7,398	-1,793	-20,149

Summary Comment:

Strategy, Primary and Community had a deficit YTD of \$9.19m against a budget deficit of \$7.40m which is \$1.79m unfavourable.

Revenue is favourable YTD by \$0.175m, with the main reasons being MECA settlement funding of \$1.20m (3 months funding included in September), Careplus (\$0.13m favourable, offset by expenditure), Pay Equity (\$0.13m favourable, offset with expenditure), VLCA and Under 13's (\$0.07m favourable, offset with expenditure) and capital charge (\$0.69m favourable). This is offset by Elective Revenue (\$1.65m unfavourable) and IDF revenue (\$0.41m unfavourable)

Expenditure YTD is unfavourable to budget by \$1.96m with the main reasons being pharmaceuticals & PCT (\$1.52m unfavourable), MECA settlement expenditure of (\$1.20m unfavourable), IDF outflows personal health outflows (\$0.39m unfavourable), Pay Equity (\$0.13m unfavourable, offset with revenue) and Electives (\$1.65m favourable).

Personnel

Expenditure

Expenditure is \$0.05m favourable to budget YTD with the main driver being Allied Health which was \$0.20m under budget due to vacancies which have been offset by Annual leave accrued, back pays and overtime.

SMO's is \$0.09m unfavourable mainly due to Penal time payments.

Nursing is \$0.07m unfavourable to YTD due to Annual leave accrued and back pays.

FTE's

	YTD Actual FTE	YTD Budget FTE	YTD Variance FTE	Annual Budget
Personnel FTE's				
Medical	29	29	0	30
Nursing	227	229	2	231
Allied Health	273	273	0	321
Support	3	3	0	3
Management / Admin	102	103	1	105
Total Personnel	634	638	4	690

Outsourced Services

No Significant variances

Clinical Supplies

Clinical Supplies are \$0.51m unfavourable to budget YTD, with Pharmaceuticals being the main reason for the variance (\$0.37m unfavourable to budget YTD).

Infrastructure & Non Clinical Supplies

No significant variances

Provider Payments

Personal Health - \$1.53m unfavourable YTD.

Main reasons for the variance being:

- Electives expenditure favourable to budget YTD by \$1.65m due to wash-up for July-October. This is offset by an unfavourable variance in revenue.
- Pharmaceutical expenditure unfavourable to budget YTD by \$0.56m. Budget includes \$1.5m savings p.a along with a start point that is lower than Pharmac forecasts. Reconciliations against the Pharms warehouse has been completed and expense over the last 13 month period is within \$100k.
- PCT expenditure unfavourable to budget by \$0.96m YTD.
- Maternity expenditure \$0.15m unfavourable to budget YTD due to unbudgeted expenditure relating to Wanaka midwives shortage.
- Primary Practice Services –Capitated \$0.07m favourable YTD due to First Contact services (\$0.16m unfavourable) where payments are based on enrolled population, offset by Primary Mental Health expenditure (\$0.22m favourable).
- Primary Health Care Strategy – Care Plus \$0.13m unfavourable YTD. Offset by a favourable revenue variance.
- Primary Health Care Strategy – Health Promotion/SIA \$0.08m unfavourable due to Very Low cost Access and Under 13 expenditure, offset by favourable revenue variance.
- Primary Health Care Strategy Other unfavourable to budget by \$0.27m YTD, due to components of the POAC service expensed in this line that is budgeted in other lines (Skin lesions, Cellulitis & High Cost Gynae budgeted in surgical outpatients \$0.20m favourable to budget).
- Price adjusters and Premium \$1.20 unfavourable to budget YTD due to unbudgeted MECA settlement expenditure of \$1.20m.

Disability Support Services - \$0.29m unfavourable YTD

Main reasons for variance being:

- Pay equity payments \$0.05m unfavourable YTD with fully offsetting revenue. Mental health pay equity YTD expense and revenue has been transferred to Mental Health as per latest MOH advice, previously it had been included in DSS as per an earlier MOH advice.
- Residential Care Rest Homes & Hospitals offsetting YTD variances.
- Home Support \$0.24 unfavourable to budget YTD due to LTSCHC FFS tracking \$0.04m higher than budget and IBT expenditure being \$0.21m unfavourable to budget.
- IDF Outflows \$0.10m unfavourable due to Service change (\$0.05m) and YTD washup estimate (\$0.04)
- Carer Support and Respite (both demand driven services) are tracking slightly lower than budget (total \$0.08m).

Closed Session:

RESOLUTION:

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

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

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