

SOUTHERN DISTRICT HEALTH BOARD

DISABILITY SUPPORT ADVISORY COMMITTEE and COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE

Thursday, 23 November 2017
commencing at the conclusion of the public
Hospital Advisory Committee meeting

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

A G E N D A

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

Item

1. **Apologies**
2. **Interests Register**
3. **Minutes of Previous Meeting**
4. **Matters Arising**
5. **Review of Action Sheet**
6. **Strategy, Primary & Community Report**
 - 6.1 Strategy, Primary & Community Activity
 - 6.2 Public Health South Report
7. **Financial Report**
8. **Contracts Register**
9. **Resolution to Exclude Public**

Southern DHB Values

Kind <i>Manaakitanga</i>	Open <i>Pono</i>	Positive <i>Whaiwhakaaro</i>	Community <i>Whanaungatanga</i>
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APOLOGIES

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

SOUTHERN DISTRICT HEALTH BOARD

Title:	INTERESTS REGISTERS
Report to:	Disability Support/Community & Public Health Advisory Committees
Date of Meeting:	23 November 2017
<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, Executive Director Finance, Procurement & Facilities - added ▪ Jane Wilson's, Executive Director Nursing & Midwifery, nature of interests added ▪ Sue Crengle, former HAC member - removed 	
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: 14/11/2017</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	Dunedin Sinfonia Board	Nil	
	25.06.2015	Director, Dunedin City Treasury Limited	Nil	
	18.09.2016	Food Safety Specialists Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	18.09.2016	Director, Warrington Estate Ltd	Nil - no pecuniary interest; provide legal services to the company.	
	18.09.2016	Tall Poppy Ideas Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	18.09.2016	Rangiora Lineside Ltd	Nil. Co-trustee in client trusts - no pecuniary interest.	
	18.09.2016	Otaki Three Limited	Nil. Co-trustee in client trusts - no pecuniary interest.	
			Spouse:	
	25.06.2015	Consultant, Gallaway Cook Allan	Nil (Updated 8 June 2017)	
	25.06.2015	Chair, Slinkskins Limited	Nil	
	25.06.2015	Chair, Parkside Quarries Limited	Nil	
	25.06.2015	Director, South Link Health Services Limited	A SLH entity, Southern Clinical Network, has applied for PHO status.	Step aside from decision-making (refer Commissioner's meeting minutes 02.09.2015).
	25.06.2015	Board Member, Warbirds Over Wanaka Community Trust	Nil	
25.06.2015	Director, Warbirds Over Wanaka Limited	Nil		
25.06.2015	Director, Warbirds Over Wanaka International Airshows Limited	Nil		
25.06.2015	Board Member, Leslie Groves Home & Hospital	Leslie Groves has a contract with Southern DHB for aged care services.		
25.06.2015	Board Member, Dunedin Diocesan Trust Board	Nil		
25.06.2015	Director, Nominee companies associated with Gallaway Cook Allan	Nil		
25.06.2015	Trustee of numerous private trusts	Nil		
25.06.2015 (updated 22.04.2016)	President, Otago Racing Club Inc.	Nil		
Graham CROMBIE (Deputy Commissioner)	27.06.2015	Independent Director, Surf Life Saving New Zealand	Nil	
	25.06.2015	Chairman, Dunedin City Holdings Ltd	Nil	
	25.06.2015	Chairman, Otago Museum	Nil	
	25.06.2015	Chairman, New Zealand Genomics Ltd	Nil	

**SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
COMMISSIONER TEAM**

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	25.06.2015	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.	
	25.06.2015	Associate Member, Commerce Commission	Potential conflict if complaint made against Southern DHB.	
	16.01.2017	Director, Dunedin Stadium Property Ltd (previously known as Dunedin Venues Ltd)	Nil	
	08.02.2017	Independent Chair, TANZ eCampus Ltd		
	13.03.2017	Chair, South Island Alliance Information Services		
	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.	

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)	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.	
		Spouse is Consultant/Advisor to:		
	21.08.2015	Tuapeka Community Health Co Ltd & Tuapeka Health Incorporated	Tuapeka Community Health Co Ltd & Tuapeka Health Incorporated have a contract with Southern DHB.	
	21.08.2015	Wyndham & Districts Community Rest Home Inc	Wyndham & Districts Community Rest Home Inc has a contract with Southern DHB.	
	21.08.2015	Roxburgh District Medical Services Trust	Roxburgh District Medical Services Trust has a contract with Southern DHB.	
	21.08.2015	West Otago Health Ltd & West Otago Health Trust	West Otago Health Ltd & West Otago Health Trust have a contract with Southern DHB.	
	21.08.2015	A number of primary health care providers in rural Otago	All of the primary health provider clients in rural Otago are likely to have a contract through Southern DHB and/or the WellSouth Primary Care Network.	
	21.08.2015	Director, Clutha Community Health Co. Ltd	Clutha Community Health Co. Ltd has a contract with Southern DHB.	
	26.09.2016	Director, Abacus ST companies.	Nil. Co-trustee in client trusts - no pecuniary interest.	
		Daughter:		
	21.08.2015	4th Year Medical School Student		
Donna MATAHAERE-ATARIKI (CPHAC/DSAC and IGC Member)	27.02.2014	Trustee WellSouth	Possible conflict with PHO contract funding.	
	27.02.2014	Trustee Whare Hauora Board	Possible conflict with SDHB contract funding.	
	27.02.2014	Deputy Chair, NGO Council, Ministry of Health	Nil	
	27.02.2014	Council Member, University of Otago	Possible conflict between SDHB and University of Otago.	
	27.02.2014	Chair, Ōtākou Rūnanga	Nil	
	17.06.2014	Gambling Commissioner	Nil	
	05.09.2016	Board Member and Shareholder, Arai Te Uru Whare Hauora Limited	Possible conflict when contracts with Southern DHB come up for renewal.	
	05.09.2016	Board Member and Shareholder, Ōtākou Health Limited	Possible conflict when contracts with Southern DHB come up for renewal.	
	05.09.2016	Southern DHB, Iwi Governance Committee	Possible conflict with SDHB contract funding.	
	09.02.2017	Director and Shareholder, VIII(8) Limited	Nil	
	01.09.2016	Southern DHB, Disability and Support Advisory Committee	Possible conflict with SDHB contract funding.	
Odele STEHLIN	01.11.2010	Waihopai Runaka General Manager	Possible conflict when contracts with Southern DHB come up for renewal.	

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
Waihopai Rūnaka – Chair IGC	01.11.2010	Waihopai Runaka Social Services Manager	Possible conflict with contract funding.	
	01.11.2010	WellSouth Iwi Governance Group	Nil	
	01.11.2010	Recognised Whānau Ora site	Nil	
	24.05.2016	Healthy Families Leadership Group member	Nil	
	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.	
Sumaria BEATON IGC - Awarua Rūnaka	27.04.2017	Southland Warm Homes Trust	Nil	
	09.06.2017	Director and Shareholder, Sumaria Consultancy Ltd	Nil	
	09.06.2017	Director and Shareholder, Monkey Magic 8 Ltd	Nil	
Taare BRADSHAW IGC - Hokonui Rūnaka	17.03.2017	Director, Murihiku Holdings Ltd	Nil	
Victoria BRYANT IGC - Puketeraki Rūnaka	06.05.2015	Charge Nurse Manager, Otago Public Health	Nil	
	06.05.2015	Member - College of Primary Nursing (NZNO)	Nil	
	06.05.2015	Member - Te Rūnanga o Ōtākou	Nil	
	06.05.2015	Member Kati Huirapa Rūnaka ki Puketeraki	Nil	
	06.05.2015	President Fire in Ice Outrigger Canoe Club	Nil	
	24.05.2017	Puketeraki representative for Te Kaika VLCA located in College Street	Possible conflict with funding in health setting.	
Justine CAMP IGC - Moeraki Rūnaka	31.01.2017	Research Fellow - Dunedin School of Medicine - Better Start National Science Challenge	Nil	
		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 IGC - Hokonui Rūnaka	06.05.2015	Treasurer, Hokonui Rūnanga Inc.	Nil	
	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 IGC - Ōraka Aparima Rūnaka	03.10.2012	Executive member of Ōraka Aparima Rūnaka Inc.	Nil	
	09.02.2011	Member of Māori Advisory Committee, Southern Cross	Nil	
	03.10.2012	Te Rūnanga representative for Ōraka-Aparima Rūnaka Inc. on Ngai Tahu.	Nil	

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

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

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
Mike COLLINS	15.09.2016	Wife, NICU Nurse	
Pania COOTE	26.05.2016	Ngai Tahu registered.	Nil
	30.09.2011	Member, Southern Cancer Network	Nil
	30.09.2011	Member, Aotearoa New Zealand Association of Social Workers (ANZASW)	Nil
	30.09.2011	Member, SIT Social Work Committee	Nil
	29.06.2012	Member, Te Waipounamu Māori Cancer Leadership Group	Nil
	26.01.2015	National Māori Equity Group (National Screening Unit) – MEG.	Nil
	26.01.2015	SDHB Child and Youth Health Service Level Alliance Team	Nil
	19.09.2016	Shareholder (2%), Bluff Electrical 2005 Ltd	
Joy FARLEY	08.08.2017	Nil	
Lisa GESTRO	06/09/2017	Nil	
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	

**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
	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	
Lynda McCUTCHEON	22.06.2012	Member of the University of Otago, School of Physiotherapy, Admissions Committee	Lead contact for University of Otago undergraduate clinical placements (Allied Health, Scientific & Technical professions) in Southern DHB.
	19.08.2015	Member of the National Directors of Allied Health	Nil
	04.07.2016	NZ Physiotherapy Board: Professional Conduct 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.
Nicola MUTCH	16.03.2016	Member, International Nominations Committee, Amnesty International	Nil
		Deputy Chair, Dunedin Fringe Trust	Nil
Patrick NG		TBA	
Dr Jim REID	22.01.2014	Director of both BPAC NZ and BPAC Inc	No conflict.

**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
	22.01.2014	Director of the NZ Formulary	No conflict.
	22.01.2014	Trustee of the Waitaki District Health Trust	Possible conflict in negotiation of new contract.
	22.01.2014	Employed 2/10 by the University of Otago and am now Deputy Dean of the Dunedin School of Medicine	Possible conflict in any negotiations with Dunedin School of Medicine.
	22.01.2014	Partner at Caversham Medical Centre and a Director of RMC Medical Research Ltd.	No conflict.
	19.09.2016	Director, ProHealth Holdings Ltd	No conflict. Holding company for share of Caversham Health Centre.
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
		<i>Specified contractor for JER Limited in respect of:</i>	
	31.10.2017	PWC New Zealand Limited to 31 December 2017	Nil
	31.10.2017	Ministry for Primary Industries to 31 December 2017	Nil
	31.10.2017	H G Leach Company Limited to termination	Nil
Jane WILSON	16.08.2017	Member of New Zealand Nurses Organisation (NZNO)	No perceived conflict. Member for the purposes of indemnity cover.
	16.08.2017	Member of College of Nurses Aotearoa (NZ) Inc.	Professional membership.
	16.08.2017	Husband - Consultant Radiologist employed fulltime by Southern DHB and currently Clinical Leader Radiology, Otago site.	Possible conflict with any negotiations regarding new or existing radiology service contracts. Possible conflict between Southern DHB and SMO employment issues.

**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
	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, 28 September 2017, commencing at 10.05 am, in the Board Room, Southland Hospital Campus, Invercargill

Present:	Mrs Kathy Grant Mr Graham Crombie Mr Richard Thomson Ms Donna Matahaere	Commissioner Deputy Commissioner Deputy Commissioner Committee Member (by videoconference)
In Attendance:	Mr Chris Fleming Mrs Lisa Gestro Mr Mike Collins Ms Joy Farley Dr Nigel Millar Dr Nicola Mutch Mr Clive Smith Mrs Jane Wilson Ms Jeanette Kloosterman	Chief Executive Officer Executive Director Strategy, Primary & Community Executive Director People, Culture & Technology (by videoconference) Acting Executive Director Specialist Services Chief Medical Officer Director of Strategic Communications Acting Executive Director, Finance, Procurement & Facilities Chief Nursing & Midwifery Officer Board Secretary (by videoconference)

1.0 WELCOME

The Commissioner welcomed members of the public to the meeting.

2.0 APOLOGIES

No apologies were received.

3.0 PRESENTATION: *HEALTH IN ALL POLICIES*

Dr Keith Reid, Clinical Leader, Public Health South, joined the meeting and gave a presentation on *Health in All Policies (HiAP)* (tab 2). He reported that discussions on HiAP had commenced in March/April with presentations to the local planning institute, then local councils and Southern DHB's Executive Leadership Team (ELT).

During his presentation, Dr Reid advised that HiAP is predicated on the premise that a healthy population is a key requirement for society's goals. It highlighted that many of the factors affecting health and wellbeing are multiple and solutions lie outside health services, eg changing the context to make individuals' default decisions healthy through fluoridation, smoke-free laws, tobacco tax, etc, and socioeconomic factors, which have the largest impact on health status.

In summary, Dr Reid advised that:

- HiAP is a whole of community approach ('health' is not created by healthcare);
- There is an evidence base to guide effective action;
- The DHB has a statutory responsibility to role model good behaviours that promote health and reduce inequalities.

Following his presentation, Dr Reid answered questions on where Southern DHB was at with this approach.

4.0 DECLARATION OF INTERESTS

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

5.0 PREVIOUS MINUTES

Recommendation:

"That the minutes of the meeting held on 27 July 2017 be approved and adopted as a true and correct record."

Agreed

6.0 MATTERS ARISING AND REVIEW OF ACTION SHEET

The Committee reviewed the action sheet (tab 5) and noted that all items were covered in the agenda papers.

7.0 PLANNING AND FUNDING REPORT

Planning and Funding

In presenting the Planning and Funding Report (tab 7.1), the Executive Director Strategy, Primary & Community (EDSP&C) highlighted the continuation of the Primary Maternity Project, the opening of additional aged care facilities in Oamaru, and the development of the Primary and Community Strategy.

The EDSP&C reported that the next phase of the Primary and Community Strategy development involved four weeks of intensive planning for the development of the Action Plan, at which point further consultation would take place.

The EDSP&C then answered questions on the Raise HOPE project, primary options for acute care, and the ambulance diversion workshop.

Public Health

A report on public health activity was circulated with the agenda and taken as read (tab 7.2).

Recommendation:

"That the reports be noted."

Agreed

8.0 DHB PERFORMANCE REPORT Q4 - HEALTH TARGETS AND INDICATORS OF PERFORMANCE

The Committee reviewed an overview of DHB performance reporting for quarter 4, 2016/17 (tab 8) and:

- Noted that performance against the Primary Care *Better Help for Smokers to Quit* target was improving;
- Suggested that the commentary on the *Improved Access to Elective Surgery* target needed to be updated;
- Expressed concern that performance against the *Faster Cancer Treatment* target had slipped and the potential impact that could have on the Urology recovery programme.

The Acting EDSS commented that she was disappointed that Stroke Services had been rated as non-compliant, given that the service had been audited by the Deputy National Champion and an action plan was in place.

Recommendation:

"That the Committees note the results for Quarter Four 2016/17 DHB performance reporting."

Agreed

9.0 FINANCIAL REPORT

In presenting the Funder financial results for August 2017 (tab 7), the Executive Director Strategy Primary & Community (EDSP&C) advised that the lowlight was the overspend in health of older people, particularly in residential care. Discussions were under way with the aged residential care group and home and community support provider forum, with a view to supporting people to remain in their homes for longer.

The EDSP&C was asked to clarify why the rest home bed number graph included invoiced beds but the dementia bed number graph did not.

Recommendation:

"That the report be received."

Agreed

10.0 CONTRACTS REGISTER

The Funding contracts register for July-August 2017 was circulated with the agenda (tab 10) for information.

Recommendation:

"That the Contracts Register be noted."

Agreed

CONFIDENTIAL SESSION

At 11.15 am, it was resolved that the Disability Support and Community & Public Health Advisory Committees reconvene at the conclusion of the public excluded section of the Hospital Advisory Committee meeting and move into committee to consider the agenda items listed below.

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

Confirmed as a true and correct record:

Commissioner: _____

Date: _____

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

As at 10 November 2017

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
22 Nov 2016	Primary Maternity Services (Minute item 6.0)	Draft report to be rewritten and released with a covering letter. New group to be established to develop a set of principles and recommendations.	EDSP&C	Following on from the two August workshops a paper went to ELT on 7 September detailing the recommendation a Southern district primary maternity care system and the services needed to support it. Principles for evaluating current maternity facilities were also presented with a preliminary assessment against the principles. ELT endorsed the paper. Community consultation will occur in October and November. The final paper with recommendations is due to ELT on 7 December.	December 2017
26 Jan 2017	Urgent Care: Primary Options for Acute Care (Minute item 4.0)	Pathways to enable GP access to IV antibiotics, IV fluids and biopsies to be completed by quarter three.	EDSP&C	The acute demand management programme of work implementation plan for 2017/18 was approved by the Alliance Leadership Team. ELT have delegated authority to commit the requested funding to the Executive Director Strategy, Primary & Community.	
26 Jan 2017	Outpatients Project (Minute item 4.0)	First work stream cardiology; paediatrics being considered – progress to be reported.	EDSP&C	The focus of this project continues to be on telehealth opportunities. Following on from the workshop on telehealth held in August work has continued on understanding the	Underway

DSAC/CPHAC Meeting - Public - Review of Action Sheet

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
				requirements from a patient management system perspective. A system specification has been agreed which provides the technical business rules for telehealth in the patient management system. Potential services amenable to telehealth as a service delivery option continue to be identified. The Clinical Leadership Group has recently provided a series of recommendations to guide the implementation of telemedicine in the Southern DHB.	
26 Jan 2017	Health of Older People (Minute item 4.0)	Community based wraparound service to be completed by quarter three.	EDSP&C	Initial services are scheduled to commence from September.	Completed
28 Sept 2017	DHB Performance Report Q4 (Minute item 8.0)	Commentary on the <i>Improved Access to Elective Surgery</i> target to be updated.	EDSP&C	The reference to meeting the target was Q4 of 2017. This was confusing and to be consistent should have been referenced as Q2 of 2017/18.	Completed
28 Sept 2017	Financial Report (Minute item 9.0)	Reason for rest home bed number graph including invoiced beds but not the dementia bed numbers to be clarified.	EDSP&C	The invoicing pattern for Rest Home Level beds is unique, in that there is a material delay in the receiving of some invoices (up to 40-50 bed equivalents). This does not happen to the same degree at the other levels of care (Dementia (0-3 beds), Hospital (0-4) & Psychogeriatric (nil)).	

SOUTHERN DISTRICT HEALTH BOARD

Title:	Strategy, Primary & Community Report	
Report to:	Disability Support and Community & Public Health Advisory Committees	
Date of Meeting:	23 November 2017	
Summary: Monthly report on the Strategy, Primary & Community activities and progress to date.		
Specific implications for consideration (financial/workforce/risk/legal etc.):		
Financial:	N/A	
Workforce:	N/A	
Other:	N/A	
Document previously submitted to:	N/A	Date:
Approved by Chief Executive Officer:	N/A	Date:
Prepared by: Strategy, Primary & Community Team Date: 10 November 2017	Presented by: Lisa Gestro Executive Director Strategy, Primary & Community	
RECOMMENDATION: That the Committees note the content of this paper for the priority projects.		

6.1

1. COMMUNITY SERVICES

1.1 Long Term Conditions Programme (Now officially named Client Lead Integrated Care - CLIC)

Testing continues in five general practices, and the target of 150 patients completing the comprehensive health assessment has now been exceeded (with contribution from the HoP wraparound project, which has now effectively merged under one overarching framework). The risk stratification algorithm has now been tested and feedback received, ensuring it can now be used to classify patients according to need and to allocate associated funding. An outcomes framework for delivering the program has been agreed and WellSouth business analyst and IT staff are working to implement this.

The work plan for November will include continuing to increase the number of enrolled patients who have completed comprehensive assessments and care plans developed, and continuing training in the Flinders self-assessment tool. The new LTC programme is well-connected to the acute demand management (POAC) and HoP wraparound programs as well as aligning to the Primary and Community Care Strategy & Action Plan (updates for both of these programmes are below).

1.2 Health of Older People – NGO Activity

We are working to try and gauge a more detailed picture of activity in relation to the Aged Residential Care and Home Based service components of the system in an attempt to identify opportunities to slow growth of access to these areas.

We are seeing a trend towards more dual service (rest home and hospital level) beds, which makes quantifying capacity at a service level difficult. Colmar Brunton completed an utilisation survey for DHBs that gives us some information which will be of use in undertaking a deeper analysis.

From a preliminary analysis, we have been able to estimate the following:

- in the 2017 calendar year there has been 824 new Funded ARRC residents.
- 2/3 have received HOP HCSS in either the 16/17 or 17/18 year.
- Of the residents known to HCSS, it is mainly complex patients entering (Casemix 4a-8).

Further HOP activity analysis is provided in the finance variance section below, and more in-depth analysis will be undertaken in the immediate term to assist with forecasting to inform budget setting for 18/19.

1.3 Health of Older People – Wrap around Service

WellSouth has had 173 patients through the Client Led Integrated Care (CLIC) using the InterRAI Comprehensive Health Assessment (CHA) and been stratified into different packages of care levels. The results to date are as follows:

Level 0 – 2 patients

Level 1 – 42 patients

Level 2 – 81 patients

Level 3 – 83 patients.

In order to calculate the appropriate level of funding for each level, WellSouth is currently working with their financial team to understand the cost of potential interventions against funding available and extrapolate these numbers across the district. WellSouth will bring the teams from Gore, Balclutha and Mosgiel together over the next couple of weeks to review the clinical requirements of a wrap around service for those patients requiring it as a result of the CHA.

1.4 Refugee Services

The newly funded refugee leadership position has been filled.

Short-to medium-term service development priorities of this role include:

- the establishment of Southland Interpreter Service, as this will be central to the effectiveness of both primary and secondary services; and
- maintaining oversight of Invercargill oral health, mental health and primary responses to refugee arrivals

The Crown Funding Agreement (CFA) has been received from the Ministry of Health confirming \$1,737,320 for the 17/18 financial year.

2 PRIMARY CARE

2.1 Primary and Community Strategy

The Primary and Community Strategy is now in final draft and will be submitted to the Steering Group at its final meeting at the end of November.

Activity has now turned to the development of an associated action plan, and this is nearing completion. Initial attempts between key DHB personnel and WellSouth to quantify resource levels required to begin implementing the initiatives outlined in the action plan have proved difficult, and intensive conversations are underway between the EDSPC and the CEO of WellSouth to try and come to a closer agreement in advance of a meeting with Commissioners on the 13th of November.

2.2 Urgent and After Hours Care

In line with the three recommendations that were put forward from the Urgent Care Network, which were:

1. Expansion of the suite of primary options for acute services
2. Changing the model of care for Dunedin after-hours to reduce ED attendance rates
3. Changing the model of care for Invercargill after hours to reduce ED attendance rates

2.2.1 POAC (Primary Options for Acute Care)

The budget was confirmed by the Executive Director Strategy, Primary and Community and contracting preparations are underway. The model will be rolled-out District-wide, starting with IV antibiotics and IV fluids (because of high ASH rates for related conditions), and bringing the existing cellulitis service into the POAC suite of services. The COPD ambulance diversion pathway has been confirmed and will go-live in Q4 2017/18 (reducing ED presentations by 100-150 pa). Acute plans were started for respiratory frequent attenders from 1 October (slow progress due to staff absences) and these will be supported by a revised Blue Card for exacerbation management at home. These respiratory projects are linking with LTC services into a more integrated respiratory service. The clinical pharmacist for the discharge planning project started in October.

2.2.2 DUDAC (Dunedin Urgent Doctors and Accident Centre)

The service specifications for a new contract between Southern DHB and WellSouth have been drawn up, and the contract is currently being loaded by Sector Services. WellSouth PHO are currently writing a back to back agreement to reflect these specifications in their contract with DUDAC. The contract is due to go live 1 December. Ongoing discussions are occurring between the Urgent Care Centre and Specialist Services in respect of radiology provision, but this is expected to be resolved in time to align with the overarching contract commencement.

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

There has been an initial series of discussions and a way forward has been drafted in terms of the Invercargill after hours and ED situation. Although Primary Care and ED have met and agreed the issues, the work will initially be undertaken as two separate pieces of activity as the

consensus view is that Primary Care needs to identify and enact a suitable alternative to the current service before ED can be actively told to respond to primary care patients in ED in a different way.

2.3 Pharmacy

National negotiations continue, led by a sub group of national GMs planning and funding and a lead CEO on behalf of all DHBs nationally.

3. Rural Health

3.1 Radiology

Further discussions to ensure a 1 December start date for the transition of radiology services from PRG to COHSL have been undertaken over the last month.

3.2 Lakes Hospital Rebuild

An operational group has been established to oversee the planning and development process for the rebuild of Lakes District Hospital. The group comprises of the clinical lead for Lakes District Hospital, the operations manager for the hospital, the contracted project manager, representation from the DHB's Procurement and Building and Property teams and the Rural Health Manager.

The overall project comprises of five work streams that contribute to the overall redevelopment of Lakes District hospital. These are the build of a whanau room, installation of a CT scanner, refurbishment of the ED, redevelopment of outpatients' area and the redevelopment of the admin and reception areas.

The group is presently reviewing the original timeline proposed for the project as we move into the development of the detailed design which will subsequently lead to the procurement phase.

3.3 Primary Maternity Consultation

Over the last month four primary maternity meetings have been held in Winton, Dunedin, Oamaru and Cromwell. The meetings discussed with communities and other key stakeholders, such as the Ministry of Health, where our thinking has arrived at for primary maternity services and for us to receive feedback on:

- What a primary maternity model of care should look like for birthing women in the Southern district;
- What primary maternity services are needed to support primary maternity and post-natal care;
- The criteria to evaluate the location of primary maternity birthing services.

The discussion also put primary maternity care into the context of the Primary and Community Care Strategy. Engagement has been very well received by all we engaged with. There has also been a lot of support for the linkage with the Strategy.

4 ALLIANCE ACTIVITY

4.1 Alliance Update

The focus of the next Alliance meeting on the 21st of November will be to work through the Primary and Community Strategy and the associated Action Plan, with a view to beginning to understand the role that this group (or a revised Alliance) can take in governing the activity that now needs to be undertaken to realise the milestones in the action plan.

A discussion has been scheduled with the two sponsors of the programme, and the new Alliance Support Manager to outline thinking around how a new Alliance might be put together that is fit for purpose to meaningfully govern this activity.

Other Alliance activity in the last month has been sporadic, with most Alliances now waiting further clarity on their role and purpose moving forward.

SOUTHERN DISTRICT HEALTH BOARD

Title:	PUBLIC HEALTH SERVICE REPORT	
Report to:	Community and Public Health Advisory Committee	
Date of Meeting:	23 November 2017	
Summary: Considered in these papers are: <ul style="list-style-type: none"> ▪ Public Health Service 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: n/a
Approved by:	Greg Sheffield General Manager, Strategy, Primary and Community Directorate	Date:
Prepared by: Lynette Finnie, Service Manager, Public Health Service Strategy, Primary and Community Directorate Date: 27/10/17		Presented by: Lisa Gestro Executive Director Strategy, Primary & Community
RECOMMENDATIONS:		
1. That CPHAC receives the Public Health Service Activity Report.		

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

Mumps

A mumps outbreak is currently occurring in the Dunedin and Oamaru communities with over 65 cases reported to Public Health South so far.

Traditionally public health units respond to outbreaks by interviewing individual cases over the phone and then phoning and providing advice to the close contacts of cases. This traditional approach is time intensive for patients and staff. It can also feel intrusive for patients and their friends and family.

For the current mumps outbreak Public Health South developed resources to enable primary care practitioners to manage mumps cases closer to home. Practitioners can access a suite of resources including a clinical pathway, information on testing, and patient information. Practitioners phone Public Health for support and guidance as required, but generally manage cases independently.

Practitioners give patients a link to a survey monkey which gives them personalised information, in a format that suits them, which they can access any time of the day or night. Patients are also given a link to a separate survey which they then forward on to their contacts themselves, via email, text or facebook messenger.

So far the surveys have been accessed over 300 times. Practitioners are following the clinical pathway and using the resources provided. The information practitioners are feeding back is concise, and is minimising the follow up required by Public Health South. In turn, Public Health South continues to provide analysis and information, and continues to lead vaccination efforts.

The best protection against mumps is the MMR vaccine. We collaborated with Student Health and the Pasifika Community to increase MMR coverage throughout August. Consequently, we have seen a decline in notifications and secondary cases.

The mumps outbreak in New Zealand continues, with notifications in Auckland increasing, and most DHBs managing outbreaks in their area. We will continue to get imported cases of mumps in our region, but are well placed to manage these.

Broadly Speaking - about health and its determinants

Health begins where we live, learn, work and play. Many factors influence how healthy we are including housing, safe neighbourhoods, clean air and water, the food we eat, how active we are, easy access to transport, education, employment and recreation.¹ Therefore many people and organisations outside the health sector influence health and wellbeing.

Public Health South (PHS) is intentionally focussing on moving to a Health in All Policies (HiAP) approach. This is an approach that assists leaders and policy makers to integrate considerations of health, wellbeing and equity during the development, implementation and evaluation of policies and services. It works best when leaders and policy makers at all levels of government and across the different sectors are engaged.²

¹Meates, D (2010) *Integrated Recovery Planning Guide*. Christchurch: Christchurch City Council, Greater Christchurch Urban Development Strategy and Canterbury District Health Board.

² Christchurch City Council, Greater Christchurch Urban Development Strategy and Canterbury District Health Board. (2011). *Canterbury Health impact Assessment Project Annual Report*. Christchurch: Christchurch City Council; Greater Christchurch Urban Development Strategy; Canterbury District Health Board, p2.

Following our three HiAP workshops in Queenstown, Invercargill and Dunedin in June, the Broadly Speaking workshops were identified as the next step to progress our HiAP work.

The Broadly Speaking programme, comprising two half day workshops, was devised by Community and Public Health in Canterbury and has been running successfully for several years. In October two of their presenters delivered these interactive workshops in Dunedin to a group that has been identified as being able to positively influence health outcomes through participating in the programme.

Key components of Broadly Speaking include:

- Exploring factors (broad determinants) that impact on the health of individuals, communities and populations.
- Learning the power of wider conversations to bring about change.
- Considering actions that can address the causes of poor health and inequities.
- Identifying opportunities to plan for improved population health outcomes relevant to the participant's role and workplace.
- Preparing a plan of action for the next steps.

We are excited by the opportunities for improved shared understanding the programme offers and are currently exploring how we can continue to offer these workshops across the district.

Alcohol Harm Reduction – Game On

Game On is a project developed in collaboration with the WellSouth Primary Health Network that aims to reduce alcohol related harm in our sporting community. The programme was piloted in 2016 and then extended in 2017 to include more rugby clubs in Dunedin and Central Otago.

The programme consists of two workshops. One focuses on the requirements of holding a club licence under the Sale and Supply of Alcohol Act 2012 and aims to increase the knowledge of alcohol legislation and provides a context for introducing harm reduction strategies within club policy. The second workshop is geared for players and covers the impact of alcohol on sporting performance.

Clubs completing the programme can achieve up to four levels of accreditation. Each level requires more of a commitment to reducing alcohol related harm in the club and includes strategies like holding alcohol free events, introducing alcohol free side-lines, refusing alcohol related sponsorship and banning the consumption of alcohol in changing rooms.

The Game On project has been successfully delivered to 14 clubs with good participation from management and players. The results to date have shown that participants have an increased knowledge of their legislative requirements and the impact that alcohol has on sporting performance.

The 2018 season will see us continuing to cement the work with current clubs and offer the programme to new rugby clubs in Central Otago and Waitaki.

SOUTHERN DISTRICT HEALTH BOARD

Title:	FINANCIAL REPORT	
Report to:	Commissioner Team	
Date of Meeting:	23 November 2017	
SUMMARY:		
The issues considered in this paper are:		
<ul style="list-style-type: none"> ▪ October 2017 Funds result 		
SPECIFIC IMPLICATIONS FOR CONSIDERATION (FINANCIAL/WORKFORCE/RISK/LEGAL ETC):		
FINANCIAL:	As set out in report.	
WORKFORCE:	No specific implications	
OTHER:	n/a	
DOCUMENT PREVIOUSLY SUBMITTED TO:	Not applicable, report submitted directly to DSAC/CPHAC	DATE: N/A
PREPARED BY:		PRESENTED BY:
Strategy, Primary & Community Team		Lisa Gestro Executive Director Strategy, Primary & Community
DATE: 10 November 2017		
RECOMMENDATION:		
<ol style="list-style-type: none"> 1. That the report be received. 		

STRATEGY, PRIMARY & COMMUNITY REPORT October 2017

1. Overview

The overall result follows;

Month			Year to Date			
Actual	Budget	Variance		Actual	Budget	Variance
\$' 000	\$' 000	\$' 000		\$' 000	\$' 000	\$' 000
75,557	75,052	505	Revenue	299,036	300,218	(1,182)
77,484	76,021	(1,463)	Less Expenses	303,181	303,753	572
(1,926)	(969)	(957)	Net Surplus / (Deficit)	(4,145)	(3,535)	(610)
			Expenses			
4,226	4,166	(60)	Personnel	16,128	16,355	227
70	85	15	Outsourced Clinical Services	336	342	6
987	994	7	Outsourced Funder Services	3,949	3,977	28
495	448	(47)	Clinical Supplies	1,832	1,789	(43)
540	402	(138)	Infrastructure & Non Clinical Supplies	1,758	1,613	(145)
			Provider Payments			
56,302	55,659	(643)	Personal Health	221,150	222,757	1,607
96	98	2	Public Health	381	391	10
14,656	14,045	(611)	Disability Support	57,203	56,032	(1,171)
112	125	13	Maori Health	445	498	53
77,484	76,021	(1,463)	Expenses	303,181	303,753	572

Summary Comment:

Strategy, Primary and Community had a deficit for October of \$1.93m against a budget deficit of \$0.97m, which is \$0.96m unfavourable. Year to date (YTD) there is a deficit of \$4.14m against a budgeted deficit of \$3.54m, which is \$0.61m unfavourable.

Revenue is unfavourable by \$0.50m for October and \$1.18m unfavourable YTD with the main reason being electives revenue (\$1.89m unfavourable YTD), offset by extra IBT and Performance Management revenue.

Expenditure for the month is unfavourable to budget by \$01.46m with the main reasons being the IDF wash-up (\$0.20m unfavourable), IBT (\$0.11m unfavourable), residential care rest homes (\$0.16m unfavourable), residential care hospitals (\$0.28m unfavourable), electives expenditure (\$0.35m unfavourable) and travel & accommodation (\$0.15m unfavourable).

YTD expenditure is \$0.57m favourable to budget with the main reason being electives expenditure (\$1.89m favourable), personnel costs (\$0.22m favourable) and travel & accommodation (\$0.07m favourable), offset by Disability Support expenditure (\$1.17m unfavourable).

Personnel**Expenditure**

Group	\$000's Monthly actual	\$000's Monthly budget	\$000's Monthly variance	\$000's YTD actual	\$000's YTD budget	\$000's YTD Variance
SMO's	639	579	(60)	2,337	2,299	(38)
RMO's	9	31	22	55	123	68
Nursing	1,466	1,337	(32)	5,355	5,534	179
Allied Health	1,527	1,541	14	6,157	6,093	(64)
Support	11	12	1	40	45	5
Management & Administration	574	569	(5)	2,182	2,260	78
Total	4,226	4,166	(60)	16,128	16,355	227

FTEs

Group	YTD actual	YTD budget	YTD variance
SMO's	24	24	0
RMO's	2	3	1
Nursing	200	205	5
Allied Health	268	265	(3)
Support	3	3	0
Management & Administration	96	99	3
Total	594	599	5

Personnel costs are \$0.23m favourable YTD. Nursing (\$0.18m favourable) and Management and Administration (\$78k favourable) are the main reasons, offset by Allied Health (\$0.06m unfavourable).

Outsourced Services

Expenses

Group	\$000's Monthly actual	\$000's Monthly budget	\$000's Monthly variance	\$000's YTD actual	\$000's YTD budget	\$000's YTD variance
Clinical Services	70	85	15	336	342	6
Funder Services	987	994	7	3,949	3,977	28
Total	1,057	1,079	22	4,285	4,319	34

No significant variance.

Clinical Supplies

Expenses

Group	\$000's Monthly actual	\$000's Monthly budget	\$000's Monthly variance	\$000's YTD actual	\$000's YTD budget	\$000's YTD variance
Treatment Disposables	258	206	(52)	954	834	(120)
Diagnostic Supplies	4	5	1	14	19	5
Instruments & Equipment	55	54	(1)	195	213	18
Patient Appliances	138	137	(1)	521	534	13
Implants & Prostheses	0	0	0	2	1	(1)
Pharmaceuticals	36	36	0	126	145	19
Other Clinical Supplies	4	10	6	20	43	23
Total	495	448	(47)	1832	1789	(43)

Treatment disposables (\$120k unfavourable YTD) with Contenance & Hygiene Supplies (\$44k unfavourable YTD) and Dental Supplies (450k unfav. YTD) being the main drivers.

Infrastructure & Non Clinical Supplies**Expenses**

Group	\$000's Monthly actual	\$000's Monthly budget	\$000's Monthly variance	\$000's YTD actual	\$000's YTD budget	\$000's YTD variance
Hotel Services, Laundry & Cleaning Facilities	177	175	(2)	660	684	24
Transport	20	30	10	110	128	18
IT Systems and Telecommunications	100	106	6	416	454	38
Professional Fees & Expenses	30	27	(3)	130	105	(25)
Other Operating Expenses	176	35	(141)	321	139	(182)
Democracy	35	29	(6)	119	101	(18)
Total	2	0	(2)	2	2	0
	540	402	(138)	1,758	1,613	(145)

Professional fees & expenses (\$182k unfavourable YTD) mainly due to Consultants fees (\$138k unfav. YTD.)

Personal Expenditure NGO and Provider Payments

Personal Health October 2017	Current Month				Year to Date				Annual Budget \$(000)	Variance Note
	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %		
Personal Health - Provider Arm										
Personal Health to allocate	-	-	-	-	-	-	-	-	-	-
Child and Youth	341	341	-	0%	1,366	1,366	-	0%	4,097	
Laboratory	-	-	-	-	-	-	-	-	0	
Infertility Treatment Services	-	-	-	-	-	-	-	-	0	
Maternity	23	23	-	0%	90	90	-	0%	271	
Maternity (Tertiary & Secondary)	1,379	1,379	-	0%	5,516	5,516	-	0%	16,548	
Pregnancy and Parenting Education	-	-	-	-	-	-	-	-	0	
Neo Natal	666	666	-	0%	2,666	2,666	-	0%	7,997	
Sexual Health	86	86	-	0%	345	345	-	0%	1,036	
Adolescent Dental Benefit	27	27	-	0%	107	107	-	0%	320	
Dental - Low Income Adult	28	28	-	0%	113	113	-	0%	339	
Child (School) Dental Services	601	601	-	0%	2,404	2,404	-	0%	7,211	
Secondary / Tertiary Dental	120	120	-	0%	481	481	-	0%	1,443	
Pharmaceuticals	429	372	(57) U	(15%)	1,658	1,490	(168) U	(11%)	4,469	2
Pharmaceutical Cancer Treatment Drugs	551	592	41 F	7%	2,282	2,359	77 F	3%	7,139	2
Pharmacy Services	-	-	-	-	-	-	-	-	0	
Primary Practice Services - Capitated	10	10	-	0%	38	38	-	0%	115	
Primary Health Care Strategy - Health/SIA	-	-	-	-	-	-	-	-	0	
Rural Support for Primary Health Pro	72	72	-	0%	288	288	-	0%	865	
Immunisation	69	69	-	0%	277	277	-	0%	831	
Radiology	279	279	-	0%	1,116	1,116	-	0%	3,348	
Palliative Care	-	-	-	-	-	-	-	-	0	
Meals on Wheels	35	35	-	0%	141	141	-	0%	424	
Domiciliary & District Nursing	1,113	1,113	-	0%	4,453	4,453	-	0%	13,429	
Community based Allied Health	502	502	-	0%	2,008	2,008	-	0%	6,356	
Chronic Disease Management and Educa	150	150	-	0%	601	601	-	0%	1,804	
Medical Inpatients	6,910	6,910	-	0%	27,641	27,641	-	0%	82,924	
Medical Outpatients	3,283	3,283	-	0%	13,133	13,133	-	0%	39,398	
Surgical Inpatients	12,099	11,716	(383) U	(3%)	44,970	46,864	1,894 F	4%	140,593	5
Surgical Outpatients	1,686	1,686	-	0%	6,743	6,743	-	0%	20,229	
Paediatric Inpatients	679	679	-	0%	2,714	2,714	-	0%	8,143	
Paediatric Outpatients	246	246	-	0%	985	985	-	0%	2,954	
Pacific Peoples' Health	10	10	-	0%	40	40	-	0%	120	
Emergency Services	1,715	1,715	-	0%	6,859	6,859	-	0%	20,576	
Minor Personal Health Expenditure	15	15	-	0%	61	61	-	0%	182	
Price adjusters and Premium	1,964	1,964	-	0%	7,857	7,857	-	0%	23,571	
Travel & Accommodation	8	8	-	0%	32	32	-	0%	96	
	35,096	34,697	(399) U	5%	136,965	138,788	1,803 F	1%	416,828	
Personal Health NGO										
Personal Health to allocate	-	-	-	-	-	-	-	-	0	
Child and Youth	34	35	1 F	3%	146	140	(6) U	(4%)	421	
Laboratory	1,511	1,505	(6) U	(0%)	6,021	6,019	(2) U	(0%)	18,056	
Infertility Treatment Services	8	8	-	0%	32	32	-	0%	96	
Maternity	205	206	1 F	0%	719	823	104 F	13%	2,470	1
Maternity (Tertiary & Secondary)	4	1	(3) U	(300%)	31	3	(28) U	(933%)	8	
Pregnancy and Parenting Education	14	15	1 F	7%	58	59	1 F	2%	177	
Sexual Health	-	8	8 F	100%	(9)	33	42 F	127%	98	
Adolescent Dental Benefit	222	205	(17) U	(8%)	930	884	(46) U	(5%)	2,117	
Dental - Low Income Adult	121	46	(75) U	(63%)	96	183	87 F	48%	550	
Child (School) Dental Services	24	35	11 F	31%	122	141	19 F	13%	423	
Secondary / Tertiary Dental	139	133	(6) U	(5%)	587	534	(53) U	(10%)	1,601	
Pharmaceuticals	6,319	6,305	(14) U	(0%)	25,110	25,253	143 F	1%	73,123	2
Pharmaceutical Cancer Treatment Drugs	-	-	-	-	(34)	-	34 F	100%	-	2
Pharmacy Services	-	-	-	-	-	-	-	-	-	
Management Referred Services	167	167	-	0%	667	667	-	0%	2,000	
General Medical Subsidy	91	61	(30) U	(49%)	360	275	(85) U	(31%)	769	
Primary Practice Services - Capitated	4,000	4,005	5 F	0%	15,934	16,019	85 F	1%	48,058	3
Primary Health Care Strategy - Care	372	348	(24) U	(7%)	1,482	1,392	(90) U	(6%)	4,175	3
Primary Health Care Strategy - Health	562	551	(11) U	(2%)	2,383	2,205	(178) U	(8%)	6,615	3
Primary Health Care Strategy - Other	31	64	33 F	52%	218	254	36 F	14%	912	3
Practice Nurse Subsidy	25	16	(9) U	(56%)	84	65	(19) U	(29%)	195	
Rural Support for Primary Health Pro	1,411	1,353	(58) U	(4%)	5,647	5,412	(235) U	(4%)	16,235	4
Immunisation	88	117	29 F	25%	424	489	66 F	13%	2,135	
Radiology	212	198	(14) U	(7%)	857	798	(59) U	(7%)	2,390	
Palliative Care	494	544	50 F	9%	2,130	2,156	26 F	1%	6,491	
Meals on Wheels	21	21	-	0%	84	85	1 F	1%	255	
Domiciliary & District Nursing	550	556	6 F	1%	2,184	2,226	42 F	2%	6,678	
Community based Allied Health	189	186	(3) U	(2%)	735	746	11 F	1%	2,238	
Chronic Disease Management and Educa	123	94	(29) U	(31%)	492	377	(115) U	(31%)	1,132	
Medical Outpatients	340	413	73 F	18%	1,562	1,653	91 F	6%	4,960	
Surgical Inpatients	(12)	21	33 F	157%	34	82	48 F	59%	246	
Surgical Outpatients	155	190	35 F	18%	633	759	126 F	17%	2,276	5
Paediatric Outpatients	-	-	-	-	3	-	(3) U	(100%)	-	
Pacific Peoples' Health	7	11	4 F	36%	25	44	19 F	43%	132	
Emergency Services	156	164	8 F	5%	661	657	(4) U	(1%)	1,971	
Minor Personal Health Expenditure	19	47	28 F	60%	169	187	18 F	10%	561	
Price adjusters and Premium	144	199	55 F	28%	526	794	268 F	34%	2,383	6
Travel & Accommodation	618	465	(153) U	(33%)	1,781	1,858	77 F	4%	4,792	7
Inter District Flow Personal Health	2,841	2,656	(185) U	(7%)	11,282	10,664	(618) U	(6%)	31,991	8
	21,205	20,959	(246) U	(1%)	84,166	83,968	(198) U	(0%)	248,730	
Total Personal Health	56,301	55,656	(645) U	(1%)	221,151	222,756	1,605 F	1%	665,558	

Personal Health expenditure variance notes:

1. **Maternity** - \$0.10m favourable
Favourable variance due to discontinuation of Primary Maternity contract where there was an accrual up to 30 June 2017 and budget included in 2017/18. There is a partial offset in the Maternity (Tertiary Secondary) line for an unbudgeted contract for Maternity Support Services for the same provider.
2. **Pharmaceuticals & PCT (NGO & Provider)** – \$.08m favourable
YTD expenditure is close to budget. It should be noted however, that although the accrual methodology used has been approved by internal auditors, it is never going to be an exact science and could account for variances up to \$300k.
3. **PHO lines (Primary Practice Capitated & Primary Health Care)** – \$0.15m unfavourable YTD
Unfavourable variances across these lines is mainly due to Careplus and Performance Management where there are revenue offsets.
4. **Rural Support for Primary Health Providers**- \$0.23m unfavourable YTD.
Relates to Clutha Health expenditure incurred where the budget is sitting in Price adjusters and Premiums.
5. **Surgical Inpatients** - \$1.89m favourable YTD.
Due to 17/18 additional electives wash-up (offsetting revenue reduction).
The total wash-up has been included in Surgical Inpatients at this time.
YTD Elective and Ambulatory revenue is estimated to be \$2.27m unfavourable to plan based on indicative MOH wash-up rules and YTD extracts from National Guidelines.

The table below shows the breakdown of the under delivery:

YTD Electives Summary	Variance
Funding Stream	(000')
Elective Initiative - October	-\$ 1,805
Ambulatory Initiative - September	
Surgical FSA's	-\$ 50
Medical FSA's	\$ 5
Procedures	-\$ 29
Tests	\$ -
Other Orthopaedics & General Surgery Initiative - September	-\$ 156
Total - EI & AI	-\$ 2,034
Allowance for Uncoded Events - October	\$ 140
Total Variance per Accounts	-\$ 1,894

6. **Price Adjusters and Premium** - \$0.27 favourable YTD.
Mainly relates to Clutha health expenditure incurred in Rural Support.
7. **Travel & Accommodation** - \$0.08m favourable YTD.
Demand driven service.
8. **IDF's** - \$0.62m unfavourable YTD.
Expenditure includes YTD wash-up estimate.

Disability Support Services

DSS October 2017	Current Month				Year to Date				Annual	Variance Note
	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %	Budget \$(000)	
Disability Support Services - Provider Arm										
AT & R (Assessment, Treatment and Re Information and Advisory	1,900	1,900	-	0%	7,602	7,602	-	0%	22,806	
Needs Assessment	108	108	-	0%	447	447	-	0%	1,315	
Service Co-ordination	20	20	-	0%	79	79	-	0%	236	
Home Support	-	-	-	-	-	-	-	-	0	
Carer Support	-	-	-	-	-	-	-	-	0	
Residential Care: Rest Homes	-	-	-	-	-	-	-	-	0	
Residential Care: Loans Adjustment	-	-	-	-	-	-	-	-	0	
Long Term Chronic Conditions	-	-	-	-	-	-	-	-	0	
Residential Care: Hospitals	-	-	-	-	-	-	-	-	0	
Ageing in Place	-	-	-	-	-	-	-	-	0	
Environmental Support Services	2	2	-	0%	9	9	-	0%	27	
Day Programmes	-	-	-	-	-	-	-	-	0	
Expenditure to Attend Treatment ETAT	-	-	-	-	-	-	-	-	0	
Minor Disability Support Expenditure	20	20	-	0%	82	82	-	0%	102	
Respite Care	-	-	-	-	-	-	-	-	0	
Child Development	90	90	-	0%	359	359	-	0%	1,078	
Community Health Services & Support	21	21	-	0%	85	85	-	0%	254	
	2,161	2,161	-	0%	8,663	8,663	-	0%	25,918	
Disability Support Services - NGO										
Disability Support - Pay Equity	1,185	1,267	82 F	6%	4,756	5,035	279 F	6%	15,000	
AT & R (Assessment, Treatment and Re Information and Advisory	335	357	22 F	6%	1,344	1,428	84 F	6%	4,284	
Needs Assessment	11	12	1 F	8%	43	49	6 F	12%	147	
Service Co-ordination	35	34	(1) U	(3%)	126	124	(2) U	(2%)	398	
Home Support	-	-	-	-	-	-	-	-	0	
Carer Support	2,059	1,947	(112) U	(6%)	8,237	7,753	(484) U	(6%)	23,911	9
Residential Care: Rest Homes	153	101	(52) U	(51%)	593	521	(72) U	(14%)	1,594	
Residential Care: Loans Adjustment	3,444	3,282	(162) U	(5%)	13,378	13,000	(378) U	(3%)	38,762	10
Long Term Chronic Conditions	(19)	(23)	(4) U	17%	(74)	(92)	(18) U	20%	-276	
Residential Care: Hospitals	7	-	(7) U	-	22	-	(22) U	-	0	
Environmental Support Services	4,604	4,318	(286) U	(7%)	17,750	17,092	(658) U	(4%)	51,020	11
Day Programmes	4	10	6 F	60%	24	41	17 F	41%	122	
Minor Disability Support Expenditure	34	44	10 F	23%	129	174	45 F	26%	523	
Respite Care	8	9	1 F	11%	33	36	3 F	8%	107	
Child Development	213	128	(85) U	(66%)	590	623	33 F	5%	1,729	
Community Health Services & Support	-	-	-	-	-	-	-	-	0	
Inter District Flow Disability Support	53	52	(1) U	(2%)	218	209	(9) U	(4%)	626	
	368	344	(24) U	(7%)	1,370	1,376	6 F	0%	4,129	
	12,494	11,882	(612) U	(5%)	48,539	47,369	(1,170) U	(2%)	142,076	
Total Disability Support Services	14,655	14,043	(612) U	(4%)	57,202	56,032	(1,170) U	(2%)	167,894	

Disability Support Services expenditure variance notes;

- 9. Home Support - \$0.48m unfavourable YTD.**
Due to over budget IBT expenditure (revenue offset) along with price and volume variances.
- 10. Residential Care Rest Homes - \$0.38m unfavourable YTD.**
Due to a mix of price and volume variances to budget along with savings targets not met.
- 11. Residential Care Hospitals - \$0.66m unfavourable YTD.**
Due to a mix of price and volume variances to budget along with savings targets not met.

Public Health

Public Health October 2017	Current Month				Year to Date				Annual Budget \$(000)	Variance Note
	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %		
Public Health - Provider Arm										
Alcohol & Drug	-	-	0 F		-	-	0 F			
Communicable Diseases	4	4	0 F	0%	15	15	0 F	0%	44	
Mental Health	-	-	0 F		-	-	0 F			
Screening Programmes	-	-	0 F		-	-	0 F			
Nutrition and Physical Activity	-	-	0 F		-	-	0 F			
Physical Environment	-	-	0 F		-	-	0 F			
Public Health Infrastructure	-	-	0 F		-	-	0 F			
Sexual Health	-	-	0 F		-	-	0 F			
Social Environments	-	-	0 F		-	-	0 F			
Tobacco Control	34	34	0 F	0%	137	137	0 F	0%	410	
	38	38			152	152			454	
Public Health - NGO										
Mental Health	15	15			53	60	7 F	12%	180	
Nutrition and Physical Activity	37	38	1 F	3%	150	151	1 F	1%	454	
Physical Environment	-	-	0 F		-	-	0 F		0	
Public Health Infrastructure	-	-	0 F		-	-	0 F		0	
Sexual Health	-	-	0 F		-	-	0 F		0	
Social Environments	-	-	0 F		-	-	0 F		0	
Tobacco Control	7	7	0 F		27	27	0 F		80	
Well Child Promotion	-	-	0 F		-	-	0 F		0	
	59	60	(5) U	10%	230	238	6 F	3%	714	
Total Public Health	97	98	(5) U	6%	382	390	6 F	2%	1,168	

Public health expenditure variance notes;

No significant variances.

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Maori Health Expenditure

Maori Health October 2017	Current Month				Year to Date				Annual Budget \$(000)	Variance Note
	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %	Actual \$(000)	Budget \$(000)	Variance \$(000)	Variance %		
Maori Health - Provider Arm										
Maori Service development	16	16			64	64			191	
Maori Provider Assistance Infrastructure	-	-			-	-				
Maori Workforce Development	-	-			-	-				
Minor Maori Health Expenditure	-	-			-	-				
Whanau Ora Services	8	8			32	32			98	
Maori Health - Provider Arm Total	24	24			96	96			289	
Maori Health - NGO										
Maori Service development	20	21	1 F		82	84	2 F		250	
Maori Provider Assistance Infrastructure	-	-			-	-				
Maori Workforce Development	-	-			-	-				
Minor Maori Health Expenditure	-	-			-	-				
Whanau Ora Services	67	80	13 F	(16%)	267	319	52 F	17%	956	
Maori Health - NGO Total	87	101	14 F	17%	349	403	54 F	12%	1,206	
Total Maori Health	111	125	14 F	14%	445	499	54 F	10%	1,495	

Maori Health Services expenditure variance notes:

No significant variances.

SOUTHERN DISTRICT HEALTH BOARD

Title:	CONTRACTS REGISTER	
Report to:	Community & Public Health and Disability Support Advisory Committees	
Date of Meeting:	23 November 2017	
Summary: Funding contracts signed under delegation by Executive Director Planning & Funding and Chief Executive Officer and contracts approved by the Commissioner executed since last report.		
Specific implications for consideration (financial/workforce/risk/legal etc):		
Financial:	Nil	
Workforce:	Nil	
Other:	Nil	
Document previously submitted to:	n/a	Date: n/a
Prepared by: Planning and Funding Staff Date: November 2017		Presented by: Lisa Gestro Executive Director Strategy, Primary & Community
RECOMMENDATION: 1. That the Committees note the attached Contracts Register.		

**FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) SEPTEMBER/OCTOBER 2017**

PROVIDER NAME	DESCRIPTION OF SERVICES	ANNUAL AMOUNT	CONTRACT/VARIATION END DATE	APPROVED BY
Contract Value of - \$0 - \$100,000 (Level 3)				
Bainfield Park Residential Care Centre Variation to Agreement	Long Term Mental Health Residential Care	\$1,526.87 (Total Contract Value \$3,053.74)	30-Jun-19	ED, SP&C 05-Sep-17
WellSouth Primary Health Network Variation to Agreement	Clinical Community Mental Health Service	\$4,130.57	31-Oct-18	ED, SP&C 05-Sep-17
Pacific Trust Otago Variation to Agreement	Well Child Tamariki Ora Services	\$95,156.40	30-Jun-18	ED, SP&C 05-Sep-17
Te Kakakura Trust Variation to Agreement	Kaupapa Maori NASC	\$42,330.00	30-Jun-18	ED, SP&C 05-Sep-17
WellSouth Primary Health Network Variation to Agreement	Suicide Prevention, Postvention and Service Coordination	679.09 (Total Contract Value \$1,358.18)	31-Jul-19	ED, SP&C 05 Sep 17
Student Health Otago Polytechnic Variation to Agreement	Dunedin After Hours (Overnight) Primary Care Funding	\$1,128.00	30-Jun-17	ED, SP&C 05-Sep-17
Adventure Development Limited Variation to Agreement	Community Child Adolescent & Youth Service (ADC & YADS)	\$10,031.60	31-Oct-18	ED, SP&C 15-Sep-17
Wanaka Dental Limited New Agreement	Combined Dental Agreement	Demand Driven	30-Jun-19	Acting EDP&F 21-Aug-17

**FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) SEPTEMBER/OCTOBER 2017**

University of Otago Variation to Agreement	Oral Health Services Head Agreement	\$0.00	30-Jun-18	Commissioner 27-Jul-17
University of Otago Variation to Service Schedule	Sleep Apnoea Service Schedule	\$28,078.20	30-Jun-18	Commissioner 01-Aug-17
Maniototo Health Services Ltd Variation to Agreement	Well Child Services	\$18,705.40	30-Jun-18	ED, SPC 05-Sep-17
WellSouth Primary Health Network Variation to Service Schedule	Tobacco Control Services	\$880,000.00	30-Jun-18	ED, SPC 31 Sep 17
Observatory Village Care Limited New Agreement	Long Term Support-Chronic Health Conditions	Demand Driven	03-Aug-20	ED, SPC 20-Sep-17
Otago Accommodation Trust Variation to Agreement	Supportive Landlord Service	\$96,262.98 (Total Contract Value \$288,788.94)	30-Nov-20	ED, SPC 15-Sep-17
Tuapeka Community Health Co Ltd Variation to Agreement	Community Health Services Main Agreement	\$7,733.98	31-Aug-18	ED, SPC 21-Sep-17
ABLE Charitable Trust (Southern Family Support) Variation to Agreement	Mental Health Services	\$9,535.22	31-Oct-18	ED, SPC 15 Sep 17
Gore & Districts Community Counselling Centre Incorporated Variation to Agreement	Community Alcohol & Drug Services	\$1,256.15	31-Jul-18	ED, SPC 20 Sep 17

**FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) SEPTEMBER/OCTOBER 2017**

PACT Group Variation to Agreement	Individual Funding Agreement for NHI AKQ6824	\$9,469.03	30-Nov-17	ED, SPC 10-Oct-17
University of Otago Variation to Agreement	Community Mental Health Service	\$342.00	31-Dec-18	ED, SPC 10-Oct-17
GDL Rx NO4 Limited t-a Countdown Pharmacy Dunedin New Agreement	Community Pharmacy Services Agreement	Demand Driven	30-Jun-18	ED,SPC 15 Sep 17
Manawanui in Charge Variation to Agreement	Individualised Funding Host Provider Services for NHI EZK7886	\$25,954.58	16-Aug-18	ED,SPC 05-Sep-17
Total for Level 3		\$1,231,640.98		
Contract Value of - \$100,000 - \$500,000 (Level 2)				
Arai Te Uru Whare Hauora Ltd Variation to Agreement	Well Child Tamariki Ora Services	\$158,594.00	30-Jun-18	ED,SPC 05-Sep-17
Te Runaka O Awarua Charitable Trust Variation to Agreement	Well Child Tamariki Ora Services	\$142,734.00	30-Jun-18	ED,SPC 05-Sep-17
Charlotte Jean Maternity Hospital Ltd Variation to Agreement	Primary Maternity Facility Services	\$123,607.81	31-Oct-17	ED,SPC 05-Sep-17
Presbyterian Support Otago Inc Variation to Agreement	Activity Based & Employment Rehabilitation	\$244,271.48	31-Oct-18	ED,SPC 05-Sep-17
University of Otago New Service Schedule	Emergency Dental Treatments	\$475,265.00	30-Jun-18	Commissioner 01-Aug-17

**FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) SEPTEMBER/OCTOBER 2017**

WellSouth Primary Health Network Variation to Service Schedule	General Practitioner Special Interest Services	\$247,500.00	30-Jun-18	ED,SPC 21-Sep-17
Otago Care Limited - Assignment of Agreements	Age Related Residential Care, Age Related Respite Care, Short Term Palliative, LTS-CHC	Demand driven	03-Aug-20	ED, SPC 05 Sep 17
WellSouth Primary Health Network Variation to Service Schedule	Long Term Conditions	\$151,476.00	30-Jun-18	ED, SPC 01-Sep-17
Charlotte Jean Maternity Hospital Ltd Variation to Agreement	Inpatient Maternity Care Primary Maternity Facility	\$476,145.29	30-Sep-18	ED, SPC 25-Oct-17
Total for Level 2		\$ 1,860,999.58		
Contract Value of - \$500,000 - 1 Million (Level 1)				
Nga Kete Matauranga Pounamu Charitable Trust Variation to Agreement	Kaupapa Maori Alcohol & Drug & Mental Health Services	\$299,722.40 (Total Contract Value \$899,167.20)	31-Oct-17	CEO 04-Sep-17
Adventure Development Limited New Agreement	Youth Primary Mental Health Brief Intervention Service	\$910,269.00 Total Contract Value \$2,730,807.00)	31-Jan-21	Commissioner 18-Sep-17
Aroha ki te Tamariki Charitable Trust Variation to Agreement	Exemplar CEP Enhanced Alcohol & Other Drugs	\$940,176.00	30-Sep-17	CEO 02-Oct-17
Total for Level 1		\$ 2,150,167.40		

**FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) SEPTEMBER/OCTOBER 2017**

Contract Value of - \$1 Million and Over (Commissioner)				
WellSouth Primary Health Network Variation to Agreement	PHO Services Agreement	\$56,791,259.00	Evergreen	Commissioner 21-Jun-17
University of Otago New Service Schedule	Inpatient & Outpatient Dental Treatment	\$1,649,992.83	30-Jun-18	Commissioner 01-Aug-17
Te Kakakura Trust Variation to Agreement	Kaupapa Maori Community Residential	\$509,239.35 (Total contract Value \$1,527718.05)	31-Oct-20	Commissioner 28-Sep-17
Total for Board Level		\$ 58,950,491.18		

Grand Total \$ 64,193,299.14

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.