SOUTHERN DISTRICT HEALTH BOARD

DISABILITY SUPPORT ADVISORY COMMITTEE
and
COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE

Tuesday, 22 November 2016
commencing at the conclusion of the public
Hospital Advisory Committee meeting

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

A G E N D A

Lead Director: Sandra Boardman

Item

1. **Apologies**

2. **Presentation** (10.00 am)
   Valuing our patients, whānau and community's time through improved local access to radiology services

3. **Interests Register**

4. **Minutes of Previous Meeting**

5. **Matters Arising**

6. **Review of Action Sheet**

7. **Planning & Funding Report**
   7.1 Planning & Funding Activity
   7.2 Public Health South Report

8. **Financial Report**

9. **Annual Plan 2016/17 Progress Report**

10. **Contracts Register**

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

APOLOGIES

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

Presentation (10.00 am):

Valuing our patients, whānau and community's time through improved local access to radiology services

- Led by Christine Vetter, Director of Radiology

SOUTHERN DISTRICT HEALTH BOARD

Title:	**INTERESTS REGISTERS**
Report to:	Disability Support and Community & Public Health Advisory Committee
Date of Meeting:	22 November 2016

Summary:

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

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

Changes to Interests Registers since the last meeting:

- Councillor, Dunedin City Council, deleted from Richard Thomson's entry.

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

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

Prepared by:

Jeanette Kloosterman
Board Secretary

Date: 09/11/16

RECOMMENDATION:

1. That the Interests Registers be received and noted.

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
COMMISSIONER TEAM

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

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	Chairman, Otago Museum	Nil	
	25.06.2015	Chairman, New Zealand Genomics Ltd	Nil	
	25.06.2015	Independent Chairman, Action Engineering Ltd	Nil	
	25.06.2015	Trustee, Orokonui Foundation	Nil	
	25.06.2015	Chairman, Dunedin City Treasury Ltd	Nil	
	25.06.2015	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.	
	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.	
	~~06.04.2011~~	~~Councillor, Dunedin City Council~~	REMOVED 26.10.2016	
	05.02.2015	One immediate family member is an employee of Dunedin Hospital (Anaesthetic Technician)		
	07.10.2015	Southern Partnership Group	The Southern Partnership Group will have governance oversight of the CSB rebuild and its decisions may conflict with some positions agreed by the DHB and approved by the Commissioner team.	

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	Trustee, Community Trust of Otago	Southern DHB may apply for funding.	
	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		
Suzanne CRENGLE	10.10.2016	General Practitioner, Invercargill Medical Centre		
(HAC Member)	10.10.2016	Member, Te Waipounamu Māori Leadership Group Cancer		
	10.10.2016	Executive Member, Ōraka Aparima Rūnaka		
Donna MATAHAERE-ATARIKI	27.02.2014	Trustee WellSouth	Possible conflict with PHO contract funding.	
(CPHAC/DSAC and IGC Member)	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	
	27.02.2014	Te Waipounamu Māori Cancer Leadership Group	Nil	
	27.02.2014	Ahuru Mowai National Māori Leadership Group Cancer	Nil	
	17.06.2014	Gambling Commissioner	Nil	

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
	05.09.2016	Board Member, Arai Te Uru Whare Hauora		
	05.09.2016	Board Member, Otākou Health Limited		
	05.09.2016	Southern DHB, Iwi Governance Committee		
Odele STEHLIN	01.11.2010	Waihopai Runaka General Manager	Possible conflict when contracts with Southern DHB come up for renewal.	
Waihōpai 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	
Taare BRADSHAW	05.08.2010	Nil	Nil	
IGC - Hokonui Rūnaka				
Victoria BRYANT	06.05.2015	Charge Nurse Manager, Otago Public Health	Nil	
IGC - Puketeraki Rūnaka	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	
Huhana (Hana) MORGAN	25.02.2009	Chair of Awarua Rūnaka Trust - Awarua Social and Health Services.	Possible conflict when contracts with Southern DHB come up for renewal.	
IGC - Awarua Rūnaka				
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	
Ann WAKEFIELD	03.10.2012	Executive member of Ōraka Aparima Rūnaka Inc.	Nil	
IGC - Ōraka Aparima Rūnaka	09.02.2011	Member of Māori Advisory Committee, Southern Cross	Nil	
	03.10.2012	Te Rūnanga representative for Ōraka-Aparima Rūnaka Inc. on Ngai Tahu.	Nil	

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE LEADERSHIP TEAM

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

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
Sandra BOARDMAN	07.02.2014	Nil	
Richard BUNTON	17.03.2004	Managing Director of Rockburn Wines Ltd	The only potential conflict would be if the Southern DHB decided to use this product for Southern DHB functions.
	17.03.2004	Director of Mainland Cardiothoracic Associates Ltd	This company holds the Southern DHB contract for publicly funded Cardiac Surgery. Potential conflict exists in the renegotiation of this contract.
	17.03.2004	Director of the Southern Cardiothoracic Institute Ltd	This company provides private cardiological services to Otago and Southland. A potential conflict would exist if the Southern DHB were to contract with this company.
	17.03.2004	Director of Wholehearted Ltd	This company is one used for personal trading and apart from issues raised in second line above no conflict exists.
	22.06.2012	Chairman, Board of Cardiothoracic Surgery, RACS	No conflict.
	29.04.2010	Trustee, Dunedin Heart Unit Trust	No conflict.
	29.04.2010	Chairman, Dunedin Basic Medical Sciences Trust	No conflict.
	16.09.2016	Director, Parkburn Water Co Ltd	Nil, non-trading company.
	16.09.2016	Director, Bunton Holdings Ltd	Nil, non-trading company.
	16.09.2016	Director, Devil's Staircase Wines Ltd	The only potential conflict would be if the Southern DHB decided to use this product for Southern DHB functions.
	16.09.2016	Director, Taste Otago Ltd	Nil
	16.09.2016	Director, Central Otago Fine Wines Ltd	Nil, non-trading company.
	16.09.2016	Director, NZ Premium Wines Ltd	Nil, non-trading company.

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
	16.09.2016	Director, Central Otago Premium Wines Ltd	Nil, non-trading company.
Mike COLLINS	15.09.2016	Trustee, Dunedin Digital Trust	
	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	
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	Lead Chief Executive South Island Child Health Workstream	
	25.09.2016	Lead Chief Executive for Blood, including Chair of the National Haemophilia Management Group	
	25.09.2016	Deputy Chair, InterRAI NZ	
	25.09.2016	Chief Executive, Nelson Marlborough District Health Board (on leave of absence)	
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

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
Lexie O'SHEA	01.07.2007	Trustee, Gilmour Trust	Southland Hospital Trust, no perceived conflict.
Dr Jim REID	22.01.2014	Director of both BPAC NZ and BPAC Inc	No conflict.
	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.
Leanne SAMUEL	01.07.2007	Trustee, Southern Health Welfare Trust	Southland Hospital Trust
	01.07.2007	Member of Community Trust of Southland Health Scholarships Panel.	Nil
	16.04.2014	Member National Lead Directors of Nursing and Nurse Executives of New Zealand.	Nil
Clive SMITH	31.03.2016	Nil	

Southern District Health Board

Minutes of the Joint Meeting of the Disability Support Advisory Committee and Community & Public Health Advisory Committee held on Tuesday, 27 September 2016, commencing at 10.22 am, in the Board Room, Wakari Hospital Campus, Dunedin

Present:	Mrs Kathy Grant	Commissioner
	Mr Graham Crombie	Deputy Commissioner
	Mr Richard Thomson	Deputy Commissioner
	Ms Donna Matahaere-Atariki	Committee Member
In Attendance:	Mr Chris Fleming	Chief Executive Officer
	Mrs Lexie O'Shea	Deputy CEO/Chief Operating Officer
	Dr Nicola Mutch	Director of Strategic Communications
	Mr Clive Smith	Chief Financial Officer
	Mr Glenn Symon	Acting Executive Director Planning & Funding
	Ms Jane Wilson	Implementation Manager, Commissioner's Office
	Ms Jeanette Kloosterman	Board Secretary

1.0 WELCOME

The Commissioner extended a special welcome to Ms Matahaere-Atariki, who had been appointed to the Disability Support and Community & Public Health Advisory Committees on the recommendation of the Chair of the Iwi Governance Committee.

2.0 APOLOGIES

Apologies were received from Dr Nigel Millar, Chief Medical Officer, Mrs Leanne Samuel, Executive Director Nursing & Midwifery, and Mrs Sandra Boardman, Executive Director Planning & Funding.

3.0 DECLARATION OF INTERESTS

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

4.0 PREVIOUS MINUTES

Recommendation"

"That the minutes of the meeting held on 27 July 2016 be approved and adopted as a true and correct record."

Agreed

5.0 PLANNING AND FUNDING REPORT

In presenting the monthly report of Planning & Funding activities (tab 5), the Acting Executive Director Planning & Funding drew attention to the following highlights:

- The Central/Lakes Health Network was progressing well;
- Raise HOPE – the Stepped Care project was moving into the next phase, with a locality approach being taken to implementation;
- There had been good engagement with communities and providers on primary maternity services. A report was being prepared on the feedback received and should be ready for the next meeting;
- The South Dunedin Social Sector Trial was now moving into its next phase, following the release of the report *Collaborating for Youth Success.*

The Acting Executive Director Planning & Funding then answered questions on the Child/Youth Network and Long Term Conditions. The positive progress made in reviewing Waitaki services was noted.

Recommendation:

"That the Planning & Funding and Public Health Reports be noted."

Agreed

6.0 FINANCIAL REPORT

In presenting the Funder financial results for August 2016 (tab 6), the Acting Executive Director Planning & Funding noted that the result was slightly favourable to budget, largely due to age residential care volumes.

Recommendation:

"That the report be received."

Agreed

7.0 DHB PERFORMANCE – QUARTER 4 2015-16

The Committees considered a summary of the DHB's performance against Health Targets and other indicators for Quarter 4, 2015-16 (tab 7) and noted:

- The two "outstanding" ratings achieved for Human Papilloma Virus (HPV) immunisation and improved waiting times for colonoscopy;
- That the Iwi Governance Committee had discussed the breast and cervical screening targets;
- The challenges with the uptake of DHB funded dental services by adolescents, and that the Chief Operating Officer was obtaining an update for the next meeting.

Recommendation:

"That the Committees note the results for Quarter Four 2015-16 DHB performance reporting."

Agreed

8.0 CONTRACTS REGISTER

The Funding contracts register as at August 2016 was circulated with the agenda (tab 8) for information.

Recommendation:

"That the Contracts Register be noted."

Agreed

9.0 2017 MEETING SCHEDULE

A meeting schedule for 2017 was circulated with the agenda (tab 8) and noted.

CONFIDENTIAL SESSION

At 10.47 am, it was resolved that the Disability Support and Community & Public Health Advisory Committees reconvene at the conclusion of the public excluded section of the Hospital Advisory Committee meeting and move into committee to consider the agenda items listed below.

General subject:	*Reason for passing this resolution:*	*Grounds for passing the resolution:*
1. Previous Public Excluded Meeting Minutes	As set out in previous agenda.	As set out in previous agenda.
2. Contracts	To allow activities and negotiations (including commercial negotiations) to be carried on without prejudice or disadvantage.	Section 9(2)(j) of the OIA.

Confirmed as a true and correct record:

Commissioner: _____

Date: _____

Southern District Health Board

DISABILITY SUPPORT AND COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEES MEETING

ACTION SHEET

As at 11 November 2016

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
27 Sept 2016	**Adolescent Dental Services** (Minute item 7.)	Update to be provided on uptake of DHB funded dental services by adolescents.	COO	Attached.	Completed.

Adolescent Oral Health Services Priority Plan - 2016

Community Oral Health (COH) and Combined Dental Agreement (CDA)

Quality Improvement topic or theme: ADOLESCENT SERVICE

Current State: Adolescents between the age of 13-18 years are enrolled with private dentists or the SDHB dental service and service delivery in the district is currently not meeting targets set by Ministry of Health (MOH).

Objective: Review of external and internal service provision that will reflect the true state of the business to identify gaps and find solutions to ensure full service provision to the adolescents of the district.

Priority area for change/opportunity	Planned actions to deliver quality improvement	Expected outcomes	Success of planned action is measured by	Planned start/finish & review dates	Senior responsible owner	Targets – Achieved / Not Achieved	*Progress to date November 2016*
Oral Health Services - Adolescent Coordinator(s)	Enrolment of Adolescents in the Private Sector.	Establishing and monitoring reports on progress to date.	MoH target 85% reached, maintained.	Ongoing monitoring of enrolment status to identify adolescents that are not using the free service offered	Irene Wilson	Not achieved	*Service leadership working with Information Technology team to develop reporting.* *Draft report expected to be in place by March 2017*
	District wide role PD for adolescent co-ordinator has been reviewed. Advertise and Recruit			October 2016	Irene Wilson	Completed	***Complete-*** *New coordinator commenced October 2016*
Gap Analysis	• Identify where are the "missing" adolescents who aren't enrolled with a provider.	Undertake a gap analysis to ensure all year 8 adolescents have their first appointment confirmed with a	Increased enrolment of year 8 adolescents Progress against MoH target 85%	August 2016 to Jan 2017 Implement February 2017 Review July 2017	Tim Mackay Irene Wilson	In progress	*Have identified 25% "Did not Attend" (DNA) rate in our service so will be working with the health promotion*

Irene Wilson – Service Manager /Dr Tim Mackay – Clinical Leader – District Oral Health Service

Adolescent Oral Health Services Priority Plan - 2016

Priority area for change/opportunity	Planned actions to deliver quality improvement	Expected outcomes	Success of planned action is measured by	Planned start/finish & review dates	Senior responsible owner	Targets – Achieved / Not Achieved	*Progress to date November 2016*
	• Identify localities that require an enrolment drive • Utilise any dental therapist capacity to do work within their scopes for this programme. • Explore what further capacity is available in the service	dental practice. Develop strategies to target and engage "missing adolescents" into dental practices enrolment lists and ensure they are attending their annual reviews. A3 to establish possible models of delivering service. • What is correct workforce mix and locality? • What Dentist or Dental Therapist support is needed?					*team to reduce this.* *Coordinator is in the process of developing a plan to undertake a gap analysis.* *Also working with Ministry of Health - Oral Health Data Manager to identify data for the enrolment numbers of private providers and which can be sent to the service manager and coordinator on a regular basis for data matching. Teleconference to be arranged for mid-November.*
Reporting	• Establish reporting template for private CDA contractors to help identify practices with high DNA rates.	All information is a current and accurate reflection of the service delivery throughout the district	Monthly monitoring reporting undertaken by the adolescent coordinators to ensure ongoing participation both for contractors and SDHB service.	August 2016 to Jan 2017	Tim Mackay and Irene Wilson	In progress Update: Nov 16 Dental Practices have difficulty in identifying the adolescents	*Issue identified that private Dental Practices do not hold electronic records identifying DNA's.* *Coordinator to work with practices to establish a method of recording to allow for*

Irene Wilson – Service Manager /Dr Tim Mackay – Clinical Leader – District Oral Health Service

Adolescent Oral Health Services Priority Plan - 2016

Priority area for change/opportunity	Planned actions to deliver quality improvement	Expected outcomes	Success of planned action is measured by	Planned start/finish & review dates	Senior responsible owner	Targets – Achieved / Not Achieved	*Progress to date November 2016*
	• Establish which practices are capable of increased volume. • Provide monthly reports on progress. • Maintain up to date year 8 lists using school information to correlate with oral health data base.						*ease of electronic report sharing.* *Lists are provided by schools.*
Provider Arm Southland Hospital	• Ensure clinical resources are available, work plan to manage adolescents at Waihopai and Gore (primarily). • Evaluate what is the current and ongoing demand peaks. • Establish how dental practices and COHS Adolescents manage patients who fail to attend appointments.	Catch up arrears at Gore and Waihopai and ensure all due adolescents are seen before December 2016. Clinical leave management to ensure dentist availability.	Staff available to match service requirements to ensure wait list is appropriate and targets continue to be met. Re-evaluate January 2017 to understand effectiveness and adjust service delivery planning to ensure expectations are met.	August to December 2016	Tim Mackay Irene Wilson	In progress	*Working with Gore Health, as they are a CDA contractor and have identified that they have some spare capacity.*

Irene Wilson – Service Manager /Dr Tim Mackay – Clinical Leader – District Oral Health Service

Adolescent Oral Health Services Priority Plan - 2016

Priority area for change/opportunity	Planned actions to deliver quality improvement	Expected outcomes	Success of planned action is measured by	Planned start/finish & review dates	Senior responsible owner	Targets – Achieved / Not Achieved	*Progress to date November 2016*
CDA Provider Audit	Develop an annual anonymised feedback report to be sent to contractors.	Monitoring report will show: 1. Numbers of patients seen per annum 2. What treatment was provided 3. Cost of provision	Increased accountability and transparency for contractors, capacity to target areas with identified issues	Dec 16	Tim Mackay Coordinator	Partially achieved	*Dr Mackay and the coordinator have commenced this body of work.*

Irene Wilson – Service Manager /Dr Tim Mackay – Clinical Leader – District Oral Health Service

Adolescent Oral Health Services Priority Plan - 2016

Quality Improvement topic or theme: **HEALTH PROMOTION**

Current State: The Adolescent Coordinator works with the health promotion team which is an integral part of the Oral Health Service plan.

Objective: Activities undertaken by the Adolescent Coordinator and the wider Health Promotion Team reflects the need of priority patients and enrolment of same.

Priority area for change/opportunity	Planned actions to deliver quality improvement	Expected outcomes	Success of planned action is measured by	Planned start/finish & review dates	Senior responsible owner	Targets – Achieved / Not Achieved	Progress to date November 2016
Adolescent Oral Health Coordination (Multifaceted)	Review current plan with the appointee to the District Coordinator position.	Adolescent enrolment and annual attendance at a dental practice to ensure target is continually met and exceeded	MoH Target 85% enrolment	July 2016	Irene Wilson	Not achieved	
	• Facilitation of students transferring from COHS to private providers once at high school if available in the district. • Provision of oral health education to students, including use of social media and school media. • Establish working relationships with all concerned.	• Students are provided with ongoing education on the importance of continuation of good oral health practice for life.		Annual audit due – Jan 17 Ongoing regular scheduled education to be undertaken Co-ordinator due to commence work on 10/10/2016	Irene Wilson	Partially achieved started	*Waihopai Clinic and Gore clinic are no longer accepting new adolescent enrolments, and are actively encouraged to go select a private practice.* *Coordinator is in process of establishing relationships with providers*

Irene Wilson – Service Manager /Dr Tim Mackay – Clinical Leader – District Oral Health Service

Adolescent Oral Health Services Priority Plan - 2016

Priority area for change/opportunity	Planned actions to deliver quality improvement	Expected outcomes	Success of planned action is measured by	Planned start/finish & review dates	Senior responsible owner	Targets – Achieved / Not Achieved	Progress to date November 2016
Equity of access to patients	Standardisation for referral regardless of provider	Work with Dental Unit and Dental School to develop a consistent approach for referral and service delivery		(TBA) due to planned work stream will include this is due course	Irene Wilson/Tim Mackay	Not achieved	

Note: SDHB Community Oral Health Service.

1. In Titanium when a child has been seen for the last time they need to have a CDA contractor identified and entered into Titanium. This occurs at the beginning of each year.
2. If they do not identify a contractor – we change the PAYOR code to CDA code and should leave their preferred location as place last seen to ensure accurate recording of children seen regionally.
    a. The service can then run a report on CDA enrolments in our service by location – that would complete the process.
    b. Then will make a decision to either try and transfer to a CDA contractor or keep them in our service and seen by a Dentist or Therapist?

Irene Wilson – Service Manager /Dr Tim Mackay – Clinical Leader – District Oral Health Service

SOUTHERN DISTRICT HEALTH BOARD

Title:	**Planning and Funding Report**		
Report to:	Disability Support and Community & Public Health Advisory Committees		
Date of Meeting:	22 November 2016		
Summary: Monthly report on the Planning and Funding activities and progress to date.			
Specific implications for consideration (financial/workforce/risk/legal etc.):			
Financial:	N/A		
Workforce:	N/A		
Other:	N/A		
Document previously submitted to:	N/A	**Date:**	
Approved by Chief Executive Officer:	N/A	**Date:**	
Prepared by: Planning & Funding Team **Date:** 11 November 2016		**Presented by:** Sandra Boardman Executive Director Planning & Funding	
RECOMMENDATION: **That the Disability Support and Community & Public Health Advisory Committees note the content of this paper for the priority projects.**			

EXECUTIVE HIGHLIGHTS

- Negotiations for a contract for laboratory services through to 30 June 2018 are complete
- System Level Measures Improvement Plan agreed by Alliance South and submitted to Ministry of Health
- A poster showing work on utilisation of InterRAI data for better supporting over 65s at risk of suicide was presented at the HQSC National Improvement Science Symposium in Auckland
- Health Outcomes Framework provisional measures agreed by Alliance Leadership Team, SDHB Executive and Commissioners, and Well South Executive and Board

SPECIFIC PROJECTS -

Priority Area	**Aim** • **Why?** • **Intended benefit**	**Overall Approach**	**Progress on key milestones (October)**
Urgent Care Network	To reduce the increasing burden on emergency departments and hospital admissions by patients who can be safely and appropriately treated in the community, and to ensure that patients have access to long-term clinically and financially sustainable after-hours medical care	Expansion of the suite of primary options for acute services. Agreement on after-hours services can only be done by engaging with general practice in the first instance and then other stakeholders to ensure that the service is appropriate to all. Public education is already underway as part of winter planning and will continue as a partnership between SDHB and WellSouth.	**<u>Primary Options for Acute Care (POAC)</u>** ▪ Expanded suite of POAC services identified with priority areas being agreed and costed. Timeframes and development of key pathways with Southern Health Pathways team agreed - In progress ▪ First POAC pathways are in place and accessible to patients and general practices - Revised implementation date to be agreed with WellSouth Primary Health Network. ***Commentary:*** Alliance South workshops identified a number of services/ interventions that can be implemented. Planning has commenced on implementing as soon as feasible (2016/17) including the devolvement of these services to WellSouth. Terms of Reference and work plan that reflects priority actions from workshop completed.

Priority Area	Aim • **Why?** • **Intended benefit**	Overall Approach	Progress on key milestones (October)
			<u>Accessible After Hours Urgent Care</u> ▪ Agree the model of care provided by Invercargill GPs - Clinical and Financial experts to undertake independent review agreed ▪ Agree the model of care provided by Dunedin GPs ***Commentary:*** Discussions have continued to agree an acceptable party/ies to undertake review. The first preliminary meeting with Dunedin Urgent Doctors After-hours Care (DUDAC) has happened and future meetings planned.
Long Term Condition (LTC) Network	To reduce the impact of multi-morbidity on patients and our health system. Intended improvements include: • Better co-ordinated care and improved self-management • Prevent/Delay/Reduced impact of multi-morbidity • Targeted funding to most complex and costly patients	Initial activity is focussing on the standardisation of the use of primary flexible funding in order to deliver more targeted long-term conditions management in general practice.	**<u>LTC Network Standardisation (stratification)</u>** ▪ Business case for LTC services to Alliance Leadership Team (ALT): Revised draft underway following ALT feedback. Focus on standardisation of use of Care Plus, in order to ensure better value for the use of this money and better patient and system outcomes, and linking with Dunedin hospital re-build analysis to ensure we have shared understanding of cost/utility. Revised business case to go to Alliance Management Team for feedback, and provide a range of investment options, including ones that can be delivered within current CarePlus funding.

Priority Area	Aim • **Why?** • **Intended benefit**	Overall Approach	Progress on key milestones (October)
			▪ Preparation for testing model is underway: finalisation of tools (comprehensive assessment, acute admission risk prediction, and care plan), testing these with about five practices with different profiles, with 30-50 patients from each, and setting up measures/evaluation.
Health of Older People (HOP) Network	A District-Wide Model of Care for Older People that will improve the long term sustainability of whole of system for older people in Southern District. Intended benefits include: ▪ Care closer to home in familiar surroundings which will support the older person to regain strength and independence ▪ Reduced admission to hospital (via alternative community-based care) ▪ Patients will receive the right care and support based on a comprehensive geriatric assessment ▪ Improved coordination between health providers	Workstreams will develop services and pathways. The first workstream to be identified is Community-based Wraparound Service.	**<u>Community Based Wrap-Around Service</u>** ▪ Identify those over 65+ who have the highest needs, using InterRAI data - this is on target for completion by end of quarter 2. ▪ Community Wraparound Model – Network has defined proposed service provision. Meetings scheduled for November to agree above and establish a consultation plan. ▪ A Business Case will be completed by the end of quarter 3. ▪ Prepare a programme of work for the next 12 months - Draft work programme has been developed and reviewed by the HOP Network

Priority Area	Aim • **Why?** • **Intended benefit**	Overall Approach	Progress on key milestones (October)
Radiology Systems Project	The clinical question that is being considered is: ***"How do we configure a district wide radiology system that is clinically effective, supports convenient access for patients and clinicians, best utilises existing equipment and resources and lives within the funding available"***	The Radiology Systems Project has been split into two phases. The first phase has been completed and resulted in a report with detailed recommendations informed by a series of discussion workshops with key stakeholders. The second phase of the project has been designated as the implementation phase and has been split into three workstreams	Workstream 1 – two prioritised Health Pathways (US for deep vein thrombosis and CT for renal cholic) will be available for direct access for GPs in December. These two pathways will be followed by further localised Health Pathways and utilisation of the National Community Referred Guidelines in the new year. Workstream 2 – there will be a meeting of staff from across the district to discuss aligning the scheduling process across various sites to enable more patients to be imaged closer to home. Workstream 3 – is focussed on developing options for business models for CT imaging in rural areas. There is ongoing engagement with the key parties (Lakes District hospital, Provider Arm, Central Otago Health Services Ltd and Waitaki District Health Services Ltd. An options appraisal paper, on alternatives for business models, is being prepared and will be considered by the Commissioner Team in December 2016.
Outpatients Project	The project has three key aims: • Review the location of outpatient services by type and specialty • Provide direction as to where outpatient services should be located if there	There will be a series of workstreams focussing on individual services. The first workstream is for cardiology services. In 2014/15 the cardiology service delivered 841 OP events for patients domiciled in	**<u>Review of district wide cardiology service</u>** The Southern Hospitals Executive Committee met in late October and reviewed data showing the flow of patients from place of domicile to place of treatment. The analysis provided a clearer understanding of the

Priority Area	Aim • **Why?** • **Intended benefit**	Overall Approach	Progress on key milestones (October)
	was to be equitable access across the district. • Explore the implications of any changes in volumes and what that would mean for current contracts.	rural areas. Nearly all of these events were delivered in Dunedin Hospital, with a smaller number delivered from Southland Hospital. The workstream will identify how this proportion can be reconfigured so that a significant number of events are delivered in rural settings.	opportunities for elements of the cardiology service (e.g. diagnostics) to be provided at a local level. These opportunities will be examined to determine what changes can be made to the service delivery model for the 2017/18 financial year. Further discussion identified paediatrics as the next service to focus on.
Raise HOPE-Growing Community Rehabilitation Services	To support more people with complex mental health needs to live and participate meaningfully in their own communities.	1. Complete an analysis of current service options, identifying gaps in service and opportunities for improvement 2. Undertake a needs analysis of current people with high/complex long term mental health rehabilitation needs and also consider future demands 3. Work with the sector, including consumer and family representatives, to design a new service model - by 28 October 2016 4. Develop a business case for the proposed new service model-final business case to approval processes 18 November 2016 5. Undertake a phased implementation process (including required procurement) to deliver on the approved business case. From Quarter Four – dependent on MOH approval to advance	**<u>New model for rehab services:</u>** The final new service model has now been completed. An Implementation Business Case is under development with approval processes timetabled for completion by January 2017.

Priority Area	Aim • **Why?** • **Intended benefit**	Overall Approach	Progress on key milestones (October)
		proposal including completion of Service Change Protocols	

SOUTHERN DISTRICT HEALTH BOARD

7.2

Title:	**PUBLIC HEALTH SERVICE REPORT**	
Report to:	Community and Public Health Advisory Committee	
Date of Meeting:	22 November 2016	
Summary: Considered in these papers are: ▪ 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:	Jenny Hanson Nurse Director, Women's, Children's, Public Health and Support Directorate	**Date:**
Prepared by: Lynette Finnie, Service Manager, Public Health Service. Women's, Children's, Public Health and Support Directorate **Date:** 26/10/2016	**Presented by:** Sandra Boardman Executive Director Planning & Funding	
RECOMMENDATION: **1. That the Committee notes the Public Health Service Activity Report.**		

PUBLIC HEALTH SERVICE REPORT TO THE SOUTHERN DHB
Community and Public Health Advisory Committee Report
22 November 2016

Controlled Purchase Operations
Public Health South (PHS) has a responsibility to ensure that retailers are not selling prohibited products such as alcohol or tobacco to young people under the age of 18. Retailer education is undertaken first. We then undertake controlled purchase operations (CPO) with a young person under the age of 18 who goes into the premises to purchase these goods. They carry their own identification, which if the retailers ask for it, shows they are underage.

A tobacco CPO was undertaken in Central Otago where 10 premises were visited. One sale was made from a premises in Alexandra. The seller was given on the spot training from health promotion staff and will receive a warning letter outlining the law and our actions on the CPO visit. It was pleasing to see the other nine premises had good systems in place to check the identification of the young volunteer.

PHS staff and local police in Queenstown undertook an alcohol CPO in the Queenstown and Wanaka areas. Minors were sent into 36 premises and we had one sale at a tavern/nightclub in Queenstown. The duty manager made the sale and did not ask for ID from the girls who were 16 and 17 years of age. Police are following up with prosecution. This was a pleasing outcome overall with the vast majority of premises having good systems in place to ensure they do not serve alcohol to underage young people.

A further 23 licensed premises were visited by staff over the month of October for food and signage compliance and all premises met the requirements required under the licensing laws.

Pepi-Pods
The Southern Pepi-Pod programme has been operating in the SDHB district for just over a year with PHS coordinating the implementation. Pepi-pods are designed to provide a baby with its own space in which to sleep even when sharing a bed with a parent. It is especially important for babies who are exposed to smoke in utero or following delivery to have their own sleep space.

Key distributors have been identified and trained by PHS staff including Well Child and Tamariki Ora providers, social agencies, maternity units and other services that provide services to pregnant women or newborn babies.

There has been a marked increase in momentum with more enquiries and services requesting the ability to distribute pepi-pods following central government making safe sleep a national focus and local recognition of a valuable programme.

The most notable inclusion to the distributor list is that of Plunket who were formally trained to distribute pepi-pods in September. This not only provides a greater avenue for the delivery of pepi-pods to at-risk families, but also provides opportunity for greater midwife-Plunket nurse collaboration.

When families are supplied with a pepi-pod the Well Child/Tamariki Ora providers are trained to discuss with the families the rules of protection, as described in the following poem, which is one of the resources developed for the pepi-pod programme:

Sleep on back, clear face
Only baby in this space
Breastfed, smokefree
Sober carer close by me

Own space, gentle care
Drugs and drinking nowhere near.

The families who have completed the Smokefree Babies programme are also proving to be regular users of the pepi-pods which is pleasing as this also provides emphasis following the delivery of baby that parents remain smokefree.

Large Community Contact Tracing Exercises
Public Health South has been kept busy with two emergency responses to communicable disease notifications in recent weeks.

In September two cases of meningococcal disease attending the same school were notified within a week of each other. A single case of meningococcal disease requires follow up of close contacts by a well-established protocol. The notification of a second case meant we had to review our contact definition and organise a response on the assumption that the two cases were linked, although we were not able to substantiate this through laboratory evidence.

By implementing a CIMS (Coordinated Incident Management System) structure early on operational staff were able to concentrate on the response in Wanaka and planning and intelligence was led from the Dunedin office. This worked very well and we received a number of compliments from the Wanaka community, school and GPs about how supported they felt throughout the process.

The school assisted in identifying contacts of the cases and reorganising classes to ensure senior students were offered clearance antibiotics at clinics based in the school. The Medical Officers of Health were on hand to talk through issues affecting high performing athletes at the school, as well as insurance companies involved in a planned international school trip.

By the end of the week 396 contacts had been identified using revised criteria developed with the school based on evidence from the literature. Of these 352 had been provided with clearance antibiotics. Daily teleconferences were held involving local GP practices and the Ministry of Health. The Ministry of Health is now looking at whether a vaccine for meningococcal B should be provided and who would be the target population.

Following on from this a single case of measles in Queenstown meant calling on colleagues from the public health and immunisation nurse teams to assist with contact tracing. Over 240 contacts were identified. Because of the highly contagious nature of measles a huge effort was put into contacting these people within 72 hours of their exposure. Many contacts spoken to had English as a second language highlighting the difficulty of undertaking this type of exercise in tourism centres.

Community vaccination clinics were held over the weekend and into the following week at the Queenstown Medical Centre using both their staff and public health nurses. MMR vaccine was provided free of charge. Contacts were directed to attend if they were unsure of their immunisation status. The Ministry of Health also advised following up with the wider community so public health messages were delivered through traditional media and also targeted through the Hoteliers Association and Chamber of Commerce in an effort to reach the transient workforce with English as a second language.

Suicide Prevention
The Coroner has released her annual report and the provisional figures for the period July 2015 – June 2016 stated 43 people died in the Southern district. Figures are similar to previous years and less than the 60 lives lost to suicide in the 2009/10 year in the region.

Nationwide, men aged between 25 and 29 and women aged between 40 and 44 are the most at-risk when it comes to suicide and 59 young people aged 10-19 died by suicide. Māori continue to be disproportionately represented across all ages.

PHS staff support the implementation of the Southern Suicide Prevention Action Plan 2015-2108 to raise awareness and build suicide prevention skills. Evidence suggests that where there is more suicide prevention knowledge/ability in the community, the fewer the number of suicides. This can include:

- People skilled in suicide first aid (noticing when an individual is in need of assistance or at risk of suicide and then connecting them with appropriate help).
- People able to recognise signs and symptoms of suicide risk.
- People who are confident in their ability to have a conversation with those vulnerable to suicide.
- A working knowledge of the services to refer to if further assessment and treatment should be required.

Continued investment in programmes that support child and youth mental health and resilience development is important. In particular these need to include specific programmes for young people that are experiencing:

- loss and grief
- difficult family dynamics and/or personal experiences
- emerging mental illness
- alcohol and other drugs issues.

Local services have provided feedback on the development of an updated national suicide prevention strategy and rural mental health and addictions frameworks. The more protective factors we can provide, the better the outcomes. It will take a whole of community approach to achieve results.

SOUTHERN DISTRICT HEALTH BOARD

8

Title:	**FINANCIAL REPORT**		
Report to:	Disability Support and Community & Public Health Advisory Committees		
Date of Meeting:	22 November 2016		
Summary: The issues considered in this paper are: ▪ October 2016 Funds result			
Specific implications for consideration (financial/workforce/risk/legal etc):			
Financial:	As set out in report.		
Workforce:	No specific implications		
Other:	n/a		
Document previously submitted to:	Not applicable, report submitted directly to DSAC/CPHAC	**Date:** n/a	
Prepared by: Planning & Funding Team **Date:** 11 November 2016		**Presented by:** Sandra Boardman Executive Director Planning & Funding	
RECOMMENDATION: **1. That the report be received.**			

FUNDER FINANCIAL REPORT – October 2016

1. Overview

The overall funder result follows.

Month				Year to Date		
Actual $' 000	Budget $' 000	Variance $' 000		Actual $' 000	Budget $' 000	Variance $' 000
74,969	73,819	1,151	Revenue	296,557	295,274	1,283
(75,508)	(74,217)	(1,291)	Less Other Costs	(297,229)	(297,348)	118
(538)	(398)	(140)	Net Surplus / (Deficit)	(673)	(2,074)	1,401
			Expenses			
(54,542)	(53,047)	(1,495)	Personal Health	(213,349)	(213,231)	(118)
(7,351)	(7,404)	53	Mental Health	(29,180)	(29,615)	435
(112)	(109)	(3)	Public Health	(451)	(437)	(14)
(12,446)	(12,559)	113	Disability Support	(49,905)	(49,670)	(235)
(74)	(116)	42	Maori Health	(412)	(463)	51
(983)	(983)	0	Other	(3,931)	(3,931)	0
(75,508)	(74,217)	(1,291)	Expenses	(297,229)	(297,348)	118

Summary Comment:

For October the Funder had a deficit of $0.54m against a budget deficit of $0.40m, which is $0.14m unfavourable. Year to date (YTD) is $1.40m favourable.

Revenue is favourable by $1.15m for October and $1.28m YTD. Costs overall were unfavourable by $1.29m in October and $0.12m favourable YTD. The increase in October is due to 2015/16 additional Orthopaedic Electives and Health Target funding.

Expenditure for the month is unfavourable to budget, with the main reason being the transfer to the Provider Arm for the 2015/16 Orthopaedic Electives and Health Target funding (revenue offset). Personal health inter-district flow (IDF) expenditure ($0.45m unfavourable) due to the 2015/16 wash-up being higher than the end of year accrual, along with the movement of PET Scan expenditure to IDFs. In between travel (IBT) expenditure ($0.13m unfavourable) is the other main contributor.

Expenditure YTD is $0.12m favourable, with the main reasons being the “Change Initiative Provision” ($0.82m favourable), PHO expenditure ($0.58m favourable) and Price Adjusters and Premiums ($0.75m favourable), offset by the transfer of Orthopaedic Electives and Electives Health Target funding to the Provider Arm along with unfavourable variances in IBT ($0.54m) and Pharmaceuticals and Pharmaceutical Cancer Treatment (PCT) ($0.26m).

2. Results by Grouping

The following table shows revenue and expenditure by output class.

Month				Year to Date		
Actual $' 000	Budget $' 000	Variance $' 000		Actual $' 000	Budget $' 000	Variance $' 000
			Revenue			
54,103	52,953	1151	Personal Health	213,093	211,811	1,282
7,361	7,361	0	Mental Health	29,444	29,444	0
103	103	0	Public Health	412	412	0
12,303	12,303	0	Disability Support	49,212	49,212	0
116	116	0	Maori Health	464	464	0
983	983	0	Funding and Governance	3,931	3,931	0
74,969	73,819	1,151	Revenue total	295,414	295,274	1,282
			Expenses			
(54,542)	(53,047)	(1,495)	Personal Health	(213,350)	(213,231)	(119)
(7,351)	(7,404)	53	Mental Health	(29,180)	(29,615)	435
(112)	(109)	(3)	Public Health	(451)	(437)	(14)
(12,446)	(12,559)	113	Disability Support	(49,905)	(49,670)	(235)
(74)	(116)	42	Maori Health	(412)	(463)	51
(983)	(983)	0	Funding and Governance	(3,931)	(3,931)	0
(75,508)	(74,217)	(1,290)	Expenses total	(297,229)	(297,348)	118
			Surplus (Deficit)			
(438)	(94)	(345)	Personal Health	(256)	(1,420)	1,164
10	(43)	53	Mental Health	264	(171)	435
(9)	(6)	(3)	Public Health	(39)	(25)	(14)
(143)	(256)	113	Disability Support	(693)	(458)	(235)
42	0	42	Maori Health	52	1	51
0	0	0	Funding and Governance	0	0	0
(538)	(399)	(140)		(673)	(2,073)	1,400

- Revenue YTD is $1.28m favourable to budget due to additional 2015/16 Electives revenue.
- Personal Health payments are favourable YTD by $0.12m due to the “Change Initiative Provision” ($0.82m favourable), offset by expenditure relating to Additional Electives revenue.
- Disability Support Services (DSS) is unfavourable to budget by $0.23m and is mainly due to IBT expenditure.
- Mental Health, Public Health and Maori Health costs are close to budget.

3. DHB Funds Result split by NGO and Provider

Personal Health *October 2016*	Current Month Actual $(000)	Budget $(000)	Variance $(000)	Variance %	Year to Date Actual $(000)	Budget $(000)	Variance $(000)	Variance %	Variance Note
Personal Health - Provider Arm									
Child and Youth	(340)	(340)			(1,361)	(1,361)			
Laboratory	-	-			-	-			
Infertility Treatment Services	-	-			-	-			
Maternity	(23)	(23)			(90)	(90)			
Maternity (Tertiary & Secondary)	(1,361)	(1,361)			(5,443)	(5,443)			
Pregnancy and Parenting Education	-	-			-	-			
Neo Natal	(657)	(657)			(2,628)	(2,628)			
Sexual Health	(86)	(86)			(344)	(344)			
Adolescent Dental Benefit	(27)	(27)			(106)	(106)			
Dental - Low Income Adult	(28)	(28)			(113)	(113)			
Child (School) Dental Services	(599)	(599)			(2,396)	(2,396)			
Secondary / Tertiary Dental	(119)	(119)			(474)	(474)			
Pharmaceuticals	(307)	(260)	(47) U	(18%)	(1,514)	(1,040)	(474) U	(55%)	2
Pharmaceutical Cancer Treatment Drugs	(528)	(506)	(22) U	(4%)	(2,139)	(2,024)	(115) U	(6%)	2
Pharmacy Services	-	-			-	-			
Primary Practice Services - Capitated	(10)	(10)			(38)	(38)			
Primary Health Care Strategy - Health/SIA	-	-			-	-			
Rural Support for Primary Health Pro	(72)	(72)			(287)	(287)			
Immunisation	(69)	(69)			(276)	(276)			
Radiology	(278)	(278)			(1,112)	(1,112)			
Palliative Care	-	-			-	-			
Meals on Wheels	(35)	(35)			(141)	(141)			
Domicilary & District Nursing	(1,110)	(1,110)			(4,438)	(4,438)			
Community based Allied Health	(496)	(496)			(1,986)	(1,986)			
Chronic Disease Management and Educa	(150)	(150)			(599)	(599)			
Medical Inpatients	(6,852)	(6,852)			(27,407)	(27,407)			
Medical Outpatients	(3,254)	(3,254)			(13,016)	(13,016)			
Surgical Inpatients	(12,663)	(11,532)	(1,131) U		(47,258)	(46,127)	(1,131) U		8
Surgical Outpatients	(1,674)	(1,674)			(6,697)	(6,697)			
Paediatric Inpatients	(664)	(664)			(2,655)	(2,655)			
Paediatric Outpatients	(224)	(224)			(895)	(895)			
Pacific Peoples' Health	(10)	(10)			(40)	(40)			
Emergency Services	(1,709)	(1,709)			(6,836)	(6,836)			
Minor Personal Health Expenditure	(26)	(15)	(11) U		(71)	(60)	(11) U		
Price adjusters and Premium	(502)	(502)			(2,006)	(2,006)			
Travel & Accomodation	(8)	(8)			(32)	(32)			
	(33,881)	**(32,670)**	**(1,211) U**	**(4%)**	**(132,398)**	**(130,667)**	**(1,731) U**	**(1%)**	
Personal Health NGO									
Personal Health to allocate	-	-			-	-			
Child and Youth	(35)	(37)	2 F	7%	(130)	(148)	18 F	12%	
Laboratory	(1,506)	(1,485)	(20) U	(1%)	(6,001)	(5,942)	(60) U	(1%)	
Infertility Treatment Services	(8)	(8)			(32)	(32)			
Maternity	(214)	(202)	(13) U	(6%)	(845)	(807)	(38) U	(5%)	
Maternity (Tertiary & Secondary)	(1)	(1)		15%	(2)	(3)		15%	
Pregnancy and Parenting Education	(15)	(15)	1 F	6%	(78)	(62)	(16) U	(27%)	
Sexual Health	(1)	(2)		4%	(6)	(6)		4%	
Adolescent Dental Benefit	(199)	(174)	(26) U	(15%)	(856)	(694)	(162) U	(23%)	1
Dental - Low Income Adult	(48)	(45)	(2) U	(5%)	(125)	(182)	56 F	31%	
Child (School) Dental Services	(20)	(35)	15 F	42%	(109)	(139)	30 F	22%	
Secondary / Tertiary Dental	(132)	(132)			(528)	(528)			
Pharmaceuticals	(6,059)	(6,111)	52 F	1%	(24,652)	(24,986)	334 F	1%	2
Pharmaceutical Cancer Treatment Drugs	-	-			-	-			
Pharmacy Services	-	(11)	11 F		(4)	(46)	41 F	90%	
Management Referred Services	(417)	(417)			(848)	(1,667)	819 F	49%	3
General Medical Subsidy	(21)	(59)	38 F	65%	(258)	(266)	8 F	3%	4
Primary Practice Services - Capitated	(4,220)	(3,928)	(293) U	(7%)	(15,848)	(15,711)	(137) U	(1%)	4
Primary Health Care Strategy - Care	(355)	(339)	(17) U	(5%)	(1,406)	(1,355)	(50) U	(4%)	4
Primary Health Care Strategy - Health	(223)	(511)	288 F	56%	(1,325)	(2,046)	721 F	35%	4
Primary Health Care Strategy - Other	54	(64)	118 F	184%	(207)	(257)	51 F	20%	
Practice Nurse Subsidy	(6)	(16)	10 F	63%	(61)	(65)	4 F	6%	
Rural Support for Primary Health Pro	(1,388)	(1,316)	(72) U	(5%)	(5,531)	(5,262)	(269) U	(5%)	
Immunisation	(53)	(61)	8 F	13%	(385)	(278)	(107) U	(39%)	5
Radiology	(190)	(214)	24 F	11%	(783)	(857)	74 F	9%	
Palliative Care	(540)	(561)	22 F	4%	(1,855)	(2,246)	391 F	17%	6
Meals on Wheels	(21)	(20)		(1%)	(82)	(82)			
Domicilary & District Nursing	(491)	(541)	50 F	9%	(2,161)	(2,163)	2 F		
Community based Allied Health	(177)	(176)	(2) U	(1%)	(713)	(703)	(10) U	(1%)	
Chronic Disease Management and Educa	(153)	(93)	(60) U	(64%)	(464)	(372)	(92) U	(25%)	
Medical Outpatients	(455)	(400)	(56) U	(14%)	(1,868)	(1,598)	(270) U	(17%)	7
Surgical Inpatients	(3)	(20)	17 F	83%	(34)	(80)	46 F	57%	
Surgical Outpatients	(162)	(178)	16 F	9%	(607)	(711)	104 F	15%	
Paediatric Outpatients	-	-			-	-			
Pacific Peoples' Health	(14)	(11)	(3) U	(30%)	(39)	(44)	5 F	11%	
Emergency Services	(154)	(158)	4 F	2%	(650)	(632)	(18) U	(3%)	
Minor Personal Health Expenditure	(24)	(54)	31 F	56%	(117)	(218)	101 F	46%	
Price adjusters and Premium	(76)	(220)	144 F	65%	(122)	(879)	757 F	86%	9
Travel & Accomodation	(404)	(284)	(120) U	(42%)	(1,667)	(1,574)	(93) U	(6%)	
Inter District Flow Personal Health	(2,932)	(2,481)	(451) U	(18%)	(10,552)	(9,923)	(629) U	(6%)	10
	(20,663)	**(20,380)**	**(283) U**	**(1%)**	**(80,951)**	**(82,564)**	**1,613 F**	**2%**	
Total Personal Health	**(54,544)**	**(53,050)**	**(1,494) U**	**(3%)**	**(213,349)**	**(213,231)**	**(118) U**	**(0%)**	

Personal Health expenditure variance notes;

1. **Adolescent Dental -** $0.16m unfavourable YTD.
   Demand driven service.

2. **Pharmaceuticals and PCT (NGO and Provider) –** $0.25m unfavourable YTD.
   Expenditure is based on Pharmac's latest forecast. The budget includes $0.38m YTD of expected savings relating to Clinical Pharmacists, which is not reflected in the Pharmac forecast. The budget also includes $0.88m for pharmaceutical investment funding. A significant portion of this expenditure is being incurred in PCT line.

3. **Management Referred Services -** $0.82m favourable YTD.
   Change management initiative fund.

4. **PHO (all lines combined) -** $0.58m favourable YTD.
   Due to Primary Mental Health budget that was transferred from pharmaceuticals ($0.22m YTD), 2015/16 year-end over accruals for Care Plus and Management fees ($0.49m) and Clinical Pharmacist ($0.14m) where there has been a delayed start. These have been offset by 2016/17 overspend in Performance Management ($98k) along with a number of other minor overspends.

5. **Immunisation** - $0.10m unfavourable YTD.
   Demand driven service.

6. **Palliative Care -** $0.39m favourable YTD.
   Demand driven service.

7. **Medical Outpatients -** $0.27m unfavourable YTD.
   Due to PET Scan wash-up for 2015/16 being higher than June accrual and National Haemophilia expense higher than budgeted.

8. **Surgical Inpatients -** $1.13m unfavourable YTD.
   Due to 15/16 Orthopaedic Electives and Electives Health Target funding transfer to the Provider Arm (revenue offset).

9. **Price Adjusters and Premium -** $0.75m favourable YTD.
   Budget includes $0.51m YTD of rural support for Rural Trusts where expenditure has been incurred in other lines (mainly in Rural Support for Primary Health Providers). Sleepover settlements are also under budget ($0.20m) due to an over accrual in June 2016.

10. **Inter District Flow Personal Health -** $0.62m unfavourable YTD

    2015/16 wash-up higher than June 2016 accrual by $ 0.47m and PET Scan expenditure transferred to IDFs ($0.16m YTD).

Mental Health

Mental Health October 2016	Current Month Actual $(000)	 Budget $(000)	 Variance $(000)	 Variance %	Year to Date Actual $(000)	 Budget $(000)	 Variance $(000)	 Variance %	Variance Note
Mental Health - Provider Arm									
Mental Health to allocate	-	-	0 F		-	-	0 F		
Acute Mental Health Inpatients	(1,314)	(1,314)	0 F	0%	(5,258)	(5,258)	0 F	0%	
Sub-Acute & Long Term Mental Health	(367)	(367)	0 F	0%	(1,467)	(1,467)	0 F	0%	
Crisis Respite	(2)	(2)	0 F	0%	(8)	(8)	0 F	0%	
Alcohol & Other Drugs - General	-	-	0 F		-	-	0 F		
Methadone	(95)	(95)	0 F	0%	(380)	(380)	0 F	0%	
Dual Diagnosis - Alcohol & Other Drugs	(283)	(283)	0 F	0%	(1,130)	(1,130)	0 F	0%	
Dual Diagnosis - MH/ID	(5)	(5)	0 F	0%	(20)	(20)	0 F	0%	
Child & Youth Mental Health Services	(583)	(583)	0 F	0%	(2,330)	(2,330)	0 F	0%	
Forensic Services	(558)	(558)	0 F	0%	(2,230)	(2,230)	0 F	0%	
Kaupapa Maori Mental Health Services	(147)	(147)	0 F	0%	(588)	(588)	0 F	0%	
Mental Health Community Services	(1,764)	(1,764)	0 F	0%	(7,055)	(7,055)	0 F	0%	
Prison/Court Liaison	-	-	0 F		-	-	0 F		
Day Activity & Work Rehabilitation S	(64)	(64)	0 F	0%	(255)	(255)	0 F	0%	
Mental Health Funded Services for Older P	(36)	(36)	0 F	0%	(144)	(144)	0 F	0%	
Advocacy / Peer Support - Consumer	(24)	(24)	0 F	0%	(97)	(97)	0 F	0%	
Other Home Based Residential Support	(58)	(58)	0 F	0%	(234)	(234)	0 F	0%	
Advocacy / Peer Support - Families	(11)	(11)	0 F	0%	(43)	(43)	0 F	0%	
	(5,311)	**(5,311)**	0 F		**(21,239)**	**(21,239)**	0 F		
Mental Health - NGO									
Mental Health to allocate	-	-	0 F		-	-	0 F		
Crisis Respite	(3)	(6)	3 F	47%	(12)	(23)	11 F	48%	
Alcohol & Other Drugs - General	(18)	(16)	(3) U	(19%)	(69)	(62)	(7) U	(12%)	
Alcohol & Other Drugs - Child & Youth	-	(3)	3 F		-	(12)	12 F		
Dual Diagnosis - Alcohol & Other Drugs	(38)	(64)	26 F	41%	(156)	(257)	101 F	39%	
Eating Disorder	(11)	(11)	0 F	0%	(43)	(43)	0 F	0%	
Maternal Mental Health	(3)	(3)	0 F		(14)	(14)	0 F		
Child & Youth Mental Health Services	(473)	(437)	(36) U	(8%)	(1,770)	(1,747)	(24) U	(1%)	
Forensic Services	-	-	0 F		-	-	0 F		
Kaupapa Maori Mental Health Services	(6)	(6)	0 F	(5%)	(25)	(23)	(1) U	(5%)	
Mental Health Community Services	(110)	(101)	(10) U	(9%)	(442)	(403)	(38) U	(10%)	
Day Activity & Work Rehabilitation S	(109)	(116)	7 F	6%	(465)	(465)	0 F	0%	
Advocacy / Peer Support - Consumer	(23)	(23)	0 F	0%	(93)	(93)	0 F	0%	
Other Home Based Residential Support	(357)	(343)	(14) U	(4%)	(1,390)	(1,374)	(16) U	(1%)	
Advocacy / Peer Support - Families	(63)	(70)	7 F	9%	(265)	(278)	14 F	5%	
Community Residential Beds & Service	(397)	(428)	31 F	7%	(1,401)	(1,713)	312 F	18%	11
Minor Mental Health Expenditure	(31)	(33)	1 F	4%	(96)	(130)	34 F	26%	
Inter District Flow Mental Health	(397)	(434)	37 F	9%	(1,701)	(1,738)	37 F	2%	
	(2,039)	**(2,094)**	**52 F**	**2%**	**(7,942)**	**(8,375)**	**435 F**	**5%**	
Total Mental Health	**(7,350)**	**(7,405)**	**52 F**	**1%**	**(29,181)**	**(29,614)**	**435 F**	**1%**	

Mental Health expenditure variance notes:

11. **Community Residential Beds and Services -** $0.31m favourable YTD**.**
    This is mainly due a one-off reduction due to a correction for a May 2015 accrual that was not reversed. Expenditure is also demand driven and is favourable YTD.

Disability Support Services

DSS *October 2016*	Current Month Actual $(000)	Budget $(000)	Variance $(000)	Variance %	Year to Date Actual $(000)	Budget $(000)	Variance $(000)	Variance %	Variance Note
Disability Support Services - Provider Arm									
AT & R (Assessment, Treatment and Re	(1,894)	(1,894)			(7,577)	(7,577)			
Information and Advisory	-	-			-	-			
Needs Assessment	(121)	(121)			(486)	(486)			
Service Co-ordination	(20)	(20)			(79)	(79)			
Home Support	-	-			-	-			
Carer Support	-	-			-	-			
Residential Care: Rest Homes	-	-			-	-			
Residential Care: Loans Adjustment	-	-			-	-			
Long Term Chronic Conditions	-	-			-	-			
Residential Care: Hospitals	-	-			-	-			
Ageing in Place	-	-			-	-			
Environmental Support Services	(2)	(2)			(9)	(9)			
Day Programmes	-	-			-	-			
Expenditure to Attend Treatment ETAT	-	-			-	-			
Minor Disability Support Expenditure	(20)	(20)			(82)	(82)			
Respite Care	-	-			-	-			
Child Development	(90)	(90)			(358)	(358)			
Community Health Services & Support	(21)	(21)			(84)	(84)			
	(2,168)	**(2,168)**	-		**(8,675)**	**(8,675)**			
Disability Support Services - NGO									
AT & R (Assessment, Treatment and Re	(345)	(345)	(1) U		(1,381)	(1,379)	(2) U		
Information and Advisory	(11)	(12)	1 F	11%	(43)	(48)	5 F	11%	
Needs Assessment	(20)	(20)	1 F	3%	(78)	(80)	2 F	3%	
Service Co-ordination	-	-			1	-	1 F		
Home Support	(1,955)	(1,820)	(135) U	(7%)	(7,759)	(7,219)	(540) U	(7%)	12
Carer Support	(122)	(132)	10 F	7%	(562)	(529)	(33) U	(6%)	
Residential Care: Rest Homes	(3,238)	(3,302)	64 F	2%	(12,723)	(12,988)	265 F	2%	13
Residential Care: Loans Adjustment	26	23	3 F	(14%)	86	92	(6) U	6%	
Residential Care: Hospitals	(4,112)	(4,185)	75 F	2%	(16,463)	(16,447)	(16) U		
Environmental Support Services	-	(9)	9 F		(25)	(35)	10 F	27%	
Day Programmes	(31)	(56)	25 F	44%	(148)	(224)	76 F	34%	
Minor Disability Support Expenditure	(8)	(13)	5 F	36%	(33)	(52)	19 F	36%	
Respite Care	(137)	(129)	(8) U	(6%)	(584)	(517)	(67) U	(13%)	
Child Development	-	-			-	-			
Community Health Services & Support	(45)	(60)	15 F	24%	(184)	(240)	56 F	23%	
Inter District Flow Disability Support	(277)	(332)	55 F	17%	(1,315)	(1,329)	14 F	1%	
	(10,280)	**(10,392)**	**114 F**	**1%**	**(41,230)**	**(40,995)**	**(235)**	**(1%)**	
Total Disability Support Services	**(12,448)**	**(12,560)**	**114 F**	**1%**	**(49,905)**	**(49,670)**	**(235) U**	**(0%)**	

Disability Support Services expenditure variance notes:

12. **Home Support** - $0.54m unfavourable YTD.
    IBT expenditure over budget.

13. **Residential Care Rest Homes** - $0.26m favourable YTD.
    Due to volume variance. The favourable variance is expected to continue in the short term. A new facility opening in Wanaka in October but the impact on expenditure will be unknown until the care category of the clients is known.

Public Health

Public Health *October 2016*	Current Month Actual $(000)	Budget $(000)	Variance $(000)	Variance %	Year to Date Actual $(000)	Budget $(000)	Variance $(000)	Variance %	Variance Note
Public Health - Provider Arm									
Alcohol & Drug	-	-	0 F		-	-	0 F		
Communicable Diseases	(4)	(4)	0 F	0%	(15)	(15)	0 F	0%	
Mental Health	(11)	(11)	0 F	0%	(45)	(45)	0 F	0%	
Screening Programmes	-	-	0 F		-	-	0 F		
Nutrition and Physical Activity	-	-	0 F		-	-	0 F		
Physical Environment	-	-	0 F		-	-	0 F		
Public Health Infrastructure	-	-	0 F		-	-	0 F		
Sexual Health	-	-	0 F		-	-	0 F		
Social Environments	-	-	0 F		-	-	0 F		
Tobacco Control	(34)	(34)	0 F	0%	(136)	(136)	0 F	0%	
	(49)	**(49)**	0 F	0%	**(196)**	**(196)**	0 F	0%	
Public Health - NGO									
Mental Health	(10)	(4)	(6)		(27)	(14)	(13)		
Nutrition and Physical Activity	(37)	(37)	-	0%	(155)	(150)	(5) U	(3%)	
Physical Environment	-	-	-		-	-	-		
Public Health Infrastructure	-	-	-		-	-	-		
Sexual Health	-	-	-		-	-	-		
Social Environments	-	-	-		-	-	-		
Tobacco Control	(16)	(19)	3 F	18%	(73)	(77)	4 F	5%	
Well Child Promotion	-	-	-		-	-	-		
	(63)	**(60)**	**(3)**	**(5%)**	**(255)**	**(241)**	**(14)**	**(6%)**	
Total Public Health	**(112)**	**(109)**	**(3) U**	**(3%)**	**(451)**	**(437)**	**(14) U**	**(3%)**	

Public health expenditure variance notes:

No significant variances.

Maori Health Expenditure

Maori Health *October 2016*	Current Month Actual $(000)	Budget $(000)	Variance $(000)	Variance %	Year to Date Actual $(000)	Budget $(000)	Variance $(000)	Variance %	Variance Note
Maori Health - Provider Arm									
Maori Service development	(16)	(16)	0 F	(0%)	(64)	(64)	0 F	(0%)	
Maori Provider Assistance Infrastructure	-	-	0 F	(0%)	-	-	0 F	(0%)	
Maori Workforce Development	-	-	0 F	(0%)	-	-	0 F	(0%)	
Minor Maori Health Expenditure	-	-	0 F	(0%)	-	-	0 F	(0%)	
Whanau Ora Services	(8)	(8)	0 F	(0%)	(32)	(32)	0 F	(0%)	
Maori Health - Provider Arm Total	**(24)**	**(24)**	0 F	(0%)	**(96)**	**(96)**	0 F	(0%)	
Maori Health - NGO									
Maori Service development	(20)	(23)	3 F	13%	(82)	(93)	11 F	12%	
Maori Provider Assistance Infrastructure									
Maori Workforce Development									
Minor Maori Health Expenditure									
Whanau Ora Services	(29)	(68)	39 F	57%	(234)	(273)	39 F	14%	
Maori Health - NGO Total	**(49)**	**(91)**	**42 F**	**(46%)**	**(316)**	**(366)**	**50 F**	14%	
Total Maori Health	**(73)**	**(115)**	**42 F**	**5%**	**(412)**	**(462)**	**50 F**	11%	

Maori Health Services expenditure variance notes:

No significant variances.

SOUTHERN DISTRICT HEALTH BOARD

Title:	**Progress on delivering priorities and targets - Southern DHB Annual Plan 2016/17 and Southern Māori Health Plan 2016/17**
Report to:	Disability Support and Community & Public Health Advisory Committees
Date of Meeting:	22 November 2016

Summary:

These reports show the progress in **Quarter One** on delivering on the plans, actions and commitments in the 2016/17 Southern DHB Annual Plan and the Southern Māori Health Plan. It highlights completed actions and achievements. Where activity is still to be completed, a brief narrative is provided on planned action and any issues affecting delivery and potentially impacting on the timing or ability to complete.

Note: the new milestone reporting process (to align with the South Island process) was introduced partway through the collation period and it is expected responses will be more refined next quarter.

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

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

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

Prepared by:	**Presented by:**
Planning & Funding	Sandra Boardman
Date: 27/10/2016	Executive Director Planning & Funding

RECOMMENDATION:

That the Committees note the progress in Quarter One in delivering the Southern DHB Annual Plan 2016/17 and Southern Māori Health Plan 2016/17 and the intended actions where activity is incomplete.

Progress	Milestones Dashboard
●	On Target
●	Caution
●	Critical
●	Complete
●	Not Started
Reporting Schedule	
Quarter 1	July – September
Quarter 2	October – December
Quarter 3	January – March
Quarter 4	April - June

Southern DHB Annual Plan 2016/17 –Progress Report Quarter 1

Quarter 1 - Progress Report

Planning and Funding

Delivering on Priorities and Targets

Progress on the Annual Plan 2016/17

This template outlines how Planning and Funding is to monitor progress on delivering on the plans, actions and commitments in the Southern DHB 2016/17 Annual Plan.

A report will be produced at the end of each quarter that will contain an indication of progress against plan, and where necessary a brief narrative if activity is behind plan. This will highlight achievements (useful for reporting to the Ministry of Health/NHB) and also flag any issues affecting delivery and potentially impacting on the timing or ability to complete.

Each action is directly from the Annual Plan and will have an identified executive **accountable** for delivery. A nominated person within the service will be **responsible** for delivery and will be the key contact for progress reports and data.

Key quantitative measures will be added as the data becomes available to show outputs and impacts of actions. These are linked to another spread sheet which is being used to collate all the data for performance measures into a single point. This will assist our obligations in reporting on the Statement of Performance Expectations and the expectations of Audit New Zealand.

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1 Reducing Unintended Teenage Pregnancy

Progress on Delivering on Priorities and Targets: Annual Plan Actions

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
1.1 Reducing Unintended Teenage Pregnancy	1.1.1 Engage with providers on new priority area "reducing unintended teenage pregnancy"	Workshop is held with providers	Q1	●	Primary Maternity Project has impacted on this activity and due to the unresolved conflicts has been pushed back to Q2
		Stocktake and gap analysis is completed	Q1	●	Primary Maternity Project has impacted on this activity and due to the unresolved conflicts has been pushed back to Q2
	1.1.2 Facilitate workforce development on contraceptive counselling and provision of long acting reversible contraceptives (LARC)	Provide counselling education for GPs, midwives, nurses, and relevant secondary workforce	Q2	●	
		Identify practitioners trained in the insertion of LARCs and identify geographical or professional gaps	Q2	●	
		Train practitioners in the insertion of LARCs in localities where there is a need	Q2	●	
	1.1.3 Increase the provision of contraception to vulnerable young women post-partum or following termination of pregnancy	All teenage women who birth or have a TOP are offered LARC	Q4	●	
	1.1.4 School Based Health Service (SBHS) nurse to offer emergency contraceptive pill (ECP) where appropriate	ECP education to be provided to SBHS nurses	Q2	●	
		SBHS nurse to have ECP endorsement and use of standing orders	Q2	●	

● On Target ● Caution ● Critical ● Completed ● Not Started

2 Social Sector Trials

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
2.1 Social Sector Trials	2.1.1 South Dunedin Social Sector Trial is transitioned to locally-led model from 1 July to 31 December 2016	Work with the South Dunedin SST Lead and other key stakeholders to develop and agree a transition plan by 31 July 2016	Q1	●	
		Support implementation of the transition plan		●	
	2.1.2 Gore Social Sector Trial is transitioned to locally-led model from 1 July to 31 December	Work with the local Gore Lead and other key stakeholders to develop and agree a transition plan by 31 July 2016	Q1	●	
		Support implementation of the transition plan		●	

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● On Target ● Caution ● Critical ● Completed ● Not Started

3 Increased Immunisation

Progress on Delivering on Priorities and Targets: Annual Plan Actions

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
3.1 Increased immunisation	3.1.1 Achieve immunisation coverage above targets for children at 8 months, 2 years and four years			On Target	
	3.1.2 WellSouth, Immunisation Outreach, Te Kakano Clinics and WCTO will offer immunisation for Māori children at each event milestone at 8 months, 2 years and 4 years			On Target	
	3.1.3 National Immunisation Register (NIR) to provide WellSouth with details of children not fully immunised at 6 months, 2 and 5 years for follow-up with GP practices			On Target	
	3.1.4 NIR to continue monthly audit of babies about to reach an 8 month target to ensure correct data entry, closely monitor the decline rate	Monthly review of Datamart Reports to regularly measure coverage		On Target	
	3.1.5 'Week day' review of Inpatient and weekly review of Outpatient Birth Cohort children to identify unvaccinated children. Where clinically appropriate, immunisations are delivered by paediatric nurses			On Target	
	3.1.6 Analyse 12 months of referral data from WCTO providers and Plunket to identify reasons for "declines" (not accessing entitlements, not completing WCTO checks, & permanently opting out)			On Target	
	3.1.7 B4SC check nurses to check immunisation status of 4 year olds and refer for vaccinations as necessary	Immunisation status checked at B4SC		On Target	
	3.1.8 Immunisation Outreach, Public Health Nursing, WellSouth, Māori Health Providers and Te Kakano Clinics will work collaboratively to offer all 12 year old girls their completed doses of HPV vaccine			On Target	
	3.1.9 Increase coverage of HPV by on-going engagement with the health and education sector, and sharing information about eligible girls and young women with those engaging with families			On Target	
	3.1.10 Promote HPV online learning tools to increase knowledge of the benefits of the HPV programme			On Target	
	3.1.11 Support Immunisation Week (April 2016)			Not Started	
	3.1.12 Continue the Southern DHB Vaccine Preventable Disease (VPD) Steering Group to monitor immunisation coverage	VPD Steering Group meets 3 times per year		On Target	

On Target Caution Critical Completed Not Started

4 Reduced Incidence of Rheumatic Fever

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
4.1 Reducing Incidence of Rheumatic Fever	4.1.1 Maintain a register of patients with rheumatic fever	All cases of acute and recurrent acute rheumatic fever are notified with complete case information to the Medical Officer of Health within 7 days of hospital admission		Completed	
	4.1.2 WellSouth to maintain programme to fund general practice services and prescriptions to enable rheumatic fever prophylaxis at no cost to patients	Patients with a history of rheumatic fever receive monthly antibiotics not more than 5 days after their due date		Completed	
		Undertake an annual audit of prophylaxis coverage for children aged 0-15 years, youth aged 15-24 years, and adults 25+ years		On Target	
	4.1.3 The Public Health Unit will undertake a case review of all rheumatic fever cases (first episode and recurrent) and address identified system failures	Report quarterly on the results of rheumatic fever case reviews (new and recurrent), including actions taken and lessons learned		Completed	
	4.1.4 Multi-stakeholder review of the rheumatic fever prevention and management plan undertaken annually	Multi-stakeholder meeting(s)	Q4	Not Started	
		Report the result of the audit to the Ministry	Q4	On Target	
		Follow-up on any issues identified by the 2015/16 audit of recurrent hospitalisations of acute rheumatic fever and unexpected rheumatic heart disease		Completed	
	4.1.5 Continued implementation of the South Island Rheumatic Fever Prevention Plan	All members of the Public Health partnership provide a surveillance function for rheumatic fever	Q2, Q4	On Target	

On Target Caution Critical Completed Not Started

5 Supporting Vulnerable Children

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
5.1 Reducing Assaults on Children	5.1.1 Fully implement the Memorandum of Understanding between CYF, Police and Southern DHB			On Target	
	5.1.2 All children admitted to hospital in Southern DHB that are referred to CYF have a discharge meeting as per the MOU prior to discharge	All children meeting the criteria have a documented discharge meeting	Q2	Not Started	
	5.1.3 Maintain Current performance of VIP Programme	Audit completed using the AUT Self Audit Tool	Q2	On Target	
	5.1.4 Ministry Approved Training provided to designated Services staff to recognise intimate partner violence and Child Abuse and Neglect	Bridging training provided to update staff on revised Family Violence Guidelines	Q2	On Target	
5.2 Child Protection Policies	5.2.1 All funding agreements between Southern DHB and providers for children's services must contain the requirement for the provider to adopt and implement a child protections policy	Child protection provisions in all new or renewed relevant provider contracts	Q4	Completed	
	5.2.2 Southern DHB child protection policy is reviewed every three years as required by the Vulnerable Children Act	Southern DHB child protection policy due for review in 2018		On Target	
5.3 Children's Worker Safety Checking	5.3.1 Core workforce screening undertaken as outline in the Vulnerable Children Act	Workforce screening fully implemented by 1 July 2017	Q4	Not Started	
	5.3.2 Complete vetting of all staff who work in the community where vetting is a requirement of entry to an external agency	Complete vetting by March/ April 2016	Q1	Caution	Work has commenced with prioritisation of vetting focusing on services that interface directly with Children. Public Health Nurses, Vision Hearing Testers, Child Development Services have been vetted to date. Further work is required to identify other community teams that require prioritisation. Expected completion January 2017.

On Target Caution Critical Completed Not Started

6 Prime Minister´s Youth Mental Health Project

Progress on Delivering on Priorities and Targets: Annual Plan Actions

Section		Actions/Activity		Measures	Time-frame	Progress	Progress Narrative
6.1	School Based Health Services	6.1.1	Continue delivery of School Based Health Services (SBHS) including HEADSSS assessments to vulnerable youth in existing Decile 1-3 schools, teen parent units and Te Wharekura O Arowhenua	Report progress quarterly (PP25)		On Target	
		6.1.2	Increase school based assessment for the youth in secondary schools including the Invercargill Teen Parenting Unit and Te Wharekura O Arowhenua	HEADSSS assessments introduced to the single new decile 3 school		On Target	
		6.1.3	Implement "Youth Healthcare in Secondary Schools: A framework for continuous quality improvement"	One PDSA cycle for each decile 1-3 secondary school and Invercargill Teen Parent Unit		On Target	
6.2	Improve the Responsiveness of Primary Care to Youth	6.2.1	Establish a model of care for vulnerable young people in Dunedin with the South Dunedin Social Sector Trial	Implement new model of care	Q2	On Target	
		6.2.2	Establish a mode of care for vulnerable child and youth aged 5-18 years of age for the Gore district with the Gore Social Sector Trial	Implement new model of care	Q2	On Target	
		6.2.3	Facilitate linkages between SSTs and Alliance South	Social Sector Trial leads are members of the Child and Youth Steering Group		Completed	
6.3	Youth Primary Mental Health	6.3.1	Implement mental health and addiction brief intervention services district wide for all young people	Procure services as outlined in business case	Q1	Caution	Currently working with Executive Director Māori Health to confirm the final Business Case
				Contracts in place with providers	Q2	Not Started	Revised timelines in Business Case - new contracts to be established Q4
		6.3.2	Evaluate the effectiveness of the new youth alcohol and drugs (AOD) pathway	Evaluation completed	Q4	Not Started	
		6.3.3	Provide additional "Making the Link" and SACS Brief Intervention training in rural areas; rural Southland, Queenstown lakes, Central Otago, North Otago	Training in rural areas delivered by WellSouth	Q4	On Target	
6.4	CAMHS and Youth AOD Services	6.4.1	Implement programme to raise awareness of the requirements for primary care providers AND clients to receive transition plans within 3 weeks	Primary care raising initiative implemented	Q2	Not Started	
		6.4.2	Raise awareness of secondary and tertiary services outlining the clinical value of timely and comprehensive provision of transition plans to primary care	Development of prompt cards	Q1	On Target	
				Awareness raising initiatives implemented	Q2	On Target	
		6.4.3	Implement youth AOD pathway	Evaluate effectiveness of youth AOD pathway	Q4	Completed	

On Target Caution Critical Completed Not Started

9

7 Healthy Families NZ

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

Section		Actions/Activity		Measures	Time-frame	Progress	Progress Narrative
7.1	Healthy Families Invercargill	7.1.1	Support and participate in the Healthy Families Invercargill community initiative in Invercargill City run by Sport Southland	Continue SDHB's COOs membership with the Healthy Families Invercargill governance group		On Target	
				Public Health leadership continues as members on the Healthy Families Invercargill Prevention Partnership		On Target	
				Confirmation and exception report will be provided against the examples of participation identified	Q4	Not Started	
		7.1.2	Public Health South and Healthy Families Invercargill work together to increase smokefree outdoor spaces in Invercargill			On Target	
		7.1.3	Public Health South, Healthy Families Invercargill and Rugby Southland work together to foster a family friendly approach in clubs			On Target	
		7.1.4	Southern DHB to support to Healthy Families Invercargill with data analysis including mapping and stocktake data	Mapping completed showing Invercargill community geographic access to resources, for example, alcohol, healthy food	Q2	Not Started	
		7.1.5	Southern DHB will work to align existing DHB-led health promotion activities with Healthy Families Invercargill	Public Health collaboratively works with Healthy Families Invercargill on health promotion activities, for example through Health Promoting Schools programme		On Target	
		7.1.6	Southern DHB will work collaboratively with Healthy Families Invercargill on new health promotion activities			On Target	
7.2	Childhood Obesity	7.2.1	Establish a multi-disciplinary inter-sectorial steering group to lead and guide activity focussed on the new Raising Healthy Kids health target	Obesity steering group established	Q1	Completed	
		7.2.2	Using Health pathways establish referral pathways for obese children identified in the B4SC to be referred to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions	Referral pathways from B4SC developed and implemented	Q3	Not Started	
		7.2.3	Continue Active Family referrals to Green Prescriptions for children aged 4 years and above			On Target	
		7.2.4	Evaluate the implementation of gestational diabetes screening of pregnant women across the district	Audit indicators in the guidelines	Q1, Q4	Not Started	
				Audit the uptake of the guidelines	Q4	Not Started	
		7.2.5	Southern DHB models good practice around healthy food and beverages choices for staff patients and visitors	Adoption of Ministry of Health healthy food and beverage environments policy for DHBs	Q4	Not Started	

On Target Caution Critical Completed Not Started

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
	7.2.6 Southern DHB clinical representatives will contribute to obesity planning through membership on the South Island Child Health Alliance			●	

● On Target ● Caution ● Critical ● Completed ● Not Started

8 Living Well with Diabetes

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

Section		Actions/Activity		Measures	Time-frame	Progress	Progress Narrative
8.1	Supporting Patients	8.1.1	Continue Diabetes Care Improvement Program (DCIP) which includes retinal screening, foot checks, and renal function tests			●	
		8.1.2	WellSouth to continue providing self-management education (DESMOND)	DESMOND offered to patients with Type 2 diabetes		●	Since the introduction of DESMOND 516 people across the district have attended the 6 hour self-management education
		8.1.3	WellSouth will provide self-management education (Walking Away) for patients with Pre-diabetes across the district			●	5 walking away session have been held to date
		8.1.4	Continue GPSI initiation service for both type I & II diabetes			●	326 people been through the insulin initiation programme this quarter
		8.1.5	WellSouth to continue to provide community dietician services with both group and individual sessions to support patients achieve healthier lifestyles			●	WellSouth Dieticians continue to provide individual and group sessions to support patients. Currently we are utilising some of the Invercargill FTE for dietetics to support Central Otago Lakes to ensure there is coverage across the whole district. This is stretching our current 2 FTE.
		8.1.6	Continue referrals to Green Prescriptions to support CVD, Diabetes and Obesity health targets			●	
8.2	Supporting Providers	8.2.1	Clean up virtual diabetes register (VDR) to ensure patients with diabetes are coded as such in practice PMS systems to ensure timely follow-up and care			●	
		8.2.2	Embed Diabetes Physician phone consult service for General Practice for complex diabetic patients			●	
		8.2.3	Continue ongoing development of community based rural and urban long term conditions community nurse clinics for both type I and II diabetes to support General Practice with the complex management of long term conditions patients			●	Clinics in rural and urban practices occurring in Southland. Virtual and needs based clinic being held in Otago due to capacity of only 1 FTE specialist nurse.
		8.2.4	Align WellSouth LTC team with LTC Network plans to support the management of LTC's in primary care			●	WellSouth LTC team is very socialised to the LTC Network business case and is working at full capacity to support General Practice with the management of patients with complex co-morbidities.
		8.2.5	Continue implementation of the Quality Standards for Diabetes Care	Establish baseline measurements	Q1	●	Recently reported to the MOH regarding WellSouth's contribution to the Quality Standards

● On Target ● Caution ● Critical ● Completed ● Not Started

9 Cardiovascular Disease

Progress on Delivering on Priorities and Targets: Annual Plan Actions

Section		Actions/Activity		Measures	Time-frame	Progress	Progress Narrative
9.1	Cardiovascular Risk Assessments	9.1.1	Achieve and maintain CVDRA at or above 90% of the eligible population	90% of the eligible population who have had their CVD risk assessed within the past 5 years	Q1	●	88.3% CVDRA this quarter
		9.1.2	Provide all practices with DRINFO to increase the number of at risk patients being identified for assessment and then being assessed	Enable Profile and Houston practices access to the same information available via DRINFO		●	
		9.1.3	WellSouth to continue database development to risk stratify the population	Stratify enrolled service users (ESU) at practice and PHO level		●	Working with Sapere to develop and WellSouth IT for the portal development
		9.1.4	Practices utilise DRINFO to identify patients eligible for Cardiovascular Risk Assessment	Patients sorted by low, med, high and very high CVD risk for follow-up as appropriate		●	
		9.1.5	Continue funding for CVRA to support CVRA achievement with focus on funding initial assessment and re-assessments for high needs populations (Māori, Pacific, Quintile 5, CSC & HUHC holders)	90% of young Māori men aged 35-44 years have CVD risk assessed within the past 5 years		●	
				Regular analysis of young Māori men aged 35-44 years yet to complete CVD risk assessments		●	
		9.1.6	GP and nurse clinical champions to provide guidance to practices and other providers			●	
9.2	CVD Management	9.2.1	Utilise HealthPathways and ERMS for referrals to NGOs focussed on prevention and lifestyle modification	Number of referrals to Green Prescription		●	
		9.2.2	Align WellSouth LTC team with LTC Network plans to support the management of LTC's in primary care			●	WellSouth LTC team is very socialised to the LTC Network business case and is working at full capacity to support General Practice with the management of patients with complex co-morbidities.
		9.2.3	Increase number of practices supported by the WellSouth Clinical Pharmacist team	Increased number of Medicine Therapy Assessments (MTAs)		●	5.2 FTE currently employed in the Clinical Pharmacist roles across the district. Recruitment continues for the 0.8 FTE still vacant in Invercargill.
		9.2.4	All Māori identified as high risk of heart disease will be enrolled into the WellSouth CVD Management Programme	90% of young Māori men aged 35-44 years have CVD risk assessed within the past 5 years		●	
		9.2.5	Maintain ongoing CME and CNE program for long term conditions including cardiovascular risk assessments			●	This quarter 78 nurses have attend diabetes education.

● On Target ● Caution ● Critical ● Completed ● Not Started

10 Tobacco

Progress on Delivering on Priorities and Targets: Annual Plan Actions

Section	Actions/Activity	Measures	Time-frame	Progre	Progress Narrative
10.1 Primary Care	10.1.1 DRINFO provides individualised practice reports with progress and achievement on the number of patients identified as smokers and provided with help to quit	90% of practices utilising DRINFO (or access same information)	Q4	●	
	10.1.2 GP and nurse clinical champions to provide guidance to practices and other providers			●	
	10.1.3 Smokefree Coordinators and Outreach Nurses provide support and resources to general practice and community providers with high numbers of current smokers			●	
	10.1.4 WellSouth to monitor data on smokers demographics			●	
	10.1.5 Continue to support the health promotion programme Little Lungs - Pūkahukahu Iti in preschools			●	
10.2 Hospital	10.2.1 Update the emergency department information system (EDIS) to enable mandatory recording of smoking status	EDIS updated	Q4	●	
	10.2.2 ABC status to be made mandatory in discharge summaries	ABS status recorded in all discharge summaries	Q4	○	
10.3 Community	10.3.1 Provide feedback to LMCs on the ¨better help for smokers to quit¨ maternity Health Target	Publish maternity Health Target results in LMC newsletters		●	
		Facilitate ABC training for LMCs not achieving the ¨better help for smokers to quit¨ maternity Health Target		●	The Ministry of Health data does not identify performance of individual LMCs. In Q1 94.1% of pregnant women were given brief advice and support to quit smoking.
	10.3.2 Health promotion staff work with councils and local NGO's via smokefree networks to engage in smokefree 2025 initiatives including focus on young people			●	
	10.3.3 Support providers contracted for DHB funded services to implement the new requirements around smokefree clauses			●	
	10.3.4 "Stop Smoking" providers are promoted and referral pathways strengthened	Facilitate improved referral pathways between LMCs and stop smoking providers		●	
	10.3.5 Continue referrals to the Pepi-Pods project for pregnant women who have been identified with any of the following criteria: smoked at any time in pregnancy, have a history of SUDI, are Maori, baby has a low birth weight	Develop and distribute a clear referral pathway to access a Pepi-Pod in SDHB area	Q4	●	
		Promote Pepi-Pod key messages - Breastfeeding, safe sleep, up to date immunisation, no drinking or drugging around baby and gentle handling		●	

● On Target ● Caution ● Critical ● Completed ○ Not Started

Section	Actions/Activity	Measures	Time-frame	Progre	Progress Narrative
	10.3.6 Assist workplaces to develop a smokefree 2025 approach to their interactions with both staff and clients including focus on young			●	

● On Target ● Caution ● Critical ● Completed ● Not Started

11 Rising to the Challenge

Progress on Delivering on Priorities and Targets: Annual Plan Actions

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
11.1 Improve Wellbeing	11.1.1 Work with other agencies to increase employment opportunities	Updated service model developed	Q1	🟡	Revised timeline in Stepped Care Business (currently in sign-off process). Updated model to be developed by Q3
		Agreed service model implemented	Q4	⚪	
	11.1.2 Enhance peer support worker capacity and capability	Extend coverage of peer support services	Q2	⚪	
		Rollout peer support for people with high, complex, and long term mental health needs	Q4	⚪	
	11.1.3 Develop clinical pathways to support best practice metabolic health monitoring	Metabolic pathway implemented	Q4	⚪	
	11.1.4 Improve access to GP and primary care specialist nursing services for high and complex needs of long term clients	Implement new community rehabilitation model	Q4	⚪	
	11.1.5 Up skill mental health and addiction staff to address physical health needs	Implement the Southern DHB Sector Wide Mental Health and Addiction Workforce Development Plan	Q3	⚪	
11.2 Crisis Response Services	11.2.1 Improve crisis response services of known clients referred by police	Implement a SLA with Police		🔵	
	11.2.2 Implement the agreed and prioritised recommendations of the Reviews Report into Southern DHB Mental Health After-Hours Crisis Services (Rural Services)	Establish referral guidelines from Police to mental health crisis services	Q4	⚪	
		Investigate possibilities of technology sharing to enable mobile videoconference options	Q4	⚪	
		Offer training to Police on mental health issues	Q2	🟢	
11.3 Supporting Parents Healthy Children Guidelines	11.3.1 Expand the membership of the current SDHB Working Group and the role of the SDHB Champion to assist implementation of Supporting Parents Healthy Children guidelines			🔵	
	11.3.2 Continue implementation of Supporting Parents Healthy Children Guidelines	Continue delivery of outstanding DHB Provider Arm phase 1 elements identified through gap analysis	Q4	🟢	
		Develop and implement a sector wide action plan to deliver on Phase 1 Essential elements	Q4	⚪	
11.4 Outcomes-Focussed Approach	11.4.1 Implement the Southern DHB Stepped Continuum of Care Model for Mental Health (2016-19)			🟢	
	11.4.2 Enhance primary care leadership in mental health and addiction	WellSouth appoint to Mental Health and Addiction leadership role		🟢	WellSouth Clinical Advisor position currently being advertised, there is a mental health component leadership component to this role.

🟢 On Target 🟡 Caution 🔴 Critical 🔵 Completed ⚪ Not Started

12 Cancer Services

Progress on Delivering on Priorities and Targets: Annual Plan Actions

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
12.1 Faster Cancer Treatment	12.1.1 Implement the Ministry of Health Prostate Cancer Management and Referral Guidance	Health pathway established for prostate cancer	Q4	○	
	12.1.2 Support the South Island regional review of two tumour standards	Confirm the two tumour standards for review	Q1	●	
		Southern Cancer Network (SCN) to provide a regional function of coordinating the South Island Tumour Site Clinical Group	Q1	●	
		DHBs to provide data for each review	Q2	●	
		Implement improvements from findings - ongoing service improvement process		●	
	12.1.3 Support and implement the NZ cancer health information strategy across the South Island	Work with SCN to identify workforce and IT to support improvement of cancer services		●	
		Stocktake of cancer informatics and systems	Q2	○	
	12.1.4 Implement the findings from the cancer information review undertaken in 2015/16			●	
12.2 Shorter Waits for Cancer Treatment	12.2.1 Assist other DHBs to implement and deliver the recommendations relating to MDTs and service improvement initiatives started in 2015/16	Support the implementation and rollout of Southern MDM tool		●	
		Promote and implement the integration of Faster Cancer Treatment (FCT) within the functionality and of MDTs		●	
	12.2.2 Identify Cancer clinical priorities through the SCN and Cancer clinical leads groups	Undertake annual assessment of cancer clinical priorities		●	
	12.2.3 Undertake a review to understand the "route" to service access/diagnosis for all South Island patients with a focus on first presentations	Collate and analyse data on cancer patients who first diagnosed through ED	Q2	●	
	12.2.4 Support the delivery of Maori cancer pathways across the South Island	Develop improved understanding of the collection of ethnicity data	Q2 & Q4	●	
		Engagement with stakeholders e.g. Te Waipounamu, to confirm patient pathway issues and opportunities for improvement	Q4	●	

● On Target ● Caution ● Critical ● Completed ○ Not Started

13 Stroke Services

Progress on Delivering on Priorities and Targets: Annual Plan Actions

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
13.1 Stroke Services Clinical Leadership	13.1.1 SDHB multi-disciplinary Stroke Governance Group continues the lead in development of stroke services across the district	Stroke Governance Group meets monthly		Completed	
		Stroke Governance Group supports education and staff development		Completed	
	13.1.2 National and South Island clinical stroke networks are supported	Attendance at national and SI meetings		Completed	
13.2 Hyper Acute Stroke	13.2.1 Continue to develop stroke thrombolysis service across the district	Continue 24/7 thrombolysis service at Dunedin hospital, including provision of advice/backup for the district		Completed	
		Support a 24/7 thrombolysis service at Invercargill, Oamaru, and Dunstan hospitals, including clearly defined timely transport processes where required	Q1-Q4	Completed	
	13.2.2 Extend Invercargill thrombolysis service to 24/7	Invercargill thrombolysis service extended to 24/7	Q1	On Target	
	13.2.3 DPH audit identifies thrombolysis candidates not thrombolysed	Continue auditing all thrombolysis candidates		Completed	
		Commence recording ischaemic stroke presenting to ED detailing reasons when thrombolysis not applicable	Q1	Completed	
13.3 TIA Services	13.3.1 Maintain and support TIA outpatient clinics across the district			On Target	
	13.3.2 Improve access to carotid duplex scanning across the district	Develop and deliver an implementation plan for progressing recommendations as appropriate	Q4	Not Started	
13.4 Acute Stroke & Rehabilitation	13.4.1 DHB wide use an evidence based acute stroke pathway, guidelines and audit tool	All hospitals use a dedicated acute stroke pathway	Q4	On Target	
		All hospitals begin rehabilitation at the time of admission to acute service to provide improved patient outcomes	Q1	Completed	
		Undertake quarterly audits of 10% of stroke admissions to assess adherence to pathway	Q1	Completed	
	13.4.2 Allied Health Rehabilitation Intervention team assesses all patients in stroke unit for rehabilitation	Audit the intervention time provided by Allied Health disciplines during inpatient rehabilitation stay on one Dunedin site	Q3	Not Started	
		80% of patients admitted with acute stroke who are transferred to inpatient rehabilitation services are transferred within 7 days of acute admission		Caution	Target is 80% we achieved 78% across Dunedin and Southland for Q1. As our numbers are small one person can make a significant difference to the percentage. 36 out of 46 patients (78%) were transferred to rehab within 7 days of acute admission. 2% equates to 1 additional person
	13.4.3 Equitable Community Rehabilitation Services	Audit whether patients are referred for rehabilitation		Not Started	

On Target Caution Critical Completed Not Started

14 Cardiac Services

Progress on Delivering on Priorities and Targets: Annual Plan Actions

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
14.1 Acute Cardiac Services	14.1.1 Continue to contribute data to the ANZAC QI database.	Dendrite database data will be verified and feedback on the accuracy of data will be reported	Q2	⚪	
	14.1.2 Develop an appropriate audit tool and review progress of the Accelerated Chest Pain Pathways (ACPPs)	Monitor utilisation of ACP pathways		🟢	
		Develop audit scope and agree sample size	Q1	🟡	Awaiting above work to be complete. Planning to be back on track in Q2
		Audit completed on both sites	Q3	🟢	
	14.1.3 Support the programme of work outlined in the South Island Health Service Plan in developing a regional service model for South Island cardiac range of services (including ACS)	Monitor access rates for high risk population groups	Q4	🟢	
		Report on usage of the South Island of the percutaneous coronary intervention (PCI) pathway		🔵	
	14.1.4 Contribute to the national cardiac network	Maintain achievement of national indicators	Q4	🟢	
14.2 Secondary Services	14.2.1 Maintain access to cardiac surgery for Southern DHB population at or above the target intervention rate	Deliver a minimum of 208 cardiac surgery discharges.		🔵	
		Maintain the four month wait time threshold for patients requiring a cardiology FSA or for cardiac surgery (ESPI 2 and ESPI 5).		🔴	Working to reduce waiting times and number on list. Expecting achievement in Q3. The reason for the increased waiting list is multi-faceted and included – reduced access to ICU reducing elective throughput, batching of referrals due to delays in processing and an increase in overall referrals. At the end of the quarter there were 5 patients waiting longer than 120 days.
		Cardiac surgery intervention rates (per 10,000) are achieved; Cardiac Surgery 6.5; Coronary Angiography 34.7; Percutaneous revascularisation 12.5		🔵	
	14.2.2 Maintain consistency of clinical prioritisation for cardiac surgery patients, by using the national cardiac CPAC tool, and treating patients in accordance with assigned priority and urgency timeframe	Proportion of patients scored using the national cardiac surgery Clinical Priority Access (CPAC) tool, and proportion of patients treated within assigned urgency timeframe		🔴	Working to reduce waiting times with outsourcing of surgeries. Expecting to be back in line with treating patients within clinically appropriate waiting times by the end of Q2. The reason for the increased waiting list is multi-faceted and included – reduced access to ICU reducing elective throughput, batching of referrals due to delays in processing and an increase in overall referrals. At the end of the quarter there were 5 patients waiting longer than 120 days.
	14.2.3 Maintain the performance of the coronary angiography service	95% of accepted referrals for elective coronary angiography will receive their procedure within 3 months (90 days)		🔵	
	14.2.4 Maintain access to cardiac diagnostic tests, for example, angiography, echocardiogram (ECG), and exercise tolerance tests			🟢	

🟢 On Target 🟡 Caution 🔴 Critical 🔵 Completed ⚪ Not Started

15 Health of Older People

Progress on Delivering on Priorities and Targets: Annual Plan Actions

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
15.1 System Integration for Older People	15.1.1 Develop and implement Advance Care Planning	Arrange L2 Training and maintain training register			
		Organise and Promote "Conversations that Count" workshops	Q4		
		Develop Advance Care Plan Health Pathway	Q4		
	15.1.2 Improve timeliness of discharge summaries from Ward 6 & 8	Initiate a quality improvement process	Q1		Unable to source data due to change from iSOFT to Health Connect South. IT team working on resolving, and when resolved regular reporting to commence
		Discharge summaries are completed by time of discharge and available on HealthOne	Q4		
	15.1.3 Complete the roll-out of HealthOne to facilitate sharing of patient information	Southern DHB's HealthOne implemented	Q2		
15.2 Home and Community Support Services	15.2.1 Continue to support the In-Between Travel Settlement Agreement outcomes				
15.3 Dementia	15.3.1 Implement community-based dementia respite services	Dementia respite services commence	Q3		
	15.3.2 Increase the timeliness of diagnosis for those with dementia and promote development of long-term care plan	The number of people diagnosed with dementia referred to Alzheimer's Society	Q4		
15.4 Comprehensive Clinical Assessment	15.4.1 Older people referred for an InterRAI assessment to access publicly funded care services will undergo the assessment and have a service allocated/declined in a timely manner	High Risk: within 5 working days for assessment; maximum 5 working days to service coordination			57.2% completed within the timeframe. This data now includes all contact and complex interRAI assessment information. There are slow gains across the district in the timeliness of completion of low risk assessments compared to last quarter. There continues to be greater demand than capacity in all referral types across the district. The triage process centrally and locally is now consistent. The process and time taken to complete complex assessments has been reviewed on the Dunedin site and assessment targets have been set to improve overall throughput. A team is working through the skills for change quality improvement process on caseload management strategies to improve throughput.
		Low risk: within 15 working days for assessment; maximum 15 working days to service			81% completed within the time frame across the district. Comment - as above
	15.4.2 Provide ongoing support to residential care facilities implementing comprehensive clinical assessments (InterRAI)	The number and % of older people who have received long-term support (home or residential) in the last three months who have had an InterRAI homecare or contact assessment and completed care plan			
		The % of older people in aged residential care by facility who have a second InterRAI LTCF			

On Target Caution Critical Completed Not Started

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
		assessment completed 230 days after admission			
		The percentage of LTCF clients admitted to an ARC facility who have been assessed using an interRAI Home Care assessment tool in the 6 months prior to first LTCF assessment		●	
	15.4.3 Measure progress and benchmark against other DHBs using interRAI data			●	
15.5 Falls and Fracture Services	15.5.1 Maintain the District wide multi-agency (secondary/primary/ACC/NGO sector) Falls Strategy Group to lead service improvement and monitor/evaluate effectiveness			●	
	15.5.2 Complete staged rollout of Fracture Liaison Service (FLS) to Southern GP Practices			●	
	15.5.3 Fully implement IT platform for capture and sharing of FLS data	FLS IT platform operational		●	
	15.5.4 Continue to develop FLS service and FLS Coordinator role	Number of older people referred to, and seen by a strength and balance retaining service		●	
		Number of older people referred to osteoporosis management programmes		●	

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● On Target ● Caution ● Critical ● Completed ● Not Started

16 Service Configuration including Shifting Services

Progress on Delivering on Priorities and Targets: Annual Plan Actions

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
16.1 Childhood Obesity	16.1.1 Using Health pathways establish referral pathways for obese children identified in the B4SC to be referred to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions	Obesity steering group established	Q1	Completed	
		Referral pathways from B4SC developed and implemented	Q3	On Target	
16.2 Radiology	16.2.1 Undertake a district wide radiology system review to assess equity of access, distribution of radiology services (across publicly funded providers) and streamline patient referrals for service	Identify HealthPathways and ERMS forms to which National Criteria will be applied	Q1	Completed	
		Develop and agree HealthPathways and ERMS forms to which National Criteria will be applied	Q1-Q4	On Target	
		Develop options, including partnership models with Waitaki DHS & Dunstan Hospital, for increased utilisation of available capacity across the district	Q2	On Target	
		Review contractual arrangements with providers to determine how funding arrangements will try to reflect recommendation	Q1-Q4	On Target	
	16.2.2 Continue development of clinical pathways that facilitate or improve quality of direct access to plain film x-rays and ultrasound	Develop 2 pathways during the course of the year including musculoskeletal medicine and access to ultrasound	Q3	Not Started	
16.3 Health of Older People	16.3.1 Complete staged rollout of Fracture Liaison Service (FLS) to Southern GP Practices	Continue roll-out out general practice	Q1-Q3	Completed	
		Fully implement IT platform for capture and sharing of FLS data	Q3	Completed	
16.4 Primary Maternity Services	16.4.1 Review models of care and service configuration or primary maternity services and facilities	Consumer engagement surveys and forums completed	Q1	On Target	12 consumer forums completed. Meetings with GPs being investigated
		Options for primary maternity service options completed	Q2	Not Started	
		Implementation plan for agreed primary maternity service options commence	Q3	Not Started	
16.5 Mental Health Services	16.5.1 Implement the Southern DHB Stepped Continuum of Care Model for Mental Health (2016-19)	Following the Rapid Improvement Event (RIE) in May develop and agree an implementation plan	Q1	Completed	
	16.5.2 Implement mental health and addiction brief intervention services district wide for all young people	Procure services as outlined in business case	Q1	Caution	Currently working with Executive Director Māori Health to confirm the final Business Case
		Contracts in place with providers	Q2	Not Started	Revised timelines in Business Case - new contracts to be established Q4
16.6 Outpatient Services	16.6.1 Undertake a district wide review of outpatient services focusing on equity of access; including a review of FSA to follow up ratios based on comparisons with the NZ ratio of first to follow ups	Engage with stakeholders and providers on implementing equitable volumes for sub-populations	Q2	On Target	
		Test feasibility of a single district wide waiting list for outpatient services	Q2	On Target	

On Target Caution Critical Completed Not Started

17 Shorter Stays in Emergency Departments

Progress on Delivering on Priorities and Targets: Annual Plan Actions

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
17.1 Urgent Care in Primary	17.1.1 Weekly liaison with Otago University Student Health, Otago Polytechnic Student Association, and Dunedin After-Hours to manage patient flows			On Target	
	17.1.2 Work with WellSouth to reduce barriers and facilitate attendance to primary care	WellSouth to encourage practices to prove additional appointment slots for people requiring urgent care		On Target	
		Continuation of ED voucher system		Completed	
	17.1.3 Promote Cellulitis, DVT and other POAC services for general practice	Number of referrals to the POAC services		On Target	
	17.1.4 Promote Rapid Response Service for general practice	Number of referrals to the Rapid Response Service		On Target	
	17.1.5 Improve communications with general practice advising points of contact to seek clinical guidance, thereby reducing the need for potential ED visits			On Target	
	17.1.6 Work with the relevant Alliance South Networks (Urgent Care, Health of Older People, Rural) as necessary			Completed	
17.2 Emergency Departments	17.2.1 Plan and develop a Medical Assessment and Planning Unit (MAPU) at Dunedin Hospital	Complete design for MAPU	Q4	On Target	
	17.2.2 Undertake bed use analysis on the flow of patients from the community	Share results with WellSouth to improve understanding on contributors to bed block	Q1	Caution	In development. To be progressed in quarter 2
	17.2.3 Implement a marketing campaign to remind and educate the community on the appropriate use of ED and alternative options	ED marketing campaign underway	Q3	On Target	
	17.2.4 Review Accelerated Chest Pain Pathways (ACCPs) in emergency departments	Scheduled for auditing in 16/17 following the implementation in 15/16	Q4	On Target	
	17.2.5 Complete the implementation of the ED Quality Framework	ED Quality Framework implemented	Q4	On Target	
		Systems are in place to monitor all the mandatory and non-mandatory measures	Q4	On Target	
		Report ED health target performance by Māori and Pacific ethnicity	Q1	Completed	
	17.2.6 Implement orthopaedic pathways for overnight care in ED	Introduce pathway for fractured neck of femur (NOF)	Q1	Completed	
	17.2.7 Provide appropriate additional resource to improve performance of Invercargill ED	Introduce a community based attachment (second year House Officer) at Invercargill Medical Centre	Q2	On Target	
		Extend FACEM hours	Q1	Completed	

On Target Caution Critical Completed Not Started

18 Whānau Ora

Progress on Delivering on Priorities and Targets: Annual Plan Actions

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
18.1 Collaboration with Whānau Ora Commissioning Agencies	18.1.1 South Island DHBs will negotiate a Strategic Alliance Agreement with Te Pūtahitanga o te Waipounamu	Strategic Alliance agreement will set out the framework for an ongoing relationship between South Island DHBs and Te Putahitanga, to be signed	Q4	○	
		Yearly strategic planning forum established	Q4	○	
	18.1.2 Support greater alignment of projects and activities across Te Waipounamu	Ongoing meetings as determined by the relationship agreement to create and foster a high trust environment which allows both parties to work together on projects aimed to support Māori achieve their maximum health and wellbeing	Q4	○	
	18.1.3 Identify a joint project with Te Putahitanga that can advance the Whānau Ora approach across Te Waipounamu	One joint project completed	Q4	○	
18.2 Oral Health	18.2.1 Scope new birth enrolments with a view to identify opportunities to increase enrolments	Increase in the number of Māori and Pacific 5 year old children who are caries free at age 5		●	
		Review baseline enrolment data on a quarterly basis		●	
18.3 Tobacco	18.3.1 Undertake a stock of initiatives aimed to reduce the up-take of tobacco use with a view to equip and support LMCs to offer smokefree support to pregnant women	Better support for 95% of all pregnant Māori women to quit smoking (smoke free at two weeks post-natal)		●	
		Monitor Indicator 19 of the WCTO Quality Improvement Framework		●	
18.4 Mental Health	18.4.1 Develop referral pathway to Māori Mental Health Services	Reduced rate of Māori committed to compulsory treatment relative to non-Māori		●	
		Referral pathway agreed and implemented	Q4	○	
18.5 Childhood Obesity	18.5.1 Establish a healthy weight working group which is inclusive of Whānau Ora values			●	
	18.5.2 Development and implementation of healthy weight pathways, interventions and resources across secondary, primary and community care services	By December 2017, 95 percent of obese Māori children identified in B4 School Check programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions services		●	
18.6 Asthma	18.6.1 Promote better asthma management through General Practices and Well Child/Tamariki Ora providers	Reduced asthma and wheeze admission rates for Māori and Pacific children (ASH 0-4 years)		●	
	18.6.2 Support and align Healthy Home Project activity	Monitor progress for enrolment rates and ASH rate for respiratory conditions quarterly		●	

● On Target ● Caution ● Critical ● Completed ○ Not Started

19 Improved Access to Diagnostics

Progress on Delivering on Priorities and Targets: Annual Plan Actions

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
19.1 National Radiology Service Improvement Initiative	19.1.1 Undertake a district wide radiology system review to assess equity of access, distribution of radiology services (across publicly funded providers) and streamline patient referrals for service	Review contractual arrangements with providers to determine how funding arrangements will try to reflect recommendation	Q1-Q4	On Target	
	19.1.2 Continue implementation the National Access Criteria for Community Referral Diagnostics			On Target	
	19.1.3 Continue development of clinical pathways that facilitate or improve quality of direct access to plain film x-rays and ultrasound	Develop 2 pathways during the course of the year including musculoskeletal medicine and access to ultrasound	Q3	Not Started	
	19.1.4 Ongoing participation in the National Patient Flow System	Patient level data is reported into the National Patient Flow collection, in line with specific requirements		On Target	
19.2 Radiology	19.2.1 Continue to progress activities related to National Radiology Service Improvement Initiative for high tech imaging	Quality Analyst appointed		On Target	
		Production planning activity in line with MoH expectations		On Target	
		Develop reporting framework and KPIs	Q1	On Target	
	19.2.2 Complete implementation of district PACs reporting system to enable real time reading and reporting		Q1	Completed	
	19.2.3 Expand CT core operational hours to increase CT scanning capacity	CT hours increased by 40 hours per week	Q4	Not Started	
	19.2.4 Increase work activity in CT to manage remaining people waiting greater than 147 days	Develop a reporting system which enables monitoring of referrals and exits from the service		Not Started	
19.3 Colonoscopy & Endoscopy	19.3.1 Build new 3 theatre endoscopy unit to provide additional capacity, increase functional capability and improve patient experience	Commission new endoscopy unit	Q3	Caution	Unlikely to be met in Q3 due to delays in start of building work. Revised plan being worked on
	19.3.2 Continue to develop the service in line with the NEQiP (National Endoscopy Quality Improvement Programme) quality domains as outlined in the GRS (Global Ratings Score)	Establish endoscopy users group	Q1	Completed	
		Develop Gastroenterology Operations Manual/Framework	Q1	Completed	
		Revision of departmental guidelines	Q2	On Target	
	19.3.3 Continue annual patient and staff surveys			Completed	
	19.3.4 Continue to utilise national access criteria (National Guidelines for Colonoscopy) at single point of triage	Work closely with South Island group to improve wait times		Completed	
	19.3.5 Support nurse endoscopy training	Develop and maintain nurse endoscopy training programme over next 3 years		Completed	

On Target Caution Critical Completed Not Started

20 Improving Access to Elective Surgery

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
20.1 Elective Surgery	20.1.1 Delivery on the agreed electives volume schedule to meet the Electives Health Target	Monitor performance against the elective surgery production plan - ongoing		On Target	
	20.1.2 Production plans are developed, monitored, and where necessary modified, based on achieving (or working towards) performance requirements and equity of access	Elective standardised intervention rates - SI4 - ongoing		On Target	
	20.1.3 Prioritise patients using national, or nationally recognised tools, treating in accordance with assigned priority and waiting time, and implementing national tools as they become available			On Target	
	20.1.4 Continue refinement of the e-Referral tool Electronic Request Management System (ERMS) to help streamline and improve referral processes	Number of e-Referrals logged		On Target	
	20.1.5 Ongoing participation in the National Patient Flow System	Patient level data is reported into the National Patient Flow collection, in line with specific requirements		On Target	
	20.1.6 Undertake a district wide review of outpatient services focusing on equity of access; including a review of FSA to follow up ratios based on comparisons with the NZ ratio of first to follow ups	Engage with stakeholders and providers on implementing equitable volumes for sub-populations	Q2	On Target	
		Test feasibility of a single district wide waiting list for outpatient services	Q2	On Target	
	20.1.7 Implement Mobility Action Programme (MAP) as wrap-around (i.e. multi-disciplinary) approach to patients with osteoarthritis based in a community setting	Commence implementation of Mobility Action Plan (dependent on approval and funding from MoH)		Critical	WellSouth and the DHB were unsuccessful in their Request For Proposal (RFP). Contract was awarded to Rata South
		Recruit lead Physiotherapist		Not Started	WellSouth and the DHB were unsuccessful in their Request For Proposal (RFP). Contract was awarded to Rata South
		MAP sessions planned and commenced	Q2	Not Started	WellSouth and the DHB were unsuccessful in their Request For Proposal (RFP). Contract was awarded to Rata South
		Evaluate MAP implementation	Q4	Not Started	WellSouth and the DHB were unsuccessful in their Request For Proposal (RFP). Contract was awarded to Rata South
20.2 Align Electives Delivery across the South Island	20.2.1 Continue active participation in the development of regional pathways that can then be localised to improve consistency in processes, equity of access and outcomes			On Target	
	20.2.2 Support the regional major trauma work-stream and the development and implementation of a three year action plan	Agree regional clinical guidelines for the management of trauma	Q4	Not Started	
		Commence capturing and recording data for the NZ Major Trauma Minimum Dataset	Q4	Not Started	
	20.2.3 Work with South Island DHBs to support the regional delivery of additional elective surgical discharges			On Target	

On Target Caution Critical Completed Not Started

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
	20.2.4 Support the South Island Alliance and Canterbury DHB working alongside Counties Manukau DHB, the Ministry of Health, ACC and the St John Ambulance Service to implement the national Spinal Cord Impairment Action Plan.			●	

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● On Target ● Caution ● Critical ● Completed ● Not Started

Southern Māori Health Plan 2016/17 –Progress Report Quarter 1

Quarter 1 - Progress Report

Planning & Funding

DELIVERING ON PRIORITIES AND TARGETS

PROGRESS ON THE MĀORI HEALTH PLAN 2016/17

Progress	Milestones Dashboard
●	On Target
●	Caution
●	Critical
●	Complete
●	Not Started
Reporting Schedule	
Quarter 1	July – September
Quarter 2	October – December
Quarter 3	January – March
Quarter 4	April - June

CONTENTS

1 Ethnicity Data Quality

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
1.1 Ethnicity Audits	1.1.1 WellSouth to implement the Primary Care EDAT in all practices with support and education provided by WellSouth Practice Support staff.	WellSouth to monitor and report on the number of completed Primary Care EDAT across all General Practices by December 2016.	Q3	●	
	1.1.2 Ethnicity data matching will occur between primary, secondary and others as identified, to track and monitor the performance of WellSouth programmes and services.	WellSouth to monitor and report quarterly.	Q1, Q2, Q3, Q4	●	
	1.1.3 WellSouth Practice Support staff will engage with General Practices each quarter, to facilitate the sharing of best practice Ethnicity Data processes.	Well South to monitor and report quarterly.	Q1, Q2, Q3, Q4	●	

● On Target ● Caution ● Critical ● Completed ● Not Started

2 Access to Care

Progress on Delivering on Priorities and Targets: Annual Plan Actions

Section		Actions/Activity		Measures	Time-frame	Progress	Progress Narrative
2.1	PHO Enrolment	2.2	WellSouth to monitor and provide practice support to General Practices to implement the National Enrolment Scheme in alignment with agreed MOH timeframes.	WellSouth to monitor and report on the number of General Practices who have implemented the National Enrolment Scheme per quarter.	Q1, Q2, Q3, Q4	●	
		2.3	WellSouth to identify PHO enrolment gaps by ethnicity and geographical location and work in partnership with General Practices, Māori Health Providers and Te Kākano Nurse Led Clinics to increase Māori enrolments to 90% by quarter three.	WellSouth to monitor and report on the percentage of new Māori enrolments within the PHO each quarter.	Q1, Q2, Q3, Q4	●	
		2.4	WellSouth to promote utilisation of the WellSouth Outreach Service to increase PHO enrolments, access and uptake of primary care health screening services for Māori.	WellSouth to monitor and report on the number of new referrals for health screening services; number of new enrolments into General Practice provided by the WellSouth Outreach Service, quarterly.	Q1, Q2, Q3, Q4	●	
		2.5	WellSouth to promote utilisation of the WellSouth Voucher Programme for Māori to increase PHO enrolment, engagement and access to General Practice appointments and costs for pharmaceuticals.	WellSouth to monitor and report on the number of WellSouth Vouchers used for Māori to access General Practice visits and pharmaceuticals per quarter	Q1, Q2, Q3, Q4	●	
2.6	Ambulatory Sensitive Hospital Admissions	2.7	WellSouth to increase access to primary care services by working with Māori Health Providers, Te Kākano Nurse Led Clinics, WellSouth Outreach Service and others to reduce admission rates across the age span.	SDHB will monitor and report on hospital admission rates for Māori aged 0-4 years and Māori aged 45 - 64 years.	Q1, Q2, Q3, Q4	●	
		2.8	WellSouth to maintain 100% coverage of the under 13 scheme.	WellSouth to monitor and report on the number of practices that deliver the Under 13 scheme.	Q2, Q4	○	
		2.9	WellSouth Outreach to work in partnership with General Practices, Te Kākano Nurse Led Clinics and Māori Health Providers to improve childhood Asthma management care planning that will assist with reducing hospital admissions for Māori and Pacific children.	SDHB to monitor and report on hospital admission data for Māori and Pacific children 0-4 years with Asthma and update WellSouth quarterly.	Q1, Q2, Q3, Q4	●	
		2.10	WellSouth to promote utilisation of the WellSouth Voucher Programme for Māori to increase PHO enrolment, engagement and access to General Practice appointments and pharmaceutical costs.	WellSouth to monitor and report on the number of WellSouth Vouchers used for Māori to access General Practice visits and pharmaceuticals per quarter.	Q1, Q2, Q3, Q4	●	

● On Target ● Caution ● Critical ● Completed ○ Not Started

3 Child Health – Breastfeeding

Progress on Delivering on Priorities and Targets: Annual Plan Actions

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
3.1 Breastfeeding	3.2 SDHB Maternity Quality & Safety Programme Coordinator in partnership with the WellSouth Health Promotion team will undertake Māori community consultation to inform the development and implementation of new programmes and resources that promotes breastfeeding to Māori women	SDHB Maternity Quality & Safety Programme Coordinator and the WellSouth Health Promotion team to report on the outcomes of the Māori community consultation process that will inform future programmes and resources.	Q4		
	3.3 SDHB Maternity Quality & Safety Programme Coordinator will distribute and evaluate the Mama Aroha Cards with an education training package to Lead Maternity Carers and Well Child Tamariki Ora Providers, using tikaka best practice to promote the increase of breastfeeding for Māori.	SDHB Maternity Quality & Safety Programme Coordinator to report on the number of cards distributed, the number of education sessions held and the effectiveness of the training programme.	Q3		
	3.4 WellSouth Health Promotion team to provide the Breastfeeding Peer Support Service – Breastfeeding Support Otago and Southland (BFSOS) and courses that incorporate Māori models of care, for Māori women in partnership with the maternity and parenting support sectors.	WellSouth Health Promotion team to report on the number of new Māori Peer Supporters and BFSOS courses delivered for Māori quarterly.	Q2, Q4		
	3.5 SDHB will maintain Baby Friendly Hospital Initiative (BFHI) Accreditation.	SDHB Baby Friendly Hospital Initiative Coordinator will monitor and report on achieving the BFHI accreditation annually.	Q4		

On Target Caution Critical Completed Not Started

4 Cancer Screening

Progress on Delivering on Priorities and Targets: Annual Plan Actions

Section		Actions/Activity		Measures	Time-frame	Progress	Progress Narrative
4.1	Breast	4.2	Pacific Radiology Group Primary Care Liaison, SDHB, WellSouth and Māori Health Providers will data match to identify eligible Māori women who are overdue and facilitate a mammography.	SDHB will report on new initiatives and the number of overdue eligible Māori women who have received a mammogram quarterly.	Q1, Q2, Q3, Q4	●	
		4.3	Pacific Radiology Group, SDHB, WellSouth and Māori Health Providers will identify eligible women who are un-enrolled and enrol into BreastScreen Aotearoa (BSAotearoa) National Screening Programme.	SDHB to report on the number of new un-enrolled eligible women who are enrolled onto BreastScreen Aotearoa National Screening Programme.	Q2, Q4	●	
		4.4	Pacific Radiology, WellSouth, SDHB, Māori Health Providers and others will promote the BreastScreen South Mobile Unit timetable/services with a focus on rural regions and in collaboration with community cervical screening clinics.	WellSouth and SDHB to report on the percentage of eligible Māori women accessing the Mobile Unit in the rural regions quarterly.	Q1, Q2, Q3, Q4	●	
4.5	Cervical	4.6	SDHB, National Cervical Screening Unit and WellSouth to data match to identify Māori women who are not enrolled on the NCS programme and actively enrol into the NCS Programme.	SDHB and WellSouth to monitor and report on the number of new eligible Māori women (aged 25-69) registered on the NCSP monthly.	Q1, Q2, Q3, Q4	●	
		4.7	SDHB and WellSouth Outreach provide clinical support for additional Cervical Screening GP clinics/home visits/community clinics (in collaboration with BS South Mobile Unit – rural as needed) to increase enrolment and access for Māori women.	SDHB and WellSouth to monitor and report on the percentage of eligible Māori women (aged 25-69) receiving a cervical smear in the past 36 months.	Q1, Q2, Q3	●	
		4.8	SDHB, WellSouth and Māori Health Providers to promote CS Awareness Month; smear taker updates; community events and other planned initiatives.	SDHB and WellSouth to report on the percentage of Māori women who received a cervical screening during promotional events.	Q1, Q2, Q3, Q4	●	
		4.9	SDHB to identify Māori women who DNA for Colposcopy Services and work with SDHB Māori Health Directorate, Māori Health Providers and WellSouth Outreach Nurses to increase access to services and facilitate attendance.	SDHB to report on the percentage of Māori women who receive colposcopy services.	Q1, Q2, Q3, Q4	●	
		4.10	SDHB and WellSouth to promote the HPV immunisation vaccine programme in schools and General Practice to reduce incidence of cervical cancer.	SDHB to monitor and report on the percentage of Māori who have received the HPV immunisation vaccine programme.	Q1, Q2	●	

● On Target ● Caution ● Critical ● Completed ● Not Started

5 Tobacco

Progress on Delivering on Priorities and Targets: Annual Plan Actions

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
5.1 Tobacco	5.2 WellSouth to support General Practice to identify their Māori enrolled population who smoke and offer education, support and resources to become smokefree within the last 15 months.	WellSouth to monitor and report the percentage of enrolled Māori smokers offered support to become smokefree.	Q1, Q2, Q3, Q4	●	
	5.3 SDHB to support hospital employed Midwives or Lead Maternity Carers to identify, offer advice and support to Māori pregnant women to quit.	SDHB to monitor and report the percentage of Māori pregnant women offered advice and support to quit smoking.	Q1, Q3	●	
	5.4 SDHB Smokefree Coordinators, Māori Health Providers and others will work in partnership to identify pregnant women who are smokers and develop community initiatives that support, at the earliest possible stage, pregnant Māori women to become smokefree.	SDHB to monitor and report the percentage of pregnant Māori women who are smokefree 2 weeks post-natal.	Q1, Q2, Q3, Q4	●	
	5.5 SDHB to implement Pepi Pods project for pregnant women who have been identified as smokers by WCTO and LMCs – key messages from Safe Start will include breastfeeding, sleeping and immunisation.	SDHB to monitor and report on the number of Pepi Pod provided to whānau.	Q1, Q2, Q3, Q4	●	
	5.6 WellSouth and SDHB Public Health South to continue with the Little Lungs - Pukahukahu Iti programme in preschools and Kōhanga Reo.	WellSouth to monitor and report on the number of preschools and Kōhanga Reo that participate in Little Lungs Pukahukahu Iti.	Q1, Q2, Q3, Q4	●	

● On Target ● Caution ● Critical ● Completed ● Not Started

6 Immunisation

Progress on Delivering on Priorities and Targets: Annual Plan Actions

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
6.1 Childhood Immunisation	6.2 WellSouth, General Practice, SDHB Immunisation Outreach Service, VLCA Services, WCTO Providers and others to offer immunisation for Māori children at each event milestone to achieve immunisation health targets at ages 8 months, 2 years and 4 years by age 5 years.	SDHB to monitor and report on the percentage of children fully immunised at ages 8 months; 2 years; 4 years by age 5.	Q1, Q2, Q3, Q4	●	
	6.3 SDHB Services, WellSouth, General Practice, Māori Health Providers and others to offer 12-20 year old girls their completed doses of HPV vaccine.	SDHB to monitor and report on the percentage of 12 year old girls who have completed all doses of their HPV vaccine.	Q1, Q2, Q3, Q4	●	
	6.4 Identify immunisation status of children presenting at hospital (emergency department, inpatient and outpatient) and opportunistically vaccinate or refer for immunisation if not up to date.	All Māori children presenting to hospital will have their immunisation status identified and be vaccinated or referred for immunisation if not up to date.	Q1, Q2, Q3, Q4	●	
	6.5 SDHB Immunisation Outreach and WellSouth Outreach to facilitate 8 month old vaccinations and undertake monthly audits of babies about to reach the 8 month target to ensure correct data entry, while monitoring and reporting the decline rates to WellSouth and SDHB.	SDHB NIR to report on the number of babies who have not received their 8 month vaccinations and undertake monthly audits to ensure correct data entry.	Q1, Q2, Q3, Q4	●	
6.6 Influenza Immunisation	6.7 WellSouth to identify eligible Māori aged 65 years and older and offer the influenza vaccine at seasonal flu clinics or in conjunction with a GP/Practice Nurse appointment.	WellSouth to report on the percentage of eligible Māori who will receive the seasonal influenza immunisation.	Q3, Q4	●	

● On Target ● Caution ● Critical ● Completed ● Not Started

7 Rheumatic Fever

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
7.1 Rheumatic Fever	7.2 SDHB and WellSouth to continue with the implementation of the endorsed SDHB Rheumatic Fever Prevention Plan.	SDHB to monitor and report on the Public Health partnership that provides surveillance function for Rheumatic Fever.	Q2, Q4	●	
	7.3 SDHB to maintain a register of patients with Rheumatic Fever.	SDHB to monitor and report on the number of active Rheumatic Fever cases (still receiving treatment).	Q1, Q2, Q3, Q4	●	
	7.4 SDHB will undertake a review of each new identified case involving Rheumatic Fever.	SDHB to monitor and report to the Ministry of Health on the root cause analysis of each new Rheumatic Fever case, including actions taken and lessons learned (PP28).	Q1, Q2, Q3, Q4	●	
	7.5 WellSouth to continue the Rheumatic Fever Programme that provides access to Rheumatic Fever services at no cost to the patient.	WellSouth to monitor and report on the number of Rheumatic Fever cases using primary care services and pharmaceuticals.	Q1, Q2, Q3, Q4	●	

● On Target ● Caution ● Critical ● Completed ● Not Started

8 Oral Health

Progress on Delivering on Priorities and Targets: Annual Plan Actions

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
8.1 Oral Health	8.2 SDHB Oral Health Service, WellSouth, Lead Maternity Carers, Māori Health Providers and others will work in partnership with Māori whānau new born and pre-school children who are not enrolled and promote enrolment into the COHS.	SDHB to monitor and report on the percentage of new born and pre-school children who are enrolled in the Community Oral Health Service.	Q1, Q2, Q3, Q4	●	
	8.3 SDHB Oral Health Service, WellSouth, Lead Maternity Carers, Māori Health Providers, Kōhanga Reo and others will work in partnership on health promotion initiatives that promote Community Oral Health Services for Māori children and whānau.	SDHB will monitor and report on new health promotion initiatives to promote better oral health services.	Q1, Q2, Q3, Q4	●	
	8.4 WellSouth will work in partnership with General Practices, Māori Health Providers and others to promote and ensure access for Māori with significant oral health issues to the School of Dentistry in Dunedin.	WellSouth will monitor and report on the percentage of high needs Māori who are referred to the School of Dentistry in Dunedin for treatment.	Q1, Q2, Q3, Q4	●	
	8.5 Scope new birth enrolment with a view to identify opportunities to increase enrolments.	SDHB COHS to Increase the number of Māori 5 year old children who are caries free, monitor and report.	Q1, Q2, Q3, Q4	●	

● On Target ● Caution ● Critical ● Completed ● Not Started

9 Mental Health

Progress on Delivering on Priorities and Targets: Annual Plan Actions

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
9.1 Mental Health	9.2 SDHB to embed the Six Core Strategies to reduce the utilisation of seclusion and restraint for Māori.	SDHB to monitor and report on the percentage of Māori who are secluded and where restraint is utilised.	Q1, Q2, Q3, Q4	●	
	9.3 A partnership agreement between MHAID and MHD to ensure increased access for Māori patients to dedicated Kaupapa Māori Mental Health Services and use of cultural assessment tools.	SDHB to monitor and report on the utilisation of Māori who access inpatient and SDHB Māori Health Directorate – Māori Mental Health Services, quarterly.	Q1, Q2, Q3, Q4	●	
	9.4 SDHB Mental Health, Addictions and Intellectual Disability Directorate (MHAIDD) and SDHB Māori Health Directorate (MHD) to build on Community Treatment Orders (section 29) pathways of care so that whānau are included in the decision making process prior to patient discharge back to their home/community.	SDHB to monitor and report on the Community Treatment Order pathways of care project progress.	Q2, Q3, Q4	●	
	9.5 SDHB to ensure DAMHS involvement in collaboration with SDHB Mental Health Senior Clinicians in planning and decision making to reduce the rate of community treatment orders.	SDHB to monitor and report on the number of Māori receiving Community Treatment Orders quarterly	Q2, Q3, Q4	●	

● On Target ● Caution ● Critical ● Completed ● Not Started

10 Sudden Unexpected Death in Infancy (SUDI)

Progress on Delivering on Priorities and Targets: Annual Plan Actions

Section	Actions/Activity	Measures	Time-frame	Progress	Progress Narrative
10.1 Sudden Unexpected Death in Infancy (SUDI)	10.2 The Child Youth Mortality Review Committee (CYMRC) will review Māori SUDI rates with findings and make recommendations to LMCs, WellChild Tamariki Ora Services and Māori Health Providers.	The CYMRC will monitor and report on reduction in Māori SUDI deaths in the Southern district.	Q1, Q2, Q3, Q4	●	
	10.3 SDHB to implement a district wide Safe Sleep Policy for all hospital facilities and provide SDHB staff, LMCs, WCTO and other providers education in SUDI prevention.	SDHB will monitor and report on the implementation process for the Safe Sleep Policy and utilisation of staff education programmes.	Q1, Q2, Q3, Q4	●	
	10.4 SDHB to provide accessible and appropriate antenatal and early parenting education to Māori women and whānau (incorporating safe sleep practice, breastfeeding and smoke free health literacy).	SDHB will monitor and report on the utilisation of the Antenatal and Early Parenting Education Programme for Māori whānau.	Q1, Q2, Q3, Q4	●	
	10.5 SDHB will provide education and work with LMCs, SDHB hospital midwives and Well Child Tamariki Ora Services to ensure safe sleep practice is implemented in SDHB hospital settings.	SDHB will monitor and report on the utilisation of Safe Sleep Practice and Policies within SDHB and Māori Health Providers with WCTO Services.	Q2, Q4	●	
	10.6 SDHB will work in partnership with LMCs and WCTO Providers to promote a safe baby's sleep environment at home. If a safe sleep place is not identified then a Pepi Pod will be provided.	SDHB will monitor and report on the percentage of Pepi Pods provided to whānau.	Q1, Q2, Q3, Q4	●	

● On Target ● Caution ● Critical ● Completed ● Not Started

SOUTHERN DISTRICT HEALTH BOARD

Title:	**CONTRACTS REGISTER**
Report to:	Community & Public Health and Disability Support Advisory Committees
Date of Meeting:	22 November 2016

Summary:

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

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

Financial:	Nil
Workforce:	Nil
Other:	Nil

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

Prepared by: Planning and Funding Staff **Date:** 10 November 2016	**Presented by:** Sandra Boardman Executive Director Planning and Funding

RECOMMENDATION:

1. That the Committees note the attached Contracts Register.

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FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) OCTOBER 2016

PROVIDER NAME	DESCRIPTION OF SERVICES	ANNUAL AMOUNT	CONTRACT/VARIATION END DATE	APPROVED BY
Contract Value of - $0 - $100,000 (Level 3)				
WellSouth Primary Health Network New Service Schedule	GP Champions Mental Health & Addictions	$40,000.00 (Total Contract Value $83,000.00)	31-Mar-16	EDP&F 20-Apr-16
Otago Community Hospice New Agreement	Palliative Care Services for named individual	$8,015.20	27-Oct-16	Acting EDP&F 4-Oct-16
Presbyterian Support Otago Variation to Agreement	Long Term Support-Chronic Health Conditions	$64,935.00 value p.a.)	03.08.20	Acting EDP&F 04.10.16
Waiau Health Trust Variation to Agreement	Day Activity	$19,760.00 (Total Contract Value $29,640.00)	31.12.17	EDP&F 14.10.16
	Total for Level 3	**$ 92,710.20**		
Contract Value of - $100,000 - $500,000 (Level 2)				
	Total for Level 2	**$ -**		
Contract Value of - $500,000 - 1 Million (Level 1)				
	Total for Level 1	**$ -**		
Contract Value of - $1 Million and Over (Commissioner)				
	Total for Board Level	**$ -**		
	Grand Total	**$ 92,710.20**		

Closed Session:

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

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

General subject:	*Reason for passing this resolution:*	*Grounds for passing the resolution:*
1. Previous Public Excluded Meeting Minutes	As set out in previous agenda.	As set out in previous agenda.
2. Southern Community Laboratory (SCL) Contract Negotiation	To allow activities and negotiations (including commercial negotiations) to be carried on without prejudice or disadvantage.	Section 9(2)(j) of the OIA.
3. Contract Approvals	To allow activities and negotiations (including commercial negotiations) to be carried on without prejudice or disadvantage.	Section 9(2)(j) of the OIA.