DISABILITY SUPPORT ADVISORY COMMITTEE AND COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE

Wednesday, 1 October 2014, 9.00 am

Board Room, Level 2, Main Building,
Wakari Hospital, Dunedin

A G E N D A

Tab

1. Welcome
2. Apologies
3. Interests Registers
4. Previous Minutes
5. Matters Arising
6. Presentation – Primary Care
7. Review of Action Sheet
8. Planning & Funding Team Report
   - 8.1 Public Health South (PHS) Report
   - 8.2 Primary Health Organisation (PHO) Report
9. Financial Performance Report
10. Work Plan
11. Resolution to Exclude the Public

Closed Session:

RESOLUTION:
That the Disability Support Advisory Committee and Community & Public Health Advisory Committees 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 2000 for the passing of this resolution are as follows:

General subject:	*Reason for passing this resolution:*	*Grounds for passing the resolution:*
1. Previous Minutes	As per reasons set out in previous agenda	S 34(a), Schedule 4, NZ Public Health and Disability Act 2000 – that the public conduct of this part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under sections 9(2)(i), 9(2)(j) and 9(2)(f)(iv) of the Official Information Act 1982, that is, the withholding of the information is necessary to enable a Minister of the Crown or any Department or organisation holding the information to carry out, without prejudice or disadvantage, commercial activities and negotiations, and to maintain the constitutional convention protecting the confidentiality of advice tendered by Ministers of the Crown and officials.

An apology has been received from Mr Neville Cook.

SOUTHERN DISTRICT HEALTH BOARD

INTERESTS REGISTER

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
Joe BUTTERFIELD (Chairman)	21.11.2013 06.12.2010	Membership/Directorship/Trusteeship: 1. Beverley Hill Investments Ltd 2. Footes Nominees Ltd 3. Footes Trustees Ltd 4. Ritchies Transport Holdings Ltd (alternate) 5. Ritchies Coachlines Ltd 6. Ritchies Intercity ltd 7. Robert Butterfield Design Ltd 8. SMP Holdings ltd 9. Burnett Valley Trust 10. Burnett Family Charitable Trusts Son-in-law: 11. Partner, Polson Higgs, Chartered Accountants. 12. Trustee, Corstorphine Baptist Community Trust	1. Nil 2. Nil 3. Nil 4. Nil 5. Nil 6. Nil 7. Nil 8. Nil 9. Nil 10. Nil 11. Does some accounting work for Southern PHO. 12. Has a mental health contract with Southern DHB.
Tim WARD* (Deputy Chair)	14.09.2009 01.05.2010 01.05.2010	1. Partner, BDO Invercargill, Chartered Accountants. 2. Trustee, Verdon College Board of Trustees. 3. Council Member, Southern Institute of Technology (SIT).	1. May have some Southern DHB patients and staff as clients. 2. Verdon is a participant in the employment incubator programme. 3. Supply of goods and services between Southern DHB and SIT.
John CHAMBERS	09.12.2013	1. Employee Southern DHB and Vice President of ASMS (Otago Branch) 2. Employed 0.05 FTE as an Honorary Lecturer of the Dunedin Medical School 3. Director of Chambers Consultancy Ltd Wife: 4. Employed by the Southern DHB (NIR Co-ordinator)	1. Union (ASMS) role involves representing members (salaried senior doctors and dentists employed in the Otago region including by SDHB) on matters concerning their employment and, at a national level, contributing to strategies to assist the recruitment and retention of specialists in New Zealand public hospitals. 2. Possible conflicts between SDHB and University interests. 3. Consultancy includes performing expert reviews and reports regarding patient care at the request of other DHBs and the Office of the Health and Disability Commissioner.
Neville COOK	04.03.2008 26.03.2008 11.02.2014	1. Councillor, Environment Southland. 2. Trustee, Norman Jones Foundation. 3. Southern Health Welfare Trust (Trustee).	1. Nil. 2. Possible conflict with funding requests. 3. Southland Hospital Trust.

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
Sandra COOK	01.09.2011	1. Te Runanga o Ngāi Tahu	1. Holds a "right of first refusal" over certain Crown properties. Also seen as a Treaty partner and affiliates may hold contracts from Southern DHB from time to time. Is also a founding member of the Whānau Ora commissioning agency, Te Putahitanga o Te Waipounamu, established March 2014.
Kaye CROWTHER	09.11.2007 14.08.2008 12.02.2009 05.09.2012 01.03.2012	1. Employee of Crowe Horwath NZ Ltd 2. Trustee of Wakatipu Plunket Charitable Trust. 3. Corresponding member for Health and Family Affairs, National Council of Women. 4. Trustee for No 10 Youth Health Centre, Invercargill. 5. DHB representative on the Gore Social Sector Trial Stakeholder Group.	1. Possible conflict if DHB contracts HR services from JCL and Progressive Consulting, which are subsidiaries of Crowe Horwath NZ Ltd 2. Nil. 3. Nil. 4. Possible conflict with funding requests. 5. Nil.
Mary GAMBLE	09.12.2013	1. Member, Rural Women New Zealand.	1. RWNZ is the owner of Access Home Health Ltd, which has a contract with the Southern DHB to deliver home care.
Anthony (Tony) HILL	09.12.2013	1. Chairman, Southern PHO Community Advisory Committee and ex officio Southern PHO Board. 2. Secretary/Manager, Lakes District Air Rescue Trust.	1. Possible conflict with PHO contract funding. 2. Possible conflict with contract funding.
Tuari POTIKI	09.12.2013 05.08.2014	1. University of Otago staff member. 2. Deputy Chair, Te Rūnaka o Ōtākou. 3. Chair, NZ Drug Foundation. 4. Director, Te Tapuae o Rehua Ltd 5. Director Te Rūnaka Ōtākou Ltd	1. Possible Conflicts between Southern DHB and University interests. 2. Possible conflict with contract funding. 3. Nil. 4. Nil 5. Nil
Branko SIJNJA*	07.02.2008 04.02.2009 22.06.2010 08.05.2014	1. Director, Clutha Community Health Company Limited. 2. 0.8 FTE Director Rural Medical Immersion Programme, University of Otago School of Medicine. 3. 0.2 FTE Employee, Clutha Health First General Practice. 4. President, New Zealand Medical Association	1. Operates publicly funded secondary health services under contract to Southern DHB. 2. Possible conflicts between Southern DHB and University interests. 3. Employed as a part-time GP.
Richard THOMSON	13.12.2001 23.09.2003	1. Managing Director, Thomson & Cessford Ltd. 2. Chairperson and Trustee, Hawksbury Community Living Trust. 3. Trustee, HealthCare Otago Charitable Trust.	1. Thomson & Cessford Ltd is the company name for the Acquisitions Retail Chain. Southern DHB staff occasionally purchase goods for their departments from it.

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
	29.03.2010 06.04.2011 21.11.2013 & 03.04.2014	4. Chairman, Composite Retail Group. 5. Councillor, Dunedin City Council. 6. Three immediate family members are employees of Dunedin Hospital (Radiographer and Anaesthetic Technician).	2. Hawksbury Trust runs residential homes for intellectually disabled adults in Otago and Canterbury. It does not have contracts with Southern DHB. 3. Health Care Otago Charitable Trust regularly receives grant applications from staff and departments of Southern DHB, as well as other community organisations. 4. May have some stores that deal with Southern DHB.
Janis Mary WHITE (Crown Monitor)	31.07.2013	1. Member, Pharmac Board. 2. Chair, CTAS (Central Technical Advisory Service).	

*Mr Ward and Dr Sijnja have both tendered their resignations from SCL Otago Southland Ltd (SCLOS) but these cannot be effected until contract variation executed by SDHB and SCLOS constitution varied.

SOUTHERN DISTRICT HEALTH BOARD

INTERESTS REGISTER FOR THE EXECUTIVE MANAGEMENT TEAM

As at August 2014

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
Steve Addison	16.08.2014	1. Chair, Board of Trustees, Columba College 2. Mother-in-law, Gore District Councillor	
Peter Beirne	20.06.2013	Nil	
Sandra Boardman	07.02.2014	Nil	
Richard Bunton	17.03.2004 22.06.2012 29.04.2010	3. Managing Director of Rockburn Wines Ltd. 4. Director of Mainland Cardiothoracic Associates Ltd. 5. Director of the Southern Cardiothoracic Institute Ltd. 6. Director of Wholehearted Ltd. 7. Chairman, Board of Cardiothoracic Surgery, RACS. 8. Trustee, Dunedin Heart Unit Trust. 9. Chairman, Dunedin Basic Medical Sciences Trust.	1. The only potential conflict would be if the Southern DHB decided to use this product for Southern DHB functions. 2. This company holds the Southern DHB contract for publicly funded Cardiac Surgery. Potential conflict exists in the renegotiation of this contract. 3. 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. 4. This company is one used for personal trading and apart from issues raised in '2' no conflict exists. 5. No conflict. 6. No conflict. 7. No conflict.
Donovan Clarke	02.02.2011 26.08.2013	1. Te Waipounamu Delegate, Te Piringa, National Māori Disability Advisory Group. 2. Chairman, Te Herenga Hauora (Regional Māori Health Managers' Forum). 3. Member, Southern Cancer Network Steering Group. 4. Board member, Te Rau Matatini. 5. Te Waipounamu Māori Cancer Leadership Group	1. Nil. 2. Nil. 3. Nil. 4. Nil. 5. Nil.
Carole Heatly	11.02.2014	1. Southern Health Welfare Trust (Trustee).	1. Southland Hospital Trust.

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
Lynda McCutcheon	22.06.2012	1. Member of the University of Otago, School of Physiotherapy, Admissions Committee.	1. Lead contact for University of Otago undergraduate clinical placements (Allied Health, Scientific & Technical professions) in Southern DHB.
Lexie O'Shea	01.07.2007	1. Trustee, Gilmour Trust.	1. Southland Hospital Trust.
John Pine	17.11.201	Nil.	
Dr Jim Reid	22.01.2014	1. Director of both BPAC NZ and BPAC Inc 2. Director of the NZ Formulary 3. Trustee of the Waitaki District Health Trust 4. Employed 2/10 by the University of Otago and am now Deputy Dean of the Dunedin School of Medicine. 5. Partner at Caversham Medical Centre and a Director of RMC Medical Research Ltd.	
Leanne Samuel	01.07.2007 01.07.2007 16.04.2014	1. Southern Health Welfare Trust (Trustee). 2. Member of Community Trust of Southland Health Scholarships Panel. 3. Member National Lead Directors of Nursing and Nurse Executives of New Zealand.	1. Southland Hospital Trust. 2. Nil. 3. Nil.
David Tulloch	23.11.2010 02.06.2011 17.08.2012	1. Southland Urology (Director). 2. Southern Surgical Services (Director). 3. UA Central Otago Urology Services Limited (Director). 4. Trustee, Gilmour Trust.	1. Potential conflict if DHB purchases services. 2. Potential conflict if DHB purchases services. 3. Potential conflict if DHB purchases services. 4. Southland Hospital Trust.

SOUTHERN DISTRICT HEALTH BOARD

DISABILITY SUPPORT ADVISORY COMMITTEE
COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE
APPOINTED MEMBERS

INTERESTS REGISTER

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
Stuart HEAL	16.07.2013	1. Chair, Southern PHO 2. Director, Positiona Ltd 3. Director, NZ Cricket 4. Director, Pioneer Generation Ltd 5. Chair, University Bookshop Otago Ltd 6. Director, Southern Rural Fire authority 7. Director, Triple Seven Distribution Ltd 8. Director, Speak Easy Cellars Ltd 9. Board Member, Otago Community Hospice	1. PHO is contracted to the Southern DHB. 9. Hospice provides contracted services for Southern DHB.

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Southern District Health Board

Minutes of the Joint Meeting of the Disability Support Advisory Committee and Community & Public Health Advisory Committee held on Wednesday, 3 September 2014, commencing at 10.00 am, in the Board Room, Southland Hospital Campus, Invercargill

Present:	Ms Sandra Cook	Chair
	Mr Neville Cook	
	Mrs Kaye Crowther	
	Dr Branko Sijnja	
	Mr Tim Ward	
In Attendance:	Dr John Chambers	Board Member
	Mrs Mary Gamble	Board Member
	Mr Tony Hill	Board Member (from 10.25 am)
	Dr Jan White	Crown Monitor
	Mrs Sandra Boardman	Executive Director, Planning & Funding
	Mr David Dickson	Finance Manager (by videoconference)
	Ms Carole Heatly	Chief Executive Officer
	Mrs Lexie O'Shea	Deputy CEO/Executive Director Patient Services
	Mr David Tulloch	Chief Medical Officer
	Ms Jeanette Kloosterman	Board Secretary (by videoconference)

1.0 WELCOME

The Chairperson welcomed everyone to the meeting.

2.0 APOLOGIES

An apology was received from Mr Ian Macara, Chief Executive, Southern PHO, and Mr Peter Beirne, Executive Director Finance.

Mr Stuart Heal's absence was noted.

3.0 MEMBERS' DECLARATION OF INTEREST

It was noted that Dr Sijnja and Mr Ward were still registered as directors of Southern Community Laboratories Otago Southland Ltd (SCLOS) because their resignations could not be effected until the SCLOS constitution was changed.

It was resolved:

"That the Interests Register be noted."

4.0 PREVIOUS MINUTES

It was resolved:

> "That the minutes of the joint meeting of the Disability Support Advisory Committee and Community & Public Health Advisory Committee held on 2 July 2014 be approved and adopted as a true and correct record."

5.0 MATTERS ARISING

There were no items arising from the previous minutes that were not covered by the agenda.

6.0 ACTION SHEET

The Committees reviewed the action sheet (tab 6) and noted the following advice from management:

- The Southern Health Alliance Leadership Team (SHALT) were working through the Bpac report and were due to meet again on 4 September;
- The SHALT work plan would be submitted to the next meeting.

7.0 PLANNING & FUNDING REPORT

The Planning and Funding summary report (tab 7) was taken as read and the Executive Director Planning & Funding took questions from members.

The Committees:

- Requested the actual number of older people receiving long-term home support who were yet to receive a comprehensive clinical assessment and individual care plan;
- Noted that a reporting framework would be developed for Hāpai te Tūmanako – Raise HOPE, so progress could be monitored;
- Requested an update on the suicide rate trend for the Southern district and the geographical distribution of postvention groups and other initiatives;
- Noted management's advice that there were a number of options to ensure access to medicines throughout the district;
- Requested that, to reduce duplication, the PHO report be incorporated into the Planning & Funding report;
- Requested the number of opportunities that had been provided to early child care centre educators to attend workshops on managing gastro-intestinal disease outbreaks, and how many outbreaks had occurred in early child care centres.

Mr Tony Hill joined the meeting at 10.25 am.

8.0 ANNUAL PLAN 2013/14 PROGRESS REPORT

The Executive Director Planning & Funding presented a report on the achievement of the plans, actions and commitments in the Southern DHB 2013/14 Annual Plan (tab 8), then took questions from members.

The Committees:

- Requested further information on the Hepatitis C strategy;
- Noted that quarterly reporting against the 2014/15 Annual Plan would include progress against actions, as well as targets.

It was resolved:

> "That the Committees note the completed actions and progress on delivering the Annual Plan 2013/14 and the intended actions where activity is incomplete."

9.0 DHB PERFORMANCE – QUARTERLY REPORT

The Committees reviewed the Quarter 4 results for DHB performance against non-financial indicators (tab 9).

10.0 FINANCIAL REPORT

The Finance Manager presented the Funder Financial Report for the period ended 31 July 2014 (tab 10), then took questions from members.

The Committees were informed that the July pharmaceutical result was based on the forecast issued and there was a risk the actual cost could be higher.

11.0 WORK PLAN

The Committees reviewed the DSAC/CPHAC work plan for 2014 (tab 11).

CONFIDENTIAL SESSION

At 11.15 am it was resolved that the public be excluded for the following agenda items.

General subject:	*Reason for passing this resolution:*	*Grounds for passing the resolution:*
1. Previous Minutes	As per reasons set out in previous agenda	S 34(a), Schedule 4, NZ Public Health and Disability Act 2000 – that the public conduct of this part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under sections 9(2)(i), 9(2)(j) and 9(2)(f)(iv) of the Official Information Act 1982, that is, the withholding of the information is necessary to enable a Minister of the Crown or any Department or organisation holding the information to carry out, without prejudice or disadvantage, commercial activities and negotiations, and to maintain the constitutional convention protecting the confidentiality of advice tendered by Ministers of the Crown and officials.
2. Options for Lakes Hospital	To allow activities to be carried on without prejudice or disadvantage.	As above, section 9(2)(j).
3. Options for Infertility Services	To allow commercial activities and negotiations to be carried on without prejudice or disadvantage.	As above, section 9(2)(j).

The meeting closed at 12.10 pm

Confirmed as a correct record:

Chairperson ……

Date ……

Presentation - Primary Care

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DISABILITY SUPPORT ADVISORY COMMITTEE (DSAC) AND COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE (CPHAC)

ACTION SHEET

As at 20 September 2014

MEETING	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
Nov 13 Feb 14 Mar 14	Pharmaceutical Expenditure	Comparative DHB drug costs to be defined per head of population in future reporting. Report to be submitted to March meeting. Timelines and more progressive action requested.	EDP&F	A Service Level Alliance Team is being established, which will oversee work streams including the detailed analysis of prescribing trends within the SDHB district. An Agreement with Bpac has been reached to undertake the analysis and establish mechanisms to ensure prescribing trends are in line with national trends. Bpac will report to the SDHB in April identifying any prescribing outliers, and a process to develop alternative prescribing approaches to align with national prescribing trends.	Ongoing. Bpac have engaged with primary care prescribers to cover areas considered outliers. A letter is to go to hospital prescribers to engage with them to identify areas considered not best practice.
July 14	Southern Health Alliance (Minute item 7.0)	Update on SHALT work plan and timelines to be provided.	EDP&F	Work plan timeline deliverables included in 1 October Planning and Funding Report.	Completed
Sept 14	Health of Older People – InterRAI (Minute item 7.0)	Actual number requested (not %) of older people receiving long-term home support who are yet to receive a comprehensive clinical assessment and individual care plan.	EDP&F	As of 30 June 2014 (we will recalculate at close of Sept '14), 253 Health of Older People HCSS clients have not been assessed using an InterRAI Comprehensive Clinical Assessment (4069 of 4322 clients had).	Completed

MEETING	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
Sept 14	Suicide Prevention (Minute item 7.0)	Update requested on the suicide rate trend for the Southern district and the geographical distribution of postvention groups and other initiatives.	EDP&F	Please see Planning and Funding Report.	Completed
Sept 14	Primary Care (Minute item 7.0)	The PHO report to be incorporated into the Planning & Funding report to reduce duplication.	EDP&F		Completed
Sept 14	Public Health – Support to Early Childhood Education Providers (Minute item 7.0)	Information requested on the number of opportunities provided to early child care centre educators to attend workshops on managing gastro-intestinal disease outbreaks, and how many outbreaks have occurred in early child care centres.	PHS	See Public Health South Report	Completed
Sept 14	Annual Plan 2013/14 – Hepatitis C Strategy (Minute item 8.0)	Further information to be provided on the Hepatitis C Strategy.	PHS	See Public Health South Report	Completed

SOUTHERN DISTRICT HEALTH BOARD

Title:	Planning and Funding Report
Report to:	Disability Support and Community & Public Health Advisory Committees
Date of Meeting:	1 October 2014

Summary:

Monthly report on the Planning and Funding activities and progress to date.

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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: 18 September 2014	Presented by: Sandra Boardman Executive Director Planning & Funding

RECOMMENDATION:

That CPHAC/DSAC note the content of this paper.

PLANNING AND FUNDING REPORT TO THE DISABILITY SUPPORT ADVISORY COMMITTEE AND COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE September 2014

Health of Older People Portfolio

Community Response Forum

Planning & Funding participated in a Community Response Forum in Oamaru, organised by Ministry of Social Development. The Forum was an excellent opportunity to bring agencies and departments together (Age Concern, Housing, District Council, etc) to focus on Older People's issues and concerns.

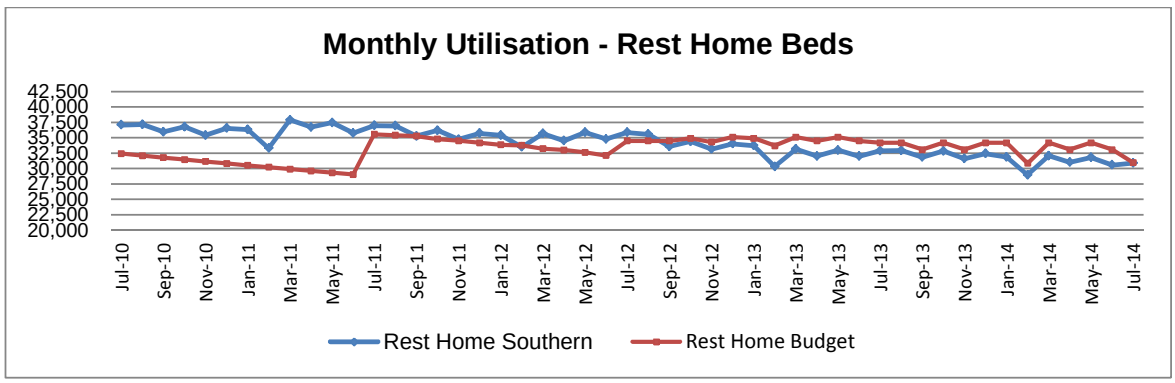
Aged Residential Care

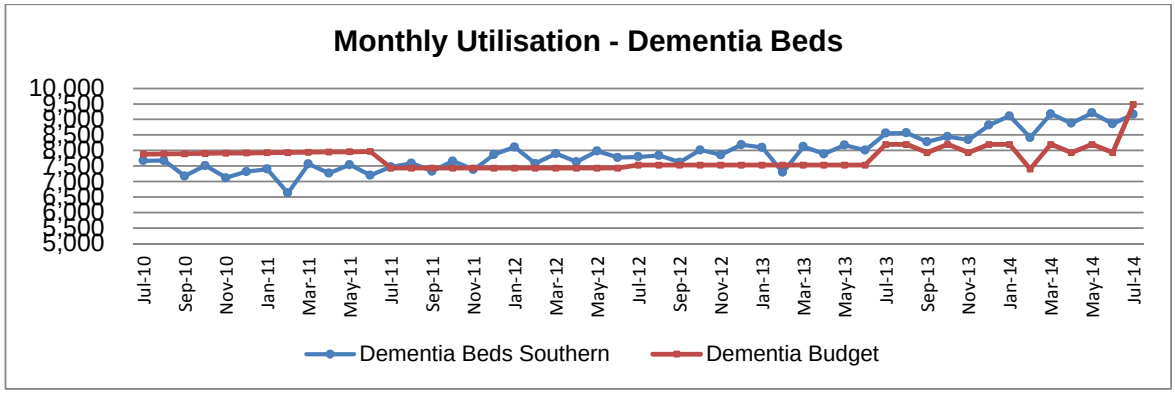
The Minister of Health has announced a 5% increase to Rest Home subsidies from 1 October 2014. The Minister expects many providers will choose to use this to increase staff wages. We are in the process of sending out variations to contracts for this increase, and letters to residents, explaining that the maximum contribution for residents who contribute to their care, will also increase by 5%. This follows a 1% increase to the prices for all levels of care on 1 July 2014.

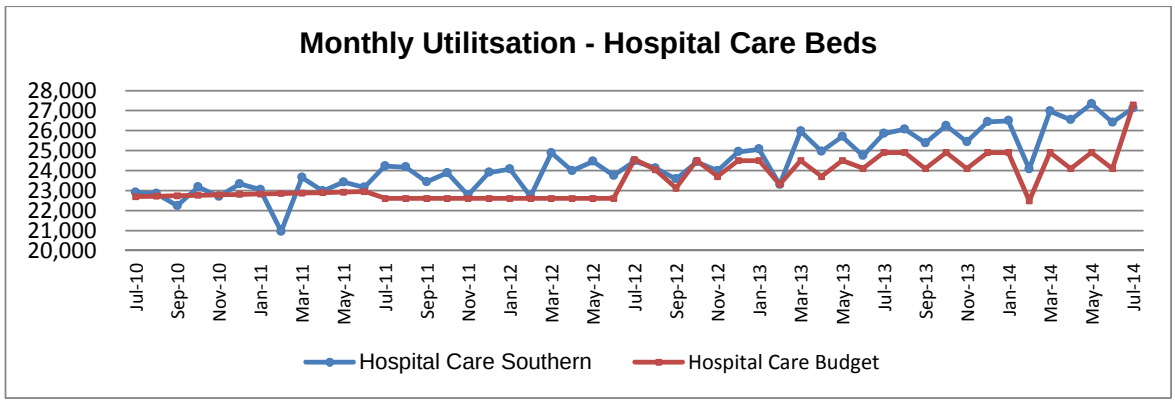
The SDHB Dementia Educator has delivered the first "Walking in Anothers' Shoes" course with 18 Support Workers from Aged Residential Care Dementia Units in the greater Dunedin Area. Feedback from this course was been excellent. A second course, including more support workers from Dunedin Aged Residential Care Dementia Units and expanding to North Otago, South Otago and Central will begin next month. A future course in Southland is planned.

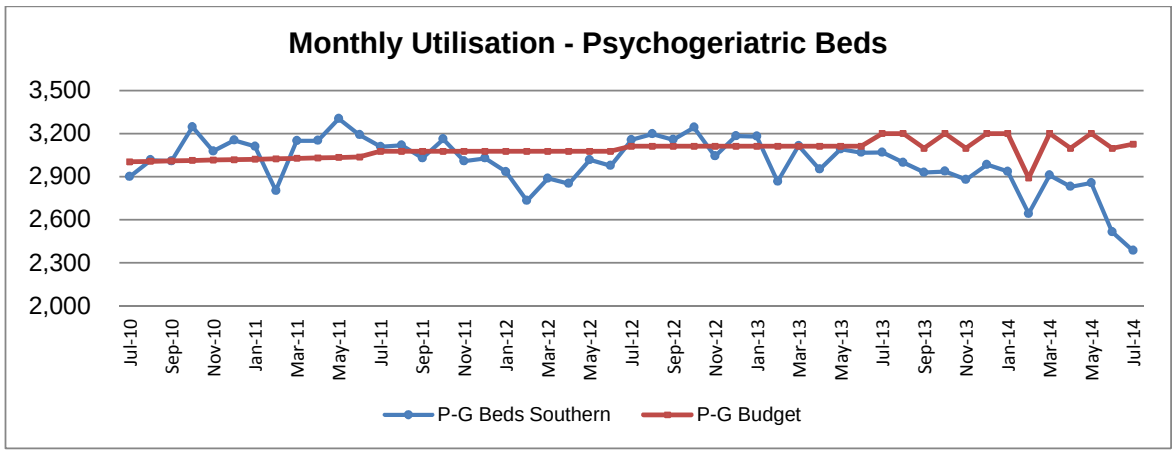
Bed Day Utilisation Rates for Aged Residential Care

The following graphs show the monthly bed utilisation rates for each category of aged residential care against the budget assumptions. The data is drawn from Sector Operations. It should be noted that the data is one month behind that shown in the August financials. Another key difference is that the August financial results also include accruals and some expenditure for Long Term Support for Chronic Health Condition clients.









Home & Community Support Services

The HCSS Alliance continues to develop the bulk funding model of restorative services to our older population. The reporting is showing changes in service delivery to different groups (case mix) of clients that are targeting services to assessed needs. Ninety one percent of our HCSS Older People have goals based care plans.

Long Term Support/ Chronic Health Conditions

Responsibility for Long Term Support/Chronic Health Conditions clients devolved to DHBs in 2011. At that time, SDHB contracted with Access Ability for the NASC (Needs Assessment and Service Coordination) services for these clients. As of next month, these adult clients will receive Needs Assessment and Service Coordination Services from the SDHB Care Coordination Centre. Younger clients will transfer over to DHB services over the next year. Access Ability has provided a valuable service to these clients; however the new arrangements will mean that assessments are undertaken by registered health professionals, using the InterRAI comprehensive assessment tool, and will also ensure that packages of care available to these clients are at similar levels available to other groups of clients.

Mental Health, Addiction & Intellectual Disability Portfolio

An update on Hapai te Tumanako - Raise HOPE and related activities will be provided in the next monthly report.

Suicide Prevention

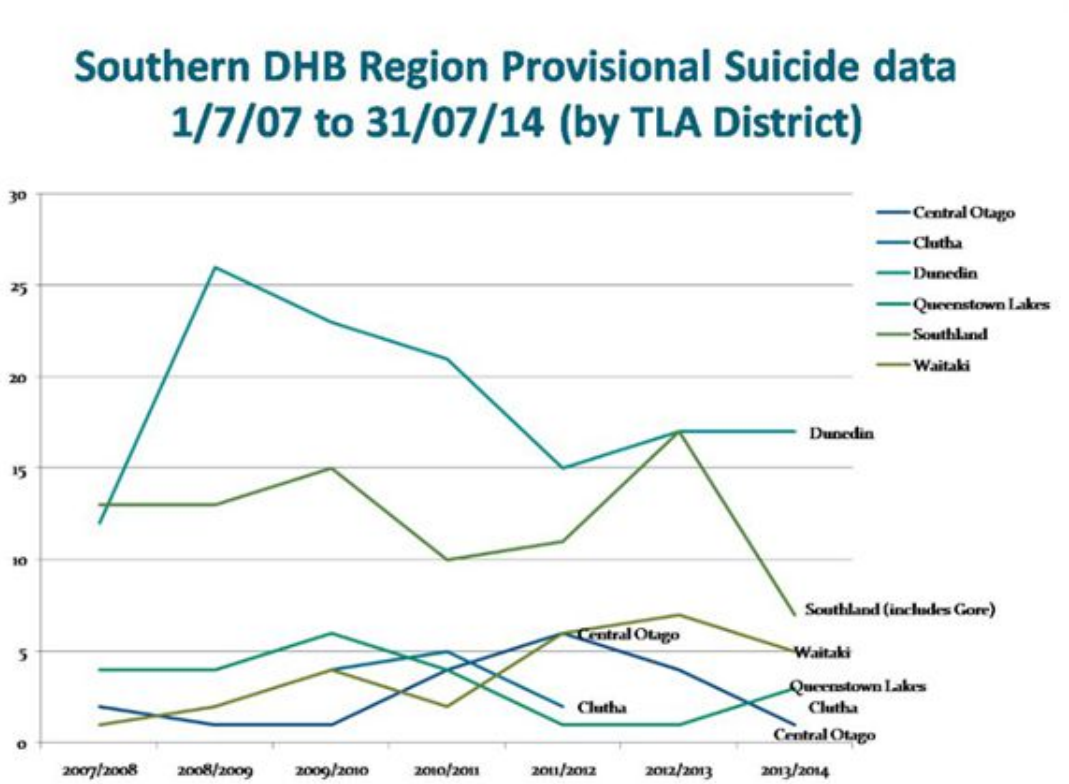
Below is the response to the action point - update requested on the suicide rate trend for the Southern district and the geographical distribution of postvention groups and other initiatives.

Suicide Rate Trend:

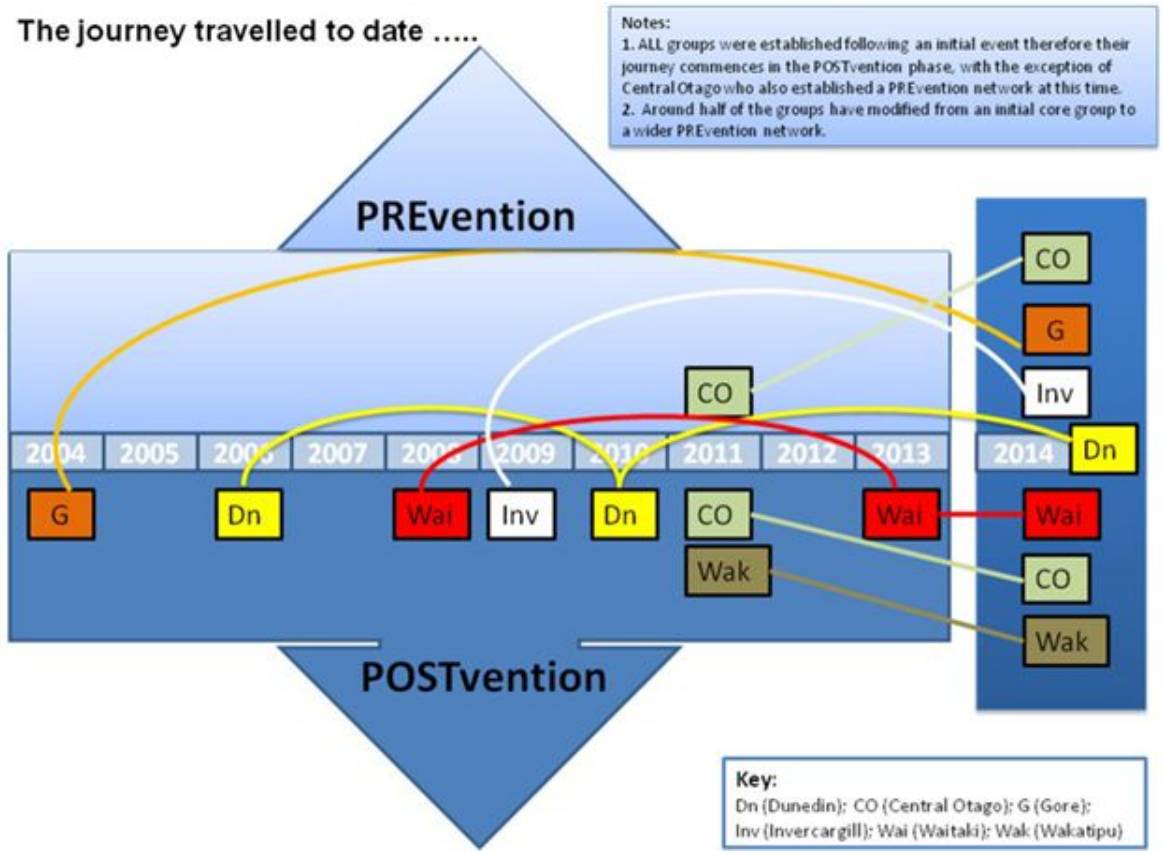
- Completed suicides reduced from 47 last year to 31 in the year to July 2014 in Otago and Southland.
- The majority of the reduction in suicides came from the Southland region, with most Southern TLAs remaining largely at the same rate (see the graph below).
- Statistics on the number of suicides nationally and regionally vary considerably from year to year. It is therefore difficult to know whether the reduction over the last 12 months will continue; or to attribute the reduction to particular actions by the health or social services sectors. However there is considerable work currently being undertaken in southern communities building resiliency in communities, suicide prevention training and awareness, and postvention work.

Geographical distribution of postvention groups and other initiatives:

- The Southern region currently has six community led suicide prevention groups in operation. These are based in Invercargill, Gore, Queenstown, Alexandra, Dunedin and Oamaru (Figure 1). Each group operates differently; some have a sole focus on postvention, others are focussed on general suicide prevention while others take a more global approach to suicide issues. Half the groups have now signed up to a Postvention Plan process, which was initially developed by both the Otago and Southland DHBs, and after May 2010, the Southern DHB, with the guidance of the national Clinical Advisory Services Aotearoa (CASA). CASA's Community Postvention response Service ("CPRS") assists communities experiencing suicidal contagion or suicide clusters. The team can help a community assess if there is a cluster emerging or occurring in the community and how best to respond to the situation. Each postvention plan has been modified to suit each local community's resources and issues.


Southern DHB Region Provisional Suicide data
1/7/07 to 31/07/14 (by TLA District)
30
25
20
15
10
5
0
2007/2008
2008/2009
2009/2010
2010/2011
2011/2012
2012/2013
2013/2014
Central Otago
Clutha
Dunedin
Queenstown Lakes
Southland
Waitaki
Dunedin
Southland (includes Gore)
Central Otago
Waitaki
Queenstown Lakes
Clutha
Clutha
Central Otago


DUNEDIN



Public and Population Health Portfolio

Social Sector Trials

Each Trial location has an Action Plan setting out how the community in their Trial location will work together to achieve their outcomes. Once approved, Plans are accessible on www.msd.social-sector-trials.

Gore Social Sector Trial

Firstly, the Gore Action Plan for 2014/2015 is in the final stages of approval. The Plan has a strategic goal of "young people (5-18) are resilient, healthy and safe members of the community who have the skills and support necessary to achieve success in all aspects of their lives". There are six sections which underpin the direction to be taken in 2014/2015:

- Engaging new stakeholders and building consensus
- Supporting young people to engage in education and training
- Supporting young people to achieve in education, training or employment
- Support young people to make healthy and safe choices
- Supporting young people to be resilient and confident members of their communities
- Empowering professionals, parent/whanau and the wider community to support young people to achieve success in all aspects of their lives.

The main change within the Plan is the expansion of the age range down to five years of age for all outcome areas, and an increase in the age range up to 24 years for the alcohol and drug harm reduction outcome area.

The lowering of the age to five years for the Gore Social Sector Trial has resulted in the establishment of a Cross-Sector Primary School Age Steering Group for the purpose of building relationships, increasing understanding of the Trial and promotion of the outcomes for the younger age group. Membership of the group includes primary principals, Ministry of Education, Youth Worker Trust, Te Iho and public health nursing.

Secondly, the Social Sector Trial in Gore is currently funded to the end of June 2015. Recent Ministerial decisions mean that, in principle, all six tranche one Trials, are to become permanent parts of social sector delivery in their communities from 1 July 2015. This move to permanence is subject to a transition plan being accepted post-election and to ongoing funding being secured through budget processes. During September/October key Ministry officials will meet with the Gore SST Advisory Group and the Trial lead to assist with the production of the draft transition plan, which is to be presented to Ministers in November. At this stage, Ministers have asked that the Trial's existing age range, outcomes and geographical coverage remain the same for the permanent model.

South Dunedin Social Sector Trial

South Dunedin Social Sector Trial, a tranche two trial, is currently funded to 30 June 2015. Notification has been received that all tranche two Trials are likely to be extended for a further two years to June 2017.

All tasks within the existing South Dunedin Social Sector Trial Action Plan continue to be on track.

The Ministry of Social Development is preparing a business case for the establishment of a Youth Employment Hub in South Dunedin as youth unemployment has been identified as a significant issue for this community. The business case intends to build on the significant support many organisations in Dunedin have already expressed to work together to address the high levels of youth unemployment through collaborative community action. Southern DHB has been asked to write and formally support the business case.

A local workshop is to be convened by Child Youth and Family to generate ideas about what else can be put in place at a multi-agency level for young people leaving CYF Care and Protection services.

Challenges arising from Social Sector Trial

The Social Sector Trials involve the Ministries of Social Development, Health, Education, Justice and the New Zealand Police working together with the Trial lead to change the way services are delivered in order to acheive better outcomes. The main challenges for the DHB arising from the trials are:

- Trials focus on a small part of the SDHB population whereas the DHB has a much wider focus for planning, contracting and service delivery. E.g. Trial includes alcohol and drug services for youth in Gore, the DHB plans alcohol and drug services to meet the needs of the entire population and contracts for services for Gore via a provider based in Invercargill. This creates a challenge when determining the health resources available to the pilot.

- Whilst the focus of the trials is youth in the trial area, the pilots are intended to explore the feasibility and potential benefits of a much wider social change model. If the pilot covered the entire Gore population, rather than just youth, and was part of a wider locality approach by the DHB it would be much easier to include representatives from the trial in the work of the DHB.
- There is an expectation that the Trial Leads will eventually have full involvement in the design and delivery of youth and rural health programmes in their area. The DHB has to balance the needs of the overall population, whereas the Trail Leads have a very localised focus.

SDHB continues to engage in the Social Sector Trials and work to balance the overall priorities of the DHB with the specific expectations of the Trials.

Family Violence

A Violence Intervention Programme (VIP) Champions position description has been updated for the district and has been shared with existing champions. The document endorses the champion as a resource within each designated service area to support the VIP team with audits and quality improvement within their areas. Champions must have completed core VIP training.

Southern DHB Child and Youth Steering Group

The Southern DHB Child and Youth Steering Group will next meet on 25 September in Dunedin, with video linkages to Invercargill. The meeting will include a presentation on the South Dunedin Social Sector Trial, delivered by the Trial Manager. The agenda will also include discussion on the priorities within the Children's Action Plan, Compass Project and Southern DHB Annual Plan.

A new section on Children and Young People has been added to the Southern DHB website, accessible at http://www.southerndhb.govt.nz/pages/childrenyoungpeople/

Well Child Tamariki Ora

As a follow up to implementation of the Well Child Tamariki Ora Quality Improvement Framework and to facilitate discussion amongst WCTO providers on a range of issues, Planning and Funding regularly convenes meetings of all WCTO providers in the Southern District. The next Well Child Tamariki Ora Forum is to be held on 19 September in Balclutha and will include a presentation by the Ministry of Health on the new Well Child Tamariki Ora Service Specifications.

Sexual Health

The Population Health Service has been reviewing service provision across the district, as a result the Sexual Health service is now able to provide increased screening opportunities and some treatment under standing orders. The service has also commenced a weekly outreach clinic at Southern Institute of Technology. In Gore, the local Public Health Nurse, in collaboration with the school, has relocated one of the clinics to enable improved access and health screening for young people.

Primary and Community Portfolio

COMMUNITY PHARMACY

Stage 4 Roll out Consultation

Stage 4 of the Community Pharmacy Service Agreement was introduced on 1 August 2014. This will mean a changed funding model including the discontinuation of the Transition Payment which will mean the majority of community pharmaceutical service costs will be processed through Sector Services. This will make it much easier for DHBs to monitor all community pharmaceutical service expenses which in the past have required interrogation of two separate systems.

The change does bring potential risk to DHBs given the increase in the Service Fee along with the introduction of Relative Value Units (RVUs). SDHB will need to closely monitor community pharmaceutical expenses going forward to identify any trends above that forecasted.

PRIMARY CARE

Rural

The first Rural Service Level Agreement Team meeting was held in August to discuss the new rural funding access criteria. This was the first time that the group had met and the opportunity for members to introduce themselves and provide background on why they wished to be involved in discussions on rural funding.

Discussions were confined to explaining the role and purpose of the group and how it interfaced with the Southern Alliance. A paper was presented on current rural funding and which practices have been eligible for funding in the past. The high level criteria for rural eligibility set by the MoH was also discussed and which practices may not be considered eligible in the future.

The next meeting in September will deal with much more detail on current and future rural practice funding.

SPHO Information Systems

Southern PHO completed a series of locality meetings with general practice staff at Oamaru, Dunedin, Balclutha, Gore and Invercargill on 2 and 3 September 2014, where SPHOs Project Manager, assisted by the Manager of HSS (Health Systems Solutions) and SPHO senior managers, outlined the transition plan for SPHO taking IS and associated management services in-house from 1 January 2015. The new IT system will be compatible with all three Patient Management Systems used locally (MedTech, Mac and Houston). Training will be provided to all general practice staff over the transition period.

The change of IT system is a key strategic objective for SPHO in its 2014-15 business plan and will ensure alignment with SDHB and the Alliances overall IS direction: e.g. health pathways, ERMS etc.

Four further locality meetings are arranged for Lakes and Central Otago practices for 1, 2 and 3 October 2014.

More Heart and Diabetic Checks 2013/14

The Ministry of Health (MoH) has advised SDHB that it will withhold a designated amount of funding for the third quarter equivalent to each percentage point the Southern PHO was short of the more heart and diabetic health target. SDHB has in turn advised Southern PHO that it will reduce payment of an equivalent amount on receipt of their invoice for this quarter. The value of the actual reduction is $8,973.

Integrated Performance and Incentive Framework (IPIF)

Appendix 1 is a copy of the IPIF Update – Issue 4 (August 2014).

Whilst Southern PHO concentrates on achieving the key IPIF Targets for 2014/15, as noted in table 1, there are particular opportunities and requirements that the IPIF Joint Steering Group are developing of relevant importance for us locally, especially how equity can be embedded into the framework and what is expected of a high functioning alliance.

Table 1: SPHO IPIF Targets for 2014/15

	Actual result 30 June 2014	Q1 2014/15	Q2 2014/15	Q3 2-14/15	Q4 2014/15
More heart & diabetes checks	78%	74.4%	79.6%	84.8%	90%
Better help for smokers to quit	71%	70.1%	76.7%	83.4%	90%
Increased immunisation – 8 months old	95.6%	94.7%	94.8%	94.9%	90%
Increased immunisation – 2 years old	94.5%	94.6%	94.8%	94.9%	95%
Cervical screening	82.1%	80%	80%	80%	80%

SPHO performance at the end of 2013/14 exceeded all IPIF Targets for Quarter 1 of 2014/15, except Increased Immunisation at 2 years which was 0.1% below. In the light of the significant improvements in performance over the last 12 months, both SDHB and SPHO are optimistic about the ability of SPHO to achieve the IPIF Targets for 2014/15.

Under 6s

Another practice has joined the scheme from 1 October 2014 - Forbury Corner Health Centre in Dunedin. This leaves five SPHO practices across our district who have not joined the scheme: four at Invercargill (Dr Terpstra; Vercoe, Brown and Associates; Victoria Avenue MC and Waihopai MC), one at Queenstown (Mountain Lakes Medical Practice).

A meeting was held on 3 September 2014 with one of the Invercargill practices. They are reviewing the spreadsheets in relation to utilisation rates and the projected financial impact of joining the scheme.

A total of 5 practices out of 89 practices represents a 94% overall coverage for the scheme and based on total under 6 years enrolled patients, SPHO now has 94% coverage.

Attachments:

1. IPIF Sector Update
2. PHS Report

SOUTHERN DISTRICT HEALTH BOARD

Title:	PUBLIC HEALTH SERVICE REPORT		
Report to:	Community & Public Health Advisory Committee		
Date of Meeting:	1 October 2014		
Summary: The issues considered in this paper are: ▪ Public Health Service activity			
Specific implications for consideration (financial/workforce/risk/legal etc):			
Financial:	Nil		
Workforce:	Nil		
Other:	Nil		
Document previously submitted to:	N/A	Date: dd/mm/yy	
Approved by Chief Executive Officer:	No	Date: dd/mm/yy	
Prepared by: Lynette Finnie Date: 9/9/14		Presented by: Dr Keith Reid	
RECOMMENDATIONS: 1. That CPHAC accept this report.			

8.1

PUBLIC HEALTH SERVICE REPORT TO THE SOUTHERN DHB COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE 1 October 2014

RECOMMENDATION:
It is recommended that the Community and Public Health Advisory Committee note this report.

Settings and Lifestyles

Outcome 1 Reduce the impact and incidence of smoking related disease
Outcome 2 Reduce the impact and incident of obesity and overweight
Outcome 3 Reduce the impact and incidence of harm from alcohol and other drugs

Smokefree

Stoptober is a month long Stop Smoking challenge that is being driven nationally by ASH and starts on 1 October. This national campaign's call to action is to sign up to its website – www.stoptobernz.co.nz. The goal is to get everyone to stop smoking together on 1 October, to stay smokefree throughout October and then hopefully beyond. The website will provide free daily text and email support and a free Stoptober App. It will also direct people to face-to-face, online or phone support, depending on their needs, as well as stop smoking medicines.

In the lead up to Stoptober, Public Health staff are working with 26 pharmacies across Otago and Southland. Pharmacies have agreed to ensure their customers know about the campaign and will give out Stop Smoking Packs which include Nicotine Replacement Therapy and supportive information and encourage them to register before 1 October. There are large numbers of people in and out of pharmacies and it is a really good opportunity to bring allied health professionals into supporting their clients making a quit attempt.

Southland was one of the first centres to hold a local event. Smokefree staff were present at the recent Polyfest which saw more than 4000 southlanders attend this event. Staff were on hand to promote and register people to the mass quit event and Stop Smoking providers were available to assist with questions and advice.

Healthy Environments

Outcome 5 Promote safe and healthy social and physical environments

Solaria

Tanning beds (sun beds, sun booths, solaria) are devices used to artificially tan the skin. The International Agency for Research on Cancer (IARC) considers tanning beds to be "carcinogenic to humans" and has put them in the highest risk category which includes tobacco, asbestos, and arsenic. The lamps in a tanning bed produce ultraviolet (UV) radiation which damages the skin and can lead to skin cancer. The more a person is exposed, the greater the risk of them getting skin cancer.

In recent years, voluntary standards have been introduced in an attempt to reduce health risks. These standards include the need to assess the skin type of users and develop tanning plans accordingly, and restrictions of the use of sunbeds to those over 18 years of age. There is also a requirement to ensure information on the hazards of tanning is made available to users, and sunbeds are properly maintained including a need to change bulbs so that light output is kept within a less hazardous range.

The Public Health Service is required to inspect solaria on a six-monthly basis to assess compliance with the guidelines and provide recommendations for any improvements. In recent years there has been a marked reduction in the number of businesses that provide artificial tanning, as the demand decreases and stricter guidelines are brought in.

The Health Protection Amendment Bill was introduced to the House in July 2014 and when passed will move solaria from voluntary guidelines to a regulated framework.

Communicable Disease and Food Safety

Outcome 4 Reduce the impact and incidence of communicable disease

Ebola Virus – Implications for New Zealand

Ebola is a viral infection that is endemic in West Africa (cases occur there all the time) but there are epidemics from time to time. Currently the affected countries include Guinea, Liberia, Sierra Leone and Nigeria. The current epidemic is serious but the main purpose of the declaration of a Public Health Emergency of International Concern is to mobilise resources to West Africa from other countries.

In a typical year around 100 travellers would travel to New Zealand from the countries which are mainly affected by the current epidemic. Border screening is now in place to identify and assess travellers considered 'at risk'. There are no direct flights from the affected countries.

Ebola is not easy to catch; it is not spread through the air, it's not as infectious as the flu or measles. You cannot get Ebola just from sitting next to someone on a plane - it requires contact with infected bodily fluids.

The risk of any cases of Ebola in New Zealand remains very low. Given New Zealand's geographic isolation and the time taken to travel from Ebola-affected countries means that an infected person would likely be too unwell to reach New Zealand. In the very unlikely event that there was a case of Ebola in New Zealand, it is expected that it would be an isolated case. There are appropriate facilities in New Zealand to treat any cases that might occur here. Further information and updates are available via the Ministry of Health website:
http://www.health.govt.nz/our-work/diseases-and-conditions/ebola-update
http://www.health.govt.nz/our-work/diseases-and-conditions/ebola-information-health-professionals

Influenza like Illness (ILI)

As of 3 September the national influenza-like illness (ILI) consultation rate is above the seasonal threshold at 48.2 per 100,000. A weekly rate of 36 ILI consultations per 100,000 patient population is considered the seasonal threshold based on the 2000–2013 ILI data (excluding 2009). The consultation rate for the Southern region is still below the seasonal threshold. H1N1 remains the predominant strain of influenza identified. Influenza vaccination coverage for Southern DHB staff is 54% this year, which is very similar to the 2013 coverage.

Action Point - Public Health – Support to Early Childhood Education Providers

From July to September 2011, a pilot programme aimed at educating staff from early childhood education centres on identifying and managing outbreaks of communicable disease, particularly gastroenteritis, was delivered in Invercargill. Significant stakeholder consultation and research informed programme development specific to service needs. As a result of the extremely positive feedback and the changes that services made, the Keep Your Bugs to Yourself programme was then rolled out across the district.

Coordinated by the public health service, the sessions, facilitated by a Ministry of Education representative, Public Health Nurse and Health Protection Officer are designed to be interactive and informative with a practical focus on identifying and managing outbreaks.

The programme continues to evolve in response to community and public health needs:

- From 2011, 14 sessions have been offered to educators in Dunedin, Invercargill, Queenstown and Cromwell. This represents 58% of early childhood education centres in the district.
- We aim to offer at least three sessions across the district to all early childhood educators centres during a calendar year.
- Since 2013, the University of Otago has also included the workshop in the programme for all third year Early Childhood Education students at both the Southland and Dunedin campuses. A total of five sessions have now been run for the University students.
- The programme is included in the professional development timetable for Kindergartens South and Otago Kindergarten Association.
- Training is delivered to the Southland and Otago Playcentre Associations
- The programme's key messages are being promoted more widely as Ministry of Education staff and a growing group of Public Health Nurses and Health Protection Officers are involved as facilitators.
- REAP in Central Otago coordinate training needs in their area and are a key partner in this geographical area. It is expected that a session will be requested before the end of the year.
- Early childhood educators are often a mobile workforce and take the messages with them to services as they change employers.

We expect an increase in recorded outbreaks between May and August. While in 2014 there has been a significant increase in rest homes and hospital outbreaks, early childhood outbreak figures are almost the same.

We expect that as a consequence of the Keep Your Bugs to Yourself education sessions there may be an increase in the number of outbreaks notified to the Public Health Service because early childhood educators are more aware of the need to involve health protection staff. However as an outcome of the programme, Centres have the increased skills to manage outbreak.

Local Authority	**% of roll covered**	**Roll number**	**% of services covered**	**Number of service providers** (excludes homebased)
Otago	**52.18%**	**7760**	**47.78%**	**179**
Dunedin	67.93		61.68	
Clutha	36.13		26.32	
Central	67.86		55.56	
Queenstown	20.78		16.67	
Waitaki	11.22		8.33	
Southland	**81.71%**	**3598**	**78.26%**	**87**
Invercargill	85.98		75.47	
Gore	48.84		63.64	
Southland	85.98		89.29	
Total	**61.30%**	**11358**	**58.09%**	**266**

Action Point - Annual Plan 2013/14 – Hepatitis C Strategy

Last year the Southern DHB committed to develop a Hepatitis C strategy as a response to the high rates of acute Hepatitis C infection that were being notified locally. Since then progress on the development of a strategy has been limited.

Rates of acute Hepatitis C infection notified in the District for the 12 months ended August 2014 were 1.6 per 100,000 population for Southern District (representing 5 cases) compared with a rate of 1 per 100,000 population for NZ as a whole (44 cases in total). The Southern District rates are currently the 5th highest in the country (by DHB). By way of comparison the numbers of cases (and rates of infection per 100,000) per Calendar year in the Southern District are 8 (2.6) in 2013, 13 (4.2) in 2012, 9 (2.7) in 2011.

These rates are susceptible to significant in-year variation due to the small numbers of notifications made. Nonetheless they provide some evidence that the numbers of cases in 2012/13 in Southern likely represented an anomalous situation. They should not be interpreted as meaning that Hepatitis C is no longer a significant issue within Southern District and that a more co-ordinated approach to tackling Hepatitis C (and other blood borne viruses) is no longer required. Indeed there is a large number of people with chronic infection within our community which poses significant challenges in tackling the impact of this condition on our population.

The draft strategy development approach is for an outline strategy covering the local application of the key evidence based actions to be drawn up and consulted on with stakeholders; for modifications to the strategy proposal to be made in light of stakeholder feedback; and for the final version to be presented to CPHAC for consideration.

The key elements comprising the overall strategy remain: improving awareness of Hepatitis C and the risks of transmission; better preventative services including needle exchange services; increasing access to testing for the condition and support around the time of diagnosis; optimal use of viral eradication therapy; and, developing chronic disease management approaches to meet ongoing health needs in those living with Hepatitis C.

The availability of key public health staff to undertake the initial strategy development remains an issue – the reallocation of key tasks for strategy development in order to expedite progress is being explored. A further report will be made to CPHAC in two months' time.

Keith Reid, Public Health Physician
September 2014

Integrated Performance Incentive Framework Update
Issue 4 August 2014

In This Issue

- Joint Project Steering Group Co-chairs update
- Measures, Incentives & Reporting
- Alliancing – what is it all about?
- Equity and IPIF
- Documents relating to IPIF will be on the IPIF section of the HIIRC website.

Welcome

Welcome to the fourth sector update on the Integrated Performance and Incentive Framework (IPIF) programme. Please feel free to circulate this update widely. If you have any queries please feel free to contact the IPIF team at IPIF@moh.govt.nz.

Joint Project Steering Group

The second meeting of the Joint Project Steering Group (Joint PSG) in late July provided the opportunity to discuss and advance areas of development that are critical foundation stones for the success of IPIF. The areas of development that were identified alongside existing workstreams include;

- Consumer participation
- Quality improvement and Audit
- The embedding of equity
- What are the elements of a high functioning alliance
- What does success look like for IPIF through to December 2015

We are pleased with the level of co-design that been occurring over the past four weeks particularly in the change management, measures and equity areas. Further updates on these areas are contained in this issue.

Drs Richard Tyler and Graham Scott
Co-Chairs
Joint Project Steering Group

Measures, Incentives and Reporting

Sector Leads: Dr Damian Tomic and Prof Les Toop
Ministry Lead: Dr Peter Jones

The Expert Advisory Group (EAG) report in February 2014 recommended IPIF include:

- system-level measures that focus on the life stages of: Healthy Start, Healthy Child, Healthy Adolescent, Healthy Adult and Healthy Ageing; and
- a series of contributory measures that support each system-level measure

All measures developed will be based on the New Zealand Triple Aim of:

- improved quality, safety and experience of care
- improved health and equity for all populations
- best value for health system resources.

To ensure all dimensions of the Triple Aim are incorporated, the life stage measures will be complemented by measures on Capacity and Capability, and Value for Resources. All measures will have a focus on equity, which is a foundation principle of IPIF.

At a workshop held in August involving a range of leaders from across the health sector it was proposed that the initial system-level measures for implementation from 2015/16 are Healthy Start and Healthy Ageing. The Ministry and sector are now developing and testing elements of these measures for potential implementation from 2015/16. We expect to circulate information to the sector shortly as part of the developing and testing process.

Alliancing – what is it all about?

Background

Alliancing is one approach that the New Zealand health system can use to efficiently allocate scare resources through building communities of interest across more than one practitioner or organisation. There are core elements to alliancing that contribute to improving success.

The Integrated Performance and Incentive Framework Expert Advisory Group in their report released February 2014 identified alliances as a foundation component of the successful implementation of the IPIF and further the strengthening of the IPIF over time. This is purposeful as stated in the report "(T)he approach of underpinning alliance relationships for service development with a framework that reflects shared responsibility for a whole of system approach has the potential to work in these more complex service environments, in which a wide range of parties work together to achieve common goals."

Alliancing in the New Zealand health system

From 2010, an alliancing approach was used by the nine networks of primary health care providers and district health boards that were successful business case recipients as part of the Government's 'Better, Sooner, More Convenient' care initiatives.

From 2013, this alliancing approach was extended to all primary health organisations (PHOs) and district healthy boards through the national PHO agreement. As stated in the most recent version of the PHO agreement "In addition to including obligations relating to the delivery of primary health care services in the DHB's annual plan, the Government has promoted and encouraged the establishment of district and regional alliances, the purpose of which is to give leaders from across the local health sector greater freedom to jointly determine service priorities and models of care in their districts."

Supporting Alliances

Successful implementation of the IPIF will depend upon the effective development of alliance relationships at the local level. To some extent the IPIF can be viewed as a natural

development of the alliance approach that is now required across all PHO and DHB relationships, and which adapts to fit existing initiatives for better service integration.

The primary care networks that adopted alliancing as part of their business case advancement identified that use of facilitators as a key element to improving success. The opportunity for other alliances to benefit from facilitation is being developed now and more information on this will be available to the sector within the next month and will also be contained in the September IPIF update.

Co-design work is underway on developing resources describing the key elements of a high functioning alliance (including New Zealand examples of best practice), providing the opportunity for alliances to self-assess against the elements, and to enable innovation and learning to be shared across the alliances to support alliances to deliver successfully. Further information on this will also be contained in the September IPIF update.

Equity and IPIF

The World Health Organization defines equity as the absence of avoidable or remediable differences among groups of people. The concept acknowledges that not only are differences in health status unfair and unjust, but they are also the result of differential access to the resources necessary for people to lead healthy lives. The intention of the IPIF is to support the health system in addressing equity, safety, quality, access and cost of services.

Co-design work is underway on developing an approach for equity to be embedded into IPIF design, development and implementation.

IPIF section of HIIRC Website

Further information and FAQs on IPIF is on the HIIRC website that can be accessed http://www.hiirc.org.nz/.

For more information on anything contained with this update, please contact the IPIF Team at: IPIF@moh.govt.nz

Alliancing Fact Sheet

- Alliancing is one approach that the New Zealand health system can use to efficiently allocate scare resources through building communities of interest across more than one practitioner or organisation.

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- From 2013, this alliancing approach was extended to all primary health organisations (PHOs) and district healthy boards through the national PHO agreement.

- Successful implementation of the IPIF will depend upon the effective development of alliance relationships at the local level.

- There are core elements to alliancing that contribute to improving success.

- The primary care networks that adopted alliancing as part of their business case advancement identified that use of facilitators as a key element to improving success.

- The opportunity for other alliances to benefit from facilitation is being developed now and more information on this will be available to the sector within the next month and will also be contained in the September IPIF update.

- Co-design work is underway on developing resources describing the key elements of a high functioning alliance (including New Zealand examples of best practice), providing the opportunity for alliances to self-assess against the elements, and to enable innovation and learning to be shared across the alliances to support alliances to deliver successfully.

SOUTHERN DISTRICT HEALTH BOARD

Title:	FINANCIAL REPORT
Report to:	Disability Support and Community & Public Health Advisory Committees
Date of Meeting:	1 October 2014

SUMMARY:

The issues considered in this paper are:

- Funder year to date financial position.

9

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: David Dickson Finance Manager Sandra Boardman Executive Director Planning & Funding DATE: 15/09/14	PRESENTED BY: Sandra Boardman Executive Director Planning & Funding

RECOMMENDATION:

1. That the report be received.

DSAC / CPHAC FINANCIAL REPORT

Financial Report as at: **31 August 2014**
Report Prepared by: **David Dickson**
Date: **15 September 2014**

Recommendations:

- **That the Committee note the Financial Report**

1. DHB Funds Result

The overall funder result follows;

Month				Year to Date		
Actual $' 000	Budget $' 000	Variance $' 000		Actual $' 000	Budget $' 000	Variance $' 000
69,487	69,334	153	Revenue	139,008	138,938	70
(70,173)	(69,359)	(814)	Less Other Costs	(139,321)	(138,685)	(636)
(686)	(25)	(661)	Net Surplus / (Deficit)	(313)	253	(566)
			Expenses			
(49,816)	(49,492)	(324)	Personal Health	(98,941)	(98,686)	(255)
(7,026)	(7,090)	64	Mental Health	(14,154)	(14,179)	25
(816)	(624)	(192)	Public Health	(1,570)	(1,516)	(54)
(11,626)	(11,274)	(352)	Disability Support	(22,897)	(22,549)	(348)
(163)	(153)	(10)	Maori Health	(309)	(305)	(4)
(725)	(725)	0	Other	(1,450)	(1,450)	0
(70,172)	(69,358)	(814)	Expenses	(139,321)	(138,685)	(636)

Summary Comment:
The full year budget is not approved and is not included in these reports.

For August 2014 the funder had a deficit of $0.6m against a close to breakeven budget. Revenue was favourable by $0.2m with an unfavourable cost offset, and was largely timing related (Breast Screening final revenue). Costs overall were unfavourable by $0.8m and $0.6m YTD.

2. Results by Grouping

The following table shows revenue and expenditure by Personal Health, Mental Health, Public Health, Disability Support, Maori Health, and Funding and Governance.

Month				Year to Date		
Actual $' 000	Budget $' 000	Variance $' 000		Actual $' 000	Budget $' 000	Variance $' 000
			Revenue			
60,859	60,834	25	Personal Health	121,710	121,666	44
7,048	7,039	9	Mental Health	14,096	14,079	17
777	705	72	Public Health	1,611	1,679	(68)
76	32	44	Disability Support	136	64	72
2	0	2	Maori Health	4	0	4
725	725	0	Funding and Governance	1,451	1,451	0
69,487	69,334	153	Revenue total	139,008	138,939	69
			Expenses			
(49,816)	(49,492)	(324)	Personal Health	(98,940)	(98,686)	(254)
(7,026)	(7,090)	64	Mental Health	(14,154)	(14,179)	25
(816)	(624)	(192)	Public Health	(1,570)	(1,516)	(54)
(11,626)	(11,274)	(352)	Disability Support	(22,897)	(22,549)	(348)
(163)	(153)	(10)	Maori Health	(309)	(305)	(4)
(725)	(725)	0	Funding and Governance	(1,451)	(1,451)	0
(70,172)	(69,358)	(814)	Expenses total	(139,321)	(138,686)	(635)
			Surplus (Deficit)			
11,043	11,342	(299)	Personal Health	22,770	22,980	(210)
22	(51)	73	Mental Health	(58)	(100)	42
(39)	81	(120)	Public Health	41	163	(122)
(11,550)	(11,242)	(308)	Disability Support	(22,761)	(22,485)	(276)
(161)	(153)	(8)	Maori Health	(305)	(305)	0
0	0	0	Funding and Governance	0	0	0
(685)	(24)	(661)		(313)	253	(566)

- Personal Health had costs ahead of budget for pharmaceuticals and labs.
- Mental Health was close to budget for both revenue and costs.
- Public Health additional screening revenue, offset by additional costs.
- DSS costs were unfavourable with rest homes $0.3m over, related to prior year costs. Respite care is also ahead of budget for the month

3. DHB Funds Result split by NGO and Provider

Part 3: DHB Funds	Current Month				Year to Date			
	Actual $(000)	Budget $(000)	Variance $(000)	Variance %	Actual $(000)	Budget $(000)	Variance $(000)	Variance %
Personal Health - Provider Arm								
Child and Youth	(348)	(348)			(697)	(697)		
Laboratory	-	-			(1)	(1)		
Infertility Treatment Services	(92)	(92)			(183)	(183)		
Maternity	(42)	(42)			(83)	(83)		
Maternity (Tertiary & Secondary)	(1,380)	(1,380)			(2,760)	(2,760)		
Pregnancy and Parenting Education	(3)	(3)			(5)	(5)		
Neo Natal	(660)	(660)			(1,321)	(1,321)		
Sexual Health	(87)	(87)			(174)	(174)		
Adolescent Dental Benefit	(5)	(26)	21 F	(81%)	(53)	(53)		
Dental - Low Income Adult	(22)	(22)			(45)	(45)		
Child (School) Dental Services	(595)	(595)			(1,190)	(1,190)		
Secondary / Tertiary Dental	(116)	(116)			(232)	(232)		
Pharmaceuticals	(368)	(292)	(76) U	26%	(552)	(583)	31 F	(5%)
Pharmaceutical Cancer Treatment Drugs	(379)	(386)	7 F	(2%)	(832)	(771)	(60) U	8%
Pharmacy Services	(9)	(9)			(17)	(17)		
Rural Support for Primary Health Pro	(71)	(71)			(141)	(141)		
Immunisation	(70)	(70)			(139)	(139)		
Radiology	(268)	(268)			(537)	(537)		
Palliative Care	(7)	(7)			(14)	(14)		
Meals on Wheels	(33)	(33)			(67)	(67)		
Domicilary & District Nursing	(994)	(994)			(1,989)	(1,989)		
Community based Allied Health	(416)	(416)			(832)	(832)		
Chronic Disease Management and Educa	(160)	(160)			(321)	(321)		
Medical Inpatients	(5,653)	(5,653)			(11,306)	(11,306)		
Medical Outpatients	(3,272)	(3,272)			(6,544)	(6,544)		
Surgical Inpatients	(10,628)	(10,628)			(21,256)	(21,256)		
Surgical Outpatients	(1,548)	(1,548)			(3,095)	(3,095)		
Paediatric Inpatients	(644)	(644)			(1,289)	(1,289)		
Paediatric Outpatients	(269)	(269)			(538)	(538)		
Pacific Peoples' Health	(10)	(10)			(20)	(20)		
Emergency Services	(1,478)	(1,478)			(2,957)	(2,957)		
Minor Personal Health Expenditure	(26)	(26)			(51)	(51)		
Price adjusters and Premium	(422)	(422)			(844)	(844)		
Travel & Accomodation	(4)	(4)			(9)	(9)		
	(30,079)	**(30,031)**	**(48) U**	**(0%)**	**(60,094)**	**(60,064)**	**(29) U**	**(0%)**
Personal Health NGO								
Personal Health to allocate	-	(83)	83 F		-	(167)	167 F	
Child and Youth	47	(34)	81 F	237%	13	(68)	81 F	119%
Laboratory	(1,586)	(1,465)	(121) U	(8%)	(3,082)	(2,930)	(152) U	(5%)
Infertility Treatment Services	9	(9)	18 F	200%	-	(18)	18 F	
Maternity	(233)	(220)	(12) U	(6%)	(452)	(441)	(12) U	(3%)
Maternity (Tertiary & Secondary)	12	(14)	26 F	190%	(1)	(27)	26 F	95%
Pregnancy and Parenting Education	(5)	(10)	4 F	45%	(15)	(20)	5 F	23%
Maternity Payment Schedule	-	-			-	-		
Neo Natal	-	-			-	-		
Sexual Health	(3)	(1)	(2) U	(102%)	(3)	(3)		(1%)
Adolescent Dental Benefit	(146)	(184)	38 F	21%	(293)	(356)	64 F	18%
Other Dental Services	-	-			-	-		
Dental - Low Income Adult	(51)	(55)	4 F	8%	(106)	(111)	4 F	4%
Child (School) Dental Services	(26)	(35)	9 F	26%	(55)	(72)	17 F	24%
Secondary / Tertiary Dental	(126)	(126)			(252)	(252)		
Pharmaceuticals	(6,213)	(6,037)	(176) U	(3%)	(12,029)	(11,813)	(216) U	(2%)
Pharmaceutical Cancer Treatment Drugs	-	-			-	-		
Pharmacy Services	(19)	(61)	42 F	69%	(38)	(121)	83 F	68%
Management Referred Services	-	-			-	-		
General Medical Subsidy	(78)	(85)	7 F	8%	(149)	(164)	15 F	9%
Primary Practice Services - Capitated	(3,564)	(3,511)	(53) U	(1%)	(7,099)	(7,022)	(77) U	(1%)
Primary Health Care Strategy - Care	(320)	(318)	(2) U	(1%)	(641)	(636)	(5) U	(1%)
Primary Health Care Strategy - Health	(326)	(337)	11 F	3%	(654)	(673)	19 F	3%
Primary Health Care Strategy - Other	(255)	(255)			(509)	(510)	1 F	
Practice Nurse Subsidy	(16)	(16)		2%	(32)	(33)		
Rural Support for Primary Health Pro	(1,243)	(1,313)	68 F	5%	(2,617)	(2,626)	9 F	
Immunisation	(74)	(114)	40 F	35%	(216)	(246)	30 F	12%
Radiology	(193)	(196)	3 F	2%	(387)	(392)	5 F	1%
Palliative Care	(555)	(488)	(67) U	(14%)	(1,029)	(977)	(52) U	(5%)
Meals on Wheels	(32)	(20)	(12) U	(58%)	(40)	(40)		
Domicilary & District Nursing	(510)	(438)	(71) U	(16%)	(964)	(877)	(87) U	(10%)
Community based Allied Health	(163)	(168)	5 F	3%	(337)	(335)	(2) U	
Chronic Disease Management and Educa	(81)	(95)	14 F	15%	(176)	(190)	14 F	7%
Medical Inpatients	-	-			-	-		
Medical Outpatients	(462)	(397)	(65) U	(16%)	(826)	(795)	(31) U	(4%)
Surgical Inpatients	(28)	(19)	(10) U	(52%)	(42)	(37)	(5) U	(13%)
Surgical Outpatients	(138)	(146)	9 F	6%	(278)	(293)	15 F	5%
Paediatric Inpatients	-	-			-	-		
Paediatric Outpatients	-	-			-	-		
Pacific Peoples' Health	(11)	(12)		4%	(11)	(23)	12 F	52%
Emergency Services	(189)	(156)	(33) U	(21%)	(344)	(311)	(33) U	(11%)
Minor Personal Health Expenditure	(74)	(74)			(145)	(148)	2 F	2%
Price adjusters and Premium	(141)	(83)	(58) U	(69%)	(228)	(167)	(61) U	(37%)
Travel & Accomodation	(534)	(487)	(47) U	(10%)	(997)	(932)	(65) U	(7%)
Inter District Flow Personal Health	(2,409)	(2,399)	(10) U		(4,813)	(4,798)	(15) U	
	(19,736)	**(19,461)**	**(275) U**	**(1%)**	**(38,847)**	**(38,624)**	**(223) U**	**(1%)**
Total Personal Health	**(49,815)**	**(49,492)**	**(323) U**	**(1%)**	**(98,941)**	**(98,688)**	**(252) U**	**(0%)**

Costs for personal health were ahead of budget for August with additional Lab costs for send away and other unbudgeted tests. Pharmaceuticals, both Provider Arm and NGO, are ahead of budget. Part of this is due to the June Pharmac forecast, which indicates an increase in the net reimbursement costs for the 13/14 year of $0.5m, and part is timing due to an overspend in the 13/14 year of approximately $0.2m which Pharmac advise they will adjust spending for in the current year. Domiciliary and district nursing is unfavourable and is offset with the budget recorded in DSS under environmental support services.

Mental Health

Part 3: DHB Funds	Current Month				Year to Date			
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance
	$(000)	$(000)	$(000)	%	$(000)	$(000)	$(000)	%
Mental Health - Provider Arm								
Mental Health to allocate	9	9			19	19		
Acute Mental Health Inpatients	(1,143)	(1,143)			(2,287)	(2,287)		
Sub-Acute & Long Term Mental Health	(304)	(304)			(608)	(608)		
Crisis Respite	(2)	(2)			(4)	(4)		
Alcohol & Other Drugs - General	(272)	(272)			(545)	(545)		
Methadone	(94)	(94)			(189)	(189)		
Dual Diagnosis - Alcohol & Other Drugs	(8)	(8)			(17)	(17)		
Dual Diagnosis - MH/ID	(5)	(5)			(10)	(10)		
Child & Youth Mental Health Services	(579)	(579)			(1,157)	(1,157)		
Forensic Services	(509)	(509)			(1,018)	(1,018)		
Kaupapa Maori Mental Health Services	(146)	(146)			(292)	(292)		
Mental Health Community Services	(1,752)	(1,752)			(3,503)	(3,503)		
Prison/Court Liaison	(45)	(45)			(89)	(89)		
Day Activity & Work Rehabilitation S	(63)	(63)			(126)	(126)		
Mental Health Funded Services for Older P	(36)	(36)			(71)	(71)		
Advocacy / Peer Support - Consumer	(35)	(35)			(69)	(69)		
Other Home Based Residential Support	(58)	(58)			(116)	(116)		
	(5,042)	**(5,042)**			**(10,082)**	**(10,082)**		
Mental Health - NGO								
Mental Health to allocate	-	(38)	38 F		-	(76)	76 F	
Crisis Respite	(5)	(5)		(1%)	(9)	(9)		(1%)
Alcohol & Other Drugs - General	(84)	(55)	(30) U	(54%)	(139)	(109)	(30) U	(27%)
Alcohol & Other Drugs - Child & Youth	(122)	(102)	(20) U	(20%)	(224)	(204)	(20) U	(10%)
Dual Diagnosis - Alcohol & Other Drugs	(3)	(36)	33 F	91%	(36)	(72)	36 F	50%
Eating Disorder	(14)	(16)	2 F	13%	(28)	(32)	4 F	13%
Maternal Mental Health	(4)	(4)			(7)	(7)		
Child & Youth Mental Health Services	(262)	(241)	(21) U	(9%)	(560)	(483)	(77) U	(16%)
Forensic Services	-	(4)	4 F		-	(7)	7 F	
Kaupapa Maori Mental Health Services	(6)	(6)			(12)	(12)		
Mental Health Community Services	(124)	(127)	3 F	2%	(250)	(253)	3 F	1%
Day Activity & Work Rehabilitation S	(136)	(136)			(273)	(273)		
Advocacy / Peer Support - Consumer	(23)	(23)		1%	(46)	(47)		
Other Home Based Residential Support	(319)	(315)	(4) U	(1%)	(691)	(630)	(60) U	(10%)
Advocacy / Peer Support - Families	(52)	(52)			(105)	(105)		
Community Residential Beds & Service	(404)	(457)	53 F	12%	(834)	(913)	79 F	9%
Minor Mental Health Expenditure	(22)	(32)	9 F	29%	(50)	(64)	14 F	22%
Inter District Flow Mental Health	(403)	(399)	(3) U	(1%)	(805)	(799)	(6) U	(1%)
	(1,983)	**(2,048)**	**64 F**	**262%**	**(4,069)**	**(4,095)**	**26 F**	**230%**
Total Mental Health	**(7,025)**	**(7,090)**	**64 F**	**262%**	**(14,151)**	**(14,177)**	**26 F**	**230%**

Mental health Expenditure;

- Provider arm. With no wash-up occurring this financial year, mental health provider arm payments match budget.

- NGO providers overall favourable to budget both for the month and year to date.

Public Health

Part 3: DHB Funds	Current Month Actual $(000)	Budget $(000)	Variance $(000)	Variance %	Year to Date Actual $(000)	Budget $(000)	Variance $(000)	Variance %
Public Health - Provider Arm								
Alcohol & Drug	(36)	(36)			(72)	(72)		
Communicable Diseases	(97)	(97)			(194)	(194)		
Injury Prevention	-	-			-	-		
Mental Health	(22)	(22)			(44)	(44)		
Screening Programmes	(231)	(112)	(120) U	108%	(475)	(492)	18 F	(4%)
Nutrition and Physical Activity	(23)	(23)			(45)	(45)		
Physical Environment	(36)	(36)			(72)	(72)		
Public Health Infrastructure	(128)	(128)			(255)	(255)		
Sexual Health	(12)	(12)			(24)	(24)		
Social Environments	(38)	(38)			(76)	(76)		
Tobacco Control	(81)	(81)			(163)	(163)		
	(704)	**(585)**	**(120) U**	**(21%)**	**(1,420)**	**(1,437)**	**18 F**	**1%**
Public Health - NGO								
Nutrition and Physical Activity	(27)	(27)			(54)	(54)		
Tobacco Control	(21)	(12)	(8) U	(67%)	(32)	(25)	(7) U	(30%)
Well Child Promotion	(63)	-	(63) U		(63)	-	(63) U	
	(111)	**(39)**	**(8) U**	**(67%)**	**(149)**	**(79)**	**(7) U**	**(30%)**
Total Public Health	**(815)**	**(624)**	**(128) U**	**(21%)**	**(1,569)**	**(1,516)**	**11 F**	**1%**

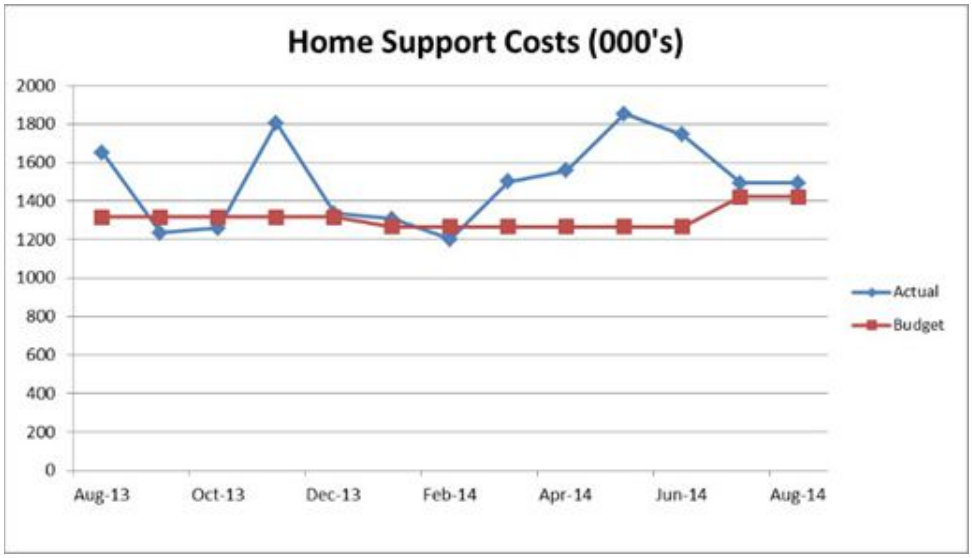
Public health expenditure:

- Provider arm unfavourable variance is offset with additional revenue, related to breast screening programme for which the final amount was invoiced in August.
- NGO, close to budget for August, with well child promotion costs budgeted for in personal health under child and youth.

Disability Support Services

Part 3: DHB Funds	Current Month Actual $(000)	Budget $(000)	Variance $(000)	Variance %	Year to Date Actual $(000)	Budget $(000)	Variance $(000)	Variance %
Disability Support Services - Provider Arm								
AT & R (Assessment, Treatment and Re	(1,688)	(1,688)			(3,377)	(3,377)		
Needs Assessment	(138)	(138)			(276)	(276)		
Service Co-ordination	(19)	(19)			(39)	(39)		
Long Term Chronic Conditions	(8)	(8)			(16)	(16)		
Ageing in Place	(2)	(2)			(5)	(5)		
Environmental Support Services	(2)	(2)			(4)	(4)		
Minor Disability Support Expenditure	(8)	(8)			(17)	(17)		
Community Health Services & Support	(21)	(21)			(42)	(42)		
	(1,886)	**(1,886)**			**(3,776)**	**(3,776)**		
Disability Support Services - NGO								
AT & R (Assessment, Treatment and Re	(297)	(297)			(595)	(595)		
Information and Advisory	(12)	(12)			(24)	(24)		
Needs Assessment	(56)	(22)	(34) U	(158%)	(91)	(43)	(48) U	(110%)
Service Co-ordination	-	-			(2)	-	(2) U	
Home Support	(1,493)	(1,423)	(71) U	(5%)	(2,988)	(2,845)	(143) U	(5%)
Carer Support	(120)	(144)	25 F	17%	(246)	(288)	42 F	15%
Residential Care: Rest Homes	(3,247)	(2,995)	(252) U	(8%)	(6,221)	(5,990)	(231) U	(4%)
Residential Care: Loans Adjustment	15	23	(8) U	34%	32	45	(13) U	30%
Long Term Chronic Conditions	-	-			(4)	-	(4) U	
Residential Care: Hospitals	(4,090)	(3,944)	(145) U	(4%)	(7,960)	(7,884)	(76) U	(1%)
Ageing in Place	-	-			-	-		
Environmental Support Services	102	(108)	210 F	195%	(5)	(215)	210 F	98%
Day Programmes	(37)	(46)	9 F	20%	(83)	(93)	10 F	10%
Expenditure to Attend Treatment ETAT	-	-			-	-		
Minor Disability Support Expenditure	-	(9)	9 F		-	(18)	18 F	
Respite Care	(207)	(95)	(111) U	(117%)	(308)	(190)	(118) U	(62%)
Community Health Services & Support	(43)	(60)	16 F	27%	(113)	(119)	6 F	5%
Inter District Flow Disability Support	(256)	(256)			(513)	(513)		
Disability Support Other	-	-			-	-		
	(9,741)	**(9,388)**	**(352) U**	**101%**	**(19,121)**	**(18,772)**	**(349)**	**(1)**
Total Disability Support Services	**(11,627)**	**(11,274)**	**(352) U**	**101%**	**(22,897)**	**(22,548)**	**(349) U**	**76%**

DSS expenditure is on budget for the Provider Arm, with transfers as per budget. NGO costs are above budget for the month, with rest home costs impacted by 2013/14 costs of $0.3m. Hospitals are slightly unfavourable year to date. Environmental support service costs are offset in personal health under district and domiciliary nursing.



Home support costs are currently tracking slightly ahead of budget, with the potential for additional non contract payments to exceed budget.

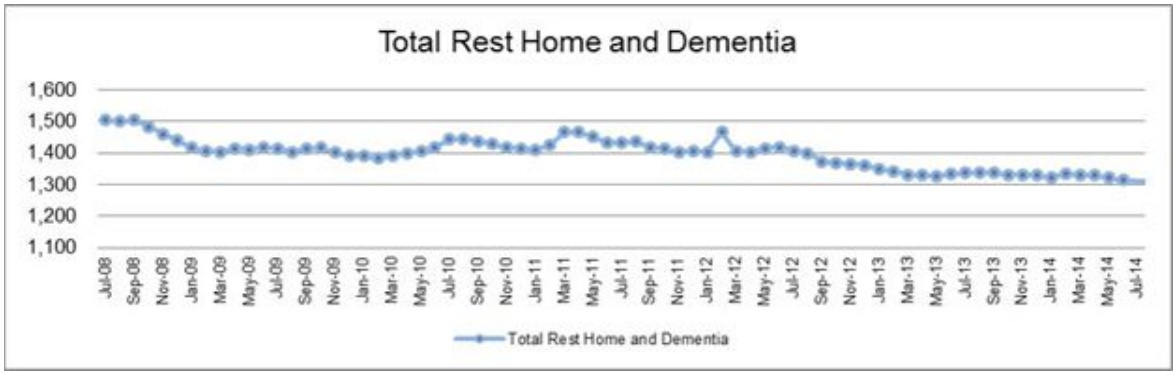
DSS Background Information

DSS expenditure funded by SDHB relates to services for people over the age of 65 years, or those who are deemed “close in interest” e.g. Māori people over the age of 55 years who have significant health needs relating to aging. The highest proportion of DSS expenditure relates to age related residential care (ARRC). These services are costly since they are provided 24 hour, 7 day a week and meet all the health and social needs of the residents. Access to ARRC is determined by Needs Assessment and Service Coordination Unit according to individual clinical needs, which must be at a high level, complex and considered to be long term. The DHB then subsidises care for people who are eligible under the Social Security Act 1964 and meet the income and asset testing threshold.

Assessment, treatment and rehabilitation services aim to help an older person recover from an acute illness and in most cases return to their own home.

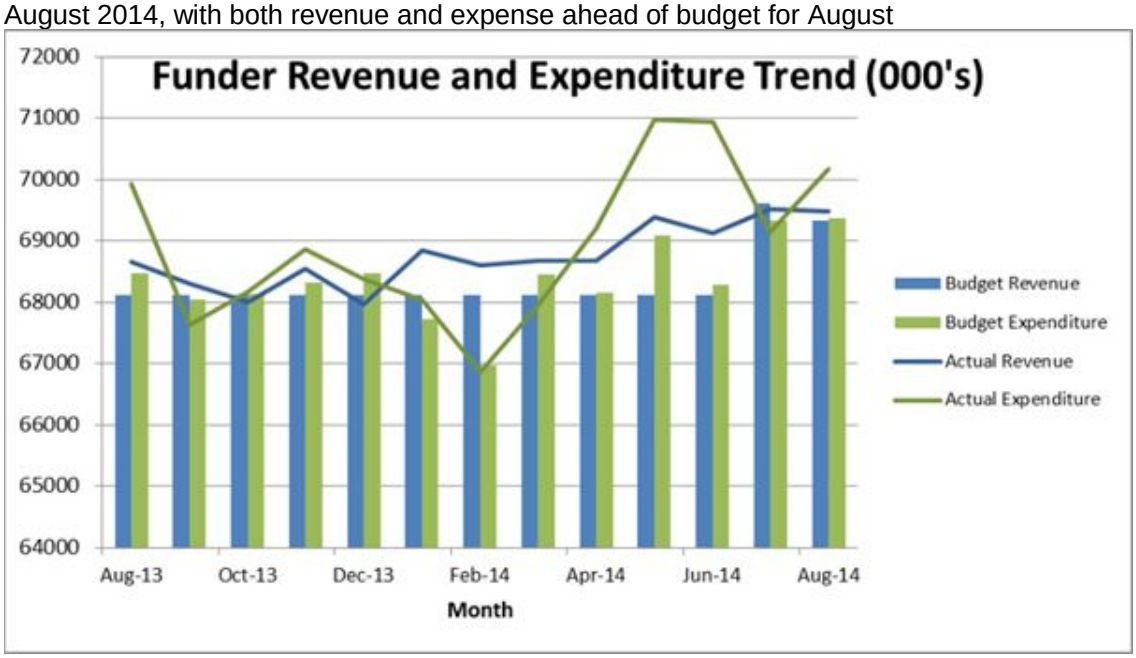
Other DSS services aim to support people to live in their own homes. Home support includes both personal care, e.g. help with showering, and help with housework. Carer support enables a full time carer to have a period of time away from caring responsibilities. Respite care funds a short period of residential care for someone who normally lives at home.

When considering DSS expenditure it is therefore important to consider the impact that expenditure in one area can have on demand for other services. An example of this is the increase seen in Home Support costs over the last two years, which resulted in a reduction in ARRC bed days for rest home and dementia care over the same period.



4. Revenue and Expenditure Trend

The following table shows actual and budget for revenue and expenditure for the 12 months to August 2014, with both revenue and expense ahead of budget for August



Southern District Health Board

Aug-14

Part 3: DHB Funds	Current Month				Year to Date			
	Actual $(000)	Budget $(000)	Variance $(000)	Variance %	Actual $(000)	Budget $(000)	Variance $(000)	Variance %
Part 3.1: Statement of Financial Performance								
REVENUE								
Ministry of Health								
MoH - Vote Health Non Mental Health	57,848	57,837	11 F		115,683	115,674	9 F	
MoH - Vote Health Mental Health	6,925	6,925			13,850	13,850		
PBF Adjustments	-	-			-	-		
MoH Funding Subcontracts	3,162	3,020	142 F	5%	6,370	6,309	61 F	1%
MoH - Personal Health	-	-			-	-		
MoH - Mental Health	-	-			-	-		
MoH - Public Health	-	-			-	-		
MoH - Disability Support Services	-	-			-	-		
MoH - Maori Health	-	-			-	-		
Clinical Training Agency	-	-			-	-		
Internal - DHB Funder to DHB Provider	-	-			-	-		
Ministry of Health Total	**67,935**	**67,782**	**153 F**		**135,902**	**135,832**	**70 F**	
Other Government								
IDF's - Mental Health Services	45	45			90	90		
IDF's - All others (non Mental health)	1,507	1,508			3,015	3,016		
Other DHB's	-	-			-	-		
Training Fees and Subsidies	-	-			-	-		
Accident Insurance	-	-			-	-		
Other Government	-	-			-	-		
Other Government Total	**1,553**	**1,553**			**3,105**	**3,106**		
Government and Crown Agency Sourced Total	**69,487**	**69,334**	**153 F**		**139,008**	**138,938**	**70 F**	
Other Revenue								
Patient / Consumer Sourced	-	-			-	-		
Other Income	-	-			-	-		
Other Revenue Total	**-**	**-**			**-**	**-**		
REVENUE TOTAL	**69,487**	**69,334**	**153 F**		**139,008**	**138,938**	**70 F**	
EXPENSES								
Outsourced Expenses								
Outsourced Funder Services	(725)	(725)			(1,451)	(1,451)		
Other Outsourced Expenses	-	-			-	-		
Other Expenses	-	-			-	-		
Payments to Providers								
Personal Health								
Personal Health to allocate	-	(83)	83 F		-	(167)	167 F	
Child and Youth	(302)	(382)	81 F	21%	(684)	(765)	81 F	11%
Laboratory	(1,587)	(1,465)	(121) U	(8%)	(3,083)	(2,930)	(152) U	(5%)
Infertility Treatment Services	(83)	(101)	18 F	18%	(183)	(201)	18 F	9%
Maternity	(274)	(262)	(12) U	(5%)	(535)	(524)	(12) U	(2%)
Maternity (Tertiary & Secondary)	(1,368)	(1,394)	26 F	2%	(2,761)	(2,787)	26 F	1%
Pregnancy and Parenting Education	(8)	(12)	4 F	36%	(20)	(25)	5 F	18%
Maternity Payment Schedule	-	-			-	-		
Neo Natal	(660)	(660)			(1,321)	(1,321)		
Sexual Health	(90)	(88)	(2) U	(2%)	(177)	(177)		
Adolescent Dental Benefit	(151)	(210)	59 F	28%	(346)	(409)	64 F	16%
Other Dental Services	-	-			-	-		
Dental - Low Income Adult	(73)	(78)	4 F	6%	(151)	(155)	4 F	3%
Child (School) Dental Services	(621)	(630)	9 F	1%	(1,245)	(1,262)	17 F	1%
Secondary / Tertiary Dental	(242)	(242)			(484)	(484)		
Pharmaceuticals	(6,581)	(6,329)	(252) U	(4%)	(12,581)	(12,396)	(185) U	(1%)
Pharmaceutical Cancer Treatment Drugs	(379)	(386)	7 F	2%	(832)	(771)	(60) U	(8%)
Pharmacy Services	(28)	(69)	42 F	60%	(56)	(139)	83 F	60%
Management Referred Services	-	-			-	-		
General Medical Subsidy	(78)	(85)	7 F	8%	(149)	(164)	15 F	9%
Primary Practice Services - Capitated	(3,564)	(3,511)	(53) U	(1%)	(7,099)	(7,022)	(77) U	(1%)
Primary Health Care Strategy - Care	(320)	(318)	(2) U	(1%)	(641)	(636)	(5) U	(1%)
Primary Health Care Strategy - Health	(326)	(337)	11 F	3%	(654)	(673)	19 F	3%
Primary Health Care Strategy - Other	(255)	(255)			(509)	(510)	1 F	
Practice Nurse Subsidy	(16)	(16)		2%	(32)	(33)		
Rural Support for Primary Health Pro	(1,316)	(1,384)	68 F	5%	(2,758)	(2,767)	9 F	
Immunisation	(144)	(184)	40 F	22%	(355)	(386)	30 F	8%
Radiology	(461)	(465)	3 F	1%	(924)	(929)	5 F	1%
Palliative Care	(562)	(495)	(67) U	(14%)	(1,043)	(990)	(52) U	(5%)
Meals on Wheels	(65)	(53)	(12) U	(22%)	(107)	(107)		
Domicilary & District Nursing	(1,504)	(1,433)	(71) U	(5%)	(2,953)	(2,865)	(87) U	(3%)
Community based Allied Health	(579)	(584)	5 F	1%	(1,169)	(1,167)	(2) U	
Chronic Disease Management and Educa	(241)	(255)	14 F	6%	(497)	(511)	14 F	3%
Medical Inpatients	(5,653)	(5,653)			(11,306)	(11,306)		
Medical Outpatients	(3,734)	(3,669)	(65) U	(2%)	(7,370)	(7,339)	(31) U	
Surgical Inpatients	(10,657)	(10,647)	(10) U		(21,299)	(21,294)	(5) U	
Surgical Outpatients	(1,685)	(1,694)	9 F	1%	(3,373)	(3,388)	15 F	
Paediatric Inpatients	(644)	(644)			(1,289)	(1,289)		
Paediatric Outpatients	(269)	(269)			(538)	(538)		
Pacific Peoples' Health	(21)	(22)		2%	(31)	(43)	12 F	28%
Emergency Services	(1,667)	(1,634)	(33) U	(2%)	(3,301)	(3,268)	(33) U	(1%)
Minor Personal Health Expenditure	(99)	(100)			(197)	(199)	2 F	1%
Price adjusters and Premium	(563)	(505)	(58) U	11%	(1,072)	(1,010)	(61) U	6%
Travel & Accomodation	(538)	(491)	(47) U	(10%)	(1,005)	(940)	(65) U	(7%)
Inter District Flow Personal Health	(2,409)	(2,399)	(10) U		(4,813)	(4,798)	(15) U	
Personal Health Total	**(49,816)**	**(49,493)**	**(323) U**	**(1%)**	**(98,941)**	**(98,685)**	**(256) U**	

Southern District Health Board

Aug-14

Part 3: DHB Funds	Current Month				Year to Date			
	Actual $(000)	Budget $(000)	Variance $(000)	Variance %	Actual $(000)	Budget $(000)	Variance $(000)	Variance %
Mental Health								
Mental Health to allocate	9	(29)	38 F	133%	19	(57)	76 F	133%
Acute Mental Health Inpatients	(1,143)	(1,143)			(2,287)	(2,287)		
Sub-Acute & Long Term Mental Health	(304)	(304)			(608)	(608)		
Crisis Respite	(7)	(7)		(1%)	(13)	(13)		(1%)
Alcohol & Other Drugs - General	(357)	(327)	(30) U	(9%)	(684)	(654)	(30) U	(5%)
Alcohol & Other Drugs - Child & Youth	(122)	(102)	(20) U	(20%)	(224)	(204)	(20) U	(10%)
Methadone	(94)	(94)			(189)	(189)		
Dual Diagnosis - Alcohol & Other Drugs	(12)	(45)	33 F	74%	(53)	(89)	36 F	40%
Dual Diagnosis - MH/ID	(5)	(5)			(10)	(10)		
Eating Disorder	(14)	(16)	2 F	13%	(28)	(32)	4 F	13%
Maternal Mental Health	(4)	(4)			(7)	(7)		
Child & Youth Mental Health Services	(841)	(820)	(21) U	(3%)	(1,717)	(1,640)	(77) U	(5%)
Forensic Services	(509)	(513)	4 F	1%	(1,018)	(1,026)	7 F	1%
Kaupapa Maori Mental Health Services	(152)	(152)			(305)	(305)		
Kaupapa Maori Mental Health - Residential	-	-			-	-		
Kaupapa Maori Mental Health - Inpati	-	-			-	-		
Mental Health Community Services	(1,875)	(1,878)	3 F		(3,754)	(3,757)	3 F	
Prison/Court Liaison	(45)	(45)			(89)	(89)		
Mental Health Workforce Development	-	-			-	-		
Day Activity & Work Rehabilitation S	(200)	(200)			(399)	(399)		
Mental Health Funded Services for Older People	(36)	(36)			(71)	(71)		
Advocacy / Peer Support - Consumer	(58)	(58)			(116)	(116)		
Other Home Based Residential Support	(377)	(373)	(4) U	(1%)	(807)	(746)	(60) U	(8%)
Advocacy / Peer Support - Families	(52)	(52)			(105)	(105)		
Community Residential Beds & Service	(404)	(457)	53 F	12%	(834)	(913)	79 F	9%
Minor Mental Health Expenditure	(22)	(32)	9 F	29%	(50)	(64)	14 F	22%
Inter District Flow Mental Health	(403)	(399)	(3) U	(1%)	(805)	(799)	(6) U	(1%)
Mental Health Total	**(7,026)**	**(7,090)**	**63 F**	**1%**	**(14,154)**	**(14,179)**	**25 F**	
Public Health								
Alcohol & Drug	(36)	(36)			(72)	(72)		
Communicable Diseases	(97)	(97)			(194)	(194)		
Injury Prevention	-	-			-	-		
Screening Programmes	(232)	(112)	(120) U	(108%)	(475)	(492)	18 F	4%
Mental Health	(22)	(22)			(44)	(44)		
Nutrition and Physical Activity	(49)	(49)			(99)	(99)		
Physical Environment	(36)	(36)			(72)	(72)		
Public Health Infrastructure	(128)	(128)			(255)	(255)		
Sexual Health	(12)	(12)			(24)	(24)		
Social Environments	(38)	(38)			(76)	(76)		
Tobacco Control	(102)	(94)	(8) U	(9%)	(195)	(188)	(7) U	(4%)
Well Child Promotion	(63)	-	(63) U		(63)	-	(63) U	
Meningococcal	-	-			-	-		
Public Health Total	**(816)**	**(624)**	**(192) U**	**(31%)**	**(1,570)**	**(1,516)**	**(53) U**	**(4%)**
Disability Support Services								
AT & R (Assessment, Treatment and Re	(1,986)	(1,986)			(3,972)	(3,972)		
Information and Advisory	(12)	(12)			(24)	(24)		
Needs Assessment	(194)	(160)	(34) U	(21%)	(367)	(319)	(48) U	(15%)
Service Co-ordination	(19)	(19)			(41)	(39)	(2) U	(5%)
Home Support	(1,493)	(1,423)	(71) U	(5%)	(2,988)	(2,845)	(143) U	(5%)
Carer Support	(120)	(144)	25 F	17%	(246)	(288)	42 F	15%
Residential Care: Rest Homes	(3,247)	(2,995)	(252) U	(8%)	(6,221)	(5,990)	(231) U	(4%)
Residential Care: Loans Adjustment	15	23	(8) U	(34%)	32	45	(13) U	(30%)
Long Term Chronic Conditions	(8)	(8)			(20)	(16)	(4) U	(24%)
Residential Care: Hospitals	(4,087)	(3,942)	(145) U	(4%)	(7,960)	(7,884)	(76) U	(1%)
Ageing in Place	(2)	(2)			(5)	(5)		
Environmental Support Services	100	(110)	210 F	191%	(9)	(220)	210 F	96%
Day Programmes	(37)	(46)	9 F	20%	(83)	(93)	10 F	10%
Expenditure to Attend Treatment ETAT	-	-			-	-		
Minor Disability Support Expenditure	(8)	(17)	9 F	52%	(17)	(35)	18 F	52%
Respite Care	(207)	(95)	(111) U	(117%)	(308)	(190)	(118) U	(62%)
Community Health Services & Support	(64)	(81)	16 F	20%	(155)	(161)	6 F	4%
Inter District Flow Disability Support	(256)	(256)			(513)	(513)		
Disability Support Other	-	-			-	-		
Disability Support Services Total	**(11,626)**	**(11,274)**	**(352) U**	**(3%)**	**(22,897)**	**(22,549)**	**(348) U**	**(2%)**
Maori Health								
Maori Service Development	(38)	(38)			(76)	(76)		
Maori Provider Assistance Infrastruc	-	-			-	-		
Maori Workforce Development	-	-			-	-		
Minor Maori Health Expenditure	-	-			-	-		
Whanau Ora Services	(125)	(115)	(11) U	(9%)	(233)	(230)	(3) U	(2%)
Maori Health Total	**(163)**	**(153)**	**(11) U**	**(7%)**	**(309)**	**(305)**	**(3) U**	**(1%)**
Internal Allocations	-	-			-	-		
Total Expenses	**(70,173)**	**(69,359)**	**(813) U**	**(1%)**	**(139,321)**	**(138,685)**	**(636) U**	
Summary of Results								
Subtotal of IDF Revenue	1,553	1,553			3,105	3,106		
Subtotal all other Revenue	67,935	67,782	153 F		135,902	135,832	70 F	
Revenue Total	**69,487**	**69,334**	**153 F**		**139,008**	**138,938**	**70 F**	
Subtotal of IDF Expenditure	(3,068)	(3,055)	(13) U		(6,131)	(6,109)	(21) U	
Subtotal all other Expenditure	(67,105)	(66,304)	(801) U	(1%)	(133,190)	(132,576)	(615) U	
Expenses Total	**(70,173)**	**(69,359)**	**(813) U**	**(1%)**	**(139,321)**	**(138,685)**	**(636) U**	
Net Surplus/ (Deficit)	**(685)**	**(25)**	**(661) U**	**(2688%)**	**(313)**	**253**	**(566) U**	**(224%)**

DSAC / CPHAC Workplan 2014						
Output	**Timeframe**	**Reporting Frequency**	**Progress**			**Reports / Presentation Schedule**
			Behind	On Target	Complete	
Child & Youth Child and Youth Steering Group - Develop communications strategy - Complete stocktake of child and youth health services - Develop Child & Youth Strategies - WCTO Quality Improvement Framework Social Sector Trials Compass Childrens Action Plan	 Meets six weekly In progress TBC Ongoing Ongoing Ongoing Ongoing	 Quarterly Quarterly Six monthly Annual Annual				A report/presentation will be submitted to the November 2014 DSAC-CPHAC Committee Meeting
Cancer Services - Cancer Networks (local & SCN) - SDHB Cancer Control Plan	 Ongoing Ongoing	 Quarterly Quarterly				A report/presentation will be submitted to the December 2014 DSAC-CPHAC Committee Meeting
Health of Older Persons - Age Related Residential Care - Home & Community Support Services Alliance - Palliative Care - Dementia		 Annual Six month Annual Annual				A report/presentation on residential care will be submitted to the May 2014 DSAC-CPHAC Committee Meeting
Mental Health - Development of implementation plan for Raise HOPE (MH&A Strategic Plan) - Phased implementation of Raise HOPE - Implementation Prime Ministers Youth Mental Health project initiatives - Suicide prevention	 June 2014 ongoing	 Bimonthly update Quarterly six monthly six monthly				A report/presentation will be submitted to the July 2014 DSAC-CPHAC Committee Meeting
Primary Care - PHO Clinical Programmes - After Hours Services - Rural Services Alliance - Long-term Conditions - Primary Maternity Clinical Quality Network - Integration, BSMC service development - Community Pharmaceuticals - Laboratory Services	 On-going On-going June 14 On-going On-going On-going On-going	 Quarterly Six Monthly Bi Monthly Quarterly Quarterly Monthly Quarterly				A report/presentation will be submitted to the October 2014 DSAC-CPHAC Committee Meeting
Southern PHO	On-going	Monthly				
Southern Health Alliance Leadership Team (SHALT)	On-going	Monthly				

DSAC / CPHAC Workplan 2014						
Output	**Timeframe**	**Reporting Frequency**	**Progress**			**Reports / Presentation Schedule**
			Behind	On Target	Complete	
Rural Health - - Rural hospital trusts – performance monitoring	Ongoing	Quarterly				
Performance Monitoring - SOI Indicators / DAP Measures - PHO Performance Programme - Health Targets (Diabetes, Smoking, CVD, Immunisation)						
Public Health - Family Violence Intervention Programme - Hep C - Needle Exchange		Six monthly Annual Annual				A report/presentation will be submitted to the September 2014 DSAC-CPHAC Committee Meeting.
Maori Health - Maori Health Plan - Whanau Ora - Nurse-led Clinics		Six monthly				
Pacific Health - General Update		Six monthly				
Population Health - Before Schools Check - School Based Health Services - Vaccine Preventable Disease - Screening programmes - Child Mortality Review Group - Sexual health services		Six monthly				
Public Health South	Ongoing	Bi-Monthly				