

SOUTHERN DISTRICT HEALTH BOARD

DISABILITY SUPPORT ADVISORY COMMITTEE and COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE

Thursday, 28 September 2017
commencing at the conclusion of the public
Hospital Advisory Committee meeting

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

A G E N D A

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

Item

1. **Apologies**
2. 10.00 am
Presentation: *Health in All Policies (HiAP)*
Keith Reid, Clinical Leader, Public Health South
3. **Interests Register**
4. **Minutes of Previous Meeting**
5. **Matters Arising**
6. **Review of Action Sheet**
7. **Planning & Funding Report**
 - 7.1. Planning & Funding Activity
 - 7.2. Public Health
8. **DHB Performance Report Q4 2016/17 - Health Targets and Indicators of Performance**
9. **Financial Report**
10. **Contracts Register**

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

APOLOGIES

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

10.00 am

Presentation: *Health in All Policies (HiAP)*

Keith Reid, Clinical Leader, Public Health South

SOUTHERN DISTRICT HEALTH BOARD

| | |
|--|--|
| Title: | INTERESTS REGISTERS |
| Report to: | Disability Support and Community & Public Health Advisory Committees |
| Date of Meeting: | 25 September 2017 |
| <p>Summary:</p> <p>Commissioner, Committee and Executive Team members are required to declare any potential conflicts (pecuniary or non-pecuniary) and agree how these will be managed. A member who makes a disclosure must not take part in any decision relating to their declared interest.</p> <p>Interests declarations, and how they are to be managed, are required to be recorded in the minutes and separate interests register (s36, Schedule 3, NZ Public Health and Disability Act 2000).</p> <p>Changes to Interests Registers over the last month:</p> <ul style="list-style-type: none"> ▪ Lisa Gestro, Executive Director Strategy, Primary & Community added. | |
| Specific implications for consideration (financial/workforce/risk/legal etc): | |
| Financial: | n/a |
| Workforce: | n/a |
| Other: | |
| <p>Prepared by:</p> <p>Jeanette Kloosterman Board Secretary</p> <p>Date: 08/09/2017</p> | |
| <p>RECOMMENDATION:</p> <p>1. That the Interests Registers be received and noted.</p> | |

DSAC/CPHAC Meeting - Public - Interests Register

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
COMMISSIONER TEAM

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

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

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

DSAC/CPHAC Meeting - Public - Interests Register

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
ADVISORY COMMITTEE MEMBERS

| Committee Member | Date of Entry | Interest Disclosed | Nature of Potential Interest with Southern DHB | Management Approach | |
|---|--|--|---|---------------------|--|
| Susie JOHNSTONE (Consultant, Finance Audit & Risk Committee) | 21.08.2015 | Independent Chair, Audit & Risk Committee, Dunedin City Council | Nil | | |
| | 21.08.2015 | Board Member, REANNZ (Research & Education Advanced Network New Zealand) | REANNZ is the provider of Eduroam (education roaming) wireless network. SDHB has an agreement allowing the University to deploy access points in SDHB facilities. | | |
| | 21.08.2015 | Advisor to a number of primary health provider clients in rural Otago | All of the primary health provider clients in rural Otago are likely to have a contract through Southern DHB and/or the WellSouth Primary Care Network. | | |
| | 18.01.2016 | Audit and Risk Committee member, Office of the Auditor-General | Audit NZ, the DHB's auditor, is a business unit of the Office of the Auditor General. | | |
| | 16.09.2016 | Director, Shand Thomson Ltd | Nil | | |
| | 16.09.2016 | Director, Harrison Nominees Ltd | Nil. Co-trustee in client trusts - no pecuniary interest. | | |
| | 16.09.2016 | Director, Abacus ST companies. | Nil. Co-trustee in client trusts - no pecuniary interest. | | |
| | 16.09.2016 | Director, Shand Thomson Nominees Ltd | Nil. Co-trustee in client trusts - no pecuniary interest. | | |
| | 16.09.2016 | Director, Johnstone Afforestation Co Ltd | Nil. Co-trustee in client trusts - no pecuniary interest. | | |
| | 16.09.2016 | Director, Shand Thomson Nominees (2005) Ltd | Nil. Co-trustee in client trusts - no pecuniary interest. | | |
| | 16.09.2016 | Director, McCrostie Nominees Ltd | Nil. Co-trustee in client trusts - no pecuniary interest. | | |
| | | Spouse is Consultant/Advisor to: | | | |
| | 21.08.2015 | Tuapeka Community Health Co Ltd & Tuapeka Health Incorporated | Tuapeka Community Health Co Ltd & Tuapeka Health Incorporated have a contract with Southern DHB. | | |
| | 21.08.2015 | Wyndham & Districts Community Rest Home Inc | Wyndham & Districts Community Rest Home Inc has a contract with Southern DHB. | | |
| | 21.08.2015 | Roxburgh District Medical Services Trust | Roxburgh District Medical Services Trust has a contract with Southern DHB. | | |
| | 21.08.2015 | West Otago Health Ltd & West Otago Health Trust | West Otago Health Ltd & West Otago Health Trust have a contract with Southern DHB. | | |
| | 21.08.2015 | A number of primary health care providers in rural Otago | All of the primary health provider clients in rural Otago are likely to have a contract through Southern DHB and/or the WellSouth Primary Care Network. | | |
| | 21.08.2015 | Director, Clutha Community Health Co. Ltd | Clutha Community Health Co. Ltd has a contract with Southern DHB. | | |
| | 26.09.2016 | Director, Abacus ST companies. | Nil. Co-trustee in client trusts - no pecuniary interest. | | |
| | | Daughter: | | | |
| 21.08.2015 | 4th Year Medical School Student | | | | |
| Suzanne CRENGLE (HAC Member) | 10.10.2016 | General Practitioner, Invercargill Medical Centre | | | |
| | 10.10.2016 | Member, Te Waipounamu Māori Leadership Group Cancer | | | |
| | 10.10.2016 | Executive Member, Ōraka Aparima Rūnaka | | | |
| | 20.01.2017 | Board Member, Royal NZ College of General Practitioners | | | |
| | 20.01.2017 | Member, Perinatal and Maternity Mortality Review Committee | | | |
| | 20.01.2017 | Two private trusts, with no interests in DHB matters | | | |
| 23.03.2017 | Associate Professor, Department of Preventive and Social Medicine, University of Otago (from 1 May 2017) | | | | |
| Donna MATAHAERE-ATARIKI (CPHAC/DSAC and IGC Member) | 27.02.2014 | Trustee WellSouth | Possible conflict with PHO contract funding. | | |
| | 27.02.2014 | Trustee Whare Hauora Board | Possible conflict with SDHB contract funding. | | |
| | 27.02.2014 | Deputy Chair, NGO Council, Ministry of Health | Nil | | |
| | 27.02.2014 | Council Member, University of Otago | Possible conflict between SDHB and University of Otago. | | |
| | 27.02.2014 | Chair, Ōtākou Rūnanga | Nil | | |
| | 17.06.2014 | Gambling Commissioner | Nil | | |
| 05.09.2016 | Board Member and Shareholder, Arai Te Uru Whare Hauora Limited | Possible conflict when contracts with Southern DHB come up for renewal. | | | |

DSAC/CPHAC Meeting - Public - Interests Register

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
ADVISORY COMMITTEE MEMBERS

| Committee Member | Date of Entry | Interest Disclosed | Nature of Potential Interest with Southern DHB | Management Approach |
|-----------------------------|---------------|---|---|---------------------|
| | 05.09.2016 | Board Member and Shareholder, Otākou Health Limited | Possible conflict when contracts with Southern DHB come up for renewal. | |
| | 05.09.2016 | Southern DHB, Iwi Governance Committee | Possible conflict with SDHB contract funding. | |
| | 09.02.2017 | Director and Shareholder, VIII(8) Limited | Nil | |
| | 01.09.2016 | Southern DHB, Disability and Support Advisory Committee | Possible conflict with SDHB contract funding. | |
| Odele STEHLIN | 01.11.2010 | Waihopai Runaka General Manager | Possible conflict when contracts with Southern DHB come up for renewal. | |
| Waihopai Rūnaka – Chair IGC | 01.11.2010 | Waihopai Runaka Social Services Manager | Possible conflict with contract funding. | |
| | 01.11.2010 | WellSouth Iwi Governance Group | Nil | |
| | 01.11.2010 | Recognised Whānau Ora site | Nil | |
| | 24.05.2016 | Healthy Families Leadership Group member | Nil | |
| | 23.02.2017 | Te Rūnanga alternative representative for Waihopai Rūnaka on Ngai Tahu. | Nil | |
| | 09.06.2017 | Director, Waihopai Runaka Holdings Ltd | Possible conflict with contract funding. | |
| Sumaria BEATON | 27.04.2017 | Southland Warm Homes Trust | Nil | |
| IGC - Awarua Rūnaka | 09.06.2017 | Director and Shareholder, Sumaria Consultancy Ltd | Nil | |
| | 09.06.2017 | Director and Shareholder, Monkey Magic 8 Ltd | Nil | |
| Taare BRADSHAW | 17.03.2017 | Director, Murihiku Holdings Ltd | Nil | |
| IGC - Hokonui Rūnaka | | | | |
| Victoria BRYANT | 06.05.2015 | Charge Nurse Manager, Otago Public Health | Nil | |
| IGC - Puketeraki Rūnaka | 06.05.2015 | Member - College of Primary Nursing (NZNO) | Nil | |
| | 06.05.2015 | Member - Te Rūnanga o Otākou | Nil | |
| | 06.05.2015 | Member Kati Huirapa Rūnaka ki Puketeraki | Nil | |
| | 06.05.2015 | President Fire in Ice Outrigger Canoe Club | Nil | |
| | 24.05.2017 | Puketeraki representative for Te Kaika VLCA located in College Street | Possible conflict with funding in health setting. | |
| | 24.05.2017 | Member, South Island Alliance - Raising Healthy Kids | Nil | |
| Justine CAMP | 31.01.2017 | Research Fellow - Dunedin School of Medicine - Better Start National Science Challenge | Nil | |
| IGC - Moeraki Rūnaka | | Member - University of Otago (UoO) Treaty of Waitangi Committee and UoO Ngai Tahu Research Consultation Committee | Nil | |
| | | Member - Dunedin City Council - Creative Partnership Dunedin | Nil | |
| | | Moana Moko - Māori Art Gallery/Ta Moko Studio - looking at Whānau Ora funding and other funding in health setting | Possible conflict with funding in health setting. | |
| | | Daughter is a member of the Community Health Council | Nil | |
| Terry NICHOLAS | 06.05.2015 | Treasurer, Hokonui Rūnanga Inc. | Nil | |
| IGC - Hokonui Rūnaka | 06.05.2015 | Member, TRoNT Audit and Risk Committee | Nil | |
| | 06.05.2015 | Director, Te Waipounamu Māori Cultural Heritage Centre | Nil | |
| | 06.05.2015 | Trustee, Hokonui Rūnanga Health & Social Services Trust | Possible conflict when contracts with Southern DHB come up for renewal. | |
| | 06.05.2015 | Trustee, Ancillary Claim Trust | Nil | |
| | 06.05.2015 | Director, Hokonui Rūnanga Research and Development Ltd | Nil | |
| | 06.05.2015 | Director, Rangimanuka Ltd | Nil | |
| | 06.05.2015 | Member, Te Here Komiti | Nil | |
| | 06.05.2015 | Member, Arahua Holdings Ltd | Nil | |
| | 06.05.2015 | Member, Liquid Media Patents Ltd | Nil | |
| | 06.05.2015 | Member, Liquid Media Operations Ltd | Nil | |
| | 09.06.2017 | Director, Murihiku Holdings Ltd | Nil | |
| | 09.06.2017 | Director and Shareholder, Real McCoy Owner Ltd | Nil | |
| | 09.06.2017 | Director and Shareholder, Real McCoy Operator Ltd | Nil | |
| Ann WAKEFIELD | 03.10.2012 | Executive member of Ōraka Aparima Rūnaka Inc. | Nil | |
| IGC - Ōraka Aparima Rūnaka | 09.02.2011 | Member of Māori Advisory Committee, Southern Cross | Nil | |

DSAC/CPHAC Meeting - Public - Interests Register

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
ADVISORY COMMITTEE MEMBERS

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

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

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

| Employee Name | Date of Entry | Interest Disclosed | Nature of Potential Interest with Southern District Health Board |
|----------------------|----------------------|---|---|
| Mike COLLINS | 15.09.2016 | Wife, NICU Nurse | |
| Pania COOTE | 26.05.2016 | Ngai Tahu registered. | Nil |
| | 30.09.2011 | Member, Southern Cancer Network | Nil |
| | 30.09.2011 | Member, Aotearoa New Zealand Association of Social Workers (ANZASW) | Nil |
| | 30.09.2011 | Member, SIT Social Work Committee | Nil |
| | 29.06.2012 | Member, Te Waipounamu Māori Cancer Leadership Group | Nil |
| | 26.01.2015 | National Māori Equity Group (National Screening Unit) – MEG. | Nil |
| | 26.01.2015 | SDHB Child and Youth Health Service Level Alliance Team | Nil |
| | 19.09.2016 | Shareholder (2%), Bluff Electrical 2005 Ltd | |
| Joy FARLEY | 08.08.2017 | Nil | |
| Lisa GESTRO | 06/09/2017 | Nil | |
| Chris FLEMING | 25.09.2016 | Lead Chief Executive for Health of Older People, both nationally and for the South Island | |

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

| Employee Name | Date of Entry | Interest Disclosed | Nature of Potential Interest with Southern District Health Board |
|-------------------------|----------------------|--|---|
| | 25.09.2016 | Chair, South Island Alliance Leadership Team | |
| | 25.09.2016 | Lead Chief Executive South Island Palliative Care Workstream | |
| | 25.09.2016 | Deputy Chair, InterRAI NZ | |
| | 10.02.2017 | Director, South Island Shared Service Agency | Shelf company owned by South Island DHBs. |
| | 10.02.2017 | Director & Shareholder, Carlisle Hobson Properties Ltd | Nil. |
| Lynda McCUTCHEON | 22.06.2012 | Member of the University of Otago, School of Physiotherapy, Admissions Committee | Lead contact for University of Otago undergraduate clinical placements (Allied Health, Scientific & Technical professions) in Southern DHB. |
| | 19.08.2015 | Member of the National Directors of Allied Health | Nil |
| | 04.07.2016 | NZ Physiotherapy Board: Professional Conduct Committee (PCC) member | No perceived conflict. If complaint involves SDHB staff member or contractor, will not sit on PCC. |
| | 18.09.2016 | Shareholder, Marketing Business Ltd | Nil |
| Nigel MILLAR | 04.07.2016 | Member of South Island IS Alliance group | This group works on behalf of all the SI DHBs and may not align with the SDHB on occasions. |
| | 04.07.2016 | Fellow of the Royal Australasian College of Physicians | Obligations to the College may conflict on occasion where the college for example reviews training in services. |
| | 04.07.2016 | Fellow of the Royal Australasian College of Medical Administrators | Obligations to the College may conflict on occasion where the college for example reviews training in services. |
| | 04.07.2016 | NZ InterRAI Fellow | InterRAI supplies the protocols for aged care assessment in SDHB via a licence with the MoH. |
| | 04.07.2016 | Son - employed by Orion Health | Orion Health supplies Health Connect South. |
| | 04.07.2016 | Clinical Lead for HQSC Atlas of Healthcare variation | HQSC conclusions or content in the Atlas may adversely affect the SDHB. |
| Nicola MUTCH | 16.03.2016 | Member, International Nominations Committee, Amnesty International | Nil |
| | | Deputy Chair, Dunedin Fringe Trust | Nil |

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

| Employee Name | Date of Entry | Interest Disclosed | Nature of Potential Interest with Southern District Health Board |
|----------------------|----------------------|---|---|
| Dr Jim REID | 22.01.2014 | Director of both BPAC NZ and BPAC Inc | No conflict. |
| | 22.01.2014 | Director of the NZ Formulary | No conflict. |
| | 22.01.2014 | Trustee of the Waitaki District Health Trust | Possible conflict in negotiation of new contract. |
| | 22.01.2014 | Employed 2/10 by the University of Otago and am now Deputy Dean of the Dunedin School of Medicine | Possible conflict in any negotiations with Dunedin School of Medicine. |
| | 22.01.2014 | Partner at Caversham Medical Centre and a Director of RMC Medical Research Ltd. | No conflict. |
| | 16.04.2014 | Member National Lead Directors of Nursing and Nurse Executives of New Zealand. | Nil |
| Clive SMITH | 31.03.2016 | Nil | |
| Jane WILSON | 16.08.2017 | Member of New Zealand Nurses Organisation (NZNO) | |
| | 16.08.2017 | Member of College of Nurses Aotearoa (NZ) Inc. | |
| | 16.08.2017 | Husband - Consultant Radiologist employed fulltime by Southern DHB and currently Clinical Leader Radiology, Otago site. | |

Southern District Health Board

Minutes of the Joint Meeting of the Disability Support Advisory Committee and Community & Public Health Advisory Committee held on Thursday, 27 July 2017, commencing at 10.25 am, in the Board Room, Wakari Hospital Campus, Dunedin

| | | |
|-----------------------|---|---|
| Present: | Mrs Kathy Grant Mr Graham Crombie Mr Richard Thomson | Commissioner Deputy Commissioner Deputy Commissioner |
| In Attendance: | Mr Chris Fleming Ms Liz Disney Mrs Lexie O'Shea Dr Nigel Millar Dr Nicola Mutch Mrs Leanne Samuel Mr Clive Smith Ms Jeanette Kloosterman | Chief Executive Officer Acting Executive Director Planning & Funding (by videoconference) Deputy CEO/Chief Operating Officer (by videoconference) Chief Medical Officer Director of Strategic Communications Executive Director Nursing & Midwifery (by videoconference) Chief Financial Officer Board Secretary |

1.0 WELCOME

The Acting Commissioner welcomed members of the public, including Dr Sue Crengle, to the meeting.

2.0 APOLOGIES

No apologies were received.

3.0 DECLARATION OF INTERESTS

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

4.0 PREVIOUS MINUTES

Recommendation:

"That the minutes of the meeting held on 24 May 2017 be approved and adopted as a true and correct record."

Agreed

5.0 MATTERS ARISING AND REVIEW OF ACTION SHEET

The Commissioner Team reviewed the action sheet (tab 5).

Primary Maternity Services

The Acting Executive Director Planning & Funding (EDP&F) reported that, due to adverse weather conditions, the workshop planned for 12 July was postponed until 1 August 2017.

Outpatients Project

The Acting EDP&F reported that the workshop on telehealth had been held and feedback had been received from the Community Health Council that the DHB needed to ensure communities were comfortable with telehealth.

Long Term Conditions

It was noted that four general practices were participating in the *Do the Right Thing* pilot. The Acting EDP&F confirmed that the outcome of the pilot would be reported back to DSAC/CPHAC.

6.0 PLANNING AND FUNDING REPORT

Planning and Funding

The Planning and Funding Report (tab 6.1) was taken as read and the Acting Executive Director Planning and Funding (EDP&F) took questions.

Public Health

A report on public health activity was circulated with the agenda and taken as read (tab 6.2).

The Chief Executive Officer informed the meeting that the Public Health Service would be presenting to the next DSAC/CPHAC meeting.

Recommendation:

"That the reports be noted."

Agreed

7.0 FINANCIAL REPORT

In presenting the Funder financial results for June 2017 (tab 7), the Acting Executive Director Planning and Funding noted that there were no significant variations from the previous month, apart from not receiving \$1m of additional revenue for elective services.

The Chief Executive Officer reported that the year-end accounts were still subject to audit but the final consolidated result was likely to be a deficit of \$21.86m, which was slightly below the planned \$22m deficit for the year.

Recommendation:

"That the report be received."

Agreed

8.0 CONTRACTS REGISTER

The Funding contracts register for May-June 2017 was circulated with the agenda (tab 8) for information.

Recommendation:

“That the Contracts Register be noted.”

Agreed

CONFIDENTIAL SESSION

At 10.40 am, it was resolved that the Disability Support and Community & Public Health Advisory Committees reconvene at the conclusion of the public excluded section of the Hospital Advisory Committee meeting and move into committee to consider the agenda items listed below.

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

Confirmed as a true and correct record:

Commissioner: _____

Date: _____

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

As at 15 September 2017

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

DSAC/CPHAC Meeting - Public - Review of Action Sheet

| DATE | SUBJECT | ACTION REQUIRED | BY | STATUS | EXPECTED COMPLETION DATE |
|-------------|--|--|--------|--|--------------------------|
| | | | | continued on understanding the requirements from a patient management system perspective. A system specification has been agreed which provides the technical business rules for the telehealth in the patient management system. Potential services amenable to telehealth as a service delivery option continue to be identified. The Clinical Leadership Group has recently provided a series of recommendations to guide the implementation of telemedicine in the Southern DHB. | |
| 26 Jan 2017 | Health of Older People (Minute item 4.0) | Community based wraparound service to be completed by quarter three. | EDSP&C | Initial services are scheduled to commence from September. | Underway |

SOUTHERN DISTRICT HEALTH BOARD

| | | | |
|---|------------------------------------|---|--------------|
| Title: | Planning and Funding Report | | |
| Report to: | Commissioner Team | | |
| Date of Meeting: | 28 September 2017 | | |
| Summary: | | | |
| Monthly report on the Planning and Funding activities and progress to date. | | | |
| Specific implications for consideration (financial/workforce/risk/legal etc.): | | | |
| Financial: | N/A | | |
| Workforce: | N/A | | |
| Other: | N/A | | |
| Document previously submitted to: | N/A | | Date: |
| Approved by Chief Executive Officer: | N/A | | Date: |
| Prepared by: Planning & Funding Team | | Presented by: Lisa Gestro Executive Director Strategy, Primary & Community | |
| Date: 14 September 2017 | | | |
| RECOMMENDATION: | | | |
| That the Commissioner and Deputy Commissioners note the content of this paper for the priority projects. | | | |

7.1

EXECUTIVE HIGHLIGHTS

Primary Maternity Project

Two workshops bringing together consumers and experts were held in August to establish the best way of configuring a primary maternity system of care in the Southern district. The outcome of the workshops is that we now have a consensus on a recommended primary maternity system of care and the services to support it. This has now been submitted to Executive Leadership Team who endorse the recommendations. There has been very positive feedback on the process from the Ministry of Health, the College of Midwives and consumer participants. The next steps are to establish community consultation to occur in October and November.

Rendell on Reed and Observatory Village

On 8 August, Observatory Village opened in Oamaru, with all residents from Rendell on Reed transferring either Observatory Village or to another facility. The Rendell on Reed facility was successfully handed over to the new purchaser on 31 August, with our commitments ceasing. This was a very successful 9 month arrangement to keep approximately 45 older people in Oamaru from the time that Rendell terminated its contract to the time that Observatory Village opened.

Primary & Community Strategy & Action Plan

EY have completed Stage 1 of the Primary and Community Strategy, which is the "Establishment & Management" phase, holding a direction-setting workshop with SDHB Commissioners, ELT, WSPHN Board, and Project Steering group (24 August).

Stage 2, which is "Strategy Development" is on schedule. EY have gathered and analysed all initial SDHB / WSPHN information, completed the strategic context & analytics profile and are finalising the literature scan, case studies and engagement themes from recent workshops as Strategy inputs (Round 1 of the stakeholder, consumer and wānanga workshops completed early September). These inputs are being compiled into one comprehensive Planning Framework document.

EY have drafted the strategic options ahead of the next workshop on the 29th of September. The workshop pack will go through the Steering Group early next week for approval, along with the draft Planning Framework.

SPECIFIC PROJECTS -

| Priority Area | Aim <ul style="list-style-type: none">• Why?• Intended benefit | Overall Approach | Progress on key milestones (August) |
|------------------------------------|---|--|--|
| Urgent Care Network | To reduce the increasing burden on emergency departments and hospital admissions by patients who can be safely and appropriately treated in the community, and to ensure that patients have access to long-term clinically and financially sustainable after-hours medical care | Urgent Care Network is no longer in existence Three recommendations were put forward from the Urgent Care Network: <ol style="list-style-type: none">1. Expansion of the suite of primary options for acute services2. Changing the model of care for Dunedin after-hours to reduce ED attendance rates3. Changing the model of care for Invercargill after hours to reduce ED attendance rates Since the network is no longer meeting, consideration has been given to the broader model of care for urgent services | The acute demand management programme of work implementation plan and measures for 2017/18 were endorsed by the Alliance Leadership Team in August: the budget will go to ELT's September meeting. WellSouth has issued an EOI for practices to participate in a co-design process to establish a Primary Options for Acute Care service (POAC). St John, WellSouth and SDHB participated in a workshop on ambulance diversion: a COPD diversion pathway is due end of September, with a general practice option for the diversion to be established. A review of pulmonary rehabilitation is underway, with a goal of standardising to a best practice model across the District. |
| Long Term Condition Network | To reduce the impact of multi-morbidity on patients and our health system. Intended improvements include: <ul style="list-style-type: none">• Better co-ordinated care and improved self-management | Standardisation of the use of primary flexible funding (CarePlus) through a new model of care (called <i>Do The Right Thing</i>) in order to deliver more targeted long-term conditions management in general practice. | Testing is underway in four general practices, with Musselburgh joining the programme in late August. Feedback has generally been positive, with the tools proving useful to patients and practices. The comprehensive assessment in particular is giving more insight into patients' social situation than practices have been used to. Feedback from practices is likely to be complete by the end of October. |

| Priority Area | Aim <ul style="list-style-type: none"> • Why? • Intended benefit | Overall Approach | Progress on key milestones (August) |
|---------------------------------------|--|--|--|
| | <ul style="list-style-type: none"> • Prevent/Delay/Reduced impact of multi-morbidity • Targeted funding to most complex and costly patients | | Key programme performance measures have been drafted, and are being finalised in line with IHI's triple aim. |
| Health of Older People Network | <p>A District-Wide Model of Care for Older People that will improve the long term sustainability of whole of system for older people in Southern District.</p> <p>Intended benefits include:</p> <ul style="list-style-type: none"> ▪ Care closer to home in familiar surroundings which will support the older person to regain strength and independence ▪ Reduced admission to hospital (via alternative community-based care) ▪ Patients will receive the right care and support based on a comprehensive geriatric assessment ▪ Improved coordination between health provider | Workstreams will develop services and pathways. The first workstream to be identified is Community-based Wraparound Service. | <p>The Community-Based Wraparound Service pilot is currently being tested with Mosgiel Health Centre who are testing an integrated <i>Do The Right Thing/Wraparound approach</i>.</p> <ul style="list-style-type: none"> • Pilot cohort has been selected and will be put through the comprehensive assessment portal in September • Once the comprehensive assessments have been completed, WellSouth will lead a process mapping exercise to define what components of a community wraparound service would best meet the complex needs of the cohort • Also using the data from the comprehensive assessments, a test cohort will then begin receiving the community wraparound service intervention |

| Priority Area | Aim <ul style="list-style-type: none"> • Why? • Intended benefit | Overall Approach | Progress on key milestones (August) |
|----------------------------------|---|--|---|
| Radiology Systems Project | <p>The clinical question that is being considered is:</p> <p>“How do we configure a district wide radiology system that is clinically effective, supports convenient access for patients and clinicians, best utilises existing equipment and resources and lives within the funding available”</p> | <p>As advised in the previous month’s report, the Radiology Systems project has met its strategic objectives. The workstreams associated with the project will continue on an operational or “business as usual” basis.</p> <p>This report will continue to advise on progress on Workstream 3 – Partnership Approaches to Radiology Models of Care.</p> | <p>Progress on this project continues. The project is on track to achieve the new radiology model of care by early December 2017.</p> <p>Work progresses in the key areas of establishing contracting arrangements, human resource change management processes, acquisition of equipment and the establishment of radiology information systems to support the new model of care.</p> <p>There are no red flags around the project at this time. We have regular established project meetings which work through the relevant actions to progress the proposed new model of care.</p> |
| Outpatients Project | <p>The project has three key aims:</p> <ul style="list-style-type: none"> • Review the location of outpatient services by type and specialty • Provide direction as to where outpatient services should be located if there was to be equitable access across the district. • Explore the implications of any changes in volumes and what that would mean for current contracts. | <p>There will be a series of workstreams focussing on individual services. The first workstream is for cardiology services. In 2014/15 the cardiology service delivered 841 OP events for patients domiciled in rural areas. Nearly all of these events were delivered in Dunedin Public hospital, with a smaller number delivered from Southland Hospital. The workstream will identify how this proportion can be reconfigured so that a significant number of events are delivered in rural settings.</p> | <p>The focus of this project continues to be on telehealth opportunities.</p> <p>Following on from the workshop on telehealth held in August work has continued on understanding the requirements from a patient management system perspective. A system specification has been agreed which provides the technical business rules for the telehealth in the patient management system.</p> <p>Potential services amenable to telehealth as a service delivery option continue to be identified. The Clinical Leadership Group has recently provided a series of recommendations to guide the implementation of telemedicine in the Southern DHB.</p> |

| Priority Area | Aim <ul style="list-style-type: none"> • Why? • Intended benefit | Overall Approach | Progress on key milestones (August) |
|---|--|---|---|
| Raise HOPE-Growing Community Rehabilitation Services | To support more people with complex mental health needs to live and participate meaningfully in their own communities. | <ol style="list-style-type: none"> 1. Complete an analysis of current service options, identifying gaps in service and opportunities for improvement 2. Undertake a needs analysis of current people with high/complex long term mental health rehabilitation needs and also consider future demands 3. Work with the sector, including consumer and family representatives, to design a new service model- by 28 October 2016 4. Develop a business case for the proposed new service model-final business case to approval processes 18 November 2016 5. Undertake a phased implementation process (including required procurement) to deliver on the approved business case. From Quarter Four – dependent on MOH approval to advance proposal including completion of Service Change Protocols | SDHB MHAID has yet to complete the further financial analysis required to advance the business plan process |

SOUTHERN DISTRICT HEALTH BOARD

| | | |
|---|---|----------------------|
| Title: | PUBLIC HEALTH SERVICE REPORT | |
| Report to: | Community and Public Health Advisory Committee | |
| Date of Meeting: | 28 September 2017 | |
| Summary: Considered in these papers are: <ul style="list-style-type: none"> ▪ Public Health Service Activity | | |
| Specific implications for consideration (financial/workforce/risk/legal etc): | | |
| Financial: | n/a | |
| Workforce: | n/a | |
| Other: | n/a | |
| Document previously submitted to: | n/a | Date: n/a |
| Approved by: | Elaine Chisnall General Manager, Women's, Children's, Public Health and Support Directorate | Date: |
| Prepared by: Lynette Finnie, Service Manager, Public Health Service Women's, Children's, Public Health and Support Directorate Date: 15/8/17 | | Presented by: |
| RECOMMENDATION: 1. That CPHAC notes the Public Health Service Activity Report. | | |

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

Extreme Weather Event in Dunedin

Flooding around the wider Otago region triggered a state of emergency being declared by the Dunedin City Council and Otago Regional Council at 7.30pm on Friday 21 July 2017. Public Health staff responded early on Saturday morning presenting for shifts at the Dunedin Hospital Emergency Operations Centre, and subsequently providing cover and public health advice to the Dunedin City Council Recovery Centre. Overall the emergency response was viewed very favorably by the public as lessons learned in the 2015 floods were implemented.

Public health advice around water and sanitation was sought in the immediate aftermath of the flooding, particularly from the rural area. People on bore drinking water supplies and septic tanks were issued advice on safe treatment and remedial action they could take. This advice was provided to the Recovery Centre and loaded onto the Dunedin City Council website as well as provided to members of the public who phoned in with concerns. Support was also provided to a school affected by flood waters to ensure an adequate clean up.

Close surveillance of notified diseases has been in place since the flooding to check thresholds are not exceeded for the time of year, as well as ensuring risk factors associated with flooding are followed up. One case of campylobacter was notified where drinking water from a flooded bore supply was identified as the most likely cause of infection.

Information on preventing mould growth in damp homes, food safety after flooding and preventing the spread of disease has also been prepared in the event that it is required. A close relationship is also being maintained with the DHB psychosocial support representative and Emergency Manager.

Standardised Tobacco Products and Packaging

The New Zealand government has committed to a goal of being a smokefree nation by 2025. Smoking is the leading cause of preventable illness and premature death. Māori, Pacific and low income groups have the highest smoking prevalence and health inequities will not improve unless there is robust intervention.

Tobacco products and packaging are deliberately marketed to be appealing. They are powerful tools to recruit new smokers as well as providing constant reminders for those people who currently smoke. Packaging colours, brand imagery and variant names can all lead to misinterpretation of harm perception among consumers as they undermine the effectiveness of health warnings. Young people are most at risk of being attracted to new and innovative additions to tobacco products.

Standardising the way tobacco products look and how they are packaged is planned to de-normalise smoking by removing all the marketing and visual cues that entice people to use tobacco products. Key components of the regulations are to restrict changes in the colour and smell of tobacco, standardise dimensions and features of all cigarettes and cigars and their packaging (i.e. colour of the outer package surface, larger health warnings and graphics, brand and variant names printed in standard font and colour, and limit the number of cigarettes in a pack or weight of loose tobacco in a package). The regulations come into force on 14 March 2018 and are closely aligned with Australia's which the tobacco industry has unsuccessfully challenged in court following implementation in 2012.

SOUTHERN DISTRICT HEALTH BOARD

| | | |
|--|---|--------------|
| Title: | Quarter Four 2016/17 Southern DHB Performance Reporting | |
| Report to: | Commissioners Meeting | |
| Date of Meeting: | 28 September 2017 | |
| Summary: Overview of DHB Performance Reporting for Quarter Four 2016/17 with brief comments where targets or expectations have not been met. | | |
| Specific implications for consideration (financial/workforce/risk/legal etc.): | | |
| Financial: | N/A | |
| Workforce: | N/A | |
| Other: | N/A | |
| Document previously submitted to: | | Date: |
| Approved by Chief Executive Officer: | | Date: |
| Prepared by: Planning & Funding Date: 13 September 2017 | Presented by: Lisa Gestro Executive Director Strategy, Primary & Community | |
| RECOMMENDATIONS: That the Disability Support and Community & Public Health Advisory Committees note the results for Quarter Four 2016/17 DHB Performance Reporting. | | |



Summary of Southern DHB Performance Reporting – Quarter 4– 2016/17

Health Targets

| Measure | | Target | 2016/17 | | | | Final Rating | Ministry of Health Comments and DHB Responses |
|---------------------------------|--------------|--------|---------|-----|-----|-----|--------------|---|
| | | | Q1 | Q2 | Q3 | Q4 | | |
| Better Help for Smokers to Quit | Primary Care | 90% | 83% | 75% | 73% | 85% | P | <p>Rank: 19th out of 20 DHBs. Result is 85.3%. A Southern DHB has made significant progress in the last quarter towards meeting the 90% target.</p> <p>There was a change to the period of recall down to 15 months in 16/17 and this is reflected in the significant drop in Q2. Processes for recall have been refined to ensure people are recalled within the 15 months. This is reflected in the Q4 results</p> <p>Initiatives such as WellSouth call centre, HealthCloud reporting are expected to support this Health target over the coming year.</p> |
| | Maternity | 90% | 94% | 90% | 90% | 85% | P | <p>The maternity Better Help for Smokers to quit target was achieved in three of the quarters in the past year.</p> <p>Data accuracy continues to be an ongoing issue with this target.</p> |



| Measure | Target | 2016/17 | | | | Final Rating | Ministry of Health Comments and DHB Responses |
|-------------------------------------|--------|---------|-----|-----|-----|--------------|---|
| | | Q1 | Q2 | Q3 | Q4 | | |
| Improved Access to Elective Surgery | 100% | 105% | 99% | 98% | 99% | P | <p>Rank: 19th out of 20 DHBs. A total of 12,756 elective procedures were completed in 2016/17. This is against a target of 12,921.</p> <p>The main drivers for being behind plan include key vacancies in the orthopaedic service and industrial action in October 2016 affecting all services. The orthopaedic positions have now been recruited into and there are plans in place including outsourcing that will allow the DHB to make steady progress over Q3 and meet the target by the end of Q4.</p> <p>Production and Operations Planning (POP) is Southern DHBs new approach being used to plan electives service delivery for 2017/18. Some steps have been made to address capacity issues, such as by extending the hours for our operating theatres.</p> |
| Increased Immunisation | 95% | 95% | 94% | 94% | 94% | P | <p>Rank: 5th out of 20 DHBs. Result is 94%. Southern DHB continues to deliver a high performing immunisation service and can be assured that they are tracking every child. Final coverage results are impacted by the small number of parents of children who have declined one or all of the events in the Immunisation Schedule.</p> |



| Measure | Target | 2016/17 | | | | Final Rating | Ministry of Health Comments and DHB Responses |
|--|--------|---------|-----|-----|-----|--------------|---|
| | | Q1 | Q2 | Q3 | Q4 | | |
| Shorter Stays in Emergency Departments | 95% | 90% | 94% | 92% | 90% | P | Rank: 17th out of 20 DHBs. Result is 90%. A decrease of 2% from last quarter. The number of people accessing the Emergency Departments continues to increase. This is putting increased pressure on existing staff and resources to consistently manage patients in a timely way. It is expected that the opening of MAU should take some demand off the ED in Dunedin. |
| Faster Cancer Treatment (from Oct 2014) | 85% | 79% | 83% | 83% | 79% | P | Rank: 11th out of 20 DHBs. Result is 79%. A decrease of 4% from last quarter. |
| Raising Healthy Kids (By December 2017, 95% of obese children identified in the Before School Check (B4SC) programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions). | 95% | 49% | 64% | 78% | 87% | P | Rank: 11th out of 20 DHBs Southern has made steady progress with this new Health Target over 2016/17. Southern DHB has shown significantly improved progress against this target over the past year, as we work towards achieving the target 95% by December 2017. There are now pathways and systems in place to better make and manage referrals. |



Indicators of DHB Performance

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

| Measures of DHB Performance | | |
|--|--------------|---|
| Measure | Final Rating | Ministry of Health Comments |
| Policy Priorities Dimension | | Achieving Government’s priority goals/objectives and targets |
| PP6 Improving the health status of people with severe mental illness through improved access | A | |
| PP7 Improving mental health services using transition (discharge) planning and employment | P | Result 85.4% this quarter (target 90%). There has been a steady improvement in performance towards meeting this rolling target although this has tapered off over the last two quarters. This has been identified as a staff compliance issue which has been addressed and is regularly monitored. Compliance is expected to meet the 90% target next quarter. |
| PP8 Shorter waits for non-urgent mental health and addiction services for 0 – 19 year olds | P | <p>Mental Health Directorate result was 73.9% (last quarter 70.5%) of 0-19 year olds were seen within 3 weeks (target – 80%) and 87.6% (last quarter 84.9%) of 0-19 year olds were seen within 8 weeks (target – 95%).</p> <p>Southern has experienced an increase in referrals and with vacancies this has had an impact on waiting times. The DHB is recruiting to vacancies and reviewing configuration of Child and Youth resources to ensure they are located in the right place to match need.</p> <p>Addictions (Mental Health Directorate and NGO) result was 68.9% (last quarter 69.1%) of 0-19 year olds were seen within 3 weeks (target – 80%) and 96.2% (last quarter 98.0%) of 0-19 year olds were seen within 8 weeks (target – 95%).</p> <p>SDHB Provider Arm: increased demand (referrals) and vacancies which service is working to address</p> |



| Measures of DHB Performance | | | |
|--|--|---|--|
| Measure | Final Rating | Ministry of Health Comments | |
| | | NGO: Adventure Development continues to experience high referral rates and it not meeting the 3 week target however 99% of their client group (predominantly brief intervention) are seen within 8 weeks. | |
| PP20 Improved management for Long Term C Conditions (LTC) (CVD, Diabetes and Stroke) | Focus Area 1: Long Term Conditions | A | |
| | Focus area 2 Diabetes Services | A | |
| | Focus Area 3: Cardiovascular Health (previous CVD health target) | P | Result is 86.2% (target 90%), a slight decrease from 86.6% last quarter. WellSouth no longer funds CVD RA for non-high needs patients. 64.4% of Maori men aged 35-44 have received a CVD RA in the past 5 years (previous quarter: 58.4%). |
| | Focus Area 4: Acute Heart Services | A | |
| | Focus Area 5: Stroke Services | N | The stroke service did not meet the National Stroke Guidelines with a requirement to have a Lead Stroke Nurse role. Therefore we were unable to report meeting the stroke unit or service requirements. A budget has been allocated for next year to employ dedicated Stroke Clinical Nurse Specialist roles on both the Southland and Dunedin Hospital sites. |
| PP21 Immunisation | Focus Area 1 - Immunisation | P | Southern DHB achieved the target for immunisation target at the 2 year milestone is 95% (95% last quarter). Māori and Pacific coverage target has been Achieved at the 2 year milestone |



| Measures of DHB Performance | | | Ministry of Health Comments |
|---|--|--------------|---|
| Measure | | Final Rating | |
| coverage (previous health target) | coverage at 24 months and 5 years of age | | The result for immunisation target at 5 year milestone is 92% (91.7% last quarter). Target is 93%. The DHB is confident of achieving the targets and have actions in place to address. The DHB can actively account for all people who declined immunisation. |
| PP22 Improving System Integration and System Level Measures | | A | |
| PP23 Improving Wrap Around Services – Health of Older People | | A | |
| PP25 Prime Ministers youth mental health project | Initiative 1 – School Based Health Services | A | |
| | Initiative 5 – Improve responsiveness of primary care to youth | A | |
| PP26 Rising to the Challenge: The Mental Health and Addiction | Focus Area 1 – Rising to the Challenge Implementation | A | |



| Measures of DHB Performance | | | |
|-------------------------------------|--|--------------|---|
| Measure | | Final Rating | Ministry of Health Comments |
| Service Development plan | Focus Area 2 – Primary Mental Health | A | |
| | Focus Area 3 – Improving Crisis response services | A | |
| | Focus Area 4 – Improve outcomes for children | A | |
| | Focus Area 5 – Improving employment and physical health needs of people with low prevalence conditions | A | |
| PP27 Supporting Vulnerable Children | | P | Southern DHB is now implementing the child protection alert system (CPAS) and alerts are being placed on the National Medical Warning system. |
| | Focus Area 1 – Reducing the | A | |



| Measures of DHB Performance | | | |
|--|---|--------------|---|
| Measure | | Final Rating | Ministry of Health Comments |
| PP28 Reducing Rheumatic Fever | incidence of first episode rheumatic fever | A | |
| | Focus Area 2 – Facilitating the effective follow-up of identified rheumatic fever cases | | |
| PP29 Improving waiting times for diagnostic services | Coronary Angiography | A | <p>CT result is 76.7% (last quarter 80.6%) - target 95% of people accepted for a CT scan receive their scan in 42 days (six weeks) or less.</p> <p>MRI result is 61.3% (last quarter 70.9%) - target 85% of people accepted for a MRI scan receive their scan in 42 days (six weeks) or less.</p> <p>In order to improve access for patients, plans have been developed which include:</p> <ul style="list-style-type: none"> ▪ Extended hours of operation, ▪ Improved utilisation of CT resource across the whole Southern DHB catchment including increased utilisation of CT based at rural hospitals, ▪ Recruitment and training of key radiology staff, and ▪ The establishment of a clinically led radiology demand workgroup to better plan for high tech imaging services. |
| | CT / MRI | P | |



| Measures of DHB Performance | | |
|--|---|---|
| Measure | Final Rating | Ministry of Health Comments |
| | Colonoscopy | A |
| PP30 Faster Cancer Treatment/ Shorter Waits for cancer treatment | Part A – faster cancer treatment 31 day indicator | P Southern DHBs result slightly decreased to 81.0% this quarter (target 85%) from 81.9% last quarter. An action plan is in place to improve performance. The Directorate is working on the development of an escalation protocol for patients who are close to breach, in order to ensure that they do not. The Directorate met with the Ministry of Health on 26 June 2017 and await the detailed written report. |
| | Part B – radiotherapy & chemotherapy | A |
| PP31 Better Help for Smokers to Quit in public hospitals (previous health target). | P | Southern DHB's result is 90.1%% this quarter (target 95%) down from 91.1% last quarter. |
| System Integration Dimension | | Meeting service coverage requirements and supporting sector inter-connectedness |
| S11 Ambulatory Sensitive Hospitalisations (ASH) | A | |
| S12 Delivery of Regional Service Plans | P | SIAPO reports on activity and progress on the South Island Health Services Plan. |
| S13 Ensuring delivery of service coverage | A | Request was for information on Prostate Cancer Management and Referral Guidance |
| S14 Standardised Intervention rates | A | |



| Measures of DHB Performance | | |
|--|--|--|
| Measure | Final Rating | Ministry of Health Comments |
| | | |
| Output Dimension | | Purchasing the right mix and level of services within acceptable financial performance |
| OP1 Mental Health output Delivery against plan | A | |
| Ownership Dimension | | Providing quality services efficiently |
| OS3 Inpatient Average Length of Stay (ALOS) – days | Acute | P The Acute ALOS (standardised) for the data to the end of Q2 for Southern was 2.38 unchanged from Quarter 3- target is 2.27. National average is 2.52 days. Although Southern is within 5% of the target it has not improved within the last few quarters. The acute length of stay continues to be impacted by the patients discharged under cardiac surgery. |
| | Elective | A |
| OS10 Improving the quality of data provided to national collection systems | Focus area 1: Improving the quality of identity data within the NHI | A |
| | Focus area 2: Improving the quality of the data submitted to National Collections | P Measure 1 – We are upgrading the MKM tool and are continuing to explore to analyse the data to make record submissions timelier. We are 2.4% away from achieving this measure this Quarter. Measure 2 – We had a problem with our MKM tool and we submitted a couple of large batches that errored. The software bug has been fixed and this issue is now resolved. We aim to return to an achieved state in Quarter 1. |



| Measures of DHB Performance | | |
|--|--------------|--|
| Measure | Final Rating | Ministry of Health Comments |
| | | Measure 3 – We continue to strive to meet the achieved level Measure 4 – We are correcting existing and adding new records that have been identified from our audits. We aim to return to an achieved state in Quarter 1 |
| Focus area 3 – Improving the quality of the programme for the integration of Mental Health data (PRIMHD) | P | Work continues on the PRIMHD data feed in order to bring the three SDHB portfolios up to date. The DHB aims to be up to date for Quarter 1 2017/18. SDHB continues to regularly review extract acknowledgements and data integrity making corrections as needed in our local systems and processes. |
| Development Dimension | | |
| DV4 Improving patient experience | A | |
| Delivery of New Zealand Health | | |
| EHS – Supporting delivery of the New Zealand Health Strategy | A | |
| People Powered | | |
| Closer to Home | | |
| Value and High Performance | | |
| One Team | | |
| Smart System | | |



Crown Funding Agreements (CFA) Variations

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

| Crown Funding Agreements (CFA) Variations | | |
|--|--------------|-----------------------------|
| Measure | Final Rating | Ministry of Health Comments |
| B4 School Check Funding | S | |
| Disability Support Services (DSS) Increase of Funding | S | |
| Electives Initiative and Ambulatory Initiative Variation | S | |
| Immunisation Coordination Service | S | |
| Health Services for Emergency Quota Refugees | S | |
| National Immunisation Register (NIR) ongoing administration services | S | |
| Appoint Cancer Nurse Coordinators | S | |
| Appoint cancer psychological and social support workers | S | |
| Appoint regional cancer centre clinical psychologists | S | |
| Green Prescription Initiative | S | |
| Well Child Tamariki Ora Services | S | |



Assessment Criteria/Ratings

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

Health Targets & Performance Measures

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

| Rating | Abbrev | Criteria |
|--------------------------------------|--------|---|
| Outstanding performer/sect or leader | O | <ol style="list-style-type: none"> 1. This rating indicates that the DHB achieved a level of performance considerably better than the agreed DHB and/or sector expectations. 2. Note: this rating can only be applied in the fourth quarter for measures that are reported quarterly or six-monthly. Measures reported annually can receive an 'O' rating, irrespective of when the reporting is due. |
| Achieved | A | <ol style="list-style-type: none"> 1. Deliverable demonstrates targets / expectations have been met in full. 2. In the case of deliverables with multiple requirements, all requirements are met. 3. Data, or a report confirming expectations have been met, has been provided through a mechanism outside the Quarterly Reporting process, and the assessor can confirm. |
| Partial achievement | P | <ol style="list-style-type: none"> 1. Target/expectation not fully met, but the resolution plan satisfies the assessor that the DHB is on track to compliance. 2. A deliverable has been received, but some clarification is required. 3. In the case of deliverables with multi-requirements, where all requirements have not been met at least 50% of the requirements have been achieved. |
| Not achieved – escalation required | N | <ol style="list-style-type: none"> 1. The deliverable is not met. 2. There is no resolution plan if deliverable indicates non-compliance. 3. A resolution plan is included, but it is significantly deficient. 4. A report is provided, but it does not answer the criteria of the performance indicator. 5. There are significant gaps in delivery. 6. It cannot be confirmed that data or a report has been provided through channels other than the quarterly process. |



CFA Variations

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

| Category | Abbrev | Criteria |
|-----------------------|--------|---|
| Satisfactory | S | <ol style="list-style-type: none"> 1. The report is assessed as up to expectations 2. Information as requested has been submitted in full |
| Further work required | B | <ol style="list-style-type: none"> 1. Although the report has been received, clarification is required 2. Some expectations are not fully met |
| Not Acceptable | N | <ol style="list-style-type: none"> 1. There is no report 2. The explanation for no report is not considered valid. |

SOUTHERN DISTRICT HEALTH BOARD

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|--|--|---|
| Title: | FINANCIAL REPORT | |
| Report to: | Disability Support and Community & Public Health Advisory Committees | |
| Date of Meeting: | 28 September 2017 | |
| Summary: The issues considered in this paper are: <ul style="list-style-type: none"> ▪ August 2017 Funds result | | |
| Specific implications for consideration (financial/workforce/risk/legal etc): | | |
| Financial: | As set out in report. | |
| Workforce: | No specific implications | |
| Other: | n/a | |
| Document previously submitted to: | Not applicable, report submitted directly to DSAC/CPHAC | Date: n/a |
| Prepared by: Planning & Funding Team Date: 15 September 2017 | | Presented by: Lisa Gestro Executive Director Strategy, Primary & Community |
| RECOMMENDATION: 1. That the report be received. | | |

FUNDER FINANCIAL REPORT – August 2017

Financial Report for: August 2017
Report Prepared by: Jim Smith
Date: 12 September 2017

1. Overview

Results Summary

| Month | | | Year to Date | | | | |
|-------------------|-------------------|---------------------|----------------------------|-------------------|-------------------|---------------------|---------------------------|
| Actual \$' 000 | Budget \$' 000 | Variance \$' 000 | | Actual \$' 000 | Budget \$' 000 | Variance \$' 000 | Annual Budget \$000 |
| 76,805 | 77,443 | (638) | Revenue | 152,915 | 154,885 | (1,970) | 929,312 |
| 78,073 | 78,597 | 524 | Less Other Costs | 154,664 | 156,601 | 1,937 | 935,312 |
| (1,268) | (1,155) | (113) | Net Surplus / (Deficit) | (1,749) | (1,718) | (31) | (6,000) |
| | | | Expenses | | | | |
| 55,221 | 56,029 | 808 | Personal Health | 109,109 | 111,518 | 2,409 | 665,560 |
| 7,351 | 7,403 | 52 | Mental Health | 14,769 | 14,773 | 4 | 88,683 |
| 90 | 97 | 7 | Public Health | 182 | 195 | 13 | 1,168 |
| 14,427 | 14,066 | (360) | Disability Support | 28,639 | 28,114 | (525) | 167,894 |
| 108 | 125 | 17 | Maori Health | 213 | 249 | 36 | 1,494 |
| 876 | 876 | 0 | Other | 1,752 | 1,752 | 0 | 10,512 |
| 78,073 | 78,597 | 524 | Expenses | 154,664 | 156,601 | 1,937 | 935,312 |

Summary Comment:

For August the Funder had a deficit of \$1.27m against a budget deficit of \$1.15m, which is \$0.11m unfavourable.

Revenue YTD is unfavourable by \$1.97m due to under delivery of additional electives of \$2.14m (a table with a breakdown of the wash-up is included in the Surgical Inpatient variance notes) and IDF revenue \$0.21m under budget, offset by extra IBT, Care Plus and Performance Management revenue.

Expenditure YTD is favourable to budget by \$1.94m, with the main reason being additional electives expenditure \$2.14m under budget, Travel & Accommodation \$0.16m under budget, offset by Personal Care Household Management \$0.28m over budget, Residential Care Rest Homes \$0.18m over budget, Residential Care Hospitals \$0.27m over budget.

2. Results by Grouping

The following table shows revenue and expenditure by Output Class:

| Actual \$' 000 | Month | | | Year to Date | | |
|-------------------|-------------------|---------------------|--------------------------|-------------------|-------------------|---------------------|
| | Budget \$' 000 | Variance \$' 000 | | Actual \$' 000 | Budget \$' 000 | Variance \$' 000 |
| | | | Revenue | | | |
| 54,259 | 54,876 | (617) | Personal Health | 107,690 | 109,802 | (2,112) |
| 7,384 | 7,403 | (19) | Mental Health | 14,754 | 14,773 | (19) |
| 110 | 97 | 13 | Public Health | 169 | 195 | (26) |
| 14,051 | 14,066 | (15) | Disability Support | 28,301 | 28,114 | 187 |
| 125 | 125 | 0 | Maori Health | 249 | 249 | 0 |
| 876 | 876 | 0 | Funding and Governance | 1,752 | 1,752 | 0 |
| 76,805 | 77,443 | (638) | Revenue total | 152,915 | 154,885 | (1,970) |
| | | | Expenses | | | |
| 55,220 | 56,029 | 809 | Personal Health | 109,109 | 111,517 | 2,408 |
| 7,351 | 7,403 | 52 | Mental Health | 14,769 | 14,773 | 4 |
| 90 | 97 | 7 | Public Health | 182 | 195 | 13 |
| 14,427 | 14,066 | (360) | Disability Support | 28,639 | 28,114 | (525) |
| 108 | 125 | 17 | Maori Health | 213 | 249 | 36 |
| 876 | 876 | 0 | Funding and Governance | 1,752 | 1,752 | 0 |
| 78,072 | 78,597 | 525 | Expenses total | 154,664 | 156,600 | 1,936 |
| | | | Surplus (Deficit) | | | |
| (961) | (1,153) | 192 | Personal Health | (1,419) | (1,715) | 296 |
| 33 | 0 | 33 | Mental Health | (15) | 0 | (15) |
| 20 | 0 | 20 | Public Health | (13) | 0 | (13) |
| (376) | 0 | (376) | Disability Support | (338) | 0 | (338) |
| 17 | 0 | 17 | Maori Health | 36 | 0 | 36 |
| 0 | 0 | 0 | Funding and Governance | 0 | 0 | 0 |
| (1,267) | (1,153) | (144) | | (1,749) | (1,715) | (34) |

- Revenue is unfavourable by \$1.97m YTD due to under delivery of additional electives (\$2.14m) offset by extra IBT and Performance Management revenue.
- Personal Health payments are favourable YTD by \$2.41m mainly due to additional electives (revenue offset)
- DSS payments are unfavourable by \$0.52m and is mainly due to IBT expenditure.

3. DHB Funds Result split by NGO and Provider

| Personal Health August 2017 | Current Month | | | | Year to Date | | | | Annual | Variance Note |
|---|----------------|----------------|------------------|-------------|----------------|----------------|------------------|------------|----------------|---------------|
| | Actual \$(000) | Budget \$(000) | Variance \$(000) | Variance % | Actual \$(000) | Budget \$(000) | Variance \$(000) | Variance % | Budget \$(000) | |
| Personal Health - Provider Arm | | | | | | | | | | |
| Personal Health to allocate | - | - | 0 F | | - | - | 0 F | | - | |
| Child and Youth | 341 | 341 | 0 F | (0%) | 683 | 683 | 0 F | (0%) | 4,097 | |
| Laboratory | - | - | 0 F | | - | - | 0 F | | 0 | |
| Infertility Treatment Services | - | - | 0 F | | - | - | 0 F | | 0 | |
| Maternity | 23 | 23 | 0 F | (0%) | 45 | 45 | 0 F | (0%) | 271 | |
| Maternity (Tertiary & Secondary) | 1,379 | 1,379 | 0 F | (0%) | 2,758 | 2,758 | 0 F | (0%) | 16,548 | |
| Pregnancy and Parenting Education | - | - | 0 F | | - | - | 0 F | | 0 | |
| Neo Natal | 666 | 666 | 0 F | (0%) | 1,333 | 1,333 | 0 F | (0%) | 7,997 | |
| Sexual Health | 86 | 86 | 0 F | (0%) | 173 | 173 | 0 F | (0%) | 1,036 | |
| Adolescent Dental Benefit | 27 | 27 | 0 F | (0%) | 53 | 53 | 0 F | (0%) | 320 | |
| Dental - Low Income Adult | 28 | 28 | 0 F | (0%) | 57 | 57 | 0 F | (0%) | 339 | |
| Child (School) Dental Services | 601 | 601 | 0 F | (0%) | 1,202 | 1,202 | 0 F | (0%) | 7,211 | |
| Secondary / Tertiary Dental | 120 | 120 | 0 F | | 241 | 241 | 0 F | | 1,443 | |
| Pharmaceuticals | 437 | 372 | (65) U | (1%) | 813 | 745 | (68) U | (1%) | 4,469 | 1 |
| Pharmaceutical Cancer Treatment Drugs | 615 | 589 | (25) U | 2% | 1,188 | 1,177 | (11) U | 2% | 7,139 | 1 |
| Pharmacy Services | - | - | 0 F | | - | - | 0 F | | 0 | |
| Primary Practice Services - Capitated | 10 | 10 | 0 F | | 19 | 19 | 0 F | | 115 | |
| Primary Health Care Strategy - Health/SIA | - | - | 0 F | | - | - | 0 F | | 0 | |
| Rural Support for Primary Health Pro | 72 | 72 | 0 F | | 144 | 144 | 0 F | | 865 | |
| Immunisation | 69 | 69 | 0 F | | 139 | 139 | 0 F | | 831 | |
| Radiology | 279 | 279 | 0 F | | 558 | 558 | 0 F | | 3,348 | |
| Palliative Care | - | - | 0 F | | - | - | 0 F | | 0 | |
| Meals on Wheels | 35 | 35 | 0 F | | 71 | 71 | 0 F | | 424 | |
| Domiciliary & District Nursing | 1,113 | 1,113 | 0 F | | 2,226 | 2,226 | 0 F | | 13,429 | |
| Community based Allied Health | 502 | 502 | 0 F | | 1,004 | 1,004 | 0 F | | 6,356 | |
| Chronic Disease Management and Educa | 150 | 150 | 0 F | | 301 | 301 | 0 F | | 1,804 | |
| Medical Inpatients | 6,910 | 6,910 | 0 F | | 13,821 | 13,821 | 0 F | | 82,924 | |
| Medical Outpatients | 3,283 | 3,283 | 0 F | | 6,566 | 6,566 | 0 F | | 39,398 | |
| Surgical Inpatients | 11,151 | 11,716 | 565 F | 13% | 21,286 | 23,432 | 2,146 F | 13% | 140,593 | 4 |
| Surgical Outpatients | 1,686 | 1,686 | 0 F | | 3,371 | 3,371 | 0 F | | 20,229 | |
| Paediatric Inpatients | 679 | 679 | 0 F | | 1,357 | 1,357 | 0 F | | 8,143 | |
| Paediatric Outpatients | 246 | 246 | 0 F | | 492 | 492 | 0 F | | 2,954 | |
| Pacific Peoples' Health | 10 | 10 | 0 F | | 20 | 20 | 0 F | | 120 | |
| Emergency Services | 1,715 | 1,715 | 0 F | | 3,429 | 3,429 | 0 F | | 20,576 | |
| Minor Personal Health Expenditure | 15 | 15 | 0 F | | 30 | 30 | 0 F | | 182 | |
| Price adjusters and Premium | 1,964 | 1,964 | 0 F | | 3,929 | 3,929 | 0 F | | 23,571 | |
| Travel & Accommodation | 8 | 8 | 0 F | | 16 | 16 | 0 F | | 96 | |
| | 34,220 | 34,694 | 474 F | 5% | 67,325 | 69,392 | 2,067 F | 5% | 416,828 | |
| Personal Health NGO | | | | | | | | | | |
| Personal Health to allocate | - | - | 0 F | | - | - | 0 F | | 0 | |
| Child and Youth | 35 | 35 | 0 F | | 77 | 70 | (7) U | (9%) | 421 | |
| Laboratory | 1,505 | 1,505 | 0 F | | 3,020 | 3,009 | (11) U | (0%) | 18,056 | |
| Infertility Treatment Services | 8 | 8 | 0 F | | 16 | 16 | 0 F | | 96 | |
| Maternity | 83 | 206 | 123 F | 60% | 305 | 412 | 107 F | 35% | 2,470 | |
| Maternity (Tertiary & Secondary) | 4 | 1 | (4) U | | 21 | 1 | (20) U | (95%) | 8 | |
| Pregnancy and Parenting Education | 15 | 15 | 0 F | 1% | 29 | 29 | 0 F | | 177 | |
| Sexual Health | (10) | 8 | 18 F | | (9) | 16 | 25 F | (278%) | 98 | |
| Adolescent Dental Benefit | 281 | 222 | (59) U | (26%) | 528 | 462 | (66) U | (13%) | 2,117 | |
| Dental - Low Income Adult | 53 | 46 | (7) U | (15%) | (95) | 92 | 187 F | (197%) | 550 | |
| Child (School) Dental Services | 28 | 36 | 8 F | 22% | 71 | 72 | 1 F | 1% | 423 | |
| Secondary / Tertiary Dental | 149 | 133 | (16) U | (12%) | 299 | 267 | (32) U | (11%) | 1,601 | |
| Pharmaceuticals | 6,381 | 6,656 | 275 F | 4% | 12,662 | 12,723 | 61 F | 0% | 73,123 | |
| Pharmaceutical Cancer Treatment Drugs | - | - | 0 F | | (21) | - | 21 F | (100%) | - | 1 |
| Pharmacy Services | - | - | 0 F | | - | - | 0 F | | - | |
| Management Referred Services | 167 | 167 | 0 F | (0%) | 333 | 333 | 0 F | (0%) | 2,000 | |
| General Medical Subsidy | 72 | 71 | (1) U | (2%) | 154 | 136 | (18) U | (12%) | 769 | |
| Primary Practice Services - Capitated | 3,797 | 4,005 | 207 F | 5% | 7,966 | 8,010 | 44 F | 1% | 48,058 | 2 |
| Primary Health Care Strategy - Care | 370 | 348 | (22) U | (6%) | 740 | 696 | (44) U | (6%) | 4,175 | 2 |
| Primary Health Care Strategy - Health | 847 | 551 | (296) U | (54%) | 1,170 | 1,103 | (67) U | (6%) | 6,615 | 2 |
| Primary Health Care Strategy - Other | 70 | 64 | (7) U | (11%) | 140 | 127 | (13) U | (9%) | 912 | 2 |
| Practice Nurse Subsidy | 21 | 16 | (5) U | (30%) | 40 | 33 | (7) U | (18%) | 195 | |
| Rural Support for Primary Health Pro | 1,400 | 1,353 | (48) U | (4%) | 2,823 | 2,706 | (117) U | (4%) | 16,235 | 3 |
| Immunisation | 92 | 111 | 19 F | 17% | 248 | 271 | 23 F | 9% | 2,135 | |
| Radiology | 219 | 191 | (28) U | (15%) | 425 | 395 | (30) U | (7%) | 2,390 | |
| Palliative Care | 538 | 532 | (6) U | (1%) | 1,098 | 1,076 | (22) U | (2%) | 6,491 | |
| Meals on Wheels | 21 | 21 | 0 F | 3% | 42 | 42 | 0 F | | 255 | |
| Domiciliary & District Nursing | 526 | 556 | 30 F | 5% | 1,089 | 1,112 | 23 F | 2% | 6,678 | |
| Community based Allied Health | 180 | 186 | 6 F | 3% | 363 | 373 | 10 F | 3% | 2,238 | |
| Chronic Disease Management and Educa | 148 | 94 | (53) U | (56%) | 248 | 189 | (59) U | (24%) | 1,132 | |
| Medical Outpatients | 378 | 413 | 35 F | 9% | 801 | 827 | 26 F | 3% | 4,960 | |
| Surgical Inpatients | 7 | 21 | 13 F | 64% | 13 | 41 | 28 F | 215% | 246 | |
| Surgical Outpatients | 115 | 190 | 75 F | 39% | 322 | 379 | 57 F | 18% | 2,276 | |
| Paediatric Outpatients | - | - | 0 F | | - | - | 0 F | | - | |
| Pacific Peoples' Health | 7 | 11 | 4 F | 36% | 10 | 22 | 12 F | 120% | 132 | |
| Emergency Services | 190 | 164 | (25) U | (15%) | 349 | 328 | (21) U | (6%) | 1,971 | |
| Minor Personal Health Expenditure | 55 | 47 | (9) U | (19%) | 114 | 94 | (20) U | (18%) | 561 | |
| Price adjusters and Premium | 207 | 199 | (8) U | (4%) | 296 | 397 | 101 F | 34% | 2,383 | 5 |
| Travel & Accommodation | 407 | 484 | 77 F | 16% | 775 | 935 | 160 F | 21% | 4,792 | 6 |
| Inter District Flow Personal Health | 2,634 | 2,666 | 32 F | 1% | 5,319 | 5,332 | 13 F | 0% | 31,991 | |
| | 21,000 | 21,332 | 332 F | (0%) | 41,781 | 42,126 | 345 F | 1% | 248,730 | |
| Total Personal Health | 55,220 | 56,026 | 806 F | 3% | 109,106 | 111,518 | 2,412 F | 2% | 665,558 | |

Personal Health expenditure variance notes:**1. Pharmaceuticals & PCT (NGO & Provider) – On budget.**

YTD expenditure is close to budget (\$2k variance). Expenditure for the month across these lines was \$185k favourable. It should be noted however, that although the accrual methodology used has been approved by internal auditors, it is never going to be an exact science and could account for variances up to \$300k.

2. PHO lines (Primary Practice Capitated & Primary Health Care) – \$0.08m unfavourable YTD

Unfavourable variances across these lines is mainly due to Careplus and Performance Management where there are revenue offsets.

3. Rural Support for Primary Health Providers- \$0.11m unfavourable YTD.

Relates to Clutha Health expenditure incurred where the budget is sitting in Price adjusters and Premiums.

4. Surgical Inpatients - \$2.17m favourable YTD.

Due to 17/18 additional electives wash-up (offsetting revenue reduction).

The total wash-up has been included in Surgical Inpatients at this time.

YTD Elective and Ambulatory revenue is estimated to be \$2.14m unfavourable to plan based on indicative MOH wash-up rules and YTD extracts from National Guidelines.

The table below shows the breakdown of the under delivery:

| YTD Electives Summary | YTD Variance |
|--|------------------|
| Funding Stream | (000') |
| Elective Initiative - July | -\$ 1,698 |
| Ambulatory Initiative - July | \$ - |
| Surgical FSA's | -\$ 84 |
| Medical FSA's | -\$ 4 |
| Procedures | -\$ 11 |
| Tests | \$ - |
| Other Orthopaedics & General Surgery Initiative - July | -\$ 52 |
| Total - EI & AI - July | -\$ 1,849 |
| Provider Arm Variance (Draft) - August | -\$ 371 |
| Allowance for Uncoded Events - August | \$ 74 |
| Total Variance per Accounts - August | -\$ 2,146 |

5. Price Adjusters and Premium - \$0.10 favourable YTD.

Mainly relates to Clutha health expenditure incurred in Rural Support.

6. Travel & Accommodation - \$0.16m favourable YTD.

Demand driven service.

Mental Health

| Mental Health August 2017 | Current Month | | | | Year to Date | | | | Annual Budget \$(000) | Note |
|--|-------------------|-------------------|---------------------|---------------|-------------------|-------------------|---------------------|---------------|--------------------------|------|
| | Actual \$(000) | Budget \$(000) | Variance \$(000) | Variance % | Actual \$(000) | Budget \$(000) | Variance \$(000) | Variance % | | |
| Mental Health - Provider Arm | | | | | | | | | | |
| Mental Health to allocate | - | - | 0 F | 0% | - | - | 0 F | 0% | 0 | |
| Acute Mental Health Inpatients | 1,319 | 1,319 | 0 F | 0% | 2,638 | 2,638 | 0 F | 0% | 15,825 | |
| Sub-Acute & Long Term Mental Health | 368 | 368 | 0 F | 0% | 736 | 736 | 0 F | 0% | 4,415 | |
| Crisis Respite | 2 | 2 | 0 F | 0% | 4 | 4 | 0 F | 0% | 25 | |
| Alcohol & Other Drugs - General | - | - | 0 F | 0% | - | - | 0 F | 0% | 0 | |
| Methadone | 95 | 95 | 0 F | 0% | 191 | 191 | 0 F | 0% | 1,143 | |
| Dual Diagnosis - Alcohol & Other Drugs | 284 | 284 | 0 F | 0% | 567 | 567 | 0 F | 0% | 3,402 | |
| Dual Diagnosis - MH/ID | 5 | 5 | 0 F | 0% | 10 | 10 | 0 F | 0% | 60 | |
| Child & Youth Mental Health Services | 584 | 584 | 0 F | 0% | 1,169 | 1,169 | 0 F | 0% | 7,013 | |
| Forensic Services | 559 | 559 | 0 F | 0% | 1,119 | 1,119 | 0 F | 0% | 6,713 | |
| Kaupapa Maori Mental Health Services | 148 | 148 | 0 F | 0% | 295 | 295 | 0 F | 0% | 1,771 | |
| Mental Health Community Services | 1,769 | 1,769 | 0 F | 0% | 3,539 | 3,539 | 0 F | 0% | 21,234 | |
| Prison/Court Liaison | - | - | 0 F | 0% | - | - | 0 F | 0% | 0 | |
| Day Activity & Work Rehabilitation S | 64 | 64 | 0 F | 0% | 128 | 128 | 0 F | 0% | 766 | |
| Mental Health Funded Services for Older People | 36 | 36 | 0 F | 0% | 72 | 72 | 0 F | 0% | 433 | |
| Advocacy / Peer Support - Consumer | 24 | 24 | 0 F | 0% | 49 | 49 | 0 F | 0% | 293 | |
| Other Home Based Residential Support | 59 | 59 | 0 F | 0% | 117 | 117 | 0 F | 0% | 704 | |
| Advocacy / Peer Support - Families | 11 | 11 | 0 F | 0% | 21 | 21 | 0 F | 0% | 128 | |
| | 5,327 | 5,327 | 0 F | 0% | 10,655 | 10,655 | 0 F | 0% | 63,926 | |
| Mental Health - NGO | | | | | | | | | | |
| Mental Health to allocate | - | - | 0 F | 0% | - | - | 0 F | 0% | 0 | |
| Acute Mental Health Inpatients | - | - | 0 F | 0% | - | - | 0 F | 0% | 0 | |
| Sub-Acute & Long Term Mental Health | - | - | 0 F | 0% | - | - | 0 F | 0% | 0 | |
| Crisis Respite | (5) | 5 | 10 F | 20% | 15 | 9 | (6) U | 67% | 56 | |
| Alcohol & Other Drugs - General | (18) | 15 | 33 F | 183% | 38 | 29 | (9) U | 31% | 177 | |
| Alcohol & Other Drugs - Child & Youth | 4 | 3 | (1) U | 33% | 4 | 6 | 2 F | (33%) | 34 | |
| Methadone | - | - | 0 F | 0% | - | - | 0 F | 0% | 0 | |
| Dual Diagnosis - Alcohol & Other Drugs | 74 | 35 | (39) U | 111% | 76 | 70 | (6) U | 9% | 421 | |
| Eating Disorder | 11 | 10 | (1) U | 10% | 22 | 21 | (1) U | 5% | 124 | |
| Maternal Mental Health | 3 | 4 | 1 F | (25%) | 7 | 7 | 0 F | 0% | 42 | |
| Child & Youth Mental Health Services | 445 | 441 | (4) U | 1% | 893 | 882 | (11) U | 1% | 5,294 | |
| Forensic Services | - | - | 0 F | 0% | - | - | 0 F | 0% | 0 | |
| Kaupapa Maori Mental Health Services | 6 | 6 | 0 F | 0% | 12 | 12 | 0 F | 0% | 74 | |
| Kaupapa Maori Mental Health - Residential | - | - | 0 F | 0% | - | - | 0 F | 0% | 0 | |
| Kaupapa Maori Mental Health - Inpati | - | - | 0 F | 0% | - | - | 0 F | 0% | 0 | |
| Mental Health Community Services | 86 | 111 | 25 F | (23%) | 196 | 223 | 27 F | 1% | 1,336 | |
| Prison/Court Liaison | - | - | 0 F | 0% | - | - | 0 F | 0% | 0 | |
| Mental Health Workforce Development | 9 | - | (9) U | 0% | 19 | - | (19) U | 0% | 0 | |
| Day Activity & Work Rehabilitation S | 120 | 118 | (2) U | 2% | 249 | 236 | (13) U | 6% | 1,418 | |
| Advocacy / Peer Support - Consumer | 23 | 24 | 1 F | (4%) | 47 | 47 | 0 F | 0% | 283 | |
| Other Home Based Residential Support | 327 | 326 | (1) U | 0% | 662 | 652 | (10) U | 2% | 3,912 | |
| Advocacy / Peer Support - Families | 60 | 70 | 10 F | (14%) | 121 | 140 | 19 F | (14%) | 843 | |
| Community Residential Beds & Service | 402 | 437 | 35 F | (8%) | 817 | 840 | 23 F | (3%) | 5,085 | |
| Minor Mental Health Expenditure | 37 | 32 | (5) U | 35% | 58 | 65 | 7 F | (11%) | 389 | |
| Inter District Flow Mental Health | 439 | 439 | 0 F | 0% | 878 | 878 | 0 F | 0% | 5,267 | |
| | 2,023 | 2,076 | 53 F | (2%) | 4,114 | 4,117 | 3 F | 0% | 24,757 | |
| Total Mental Health | 7,350 | 7,403 | 53 F | (1%) | 14,769 | 14,772 | 3 F | 0% | 88,683 | |

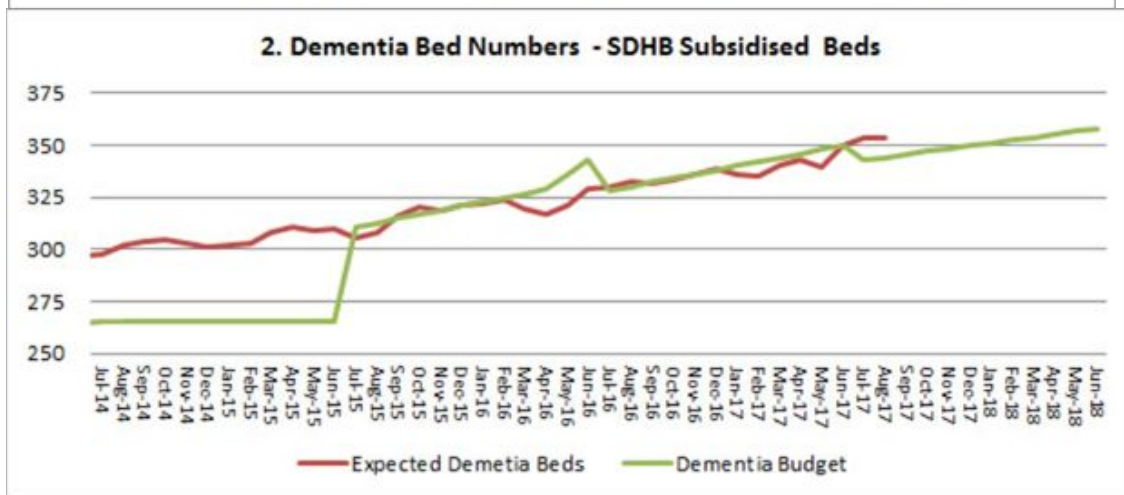
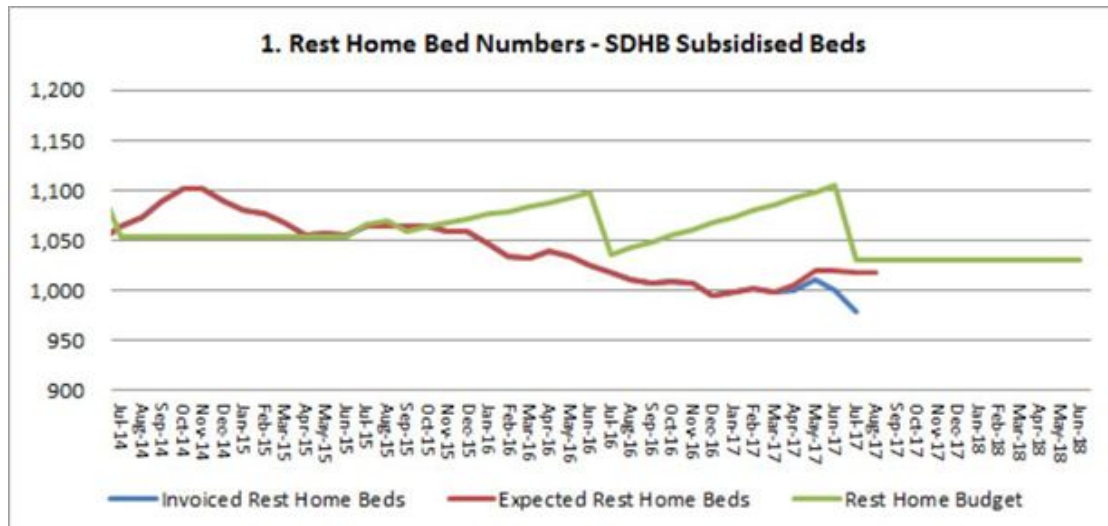
No significant variances

Disability Support Services

| DSS August 2017 | Current Month | | | | Year to Date | | | | Annual Budget \$(000) | Variance Note |
|--|-------------------|-------------------|---------------------|---------------|-------------------|-------------------|---------------------|---------------|-----------------------------|------------------|
| | Actual \$(000) | Budget \$(000) | Variance \$(000) | Variance % | Actual \$(000) | Budget \$(000) | Variance \$(000) | Variance % | | |
| Disability Support Services - Provider Arm | | | | | | | | | | |
| AT & R (Assessment, Treatment and Re Information and Advisory) | 1,900 | 1,900 | | 0% | 3,801 | 3,801 | | 0% | 22,806 | |
| Needs Assessment | 122 | 108 | (14) U | (13%) | 244 | 230 | (14) U | (6%) | 1,315 | |
| Service Co-ordination | 20 | 20 | | 0% | 39 | 39 | | 0% | 236 | |
| Home Support | - | - | | 0% | - | - | | 0% | 0 | |
| Carer Support | - | - | | 0% | - | - | | 0% | 0 | |
| Residential Care: Rest Homes | - | - | | 0% | - | - | | 0% | 0 | |
| Residential Care: Loans Adjustment | - | - | | 0% | - | - | | 0% | 0 | |
| Long Term Chronic Conditions | - | - | | 0% | - | - | | 0% | 0 | |
| Residential Care: Hospitals | - | - | | 0% | - | - | | 0% | 0 | |
| Ageing in Place | - | - | | 0% | - | - | | 0% | 0 | |
| Environmental Support Services | 2 | 2 | | 0% | 5 | 5 | | 0% | 27 | |
| Day Programmes | - | - | | 0% | - | - | | 0% | 0 | |
| Expenditure to Attend Treatment ETAT | - | - | | 0% | - | - | | 0% | 0 | |
| Minor Disability Support Expenditure | 20 | 20 | | 0% | 41 | 41 | | 0% | 102 | |
| Respite Care | - | - | | 0% | - | - | | 0% | 0 | |
| Child Development | 90 | 90 | | 0% | 180 | 180 | | 0% | 1,078 | |
| Community Health Services & Support | 21 | 21 | | 0% | 42 | 42 | | 0% | 254 | |
| | 2,175 | 2,161 | (14) | 0.6% | 4,352 | 4,338 | (14) U | 0% | 25,818 | |
| Disability Support Services - NGO | | | | | | | | | | |
| Disability Support - Pay Equity | 1,326 | 1,273 | (53) U | (4%) | 2,432 | 2,527 | 95 F | 4% | 15,000 | |
| AT & R (Assessment, Treatment and Re Information and Advisory) | 314 | 357 | 43 F | 12% | 671 | 714 | 43 F | 6% | 4,284 | |
| Needs Assessment | 11 | 12 | 1 F | 8% | 22 | 24 | 2 F | 8% | 147 | |
| Service Co-ordination | 23 | 34 | 11 F | 32% | 43 | 55 | 12 F | 22% | 398 | |
| Home Support | - | - | | 0% | - | - | | 0% | 0 | |
| Carer Support | 1,977 | 1,929 | (48) U | (2%) | 4,121 | 3,832 | (289) U | (8%) | 23,911 | 7 |
| Residential Care: Rest Homes | 145 | 137 | (8) U | (6%) | 267 | 263 | (4) U | (2%) | 1,594 | |
| Residential Care: Loans Adjustment | 3,357 | 3,275 | (82) U | (3%) | 6,724 | 6,545 | (179) U | (3%) | 38,762 | 8 |
| Residential Care: Hospitals | (7) | (23) | (16) U | 70% | (24) | (46) | (22) U | 48% | -276 | |
| Long Term Chronic Conditions | 7 | - | (7) U | | 10 | - | (10) U | | 0 | |
| Residential Care: Hospitals | 4,501 | 4,305 | (196) U | (5%) | 8,875 | 8,603 | (272) U | (3%) | 51,020 | 9 |
| Environmental Support Services | 6 | 10 | 4 F | 40% | 13 | 20 | 7 F | 35% | 122 | |
| Day Programmes | 30 | 44 | 14 F | 32% | 62 | 87 | 25 F | 29% | 523 | |
| Minor Disability Support Expenditure | 8 | 9 | 1 F | 11% | 17 | 18 | 1 F | 6% | 107 | |
| Respite Care | 171 | 145 | (26) U | (18%) | 275 | 340 | 65 F | 19% | 1,729 | |
| Child Development | - | - | | 0% | - | - | | 0% | 0 | |
| Community Health Services & Support | 53 | 52 | (1) U | (2%) | 107 | 104 | (3) U | (3%) | 626 | |
| Inter District Flow Disability Support | 329 | 344 | 15 F | 4% | 673 | 688 | 15 F | 2% | 4,129 | |
| | 12,251 | 11,903 | (348) U | (3%) | 24,288 | 23,774 | (514) U | (2%) | 142,076 | |
| Total Disability Support Services | 14,426 | 14,064 | (362) U | (3%) | 28,640 | 28,112 | (528) U | (2%) | 167,894 | |

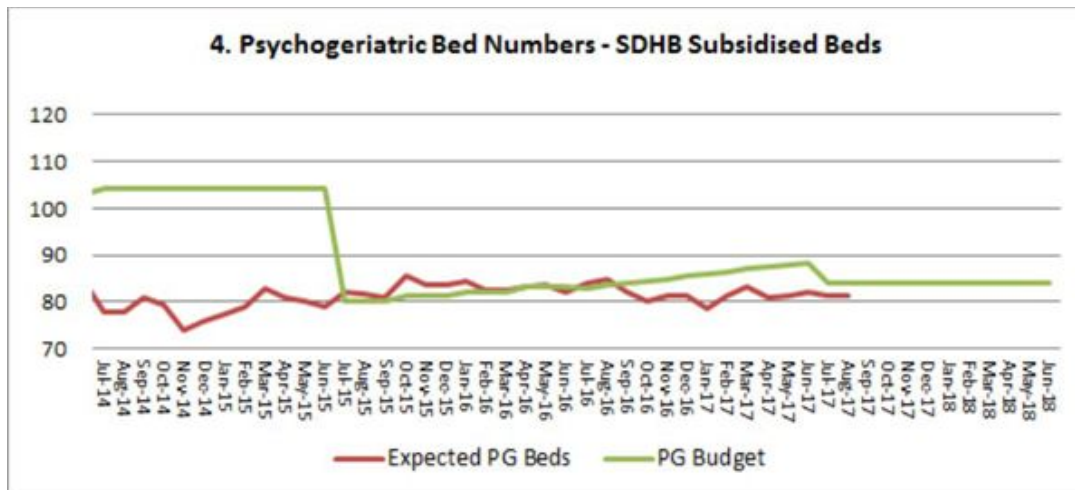
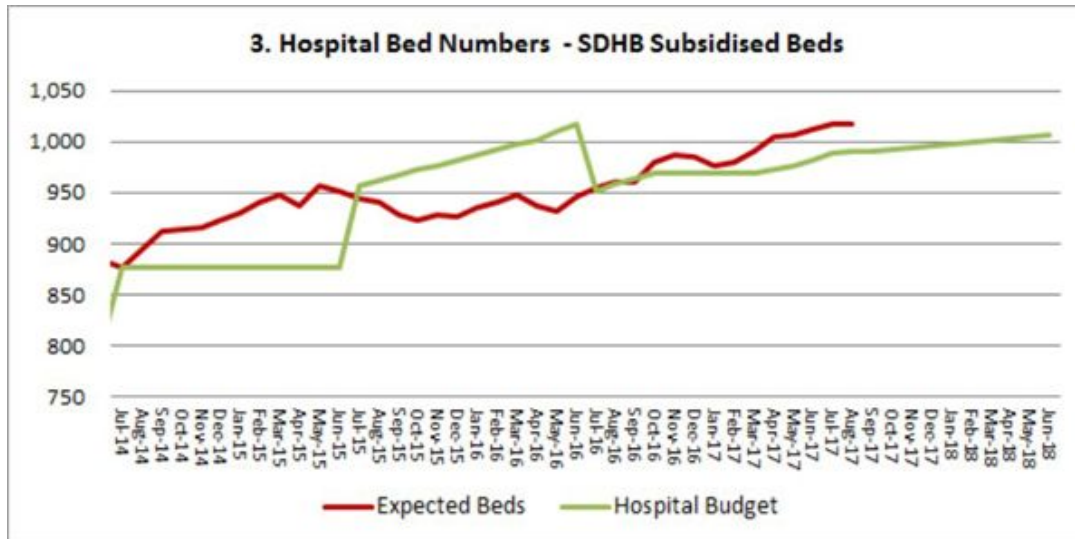
Disability Support Services expenditure variance notes:

- 7. Personal Care - Household Management - \$0.28m unfavourable YTD.**
Due to over budget IBT expenditure (revenue offset) along with price and volume variances
- 8. Residential Care Rest Homes - \$0.18m unfavourable YTD.**
Due to a mix of price and volume variances to budget along with savings targets not met.



| Variance Analysis -YTD vs Budget | | |
|---|--|------------------------|
| YTD PriceVariance (after Pay Equity) | | - 27,581 Unfav |
| YTD Rest Home - Volume Variance | | 48,940 Fav |
| YTD Dementia - Volume Variance | | - 56,738 Unfav |
| YTD LTS-CHC Variance | | - 43,642 Unfav |
| YTD Savings Variance | | - 73,510 Unfav |
| Variance - \$ Service vs Budget | | - 152,530 Unfav |
| Other | | - 26,809 Unfav |
| Variance - \$ Ledger vs Budget (as per accounts) | | - 179,339 Unfav |

9. **Residential Care Hospitals - \$0.27m unfavourable YTD.**
 Due to a mix of price and volume variances to budget along with savings targets not met.



| Variance Analysis - YTD vs. Budget | | |
|---|----------|----------------------|
| YTD PriceVariance (after Pay Equity) | | 43,949 Fav |
| YTD Hospital Care - Volume Variance | - | 221,425 Unfav |
| YTD Psychogeriatric - Volume Variance | | 26,622 Fav |
| YTD LTS-CHC Variance | - | 15,598 Unfav |
| YTD Savings Variance | - | 93,157 Unfav |
| Variance -\$ Service vs Budget | - | 259,609 Unfav |
| Other | - | 11,576 Unfav |
| Variance - \$ Ledger vs Budget (as per accounts) | - | 271,186 Unfav |

Public Health

| Public Health August 2017 | Current Month | | | | Year to Date | | | | Annual Budget \$(000) | Variance Note |
|-------------------------------------|-------------------|-------------------|---------------------|---------------|-------------------|-------------------|---------------------|---------------|-----------------------------|------------------|
| | Actual \$(000) | Budget \$(000) | Variance \$(000) | Variance % | Actual \$(000) | Budget \$(000) | Variance \$(000) | Variance % | | |
| Public Health - Provider Arm | | | | | | | | | | |
| Alcohol & Drug | - | - | 0 F | | - | - | 0 F | | | |
| Communicable Diseases | 4 | 4 | 0 F | 0% | 7 | 7 | 0 F | 0% | 44 | |
| Mental Health | - | - | 0 F | | - | - | 0 F | | | |
| Screening Programmes | - | - | 0 F | | - | - | 0 F | | | |
| Nutrition and Physical Activity | - | - | 0 F | | - | - | 0 F | | | |
| Physical Environment | - | - | 0 F | | - | - | 0 F | | | |
| Public Health Infrastructure | - | - | 0 F | | - | - | 0 F | | | |
| Sexual Health | - | - | 0 F | | - | - | 0 F | | | |
| Social Environments | - | - | 0 F | | - | - | 0 F | | | |
| Tobacco Control | 34 | 34 | 0 F | 0% | 68 | 68 | 0 F | 0% | 410 | |
| | 38 | 38 | | | 75 | 75 | | | 454 | |
| Public Health - NGO | | | | | | | | | | |
| Mental Health | 15 | 15 | 6 F | | 24 | 30 | 6 F | 41% | 180 | |
| Nutrition and Physical Activity | 37 | 38 | | 0% | 76 | 76 | | | 454 | |
| Physical Environment | - | - | - | 0% | - | - | - | 0% | 0 | |
| Public Health Infrastructure | - | - | - | 0% | - | - | - | 0% | 0 | |
| Sexual Health | - | - | - | 0% | - | - | - | 0% | 0 | |
| Social Environments | - | - | - | 0% | - | - | - | 0% | 0 | |
| Tobacco Control | - | 7 | | | 7 | 13 | | | 80 | |
| Well Child Promotion | - | - | - | 0% | - | - | - | 0% | 0 | |
| | 52 | 60 | 6 F | 10% | 107 | 119 | 6 F | (5%) | 714 | |
| Total Public Health | 90 | 98 | 6 F | 6% | 182 | 194 | 6 F | (3%) | 1,168 | |

Public health expenditure variance notes:

No significant variances.

Maori Health Expenditure

| <i>Maori Health</i> <i>August 2017</i> | Current Month | | | | Year to Date | | | | Annual | Variance Note |
|---|-------------------|-------------------|---------------------|---------------|-------------------|-------------------|---------------------|---------------|-------------------|---------------|
| | Actual \$(000) | Budget \$(000) | Variance \$(000) | Variance % | Actual \$(000) | Budget \$(000) | Variance \$(000) | Variance % | Budget \$(000) | |
| Maori Health - Provider Arm | | | | | | | | | | |
| Maori Service development | 16 | 16 | | | 32 | 32 | | | 191 | |
| Maori Provider Assistance Infrastructure | - | - | | | - | - | | | | |
| Maori Workforce Development | - | - | | | - | - | | | | |
| Minor Maori Health Expenditure | - | - | | | - | - | | | | |
| Whanau Ora Services | 8 | 8 | | | 16 | 16 | | | 98 | |
| Maori Health - Provider Arm Total | 24 | 24 | | | 48 | 48 | | | 289 | |
| Maori Health - NGO | | | | | | | | | | |
| Maori Service development | 21 | 21 | | | 42 | 42 | | | 250 | |
| Maori Provider Assistance Infrastructure | - | - | | | - | - | | | | |
| Maori Workforce Development | - | - | | | - | - | | | | |
| Minor Maori Health Expenditure | - | - | | | - | - | | | | |
| Whanau Ora Services | 63 | 80 | 20 F | 21% | 123 | 160 | 20 F | 13% | 956 | |
| Maori Health - NGO Total | 84 | 101 | 17 F | 17% | 165 | 202 | 37 F | 18% | 1,206 | |
| Total Maori Health | 108 | 125 | 17 F | 5% | 213 | 250 | 37 F | 15% | 1,495 | |

Maori Health Services expenditure variance notes:

No significant variances.

SOUTHERN DISTRICT HEALTH BOARD

| | | |
|--|--|---|
| Title: | CONTRACTS REGISTER | |
| Report to: | Community & Public Health and Disability Support Advisory Committees | |
| Date of Meeting: | 28 September 2017 | |
| Summary: Funding contracts signed under delegation by Executive Director Planning & Funding and Chief Executive Officer and contracts approved by the Commissioner executed since last report. | | |
| Specific implications for consideration (financial/workforce/risk/legal etc): | | |
| Financial: | Nil | |
| Workforce: | Nil | |
| Other: | Nil | |
| Document previously submitted to: | n/a | Date: n/a |
| Prepared by: Planning and Funding Staff Date: September 2017 | | Presented by: Lisa Gestro Executive Director Strategy, Primary & Community |
| RECOMMENDATION: 1. That the Committees note the attached Contracts Register. | | |

**FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) JULY/AUGUST 2017**

| PROVIDER NAME | DESCRIPTION OF SERVICES | ANNUAL AMOUNT | CONTRACT/VARIATION END DATE | APPROVED BY |
|---|--|---|-----------------------------|---------------------------|
| Contract Value of - \$0 - \$100,000 (Level 3) | | | | |
| Elsdon Enterprises Limited - New Agreement | Long Term Support - Chronic Health Conditions | \$5,000.00 (Estimated p.a.) | \$44,046.00 | Acting EDP&F 15-Jun-17 |
| WellSouth Primary Health Network Variation to Service Schedule | Rheumatic Fever Service Schedule | \$8,427.75 (Total Contract Value \$16,855.50) | 30-Jun-19 | Acting EDP&F 16-Jun-17 |
| Clutha Community Health Company t-a Clutha Health First | Variation to Community Health Services Head Agreement | N/a | 30-Jun-20 | CEO 28-Jul-17 |
| Clutha Community Health Company t-a Clutha Health First - Variation to Agreement | Domiciliary Services | \$10,567.60 (Total Contract Value \$31,702.80) | 30-Jun-20 | CEO 28-Jul-17 |
| Clutha Community Health Company t-a Clutha Health First - Variation to Agreement | Health of Older Peoples | \$8,238.50 (Total Contract Value \$24,715.50) | 30-Jun-20 | CEO 28-Jul-17 |
| PACT Group Variation to Agreement | Sleepover Settlement | \$32,680.00 | 30-Jun-18 | Acting EDP&F 20-Jul-17 |
| Volunteering Otago Trust Variation to Agreement | Activity Based Rehabilitation Through Volunteering | \$351.31 | 31-Mar-18 | Acting EDP&F 28-Jul-17 |
| Crombie and Price Ltd Variation to Agreement | Special Foods - Southern Region | \$28,300.00 (Total Estimated Contract Value \$56,600.00) | 30-Sep-19 | Acting EDP&F 28-Jul-17 |

**FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) JULY/AUGUST 2017**

| | | | | |
|--|---|--|-----------|---------------------------|
| Lakes District Air Rescue Trust Variation to Agreement | Air Rescue Costs for Medical Professionals | \$6,243.61 | 31-Jul-18 | Acting EDP&F 16-May-17 |
| PACT Group Variation to Agreement | Individual Funding Agreement for NHI AKQ6824 | \$9,469.03 | 30-Sep-17 | Acting EDP&F 28-Jul-17 |
| Corstorphine Baptist Community Trust Variation to Agreement | Sleepover Settlement | \$87,115.00 | 30-Jun-18 | Acting EDP&F 20-Jul-17 |
| Clare House Care Limited New Agreement | Long Term Support - Chronic Health Conditions | \$46,000.00 Estimated Contract Value p.a.) | 03-Aug-20 | Acting EDP&F 20-Jul-17 |
| Downie Stewart Foundation Variation to Agreement | Sleepover Settlement | \$77,906.00 | 30-Jun-18 | Acting EDP&F 20-Jul-17 |
| Clutha Community Health Company Ltd Variation to Service Schedule | Primary Maternity Facility Services | \$2,894.25 (Total Contract Value \$8682.75) | 30-Jun-20 | CEO 28-Jul-17 |
| The Ultimate Care Group t-a Karadean Cour New Agreement | Short Term Palliative care for Named Individual | \$1,871.00 | 30-Jun-17 | Acting EDP&F 31-Jul-17 |
| Maniototo Health Services Limited Variation to Agreement | Community Health Services Head Agreement | N/A | 30-Jun-17 | CEO 28-Jul-17 |
| Maniototo Health Services Limited Variation to Service Schedule | Domiciliary Services | \$3,057.78 (Total contract value \$9,173.28) | 30-Jun-20 | CEO 28-Jul-17 |
| Maniototo Health Services Limited Variation to Agreement | Maternity Resource Centre | \$80.98 (Total Contract value \$242.94) | 30-Jun-20 | CEO 28-Jul-17 |

FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) JULY/AUGUST 2017

| | | | | |
|--|--|--|-----------|---------------------------|
| Maniototo Health Services Limited Variation to Service Schedule | Rural Hospital Medical & Surgical Services | \$17,173.28 (Total Contract Value \$51,519.84) | 30-Jun-17 | CEO 28-Jul-17 |
| Gore Health Limited Variation to Agreement | Community Health Services Head Agreement | N/a | 30-Jun-20 | CEO 28-Jul-17 |
| Gore Health Limited Variation to Service Schedule | Primary Maternity Facility Services | \$5,289.96 (Total Contract Value \$15,869.88) | 30-Jun-20 | CEO 28-Jul-17 |
| Gore Health Limited Variation to Service Schedule | Health of Older People | \$8,659.92 (Total Contract Value \$25,979.76) | 30-Jun-20 | CEO 28-Jul-17 |
| Gore Health Limited Variation to Service Schedule | Domiciliary Services | \$13,087.00 (Total Contract Value \$39,261.00) | 30-Jun-20 | CEO 28-Jul-17 |
| Central Otago Health Services Ltd Variation to Agreement | Community Health Services Head Agreement | N/A | 30-Jun-21 | CEO 28-Jul-17 |
| The Carroll Street Trust Variation to Agreement | Sleepover Settlement | \$63,866.00 | 30-Jun-18 | Acting EDP&F 20-Jul-17 |
| Central Otago Health Services Ltd New Service Schedule | Speech Language Therapy - Lakes District | \$13,092.00 | 31-Dec-17 | CEO 28-Jul-17 |
| Corstorphine Baptist Community Trust New Letter of Agreement | 47 Jackson Street | \$4,196.62 | 31-Dec-17 | Acting EDP&F 04-Jul-17 |
| Adventure Development Limited Variation to Agreement | Community Child Adolescent & Youth Service (ADC & YADS) | \$58,917.00 | 30-Jun-18 | ED,SP& C 05 Sep 17 |
| Total for Level 3 | | \$512,484.59 | | |

FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) JULY/AUGUST 2017

| Contract Value of - \$100,000 - \$500,000 (Level 2) | | | | |
|---|---|---|-----------|---------------------------|
| Alzheimer's Disease & Related Disorders Society Otago Inc Variation to Agreement | Dementia Carer Support | \$130,897.01 (Total Contract Value \$261,794.02) | 31-Aug-19 | EDP&F 05 Jul 17 |
| Clutha Community Health Company t-a Clutha Health First - Variation to Agreement | Rural Hospital Medical & Surgical services | \$37,075.49 (Total Contract Value \$111,226.47) | 30-Jun-20 | CEO 28-Jul-17 |
| Central Southland Hospital Charitable Trust Board Variation to Agreement | Winton Maternity Services | \$419,196.88 (Total Contract Value \$489,063.03) | 30-Sep-18 | Acting EDP&F 04-Jul-17 |
| Gore Health Limited Variation to Service Schedule | Rural Hospital Medical & Surgical Services | \$101,770.41 (Total Contract Value \$305,311.23) | 30-Jun-20 | CEO 28-Jul-17 |
| Central Otago Health Services Ltd Variation to Service Schedule | Domiciliary Services | \$71,210.86 (Total Contract Value \$284,843.44) | 30-Jun-21 | CEO 28-Jul-17 |
| WellSouth Primary Health Network Variation to Service Schedule | General Practitioner Special Interest Services | \$162,230.00 | 30-Jun-18 | Acting EDP&F 04-Aug-17 |
| Enable New Zealand Variation to Agreement | Short Term Equipment - Otago Rural | \$76,455.69 (Total Contract Value \$152,911.38) | 30-Jun-19 | Acting EDP&F 15-Jun-17 |
| Northern Southland Health Ltd Variation to Agreement | Lumsden Primary Maternity | \$340,891.08 (Total contract value \$433,861.38) | 30-Sep-18 | Acting EDP&F 17-Jul-17 |
| Miramare Limited Variation to Agreement | Mental Health Needs Assessment & Service Coordination | \$341,590.74 | 30-Jun-18 | EDP&F 04 Aug 17 |
| Total for Level 2 | | \$ 1,550,421.15 | | |

FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) JULY/AUGUST 2017

| Contract Value of - \$500,000 - 1 Million (Level 1) | | | | |
|--|---|--|-----------|---------------------------|
| Aroha Ki Te Tamariki Charitable Trust Variation to Agreement | Chile & Youth Mental Health & Alcohol & Other Drug Services | \$646,857.58 | 30-Jun-18 | CEO 28-Jun-17 |
| Ashburn Hall Charitable Trust - Variation to Agreement | Alcohol & Drug Managed Withdrawal Community Service | \$210,598.96 (Total Contract Value \$631,796.88) | 30-Jun-20 | CEO 21-Jun-17 |
| WellSouth Primary Health Network New Service Schedule | Refugee Primary Care Services | \$750,479.25 | 30-Jun-17 | CEO 04-Jul-17 |
| Central Otago Health Services Ltd Variation to Service Schedule | CT Radiology | \$515,000.00 | 30-Jun-18 | CEO 28-Jul-17 |
| Central Otago Health Services Ltd Variation to Service Schedule | Health of Older People | \$201,305.63 Total Contract Value \$791,889.19) | 30-Jun-21 | CEO 28-Jul-17 |
| Total for Level 1 | | \$ 2,324,241.42 | | |
| Contract Value of - \$1 Million and Over (Commissioner) | | | | |
| WellSouth Primary Health Network Variation to Service Schedule | After Hours Primary Care Initiatives | \$1,166,027.01 (Total Contract Value \$2,332,054.02) | 30-Jun-19 | Commissioner 21-Jun-17 |
| WellSouth Primary Health Network Variation to Service Schedule | Rural Alliance Funding | \$4,542,176.63 (Total Contract Value \$9,084,353.26) | 30-Jun-19 | Commissioner 21-Jun-17 |
| Presbyterian Support Otago Incorporated Variation to Agreement | Health of Older People - Individualised Funding Agency Pilot | \$678,708.33 | 30-Jun-18 | CEO 17 Jul 17 |
| Hospice Southland Charitable Trust Variation to Agreement | Palliative Care Services | \$2,179,637.99 (Total Contract Value \$4,359,275.98) | 30-Jun-19 | Commissioner 21-Jun-17 |

DSAC/CPHAC Meeting - Public - Contracts Register

**FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) JULY/AUGUST 2017**

| | | | | |
|--|--|--|-----------|---------------------------|
| Observatory Village Care Limited New Agreements - ARRC, Respite and Short Term Palliative Care | Age Related Residential Care | Demand Driven | 03-Aug-20 | Commissioner 27-Jul-17 |
| WellSouth Primary Health Network New Service Schedule | Long Term Conditions | \$863,171.71 (Total Contract Value \$1,726,343.42) | 30-Jun-19 | Commissioner 21-Jun-17 |
| Orthotic Centre (NZ) Ltd Variation to Agreement | Orthotic Services | \$1,127,772.96 | 30-Jun-18 | Commissioner 27-Jul-17 |
| Central Otago Health Services Ltd Variation to Service Schedule | Rural Hospital Medical & Surgical Services | \$320,675.75 (Total Contract Value \$1,282,703.00) | 30-Jun-21 | CEO 28-Jul-17 |
| Corstorphine Baptist Community Trust Variation to Agreement | Mental Health Services | \$1,691,604.65 (Total Contract Value \$5,074,813.95) | 30-Sep-20 | Commissioner 01-Aug-17 |
| Total for Board Level | | \$ 12,569,775.03 | | |
| Grand Total | | \$ 16,956,922.19 | | |

Closed Session:**RESOLUTION:**

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

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

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