

SOUTHERN DISTRICT HEALTH BOARD

DISABILITY SUPPORT ADVISORY COMMITTEE and COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE

Tuesday, 27 September 2016
commencing at the conclusion of the public
Hospital Advisory Committee meeting

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

A G E N D A

Lead Director: Sandra Boardman

Item

1. **Apologies**
2. **Interests Register**
3. **Minutes of Previous Meeting**
4. **Matters Arising**
5. **Planning & Funding Report**
 - 5.1 **Planning & Funding Activity**
 - 5.2 **Public Health South Report**
6. **Financial Report**
7. **DHB Performance Report - Q4 2015-16**
8. **Contracts Register**
9. **2017 Meeting Schedule**

Southern DHB Values

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

APOLOGIES

An apology has been received from Dr Nigel Millar, Chief Medical Officer.

SOUTHERN DISTRICT HEALTH BOARD

| | |
|--|--|
| Title: | INTERESTS REGISTERS |
| Report to: | Disability Support & Community & Public Health Advisory Committees |
| Date of Meeting: | 27 September 2016 |
| <p>Summary:</p> <p>Commissioner and Executive Team members are required to declare any potential conflicts (pecuniary or non-pecuniary) and agree how these will be managed. A member who makes a disclosure must not take part in any decision relating to their declared interest.</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 since the last meeting:</p> <ul style="list-style-type: none"> ▪ Dr Angela Pitchford and Carole Heatly removed. ▪ Mike Collins, Executive Director Organisational Development & Performance, and Donna Matahaere-Atariki, DSAC/CPHAC Member, added. ▪ A number of entries have been updated to include all company directorships. | |
| 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: 19/09/16</p> | |
| RECOMMENDATION: | |
| <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, Sport Otago | Nil | |
| | 25.06.2015 | Trustee of numerous private trusts | Nil | |
| | 25.06.2015 | Consultant, Gallaway Cook Allan | Nil | |
| | 25.06.2015 | Dunedin Sinfonia Board | Nil | |
| | 25.06.2015 | Director, Dunedin City Treasury Limited | Nil | |
| | 25.06.2015 | Director, Dunedin Venues Limited | Nil | |
| | 18.09.2016 | Food Safety Specialists Ltd | Nil. Co-trustee in client trusts - no pecuniary interest. | |
| | 18.09.2016 | Director, Warrington Estate Ltd | Nil - no pecuniary interest; provide legal services to the company. | |
| | 18.09.2016 | Tall Poppy Ideas Ltd | Nil. Co-trustee in client trusts - no pecuniary interest. | |
| | 18.09.2016 | Rangiora Lineside Ltd | Nil. Co-trustee in client trusts - no pecuniary interest. | |
| | 18.09.2016 | Otaki Three Limited | Nil. Co-trustee in client trusts - no pecuniary interest. | |
| | | | Spouse: | |
| | 25.06.2015 | Partner, Gallaway Cook Allan | Nil | |
| | 25.06.2015 | Chair, Slinkskins Limited | Nil | |
| | 25.06.2015 | Chair, Parkside Quarries Limited | Nil | |
| | 25.06.2015 | Director, South Link Health Services Limited | A SLH entity, Southern Clinical Network, has applied for PHO status. | Step aside from decision-making (refer Commissioner's meeting minutes 02.09.2015). |
| | 25.06.2015 | Board Member, Warbirds Over Wanaka Community Trust | Nil | |
| | 25.06.2015 | Director, Warbirds Over Wanaka Limited | Nil | |
| 25.06.2015 | Director, Warbirds Over Wanaka International Airshows Limited | Nil | | |
| 25.06.2015 | Board Member, Leslie Groves Home & Hospital | Leslie Groves has a contract with Southern DHB for aged care services. | | |
| 25.06.2015 | Board Member, Dunedin Diocesan Trust Board | Nil | | |
| 25.06.2015 | Director, Nominee companies associated with Gallaway Cook Allan | Nil | | |
| 25.06.2015 | Trustee of numerous private trusts | Nil | | |
| 25.06.2015 (updated 22.04.2016) | President, Otago Racing Club Inc. | Nil | | |
| Graham CROMBIE (Deputy Commissioner) | 27.06.2015 | Independent Director, Surf Life Saving New Zealand | Nil | |
| | 25.06.2015 | Chairman, Dunedin City Holdings Ltd | Nil | |

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

| Member | Date of Entry | Interest Disclosed | Nature of Potential Interest with Southern DHB | Management Approach |
|---|----------------------|---|--|----------------------------|
| | 25.06.2015 | Chairman, Otago Museum | Nil | |
| | 25.06.2015 | Chairman, New Zealand Genomics Ltd | Nil | |
| | 25.06.2015 | Independent Chairman, Action Engineering Ltd | Nil | |
| | 25.06.2015 | Trustee, Orokonui Foundation | Nil | |
| | 25.06.2015 | Chairman, Dunedin City Treasury Ltd | Nil | |
| | 25.06.2015 | Independent Chair, Innovative Health Technologies (NZ) Ltd | Possible conflict if Southern DHB purchased this company's product. | |
| | 25.06.2015 | Associate Member, Commerce Commission | Potential conflict if complaint made against Southern DHB. | |
| | 18.09.2016 | Director and Shareholder, Innovatio Ltd | Vehicle for governance and consulting assignments. Clients listed above. | |
| | | | | |
| Richard THOMSON (Deputy Commissioner) | 13.12.2001 | Managing Director, Thomson & Cessford Ltd | Thomson & Cessford Ltd is the company name for the Acquisitions Retail Chain. Southern DHB staff occasionally purchase goods for their departments from it. | |
| | 13.12.2002 | Chairperson and Trustee, Hawksbury Community Living Trust. | Hawksbury Trust runs residential homes for intellectually disabled adults in Otago and Canterbury. It does not have contracts with Southern DHB. | |
| | 23.09.2003 | Trustee, HealthCare Otago Charitable Trust | Health Care Otago Charitable Trust regularly receives grant applications from staff and departments of Southern DHB, as well as other community organisations. | |
| | 06.04.2011 | Councillor, Dunedin City Council | | |
| | 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 | Trustee, Community Trust of Otago | Southern DHB may apply for funding. | | |
| | 21.08.2015 | Board Member, REANNZ (Research & Education Advanced Network New Zealand) | Nil | | |
| | 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 11 Ltd | 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. | | | |
| | | Daughter: | | | |
| 21.08.2015 | 3 rd Year Medical School Student | | | | |
| Donna MATAHAERE-ATARIKI (CPHAC/DSAC 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 | | |
| | 27.02.2014 | Te Waipounamu Māori Cancer Leadership Group | Nil | | |
| | 27.02.2014 | Ahuru Mowai National Māori Leadership Group Cancer | Nil | | |
| | 17.06.2014 | Gambling Commissioner | Nil | | |
| | 05.09.2016 | Board Member, Arai Te Uru Whare Hauora | | | |
| | 05.09.2016 | Board Member, Ōtākou Health Limited | | | |
| 05.09.2016 | Southern DHB, Iwi Governance Committee | | | | |

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

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

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

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

| Employee Name | Date of Entry | Interest Disclosed | Nature of Potential Interest with Southern District Health Board |
|-------------------------|----------------------|--|---|
| | 16.09.2016 | Director, Central Otago Premium Wines Ltd | Nil, non-trading company. |
| Mike COLLINS | 15.09.2016 | Trustee, Dunedin Digital Trust | |
| | 15.09.2016 | Wife, NICU Nurse | |
| Pania COOTE | 26.05.2016 | Ngai Tahu registered. | Nil |
| | 30.09.2011 | Member, Southern Cancer Network | Nil |
| | 30.09.2011 | Member, Aotearoa New Zealand Association of Social Workers (ANZASW) | Nil |
| | 30.09.2011 | Member, SIT Social Work Committee | Nil |
| | 29.06.2012 | Member, Te Waipounamu Māori Cancer Leadership Group | Nil |
| | 26.01.2015 | National Māori Equity Group (National Screening Unit) – MEG. | Nil |
| | 26.01.2015 | SDHB Child and Youth Health Service Level Alliance Team | Nil |
| | 19.09.2016 | Shareholder (2%), Bluff Electrical 2005 Ltd | |
| Chris FLEMING | | TBA | |
| 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 |

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

| Employee Name | Date of Entry | Interest Disclosed | Nature of Potential Interest with Southern District Health Board |
|----------------------|----------------------|---|---|
| | 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 |
| Lexie O'SHEA | 01.07.2007 | Trustee, Gilmour Trust | Southland Hospital Trust, no perceived conflict. |
| Dr Jim REID | 22.01.2014 | Director of both BPAC NZ and BPAC Inc | No conflict. |
| | 22.01.2014 | Director of the NZ Formulary | No conflict. |
| | 22.01.2014 | Trustee of the Waitaki District Health Trust | Possible conflict in negotiation of new contract. |
| | 22.01.2014 | Employed 2/10 by the University of Otago and am now Deputy Dean of the Dunedin School of Medicine | Possible conflict in any negotiations with Dunedin School of Medicine. |
| | 22.01.2014 | Partner at Caversham Medical Centre and a Director of RMC Medical Research Ltd. | No conflict. |
| | 19.09.2016 | Director, ProHealth Holdings Ltd | No conflict. Holding company for share of Caversham Health Centre. |
| Leanne SAMUEL | 01.07.2007 | Trustee, Southern Health Welfare Trust | Southland Hospital Trust |

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

| Employee Name | Date of Entry | Interest Disclosed | Nature of Potential Interest with Southern District Health Board |
|----------------------|----------------------|--|---|
| | 01.07.2007 | Member of Community Trust of Southland Health Scholarships Panel. | Nil |
| | 16.04.2014 | Member National Lead Directors of Nursing and Nurse Executives of New Zealand. | Nil |
| Clive SMITH | 31.03.2016 | Nil | |

Southern District Health Board

Minutes of the Joint Meeting of the Disability Support Advisory Committee and Community & Public Health Advisory Committee held on Wednesday, 27 July 2016, commencing at 2.40 pm, in the Board Room, Southland Hospital Campus, Invercargill

| | | |
|-----------------------|---|--|
| Present: | Mrs Kathy Grant Mr Graham Crombie Mr Richard Thomson | Commissioner Deputy Commissioner Deputy Commissioner |
| In Attendance: | Ms Carole Heatly Mrs Lexie O'Shea Mrs Sandra Boardman Dr Nigel Millar Dr Nicola Mutch Mrs Leanne Samuel Mr Clive Smith Ms Jane Wilson Ms Jeanette Kloosterman | Chief Executive Officer Acting CEO/Chief Operating Officer Executive Director Planning & Funding Chief Medical Officer Director of Strategic Communications (by videoconference) Executive Director Nursing & Midwifery Chief Financial Officer Implementation Manager, Commissioner's Office Board Secretary (by videoconference) |

1.0 WELCOME

The Commissioner welcomed everyone to the meeting.

2.0 APOLOGIES

An apology was received from Dr Angela Pitchford, Deputy Commissioner.

3.0 DECLARATION OF INTERESTS

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

4.0 PREVIOUS MINUTES

Recommendation (R Thomson/G Crombie):

"That the minutes of the meeting held on 21 June 2016 be approved and adopted as a true and correct record."

Agreed

5.0 PLANNING AND FUNDING REPORT

In presenting the monthly report of Planning & Funding activities (tab 5), the Executive Director Planning & Funding (EDP&F) highlighted and provided updates on the following items.

- Ryman's Frances Hodgkins Rest Home in Dunedin had attained four year certification, which is the maximum period possible.
- New funding for palliative care had gone to Hospice Southland and the Otago Community Hospice to support aged care facilities to deliver quality end of life care. This new initiative had commenced in Southland and had good support from aged care providers.
- The Primary Maternity Services Project, which was set up to determine how best to configure primary birthing services, was progressing and meetings to discuss ideas with the community were being planned for early September.
- Changes were proposed to the 2017 and 2018 Human Papillomavirus (HPV) Programme. These included changing to a vaccine with wider coverage and vaccinating boys, as well as girls.
- A draft report was currently being considered by the Waitaki Review Group and their comments were expected later in the week. The report would then be finalised over the next few weeks for consideration by the Commissioner Team and Waitaki District Health Services Board.

Public Health Service Report

In presenting the Public Health Service report, on behalf of Lynette Finnie, Service Manager, the Executive Director Planning & Funding, highlighted the Smokefree Babies (Auahi Kore Mo Kā Pepi) Project.

Recommendation:

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

Agreed

Public Health Annual Plan 2016-17

The Commissioner's Team considered the Public Health Plan for 2016-17 and requested that it be amended in such a way as to align with the Commissioner's Plan and the organisation's values.

Recommendation:

"That, subject to the above amendment, the Commissioner endorse the Public Health Annual Plan 2016-17."

Agreed

6.0 CONTRACTS REGISTER

The Funding contracts register as at July 2016 was circulated with the agenda (tab 9) for information.

Recommendation:

"That the Contracts Register be noted."

Agreed

7.0 FINANCIAL REPORT

In presenting the Funder financial results for June 2016 (tab 7), the Executive Director Planning & Funding highlighted that the June result was a deficit of \$0.74m, which was \$1.03m favourable to budget.

The Commissioner's Team commented that it was pleasing the year-end result was better than budget.

Recommendation:

"That the report be received."

Agreed

CONFIDENTIAL SESSION

At 2.57 pm, 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. |
| 2. Confidential Planning & Funding Report | To allow activities and negotiations (including commercial and industrial negotiations) to be carried on without prejudice or disadvantage. | Sections 9(2)(i) and 9(2)(j) of the Official Information Act (OIA) 1982. |
| 3. Public Health Annual Plan | To protect the privacy of natural persons. | Section 9(2)(a) of the OIA. |
| 4. Contracts | To allow activities and negotiations (including commercial negotiations) to be carried on without prejudice or disadvantage. | Section 9(2)(j) of the OIA. |

Confirmed as a true and correct record:

Commissioner: _____

Date: _____

SOUTHERN DISTRICT HEALTH BOARD

5.1

| | | |
|--|--|--------------|
| Title: | Planning and Funding Report | |
| Report to: | Disability Support and Community & Public Health Advisory Committees | |
| Date of Meeting: | 27 September 2016 | |
| Summary: Monthly report on the Planning and Funding activities and progress to date. | | |
| Specific implications for consideration (financial/workforce/risk/legal etc.): | | |
| Financial: | N/A | |
| Workforce: | N/A | |
| Other: | N/A | |
| Document previously submitted to: | N/A | Date: |
| Approved by Chief Executive Officer: | N/A | Date: |
| Prepared by: Planning & Funding Team Date: 14 September 2016 | Presented by: Sandra Boardman Executive Director Planning & Funding | |
| RECOMMENDATION: That the Committees note the content of this paper for the priority projects. | | |

**PLANNING AND FUNDING REPORT
September 2016**

Current System Priorities

| Priority Area | Aim • Why? • Intended benefit | Overall Approach | Progress on key milestones |
|--|--|---|--|
| Central Lakes Health Network (previously known as Investing For Outcomes – A Locality Network) | <p>To drive the development of services across the locality now and with a view to long term requirements. The Network will focus on improving outcomes whilst reducing overall costs and produce recommendations for action on:</p> <ul style="list-style-type: none"> • Providing services appropriate to the projected population growth, resulting health need and with consideration for the current lack of infrastructure • Improving health outcomes for people resident within the locality • Providing good quality health service for visitors and non-residents • Addressing equity within the | <p>The Network will focus on service improvement and redesign in the next 12 months to achieve the following:</p> <ul style="list-style-type: none"> • Removal of any waste of patient time – ensuring treatment is accessed in a timely way and patients are moved through the system for both better health outcomes, experience and cost • Reducing institutionalisation of older people and people with mental health and addiction issues • Building services around people in their homes and community • Reducing hospitalisation where appropriate – for example with earlier intervention or prevention programmes • Improved and equitable access to specialist services including appropriate clinical investigations and diagnostics | <p><u>Formation of a Work Programme and initial areas of focus</u></p> <ul style="list-style-type: none"> • Twelve month Work Programme agreed by September 2016 - Draft Work Plan was developed at August meeting and the group have been discussing this with their colleagues to gain feedback on the initial ideas. Work Plan will be finalised and detail added at the September meeting. • Health Needs Analysis first draft - Formalised Network relationship with Analyst from Public Health South who will complete the work |

| Priority Area | Aim <ul style="list-style-type: none"> • Why? • Intended benefit | Overall Approach | Progress on key milestones |
|---------------------|--|---|--|
| | locality and for the locality as part of the Southern District <ul style="list-style-type: none"> • Addressing integration and coordination of services – developing a one locality view on provision of services • Identify and address inefficiencies, duplication and wastage in the organisation of services within the locality | | |
| Child/Youth Network | <ul style="list-style-type: none"> • Develop an integrated approach to the care and support of children/youth in the Southern District • Contribute to reduction in health inequity by developing and delivering services that meet the needs of children and youth across the Southern district | <ul style="list-style-type: none"> • Child and Youth Network formed from existing Southern DHB Child and Youth Steering Group with inter-sectorial membership. • Priorities identified by the Child and Youth Network: <ul style="list-style-type: none"> ○ Child Youth Healthy Weight – this is the first priority and it has a workstream established ○ Implementation of the Children’s Action Plan (workstream not yet established) ○ Youth Support Model (workstream not yet established) ○ Community Paediatrician role (workstream not yet established) | <p><u>Child/Youth Healthy Weight</u></p> <ul style="list-style-type: none"> • Draft Framework completed which aims to improve healthy weight levels of children/youth in the Southern District: <p>Several strands of work identified:</p> <ol style="list-style-type: none"> a. Family/Whanau need to be empowered to maintain healthy lifestyles b. Providing primary/community care with consistent tools, interventions and resources as well as up skilling on supporting children of unhealthy weight c. Consistent community messaging d. The need for a more joined-up prevention focus <p>The framework is being aligned with the work of the South Island Alliance (which has recently released a draft strategic plan</p> |

| Priority Area | Aim <ul style="list-style-type: none"> • Why? • Intended benefit | Overall Approach | Progress on key milestones |
|---|---|--|--|
| | | | <p>on healthy weight in childhood)</p> <p>The Southern draft Framework is due to be endorsed by the Child/Youth Network in September.</p> |
| Community Health Council | <p>The Community Health Council will:</p> <ol style="list-style-type: none"> 1) Inform and guide the development and delivery of health services in a consumer and family centred manner by promoting people-led service co-design 2) Promote and enable strong community participation across the Southern Health system | <p>Expressions of Interest from the community for membership to the Community Health Council. Members of the Community Health Council will then develop and agree the key focus, role and how the Council will contribute and support the southern health system to become one that is people-powered.</p> | <p><u>Community Health Council Establishment</u></p> <p>Interim work group in place to establish Council.</p> <p>Expressions of Interest – process under development.</p> <p>The SDHB Director of Communications has interviewed Professor Sarah Derrett, Interim chair as the first step in telling the Community Health Council Story. Initial communications will focus on why we are establishing the Council, what this means for our community and how they might become involved.</p> <p>Community Health Council established - Date has been revised from 1 September 2016 to 1 December 2016. Time required to ensure that the Expressions of Interest process is completed and appointments made has taken more time than originally anticipated.</p> |
| Raise HOPE- Growing Community Rehabilitation Services | <p>To support more people with complex mental health needs to live and participate meaningfully in their own communities.</p> | <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 | <p><u>New model for rehab services developed and business case completed</u></p> <p>Complete an analysis of current service options, identifying gaps in service and</p> |

| Priority Area | Aim <ul style="list-style-type: none"> • Why? • Intended benefit | Overall Approach | Progress on key milestones |
|---------------------------|---|---|--|
| | | <p>current people with high/complex long term mental health rehabilitation needs and also consider future demands</p> <ol style="list-style-type: none"> 3. Work with the sector, including consumer and family representatives, to design a new service model 4. Develop a business case for the proposed new service model 5. Undertake a phased implementation process (including required procurement) to deliver on the approved business case. | <p>opportunities for improvement - Completed</p> <p>Undertake a needs analysis of current people with high/complex long term mental health rehabilitation needs and also consider future demands – Completed.</p> <p>Work with the sector, including consumer and family representatives, to design a new service model - Initial draft model completed and agreed in principle. Currently completing a final draft of proposed model.</p> |
| Health Outcomes Framework | To provide visibility on how activity in the system contributes to the system’s priorities, and show the rate of progress towards the priorities. | <p>A small project team has been working with some identified subject matter experts on the initial development of the Framework.</p> <p>The project manager will engage with key governance stakeholders in the Framework’s development including the SDHB Commissioners and Well South Primary Network Board.</p> <p>The Framework will be developed and refined through engagement with existing groups working on strategic change, for example</p> | <p><u>Health Outcomes Framework Development and Adoption</u></p> <p>Initial working draft of Outcomes Framework – Complete</p> <p>Governance group established - Complete.</p> <p>Sector input into Outcomes Framework completed - Underway: Alliance Networks have had input or been asked to provide it. Draft visual design of Framework nearly complete – strong support for a patient-friendly, lifecourse version and a management/staff version.</p> <p>Draft Outcomes Framework consultation prior to finalisation will commence subject to</p> |

| Priority Area | Aim <ul style="list-style-type: none"> • Why? • Intended benefit | Overall Approach | Progress on key milestones |
|--------------------------------|---|---|--|
| | | Alliance South Networks. Groups will be asked to determine how the work they are completing might fit with the vision of the Framework, and also to develop their own project level measures as contributory measures for core system level measures identified in the Framework. | agreement at the September ALT meeting. |
| Southern HealthPathways | Standardise care pathways for patients | <p>HealthPathways responds to opportunities identified by Southern clinicians and management.</p> <p>In some instances the approach will be localisation of an existing pathway by the Clinical Editor; however where there is a change in the model of care a working group consisting of subject matter experts from across secondary and primary care will be formed to progress the work.</p> | <p><u>General Practitioners with Special Interest (GPSwI)- Skin Lesions</u></p> <p>Skin lesion Model Discussion paper to Alliance Leadership Team (ALT) - Discussion paper presented and endorsed by ALT.</p> <p>Proposed new model of care finalised - Work has continued on the development of the model with a key focus on costing and volumes, auditing, credentialing, and governance of the proposed programme.</p> <p>Implement new model of care - Funding and volumes for new model in place.</p> |
| Health of Older People Network | A District-Wide Model of Care for Older People that will improve the long term sustainability of whole of system for older people in Southern District. | Workstreams will develop services and pathways. The first workstream to be identified is Community-based Wraparound Service. | <p><u>Community Based Wrap-Around Service</u></p> <p>Identify those over 65+ who have the highest needs, using InterRAI data. - Initial interRAI analysis (on Dunedin data) was presented to the Network, Alliance Management Team and at the <i>Doing the Right Thing for Patients with</i></p> |

| Priority Area | Aim <ul style="list-style-type: none"> • Why? • Intended benefit | Overall Approach | Progress on key milestones |
|-----------------------------|--|--|--|
| | | | <p><i>Complex Needs Workshop.</i></p> <p>Findings have suggested that using InterRAI data will help us to target primary and community services to where they are needed most.</p> <p>This data will be analysed further and will include comparison with other localities. The September Alliance South workshops emphasised the importance of <i>not</i> designing a wraparound service in isolation. The Network will align with the Alliance South workshop outcomes.</p> <p>Prepare a programme of work for the next 12 months - The HOP Network have provided input into the National HOP Strategy and are:</p> <ul style="list-style-type: none"> • Undertaking an analysis of groups and services that support HOP Strategy actions • Determining actions to progress a Community-based wraparound service • Establish work streams that align with the strategy. This will be confirmed at the meeting on 12 September. |
| Long Term Condition Network | To reduce the impact of multi-morbidity on patients and our health system. | Initial activity is focussing on the standardisation of the use of primary flexible funding in order to deliver more targeted long-term conditions management in general practice. | <p><u>LTC Network Standardisation (Stratification)</u></p> <p>Develop LTC stratification model (level 0,1,2 & 3) - Complete. Ready for consultation.</p> |

| Priority Area | Aim <ul style="list-style-type: none"> • Why? • Intended benefit | Overall Approach | Progress on key milestones |
|---------------------|---|---|--|
| | | | <p>Complete practice consultation – Completed.</p> <p>Business case for LTC services to ALT (level 2 non-complex and level 3 complex) - Draft underway. Focus on standardisation of use of Care Plus, in order to ensure better value for the use of this money and better patient and system outcomes.</p> <p>Phase 1 implementation of LTC services (level 2 non-complex) at selected test sites - Possible test sites identified.</p> <p>Evaluate phase 1 (level 2 non-complex) roll-out and modify as required - Preparation for evaluation has commenced, but is at a very early stage.</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.</p> | <p><u>Review of district wide cardiology service</u></p> <p>Workstream established.</p> <p>Redesigned cardiology model - Data analysis component has commenced. The aim of the analysis will be to understand the flow of patients from place of domicile to place of treatment. This will enable us to model changes to the service so that more cardiology services are delivered closer to where patients live.</p> <p>Analysis to be presented to next meeting of the Southern Hospitals Executive Committee.</p> <p>Identify next grouping of outpatient services to be considered for review.</p> |

| Priority Area | Aim <ul style="list-style-type: none"> • Why? • Intended benefit | Overall Approach | Progress on key milestones |
|----------------------------------|---|---|---|
| | | | <p>Next meeting of the Southern Hospitals Executive Committee (in Oct) will review progress to date and advise on the next steps in the project.</p> |
| <p>Radiology Systems Project</p> | <p>The clinical question that is being considered is: <i>"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"</i></p> | <p>The Radiology Systems Project has been split into 2 phases. The first phase has been completed and resulted in a report with detailed recommendations based on the clinical question described above and informed by a series of discussion workshops with key stakeholders.</p> <p>The second phase of the project has been designated as the implementation phase and has been split into three workstreams in order to address the areas identified above under "Key deliverables".</p> | <p><u>Workstream #1 – Adoption of Community referred criteria, Improved use of HealthPathways</u></p> <p>Identify specific common health pathways to which national criteria can be applied - Pathways that have been identified and currently being progressed are:</p> <p>For ultrasound of abdomen, pelvis, renal, deep vein thrombosis and testes/scrotum.</p> <p>For CT, they are CT Head and CT urogram (for kidney stones)</p> <p>For MRI it is lumbar spine</p> <p>Workstream is to continue to focus on the "priority pathways" and are at the point of considering issues of integration between triaged electronic referrals requests and the proposed single point of entry system.</p> <p>Co-design further HealthPathways - Discussion is currently underway to identify the next suite of HealthPathways.</p> <p>Work over the past month has focussed on understanding the interface between HealthPathways and the Electronic Referral Management System (ERMS). Staff from the SDHB IT Department have recently joined the</p> |

| Priority Area | Aim <ul style="list-style-type: none"> • Why? • Intended benefit | Overall Approach | Progress on key milestones |
|---------------|--|------------------|---|
| | | | <p>radiology group to advise on the technical aspects of this workstream.</p> <p><u>Workstream #2 – Single Point of Entry, Integration of radiology systems, equipment coordination</u></p> <p>Design for Single Point of Entry - Workstream is considering the operational requirements to make a single point of entry successful.</p> <p>Engage technical team for delivering information systems - IT staff are also providing advice to this workstream on the operational requirements for a single point of entry (SPOE).</p> <p><u>Workstream #3 – Increased utilisation of CT (Central/Lakes & Waitaki), Partnership models assessed</u></p> <p>Option appraisal for partnership model(s) - Identified need for data analysis to determine anticipated demand for radiology services by locality across the district. Data sources have been identified and scope of the analysis has been drafted.</p> <p>Funding plans developed for Waitaki and Central Lakes for the increased utilisation of CT - Timelines developed for engagement with stakeholders, proposed to commence meetings in September 2016.</p> <p>Planning for next series of stakeholder</p> |

| Priority Area | Aim <ul style="list-style-type: none"> • Why? • Intended benefit | Overall Approach | Progress on key milestones |
|---------------|--|--|---|
| | | | <p>meetings has commenced.</p> <p>The next series of stakeholder meetings has been planned. Meetings will be held in Oamaru, Cromwell, Invercargill and Dunedin from mid to late October.</p> <p>The meetings will focus on a radiology systems project update, progress on HealthPathways and also take the opportunity to update the attendees on progress on implementing the "Southern Future - it's up to us" programme.</p> <p>Preliminary work has begun on developing business models for funding increased utilisation of CT in rural areas.</p> |
| Rural Network | <p>Patients who live rurally will have equitable access to an enhanced and sustainable primary health service.</p> <p>Enhanced primary services will demonstrate improved health and wellbeing patient outcomes for their enrolled population.</p> <p>Enhanced primary services will also demonstrate reduced usage of secondary services.</p> <p>The Rural Network is investigating how rural healthcare can work in a more integrated, system focussed way to:</p> | <p>The approach to enabling care clusters and integrated care teams will be discussed within the Alliance within the next month.</p> | <p><u>Care Clusters & Integrated Care Teams</u></p> <p>Stocktake of primary health services (General Practice, District Nursing, Allied Health) – looking for gaps between rural care clusters and between urban/rural communities - Review of funded services complete.</p> <p>Determine the project scope and agree on deliverables - Alliance South Workshop will determine actions and deliverables for Rural Health Network.</p> <p>Network will revise its work stream and schedule for deliverables subsequent to the Workshop.</p> |

| Priority Area | Aim <ul style="list-style-type: none"> • Why? • Intended benefit | Overall Approach | Progress on key milestones |
|---|--|--|---|
| | <ul style="list-style-type: none"> • remove inequities of access for rural people • improve resilience & sustainability of services • improve the patient journey | | <p><u>After Hours Model</u></p> <p>Practices approve the rural funding allocation model via a vote – Complete.</p> <p>The rural funding model is in place and practices are receiving their allotted funding – Complete.</p> <p>Review of rural funding model - Behind plan – due for completion in Sept 2016.</p> |
| Raise HOPE- Stepped Care Implementation | <p>The Stepped Care model aims to make it easier for people to get the right service at the right time in the right place. People who are distressed can quickly access appropriate holistic care in their community. Family/whanau are encouraged and supported to be part of the wellness journey. Every agency which can help a persons wellness journey will work collaboratively to support that journey.</p> | <p>Oversight of the programme will be done by the Alliance South Mental Health and Addictions Network.</p> <p>At an operational level the Stepped Care Workstream Groups will implement the schedule of work outlined in the Stepped Care Implementation Plan and Business Case, supported by the Alliance South Programme Office and Planning and Funding.</p> <p>Six workstream themes have been identified: Service Design; Procurement; People and Practice; Capability & Training; Process and Standards; Systems and Infrastructure.</p> | <p><u>Workforce Development Plan</u></p> <p>Initial draft completed - The Working Group is reviewing feedback and will make changes before draft is resubmitted to the Project Sponsor mid-October.</p> <p><u>Stepped Care Business Case</u></p> <p>Final version tabled at the Alliance Leadership Team meeting - Based on feedback received from the Network and AMT a revised version is currently being prepared for submission at the September ALT meeting.</p> |
| Urgent Care Network | <p>The recommendations' objectives are to reduce the increasing burden on emergency departments and hospital admissions by patients who can</p> | <p>WellSouth will be funded to implement a POAC service with appropriate clinical governance, administrative, workforce development and infrastructural</p> | <p><u>POAC</u></p> <p>Outline proposal for the POAC service developed and submitted to Alliance South Leadership Team - Work on developing a</p> |

| Priority Area | Aim <ul style="list-style-type: none"> • Why? • Intended benefit | Overall Approach | Progress on key milestones |
|---------------|--|--|--|
| | <p>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</p> <p>POAC: Provide funding to general practice that enables practices to provide care to those patients who can safely and appropriately be seen in the community and reduce the incidence of these patients presenting at ED or being admitted to hospital</p> <p>Workforce Development: Support general practices by ensuring staff are competent and confident to provide these services, and to create a forum where clinicians from across the health system can build relationships and collaborative networks to create a more integrated health system</p> <p>After-Hours Services: Promote co-operation between providers to reduce the burden on clinicians and to ensure that patients have access to acute medical care outside of normal</p> | <p>support.</p> <p>Agreement on after-hours services requires engagement with general practice in the first instance and then other stakeholders to ensure that the service is appropriate to all.</p> <p>Public education is already underway as part of winter planning and will continue as a partnership between SDHB and WellSouth.</p> | <p>robust business case has continued.</p> <p>Alliance South workshops will assist with prioritisation and identification of first POAC services (those that can be implemented quickly and have been identified as a high priority).</p> <p>First POAC pathways are in place and accessible to patients and general practices - Recent discussions on planning has been extended to include four workshops which will focus on common key aspects across the Alliance Networks. One of these workshops will specifically focus on the concept of organising primary and community services to support people who are acutely unwell.</p> <p>Suggested approach to rollout will be a phased one</p> <p><u>Accessible After Hours Urgent Care</u></p> <p>Agree the model of care provided by Invercargill GPs - Consultation is under way.</p> <p>Agree the model of care provided by Dunedin GPs - Not yet started.</p> |

| Priority Area | Aim <ul style="list-style-type: none"> • Why? • Intended benefit | Overall Approach | Progress on key milestones |
|---------------|---|------------------|----------------------------|
| | business hours Public Education: Give patients the information they need to make better decisions about when and where they seek medical assistance or advice | | |

PLANNING AND FUNDING REPORT September 2016

5.1

Service/Quality Improvement Initiatives

Primary Health

Clinical Pharmacists

Interviews were conducted on 6 July 2016, with 3 FTE now appointed and in position. A further 1.0 FTE is currently being advertised for a role in Invercargill.

System Level Measures (value and high performance of the Health System):

A workshop on 13 July developed preliminary contributory measures to the four System Level Measures (SLM) determined by the Ministry of Health (MOH). The feasibility of each proposed measure is currently being determined, such as clear definition, timeliness and data availability. Each contributory measure will be benchmarked and targets will be established. The SLM work plan will be sent to the Alliance Leadership Team (ALT) end of September before being submitted to the MOH by 20 October 2016.

Health of Older People

Age Related Residential Care

Presbyterian Support Otago's Taieri Court Home in Mosgiel received a four year certification after an audit with two low risk findings and four recognised Continuous Improvements in the areas of Clinical Governance (quality monitoring), Service Delivery (Enliven Philosophy), Benchmarking (improvements around hydration, skin tears and urinary tract infections) and Infection Control.

Child, Youth and Maternity

Primary Maternity Services

Community consultation meetings for the primary maternity project have been held in four locations – Dunedin, Oamaru, Winton and Cromwell. At each location the project team held three meetings - with women and their families/whānau, midwives, and facility managers and other associated staff. The meetings have been very well received by the communities. Robust discussion has occurred and some very valuable information received. The next stage involves the project team analysing the feedback and preparing a report with recommendations. This will be submitted to the October Commissioner's meeting.

Tuatapere Maternity Service

A community consultation meeting was held on 1 August to discuss the Waiau Health Trust proposal to exit primary birthing and the new model of care to support local women after they leave other primary birthing facilities early. Approximately 50 people attended the meeting. The community were given another month to provide feedback to the Trust and Southern DHB. The feedback is currently being collated for consideration by Waiau Health Trust and the DHB.

Well Child Tamariki Ora

The second meeting of the Well Child Tamariki Ora Quality Improvement Steering Group was held on 12 August and was attended by a range of service providers and the Ministry of Education. A proposed project will work with three different early childhood education providers to understand what they need to be able to promote health messages to their children and families. This may include their workforce development needs. This is a different approach because we usually ask only health providers to deliver health related activities or disseminate health information.

Other Strategic Priorities

Ministry of Health Requirements

South Dunedin Social Sector Trial

The report *Collaborating for Youth Success* has now been released by the South Dunedin Social Sector Trial (SST) Advisory Group.

The report outlines a framework for creating a community-led, collaborative approach to develop and achieve a long-term vision for young people in Dunedin. The report is a call to action to work together to better respond to the needs of young people and their whānau.

Recommendations include:

- creating a shared understanding of what it means to truly collaborate (rather than cooperate or coordinate);
- engaging across the community to identify and understand the problems that need solving and build an imperative for change;
- investing in the development of leadership;
- developing a shared, long-term vision with the wider community and a process to achieve that vision;
- working with funders as partners in making this happen.

The full report contains detailed appendices that provide tools and guidance to support implementation of the recommendations and is available on the Dunedin City Council website as follows: www.dunedin.govt.nz/collaborating-for-youth-success

The Mayor of Dunedin together with Ōtākou Runaka will jointly lead the next steps, which will involve engaging the wider community in creating a shared vision. A community hui will be held in early November to start discussion about priorities and what happens next.

Living within Our Means

Waitaki Review of Services

A final report has been produced and will be presented to a joint meeting of SDHB Commissioner Team and Waitaki Board members. The group involved in the review to date will be invited to join an implementation team. The group will meet in October following the presentation.

Age Related Residential Care (ARRC)

Please see Appendix 1. Expenditure continues under budget for Age Related Residential Care.

5.1

SOUTHERN DISTRICT HEALTH BOARD

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|---|---|----------------------|
| Title: | PUBLIC HEALTH SERVICE REPORT | |
| Report to: | Community and Public Health Advisory Committee | |
| Date of Meeting: | 27 September 2016 | |
| 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: | Jenny Hanson Nurse Director, Women's, Children's, Public Health and Support Directorate | Date: |
| Prepared by: Lynette Finnie, Service Manager, Public Health Service. Women's, Children's, Public Health and Support Directorate Date: 1/9/2016 | | Presented by: |
| RECOMMENDATIONS: 1. That CPHAC receives the Public Health Service Activity Report. | | |

**PUBLIC HEALTH SERVICE REPORT TO THE SOUTHERN DHB
Community and Public Health Advisory Committee Report
27 September 2016**

Clued Up Kids

Clued Up Kids is a programme delivered in school settings initially developed in Scotland. It uses interagency collaboration that aims to build children's resiliency to address everyday hazards. In the Southern district the programme was first piloted in the Clutha district in 2015.

In 2016 four hundred and thirty Year 6 children from thirty two schools in Clutha and Waitaki attended *Clued Up Kids* facilitated by Public Health South's Health Promoting Schools' programme.

Clued Up Kids enables students to experience interactive real life situations that focus on community safety. They learn how to react in dangerous situations, the role of emergency services and how to prevent accidents.

The children rotated through ten interactive lessons presented by agencies and businesses. The lessons included bus, cycle and scooter safety, firearms, earthquake preparedness, water safety (irrigation canals and coastal safety), quad bike safety, dog safety, first aid and relaxation techniques for an emergency.

The events were featured in the local newspapers - The Oamaru Mail and The Clutha Leader. The children completed pre and post tests and the results showed they were better informed about community safety. Because *Clued Up Kids* has proved a successful format the schools and agencies involved are making this an annual event for Year 6 students in their communities.

Child Protection Alert System

The Ministry of Health has approved the use of the Child Protection Alert System in the Southern District Health Board. The system informs District Health Board staff that health records relevant to child protection are held by a DHB. Clinicians can then determine the relevance of that information to the latest presentation for that child.

The system includes involvement of a specialist multidisciplinary team in each DHB, policies and procedures, workforce development for clinicians and quality improvement activities such as a process and outcome evaluation. National consultation on key ethical, legal and procedural issues such as stigma, privacy, alerts on siblings and removal of alerts has occurred and positions have been agreed.

The location for lodging the Child Protection Alert System is the National Health Index Medical Warning System (MWS). Following a formal Privacy Impact Assessment, the Ministry of Health has approved the use of the MWS for this purpose.

The outcome of implementing such a system should be enhanced practice and improved child safety.

Community Action to reduce Alcohol Related harm

Recently the role that the community can play in tackling alcohol related harm has been highlighted across the district. The Wanaka Action Group report 'Harming me, harming you' reports the results of a local research project, funded by ACC and the Health Promotion Agency. This drew on the experiences of local students and health professionals to map out the issues with alcohol consumption in the Wanaka area and to identify some preferred solutions.

This research found that more than one in four of year 9-11 students were binge drinking to get drunk. This was in spite of students being aware of the negative effects of drinking

and also of the reputational risk from “doing something stupid while drunk”. Students suggested that engaging and attractive alternatives to drinking were needed as diversionary activities. Students in Wanaka are well aware of the breadth of activities available in the area but many of these are out of the reach of locals. They also wanted activities that would allow for joint participation with parents.

The issue of adult drinking patterns was raised. A high rate of excessive drinking in adults over 40 was identified, driven by boredom and stress. The research also identified that adult drinking has a significant impact on children. This is because adults are normalising drinking (they establish drinking as a cultural norm and diminish the importance of the harm associated with drinking), adults are directly providing alcohol to young people, and parental drinking is directly affecting the lives of young people.

Harm reduction approaches identified in the report are about being much more direct in limiting alcohol availability in Wanaka, making access to support and addiction services easier, and developing family based interventions that provide for alternatives to activities associated with drinking. The need for further work to scope out the needs of alcohol affected adults was identified.

Healthy Families Invercargill hosted a hui during August to launch a community report on tackling alcohol related harm in Southland and Invercargill. The report entitled ‘Our Voice – Addressing alcohol harm in Murihiku/Southland’ contains important background research and community opinion on the nature and extent of alcohol-related harm. It identifies key community concerns over alcohol harm that include alcohol’s impact on youth and the lack of alternative activities for young people. The relationship between alcohol and family violence and the direct health effects of alcohol on family members were also highlighted.

The report identified successful interventions in the community such as existing alcohol services, IBAN – the Invercargill Bar Alert Network, and the After-Ball Party scheme. Recognition that good work was already underway provided a foundation for additional measures to tackle alcohol related harm.

There is a commitment to developing detailed solutions to the issues identified by the community and to create a locally focused health promotion campaign. Two themes were identified as being particularly important in Murihiku/Southland. Firstly, the inter-generational normalisation of harmful attitudes and behaviour to alcohol must be tackled. And secondly, the role of sport in normalising alcohol was highlighted.

These types of actions work in a different way to those of the regulatory approaches mandated under the Sale and Supply of Alcohol Act. They highlight the importance of community recognition of the harmful effects of alcohol being coupled with a willingness to develop community owned solutions and the role that agencies such as health can play in supporting these approaches. However, communities can also play a role as participants in the regulatory process where they are enabled to do so.

A recent application for an off-licence in a small Southland community was opposed by Public Health as not being in the interests of the community and likely to increase alcohol related harm. The local community became aware of the application and 14 community members formally objected to the licence being approved.

Public Health South (PHS) presented evidence showing that five fewer alcohol licences over the preceding three years coincided with a decrease of alcohol related offending in the area. Additionally, the PHS report on ‘The Impact of Alcohol on the Health of Southern Communities’ was presented to further explain alcohol related harm occurring in Southland.

The local GP and High School Principal provided recent and relevant evidence to support their submissions, which catalogued existing alcohol harm within the community. These community objections played a pivotal role in the District Licensing Committee's decision to refuse the issue of the licence.

This was a good example of a community responding to an application from a business to set up another alcohol outlet in their town and using the legislative process to make their views known to the regulating agency involved.

Together these case studies highlight that tackling alcohol related harm across the Southern district is a whole of community venture. Public Health South has an important role as a statutory player under the Sale and Supply of Alcohol Act. However, we also have a continuing role in providing public health evidence of the extent of alcohol-related harm and in supporting the development of appropriate local policy and community-led harm reduction approaches.

SOUTHERN DISTRICT HEALTH BOARD

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| Title: | FINANCIAL REPORT | |
| Report to: | Disability Support and Community & Public Health Advisory Committees | |
| Date of Meeting: | 27 September 2016 | |
| Summary: The issues considered in this paper are: <ul style="list-style-type: none"> ▪ August 2016 Funds result | | |
| Specific implications for consideration (financial/workforce/risk/legal etc): | | |
| Financial: | As set out in report. | |
| Workforce: | No specific implications | |
| Other: | n/a | |
| Document previously submitted to: | Not applicable, report submitted directly to DSAC/CPHAC | Date: n/a |
| Prepared by: Planning & Funding Team Date: 14 September 2016 | | Presented by: Sandra Boardman Executive Director Planning & Funding |
| RECOMMENDATION: 1. That the report be received. | | |

FUNDER FINANCIAL REPORT – August 2016

1. Overview

The overall funder result follows:

| Month | | | Year to Date | | | |
|----------|----------|----------|-------------------------|-----------|-----------|-------|
| Actual | Budget | Variance | Actual | Budget | Variance | |
| \$' 000 | \$' 000 | \$' 000 | \$' 000 | \$' 000 | \$' 000 | |
| 73,884 | 73,819 | 65 | Revenue | 147,725 | 147,637 | 88 |
| (73,821) | (74,678) | 857 | Less Other Costs | (147,662) | (148,851) | 1,189 |
| 63 | (859) | 922 | Net Surplus / (Deficit) | 63 | (1,215) | 1,277 |
| | | | Expenses | | | |
| (52,736) | (53,597) | 861 | Personal Health | (105,672) | (106,734) | 1,062 |
| (7,383) | (7,404) | 21 | Mental Health | (14,786) | (14,808) | 22 |
| (127) | (109) | (18) | Public Health | (230) | (219) | (11) |
| (12,480) | (12,469) | (11) | Disability Support | (24,783) | (24,894) | 111 |
| (113) | (116) | 3 | Maori Health | (226) | (231) | 5 |
| (983) | (983) | 0 | Other | (1,966) | (1,966) | 0 |
| (73,822) | (74,678) | 857 | Expenses | (147,663) | (148,852) | 1,189 |

Summary Comment:

For August the Funder had a surplus of \$63k against a budgeted deficit of \$0.86m, which is \$0.92m favourable.

Revenue is favourable by \$65k. Costs overall were favourable by \$0.86m in July.

Expenditure for the month is favourable to budget, with the main reason being Residential Care Rest Homes (\$0.16m favourable) due to volume variance and Price Adjusters (\$0.96m favourable) mainly due to no expenditure incurred against the "Change initiative provision".

2. Results by Grouping

The following table shows revenue and expenditure by Output Class:

| Month | | | Year to Date | | | |
|--------------------------|-----------------|------------|------------------------|------------------|------------------|--------------|
| Actual | Budget | Variance | | Actual | Budget | Variance |
| \$' 000 | \$' 000 | \$' 000 | | \$' 000 | \$' 000 | \$' 000 |
| Revenue | | | | | | |
| 53,018 | 52,953 | 65 | Personal Health | 105,993 | 105,905 | 88 |
| 7,361 | 7,361 | 0 | Mental Health | 14,722 | 14,722 | 0 |
| 103 | 103 | 0 | Public Health | 206 | 206 | 0 |
| 12,303 | 12,303 | 0 | Disability Support | 24,606 | 24,606 | 0 |
| 116 | 116 | 0 | Maori Health | 232 | 232 | 0 |
| 983 | 983 | 0 | Funding and Governance | 1,966 | 1,966 | 0 |
| 73,884 | 73,819 | 65 | Revenue total | 147,725 | 147,637 | 88 |
| Expenses | | | | | | |
| (52,736) | (53,597) | 861 | Personal Health | (105,672) | (106,734) | 1,062 |
| (7,383) | (7,404) | 21 | Mental Health | (14,786) | (14,808) | 22 |
| (127) | (109) | (18) | Public Health | (230) | (219) | (11) |
| (12,480) | (12,469) | (11) | Disability Support | (24,783) | (24,894) | 111 |
| (113) | (116) | 3 | Maori Health | (226) | (231) | 5 |
| (983) | (983) | 0 | Funding and Governance | (1,966) | (1,966) | 0 |
| (73,822) | (74,678) | 857 | Expenses total | (147,663) | (148,852) | 1,189 |
| Surplus (Deficit) | | | | | | |
| 282 | (644) | 926 | Personal Health | 321 | (829) | 1150 |
| (22) | (43) | 21 | Mental Health | (64) | (86) | 22 |
| (24) | (6) | (18) | Public Health | (24) | (13) | (11) |
| (177) | (166) | (11) | Disability Support | (177) | (288) | 111 |
| 3 | 0 | 3 | Maori Health | 6 | 1 | 5 |
| 0 | 0 | 0 | Funding and Governance | 0 | 0 | 0 |
| 62 | (859) | 921 | | 62 | (215) | 1,277 |

- Revenue YTD is \$88k favourable to budget.
- Personal Health payments are favourable YTD by \$1.06m and is mainly due to price adjusters which are \$96k favourable to budget. This is due to the "Change initiative provision" that has not incurred any expenditure.
- DSS is favourable to budget by \$0.11m and is mainly due to Residential Care Rest Homes which are \$0.16m favourable.
- Mental Health, Public Health and Maori Health costs are close to budget.

3. DHB Funds Result split by NGO and Provider

| Personal Health August 2016 | Current Month | | | | Year to Date | | | | Variance Note |
|---|-----------------|-----------------|------------------|-------------|------------------|------------------|------------------|-------------|---------------|
| | Actual \$(000) | Budget \$(000) | Variance \$(000) | Variance % | Actual \$(000) | Budget \$(000) | Variance \$(000) | Variance % | |
| Personal Health - Provider Arm | | | | | | | | | |
| Child and Youth | (340) | (340) | 0 F | 0% | (681) | (681) | 0 F | 0% | |
| Laboratory | - | - | 0 F | 0% | - | - | 0 F | 0% | |
| Infertility Treatment Services | - | - | 0 F | 0% | - | - | 0 F | 0% | |
| Maternity | (23) | (23) | 0 F | 0% | (45) | (45) | 0 F | 0% | |
| Maternity (Tertiary & Secondary) | (1,361) | (1,361) | 0 F | 0% | (2,722) | (2,722) | 0 F | 0% | |
| Pregnancy and Parenting Education | - | - | 0 F | 0% | - | - | 0 F | 0% | |
| Neo Natal | (657) | (657) | 0 F | 0% | (1,314) | (1,314) | 0 F | 0% | |
| Sexual Health | (86) | (86) | 0 F | 0% | (172) | (172) | 0 F | 0% | |
| Adolescent Dental Benefit | (27) | (27) | 0 F | 0% | (53) | (53) | 0 F | 0% | |
| Dental - Low Income Adult | (28) | (28) | 0 F | 0% | (56) | (56) | 0 F | 0% | |
| Child (School) Dental Services | (599) | (599) | 0 F | 0% | (1,198) | (1,198) | 0 F | 0% | |
| Secondary / Tertiary Dental | (119) | (119) | 0 F | 0% | (237) | (237) | 0 F | 0% | |
| Pharmaceuticals | (389) | (260) | (129) U | (49%) | (905) | (520) | (385) U | (74%) | 2 |
| Pharmaceutical Cancer Treatment Drugs | (556) | (506) | (50) U | (10%) | (1,007) | (1,012) | 5 F | 1% | |
| Pharmacy Services | - | - | 0 F | 0% | - | - | 0 F | 0% | |
| Primary Practice Services - Capitated | (10) | (10) | 0 F | 0% | (19) | (19) | 0 F | 0% | |
| Primary Health Care Strategy - Health/SIA | - | - | 0 F | 0% | - | - | 0 F | 0% | |
| Rural Support for Primary Health Pro | (72) | (72) | 0 F | 0% | (144) | (144) | 0 F | 0% | |
| Immunisation | (69) | (69) | 0 F | 0% | (138) | (138) | 0 F | 0% | |
| Radiology | (278) | (278) | 0 F | 0% | (556) | (556) | 0 F | 0% | |
| Palliative Care | - | - | 0 F | 0% | - | - | 0 F | 0% | |
| Meals on Wheels | (35) | (35) | 0 F | 0% | (70) | (70) | 0 F | 0% | |
| Domiciliary & District Nursing | (1,110) | (1,110) | 0 F | 0% | (2,219) | (2,219) | 0 F | 0% | |
| Community based Allied Health | (496) | (496) | 0 F | 0% | (993) | (993) | 0 F | 0% | |
| Chronic Disease Management and Educa | (150) | (150) | 0 F | 0% | (300) | (300) | 0 F | 0% | |
| Medical Inpatients | (6,852) | (6,852) | 0 F | 0% | (13,703) | (13,703) | 0 F | 0% | |
| Medical Outpatients | (3,254) | (3,254) | 0 F | 0% | (6,508) | (6,508) | 0 F | 0% | |
| Surgical Inpatients | (11,532) | (11,532) | 0 F | 0% | (23,064) | (23,064) | 0 F | 0% | |
| Surgical Outpatients | (1,674) | (1,674) | 0 F | 0% | (3,349) | (3,349) | 0 F | 0% | |
| Paediatric Inpatients | (664) | (664) | 0 F | 0% | (1,327) | (1,327) | 0 F | 0% | |
| Paediatric Outpatients | (224) | (224) | 0 F | 0% | (448) | (448) | 0 F | 0% | |
| Pacific Peoples' Health | (10) | (10) | 0 F | 0% | (20) | (20) | 0 F | 0% | |
| Emergency Services | (1,709) | (1,709) | 0 F | 0% | (3,418) | (3,418) | 0 F | 0% | |
| Minor Personal Health Expenditure | (15) | (15) | 0 F | 0% | (30) | (30) | 0 F | 0% | |
| Price adjusters and Premium | (502) | (502) | 0 F | 0% | (1,003) | (1,003) | 0 F | 0% | |
| Travel & Accommodation | (8) | (8) | 0 F | 0% | (16) | (16) | 0 F | 0% | |
| | (32,849) | (32,670) | (179) U | (1%) | (65,715) | (65,335) | (380) U | (1%) | |
| Personal Health NGO | | | | | | | | | |
| Personal Health to allocate | - | - | 0 F | 0% | - | - | 0 F | 0% | |
| Child and Youth | (32) | (37) | 5 F | 15% | (58) | (74) | 16 F | 22% | |
| Laboratory | (1,507) | (1,485) | (21) U | (1%) | (2,995) | (2,971) | (24) U | (1%) | |
| Infertility Treatment Services | (8) | (8) | 0 F | 0% | (16) | (16) | 0 F | 0% | |
| Maternity | (240) | (202) | (38) U | (19%) | (416) | (403) | (13) U | (3%) | |
| Maternity (Tertiary & Secondary) | - | (1) | 1 F | 30% | (1) | (1) | 0 F | 15% | |
| Pregnancy and Parenting Education | (15) | (15) | 0 F | 6% | (29) | (31) | 2 F | 6% | |
| Sexual Health | (1) | (2) | 1 F | 4% | (3) | (3) | 0 F | 4% | |
| Adolescent Dental Benefit | (201) | (174) | (27) U | (16%) | (441) | (347) | (94) U | (27%) | 1 |
| Dental - Low Income Adult | (36) | (45) | 9 F | 20% | (88) | (91) | 3 F | 3% | |
| Child (School) Dental Services | (28) | (35) | 7 F | 20% | (100) | (69) | (30) U | (44%) | |
| Secondary / Tertiary Dental | (133) | (132) | (1) U | 0% | (264) | (264) | 0 F | 0% | |
| Pharmaceuticals | (6,448) | (6,517) | 69 F | 2% | (12,778) | (12,535) | (243) F | 4% | 2 |
| Pharmaceutical Cancer Treatment Drugs | - | - | 0 F | 0% | - | - | 0 F | 0% | |
| Pharmacy Services | - | (11) | 11 F | 100% | (4) | (23) | 18 F | 81% | |
| Management Referred Services | - | - | 0 F | 0% | - | - | 0 F | 0% | |
| General Medical Subsidy | (67) | (69) | 2 F | 2% | (175) | (132) | (44) U | (33%) | 3 |
| Primary Practice Services - Capitated | (3,894) | (3,927) | 33 F | (1%) | (7,834) | (7,855) | 21 F | (1%) | 3 |
| Primary Health Care Strategy - Care | (350) | (339) | (11) U | (3%) | (700) | (678) | (22) U | (3%) | 3 |
| Primary Health Care Strategy - Health | (365) | (511) | 147 F | 29% | (936) | (1,023) | 87 F | 8% | 3 |
| Primary Health Care Strategy - Other | (96) | (64) | (32) U | (49%) | (96) | (129) | 33 F | 25% | |
| Practice Nurse Subsidy | (9) | (16) | 8 F | 47% | (23) | (32) | 10 F | 30% | |
| Rural Support for Primary Health Pro | (1,482) | (1,316) | (167) U | (13%) | (2,763) | (2,631) | (131) U | (5%) | |
| Immunisation | (84) | (67) | (17) U | (26%) | (259) | (150) | (109) U | (72%) | 4 |
| Radiology | (155) | (214) | 59 F | 28% | (347) | (428) | 81 F | 19% | |
| Palliative Care | (311) | (561) | 251 F | 45% | (897) | (1,123) | 226 F | 20% | 5 |
| Meals on Wheels | (21) | (20) | (1) U | (3%) | (40) | (41) | 1 F | 1% | |
| Domiciliary & District Nursing | (573) | (541) | (33) U | (6%) | (1,108) | (1,081) | (26) U | (2%) | |
| Community based Allied Health | (180) | (176) | (4) U | (2%) | (358) | (351) | (7) U | (2%) | |
| Chronic Disease Management and Educa | (103) | (93) | (10) U | (11%) | (208) | (186) | (21) U | (12%) | |
| Medical Outpatients | (563) | (400) | (164) U | (41%) | (1,012) | (799) | (213) U | (27%) | 6 |
| Surgical Inpatients | (8) | (20) | 12 F | 62% | (20) | (40) | 21 F | 51% | |
| Surgical Outpatients | (114) | (178) | 64 F | 36% | (283) | (355) | 73 F | 20% | |
| Paediatric Outpatients | - | - | 0 F | 0% | - | - | 0 F | 0% | |
| Pacific Peoples' Health | (11) | (11) | 0 F | 0% | (20) | (22) | 2 F | 7% | |
| Emergency Services | (160) | (158) | (2) U | (1%) | (341) | (316) | (25) U | (8%) | |
| Minor Personal Health Expenditure | (24) | (54) | 31 F | 56% | (48) | (109) | 61 F | 56% | |
| Price adjusters and Premium | 326 | (636) | 963 F | 151% | (25) | (1,273) | 1,248 F | 98% | 7 |
| Travel & Accommodation | (452) | (413) | (39) U | (10%) | (859) | (853) | (5) U | (1%) | |
| Inter District Flow Personal Health | (2,546) | (2,481) | (66) U | (3%) | (5,012) | (4,961) | (51) U | (1%) | |
| | (19,891) | (20,929) | 1,038 F | 5% | (39,957) | (41,396) | 1,439 F | 3% | |
| Total Personal Health | (52,740) | (53,599) | 859 F | 2% | (105,672) | (106,731) | 1,059 F | 1% | |

Personal Health expenditure variance notes:

1. **Adolescent Dental** - \$94k unfavourable YTD.
Demand driven service.
2. **Pharmaceuticals (NGO & Provider)** – \$28k unfavourable YTD.
Expenditure is based on the Pharmac's latest forecast.
3. **PHO (all lines combined)** - \$0.12m favourable YTD.
Primary Mental Health expenditure \$80k favourable to budget.
4. **Immunisation** - \$0.11m unfavourable YTD.
Demand driven service.
5. **Palliative care** - \$0.23m favourable YTD
Variance due to an adjusting accrual in July that incorrectly went through as non-reversing.
With this taken into account the YTD result would be only \$30k favourable. This will be corrected in the September accounts.
6. **Medical Outpatients** - \$0.21m unfavourable YTD.
Due to PET Scan expenditure being over budget. This expenditure is to be included in IDFs for the rest of the financial year.
7. **Price Adjusters and Premium** - \$1.25m favourable YTD.
Mainly due to the "Change Initiative Provision" (\$0.83m YTD) where no expenditure has been incurred. Budget includes \$0.25m YTD of rural support for Rural Trusts where expenditure has been incurred in other lines (mainly in Rural Support for Primary Health Providers). Sleepover Settlements are also under budget (\$0.14m) due to an over accrual in June 16.

Mental Health

| Mental Health August 2016 | Current Month | | | | Year to Date | | | | Variance 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 F | | |
| Acute Mental Health Inpatients | (1,314) | (1,314) | 0 F | 0% | (2,629) | (2,629) | 0 F | 0% | |
| Sub-Acute & Long Term Mental Health | (367) | (367) | 0 F | 0% | (733) | (733) | 0 F | 0% | |
| Crisis Respite | (2) | (2) | 0 F | 0% | (4) | (4) | 0 F | 0% | |
| Alcohol & Other Drugs - General | - | - | 0 F | | - | - | 0 F | | |
| Methadone | (95) | (95) | 0 F | 0% | (190) | (190) | 0 F | 0% | |
| Dual Diagnosis - Alcohol & Other Drugs | (283) | (283) | 0 F | 0% | (565) | (565) | 0 F | 0% | |
| Dual Diagnosis - MH/ID | (5) | (5) | 0 F | 0% | (10) | (10) | 0 F | 0% | |
| Child & Youth Mental Health Services | (583) | (583) | 0 F | 0% | (1,165) | (1,165) | 0 F | 0% | |
| Forensic Services | (558) | (558) | 0 F | 0% | (1,115) | (1,115) | 0 F | 0% | |
| Kaupapa Maori Mental Health Services | (147) | (147) | 0 F | 0% | (294) | (294) | 0 F | 0% | |
| Mental Health Community Services | (1,764) | (1,764) | 0 F | 0% | (3,527) | (3,527) | 0 F | 0% | |
| Prison/Court Liaison | - | - | 0 F | | - | - | 0 F | | |
| Day Activity & Work Rehabilitation S | (64) | (64) | 0 F | 0% | (127) | (127) | 0 F | 0% | |
| Mental Health Funded Services for Older P | (36) | (36) | 0 F | 0% | (72) | (72) | 0 F | 0% | |
| Advocacy / Peer Support - Consumer | (24) | (24) | 0 F | 0% | (49) | (49) | 0 F | 0% | |
| Other Home Based Residential Support | (58) | (58) | 0 F | 0% | (117) | (117) | 0 F | 0% | |
| Advocacy / Peer Support - Families | (11) | (11) | 0 F | 0% | (21) | (21) | 0 F | 0% | |
| | (5,311) | (5,311) | | | (10,618) | (10,618) | | | |
| Mental Health - NGO | | | | | | | | | |
| Mental Health to allocate | - | - | 0 F | | - | - | 0 F | | |
| Crisis Respite | (3) | (6) | 2 F | 41% | (6) | (12) | 6 F | 51% | |
| Alcohol & Other Drugs - General | (15) | (16) | 1 F | 4% | (20) | (31) | 11 F | 37% | |
| Alcohol & Other Drugs - Child & Youth | - | (3) | 3 F | | - | (6) | 6 F | | |
| Dual Diagnosis - Alcohol & Other Drugs | (69) | (64) | (5) U | (8%) | (148) | (129) | (20) U | (15%) | |
| Eating Disorder | (11) | (11) | | | (22) | (22) | | | |
| Maternal Mental Health | (3) | (3) | | | (7) | (7) | | | |
| Child & Youth Mental Health Services | (444) | (437) | (7) U | (2%) | (855) | (873) | 18 F | 2% | |
| Forensic Services | - | - | | | - | - | | | |
| Kaupapa Maori Mental Health Services | (6) | (6) | | (5%) | (12) | (12) | (1) U | (5%) | |
| Mental Health Community Services | (111) | (101) | (10) U | (10%) | (221) | (202) | (19) U | (10%) | |
| Day Activity & Work Rehabilitation S | (121) | (116) | (4) U | (4%) | (235) | (232) | (3) U | (1%) | |
| Advocacy / Peer Support - Consumer | (23) | (23) | | | (46) | (47) | | | |
| Other Home Based Residential Support | (343) | (343) | | | (771) | (687) | (84) U | (12%) | |
| Advocacy / Peer Support - Families | (76) | (70) | (6) U | (9%) | (139) | (139) | | | |
| Community Residential Beds & Service | (399) | (428) | 29 F | 7% | (777) | (857) | 79 F | 9% | |
| Minor Mental Health Expenditure | (14) | (33) | 19 F | 58% | (38) | (65) | 27 F | 41% | |
| Inter District Flow Mental Health | (434) | (434) | | | (869) | (869) | | | |
| | (2,972) | (2,994) | 22 F | 1% | (4,166) | (4,190) | 20 F | 0% | |
| Total Mental Health | (7,383) | (7,405) | 22 F | 0% | (14,784) | (14,808) | 20 F | 0% | |

Mental Health expenditure variance notes:

No significant variances.

Disability Support Services

| DSS August 2016 | Current Month | | | | Year to Date | | | | 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 | (1,894) | (1,894) | - | 0% | (3,788) | (3,788) | - | 0% | |
| Needs Assessment | (121) | (121) | - | 0% | (243) | (243) | - | 0% | |
| Service Co-ordination | (20) | (20) | - | 0% | (39) | (39) | - | 0% | |
| Home Support | - | - | - | 0% | - | - | - | 0% | |
| Carer Support | - | - | - | 0% | - | - | - | 0% | |
| Residential Care: Rest Homes | - | - | - | 0% | - | - | - | 0% | |
| Residential Care: Loans Adjustment | - | - | - | 0% | - | - | - | 0% | |
| Long Term Chronic Conditions | - | - | - | 0% | - | - | - | 0% | |
| Residential Care: Hospitals | - | - | - | 0% | - | - | - | 0% | |
| Ageing in Place | - | - | - | 0% | - | - | - | 0% | |
| Environmental Support Services | (2) | (2) | - | 0% | (4) | (4) | - | 0% | |
| Day Programmes | - | - | - | 0% | - | - | - | 0% | |
| Expenditure to Attend Treatment ETAT | - | - | - | 0% | - | - | - | 0% | |
| Minor Disability Support Expenditure | (20) | (20) | - | 0% | (41) | (41) | - | 0% | |
| Respite Care | - | - | - | 0% | - | - | - | 0% | |
| Child Development | (90) | (90) | - | 0% | (179) | (179) | - | 0% | |
| Community Health Services & Support | (21) | (21) | - | 0% | (42) | (42) | - | 0% | |
| | (2,168) | (2,168) | - | 0% | (4,336) | (4,336) | - | 0% | |
| Disability Support Services - NGO | | | | | | | | | |
| AT & R (Assessment, Treatment and Re Information and Advisory | (374) | (345) | (29) U | (8%) | (691) | (689) | (2) U | 0% | |
| Needs Assessment | (11) | (12) | 1 F | 11% | (22) | (24) | 3 F | 11% | |
| Service Co-ordination | (14) | (20) | 6 F | 28% | (39) | (40) | 1 F | 2% | |
| Home Support | - | - | - | 0% | 1 | - | 1 F | 0% | |
| Carer Support | (1,965) | (1,820) | (145) U | (8%) | (3,735) | (3,639) | (96) U | (3%) | 8 |
| Residential Care: Rest Homes | (138) | (132) | (6) U | (4%) | (267) | (265) | (3) U | (1%) | |
| Residential Care: Loans Adjustment | (3,190) | (3,263) | 73 F | 2% | (6,347) | (6,508) | 160 F | 2% | 9 |
| Residential Care: Hospitals | 11 | 23 | (12) U | 54% | 43 | 46 | (3) U | 6% | |
| Environmental Support Services | (4,109) | (4,134) | 27 F | 1% | (8,216) | (8,239) | 23 F | 0% | |
| Day Programmes | (13) | (9) | (4) U | (45%) | (19) | (18) | (2) U | (9%) | |
| Minor Disability Support Expenditure | (3) | (56) | 53 F | 95% | (7) | (112) | 105 F | 94% | 10 |
| Respite Care | (8) | (13) | 5 F | 36% | (17) | (26) | 9 F | 36% | |
| Child Development | (128) | (129) | 1 F | 1% | (332) | (259) | (73) U | (28%) | |
| Community Health Services & Support | - | - | - | 0% | - | - | - | 0% | |
| Inter District Flow Disability Support | (33) | (60) | 27 F | 46% | (84) | (120) | 36 F | 30% | |
| | (332) | (332) | - | 0% | (706) | (664) | (41) U | (6%) | |
| | (10,314) | (10,302) | (10) U | (0%) | (20,448) | (20,557) | 108 | 1% | |
| Total Disability Support Services | (12,482) | (12,470) | (10) U | (0%) | (24,784) | (24,893) | 108 F | 0% | |

Disability Support Services expenditure variance notes;

- 8. Home support** - \$96k unfavourable YTD.
IBT expenditure higher than budget.
- 9. Residential Care Rest Homes** - \$0.16m favourable YTD.
Due to volume variance. The favourable variance is expected to continue in the short term. A new facility opening in Wanaka in October but the impact on expenditure will be unknown until the care category of the clients is known.
- 10. Day Programmes** - \$0.11m favourable YTD.
Expenditure for day care (\$73k) included in respite care and will be transferred.

Public Health

| Public Health August 2016 | Current Month | | | | Year to Date | | | | 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%) | |
| Mental Health | (11) | (11) | 0 F | (0%) | (23) | (23) | 0 F | (0%) | |
| Screening Programmes | - | - | 0 F | | - | - | 0 F | | |
| Nutrition and Physical Activity | - | - | 0 F | | - | - | 0 F | | |
| Physical Environment | - | - | 0 F | | - | - | 0 F | | |
| Public Health Infrastructure | - | - | 0 F | | - | - | 0 F | | |
| Sexual Health | - | - | 0 F | | - | - | 0 F | | |
| Social Environments | - | - | 0 F | | - | - | 0 F | | |
| Tobacco Control | (34) | (34) | 0 F | (0%) | (68) | (68) | 0 F | (0%) | |
| | (49) | (49) | 0 F | (0%) | (98) | (98) | 0 F | (0%) | |
| Public Health - NGO | | | | | | | | | |
| Mental Health | 3 | (4) | 6 | | (7) | (7) | - | | |
| Nutrition and Physical Activity | (51) | (37) | (14) U | (37%) | (80) | (75) | (5) U | (6%) | |
| Physical Environment | - | - | - | | - | - | - | | |
| Public Health Infrastructure | - | - | - | | - | - | - | | |
| Sexual Health | - | - | - | | - | - | - | | |
| Social Environments | - | - | - | | - | - | - | | |
| Tobacco Control | (30) | (19) | (10) U | (54%) | (45) | (38) | (7) U | (18%) | |
| Well Child Promotion | - | - | - | | - | - | - | | |
| | (78) | (60) | (18) | (30%) | (132) | (120) | (12) | (10%) | |
| Total Public Health | (127) | (109) | (18) U | (17%) | (230) | (218) | (12) U | (6%) | |

Public health expenditure variance notes:

No significant variances.

Maori Health Expenditure

| <i>Maori Health</i> <i>August 2016</i> | Current Month | | | | Year to Date | | | | Variance Note |
|---|-------------------|-------------------|---------------------|---------------|-------------------|-------------------|---------------------|---------------|------------------|
| | Actual \$(000) | Budget \$(000) | Variance \$(000) | Variance % | Actual \$(000) | Budget \$(000) | Variance \$(000) | Variance % | |
| Maori Health - Provider Arm | | | | | | | | | |
| Maori Service development | (16) | (16) | 0 F | (0%) | (32) | (32) | 0 F | (0%) | |
| Maori Provider Assistance Infrastructure | - | - | 0 F | (0%) | - | - | 0 F | (0%) | |
| Maori Workforce Development | - | - | 0 F | (0%) | - | - | 0 F | (0%) | |
| Minor Maori Health Expenditure | - | - | 0 F | (0%) | - | - | 0 F | (0%) | |
| Whanau Ora Services | (8) | (8) | 0 F | (0%) | (16) | (16) | 0 F | (0%) | |
| Maori Health - Provider Arm Total | (24) | (24) | 0 F | (0%) | (48) | (48) | 0 F | (0%) | |
| Maori Health - NGO | | | | | | | | | |
| Maori Service development | (21) | (24) | 3 F | 13% | (41) | (47) | 6 F | 13% | |
| Maori Provider Assistance Infrastructure | | | | | | | | | |
| Maori Workforce Development | | | | | | | | | |
| Minor Maori Health Expenditure | | | | | | | | | |
| Whanau Ora Services | (69) | (68) | (1) U | (1%) | (137) | (136) | (1) U | (1%) | |
| Maori Health - NGO Total | (90) | (92) | 2 F | (46%) | (178) | (183) | 5 F | 3% | |
| Total Maori Health | (114) | (116) | 2 F | 5% | (226) | (231) | 5 F | 2% | |

Maori Health Services expenditure variance notes:

No significant variances.

SOUTHERN DISTRICT HEALTH BOARD

| | | |
|---|--|--------------|
| Title: | Quarter Four 2015/16 Southern DHB Performance Reporting | |
| Report to: | Community & Public Health and Disability Support Advisory Committees | |
| Date of Meeting: | 27 September 2016 | |
| Summary: Overview of DHB Performance Reporting for Quarter Four 2015/16 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: 18/08/2016 | Presented by: Sandra Boardman Executive Director Planning & Funding | |
| RECOMMENDATIONS: That the Committees note the results for Quarter Four 2015/16 DHB Performance Reporting | | |



Summary of Southern DHB Performance Reporting – Quarter 4 2015/16

Health Targets

| Measure | | Target | Quarters 2015/16 | | | | | Ministry of Health Comments |
|-------------------------------------|--------------|--------|------------------|-------|-------|--------|--------|--|
| | | | Q1 | Q2 | Q3 | Q4 | Rating | |
| Better Help for Smokers to Quit | Primary Care | 90% | 78.3% | 87.3% | 90.1% | 87.6% | P | Rank: 11th out of 20 DHBs. There has been a decrease of 2.5% from last quarter. The DHB is investing in best practices across the primary care. |
| | Secondary | 95% | 89.9% | 89.5% | 89.5% | 92.4% | P | Southern DHBs overall result increased by 2.9% from last quarter. The Māori result increased by 4.4%. The mandatory ABC field incorporated on EDIS has shown good results. With the tobacco service realignment process completed, the Ministry encourages Southern to engage with the lead provider and partners in our region. |
| | Maternity | 90% | 90.2% | 87.4% | 86% | 95.1% | A | Southern's overall result increased by 9.1% from last quarter. The Māori result was 92.6%, an increase of 8.7% from last quarter. |
| Improved Access to Elective Surgery | | 100% | 106.7% | 107% | 107% | 107.1% | A | |
| Increased Immunisation | | 95% | 94% | 94% | 94.4% | 93.5% | P | Southern DHB continues to perform solidly with 8 month immunisation coverage of 93.5% overall and 94% for Māori. There was a notable increase of 1.5% |



| Measure | Target | Quarters 2015/16 | | | | | Ministry of Health Comments |
|--|--------|------------------|-----|-------|-------|--------|---|
| | | Q1 | Q2 | Q3 | Q4 | Rating | |
| | | | | | | | in opt-offs/ declines, which that would have affected overall coverage rates. Only 1.3% of children were missed or overdue for immunisations (excluding declines and opt-offs). The DHB should continue to focus on timeliness, as around 1% to 2% of the eligible population are being immunised between age 8 and 12 months. Both South Canterbury and Southern DHBs are being challenged by increased opt-off rates, and it may be possible to work collaboratively to identify and resolve any regional issues. |
| More Heart and Diabetes Checks | 90% | 85.3% | 87% | 87.7% | 88.6% | P | Rank: 17th out of 20 DHBs. There has been an increase of 0.9% from last quarter. Southern's focus should be on reducing coverage gaps for priority populations. Southern is investing in point of care testing equipment and directing funds to cover risk assessments for those that have not been assessed. Southern continues to focus on early identification with text reminders to practices as well as risk factor management for priority populations (especially young Māori men). |
| Shorter Stays in Emergency Departments | 95% | 90.8% | 95% | 94.5% | 93% | N | Southern DHB's performance decreased by 1.5% from last quarter. Compared to Quarter 4 - 2014/15 there has been a 460 increase in presentations (with the |



| Measure | Target | Quarters 2015/16 | | | | | Ministry of Health Comments |
|---|--------|------------------|-------|-------|-------|--------|---|
| | | Q1 | Q2 | Q3 | Q4 | Rating | |
| | | | | | | | highest increase in Dunedin - 390). Invercargill has remained stable however Dunedin presentations continue to grow. The strategies are specific to the different sites however data shows that patients who stay longer than 6 hours are primarily over 65 and to be admitted under medicine are common on both sites. In Dunedin a new group called 'Patient Flow' has been set up to look at this vulnerable group of patients. Work is underway with the support from the clinical leaders for Internal Medicine, ED and the Chief Medical Officer. This change will require a cultural shift for the inpatient teams to do things differently. It is anticipated that improvements will be made over quarter 2 and 3. The Urgent Care Network work focussing on POAC is underway. A workshop is scheduled for at the end of August 2016. |
| Faster Cancer Treatment (from Oct 2014) | 85% | 66.7% | 77.3% | 77.5% | 76.9% | P | There has been a decrease of 0.6% from last quarter. Further progress is needed to achieve the target. The DHB has moved to mandatory reporting of delay codes and are now providing performance feedback to Multi-Disciplinary Meetings. |



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 | Southern DHB's transition planning has increased significantly and steadily. Result 66.6% (target 95%). |
| PP8 Shorter waits for non-urgent mental health and addiction services for 0 – 19 year olds | P | Southern DHB achieved the targets for <= 8 weeks, and were very close to meeting the targets for <= 3 weeks with a result of 82.9% (target 85%). |
| PP12 Utilisation of DHB funded dental services by adolescents from School Year 9 up to and including age 17 years | N | The number (11,283) and percentage (64.6%) of the total adolescent population (17,470), utilising Southern DHB-funded oral health services in 2015 (target is 85%) has declined significantly since 2014 (82%), particularly due to approx. 1000 fewer adolescent patients utilising provider arm dental services The DHB will be collecting data on uptake of the service and will be undertaking a gap analysis to identify year 8 adolescents not enrolled with a provider. The DHB will also be undertaking specific actions, for example, an enrolment drive, capacity analysis and management of DNAs to improve utilisation. |



| Measures of DHB Performance | | | |
|--|--|--------------|---|
| Measure | | Final Rating | Ministry of Health Comments |
| PP20 Improved management for Long Term C Conditions (LTC) (CVD, Diabetes and Stroke) | Focus Area 1: LTC & Diabetes Care Improvement Programme (DCIP) | A | |
| | Focus area 2 Diabetes Management(HbA1c) | A | |
| | Focus Area 3: Acute Coronary Syndrome | P | The DHB achieved the 'Door to Cath' indicator this quarter – 82.3% (target 70%). Southern also achieved data collection indicator – 96.8% (target 95%). The Accelerated Chest Pathway (ACP) has not been fully implemented (was to be fully implemented by 30/06/16). A timeframe for implementing the ACP pathway across all sites will be confirmed during Quarter 1 2015/16. |
| | Focus Area 4: Stroke Services | A | |
| PP21 Immunisation coverage (previous health target) | Focus Area 1 - Immunisation at 2 years and 5 years of age | A | |
| | Focus Area 2 - Human Papilloma Virus (HPV) immunisation | O | The DHB has achieved the HPV immunisation target two years in a row. Result 76% (target 65% of eligible girls fully immunised with 3 doses of HPV vaccine by June 2016). Coverage exceeded the target by more than 10%. |



| Measures of DHB Performance | | |
|--|--|-----------------------------|
| Measure | Final Rating | Ministry of Health Comments |
| PP22 Improving System Integration | A | |
| PP23 Improving Wrap Around Services – Health of Older People | A | |
| PP24 Improving Waiting Times – Cancer Multidisciplinary Meetings | A | |
| PP25 Prime Ministers youth mental health project | Initiative 1 – School Based Health Services | A |
| | Initiative 2 – Improve responsiveness of primary care to youth | A |
| PP26 Rising to the Challenge: The Mental Health and Addiction Service Development plan | Focus Area 1 – Rising to the Challenge Implementation | A |
| | Focus Area 2 – Primary Mental Health | A |



| Measures of DHB Performance | | |
|--|---|--|
| Measure | Final Rating | Ministry of Health Comments |
| PP27 Delivery of the Children's Action Plan (CAP) | A | |
| PP28 Reducing Rheumatic Fever | A | |
| PP29 Improving waiting times for diagnostic services | Coronary Angiography | P The DHB has had an increase in demand that has impacted on its result of 78.7% (target 95% of people accepted for elective angiography receive their procedure in 90 days (3 months) or less). Actions are underway to attain the target. |
| | CT / MRI | P The DHB has improved its CT and MRI results. CT result is 77.1% (target 95% of people accepted for a CT scan receive their scan in 42 days (six weeks) or less). MRI result is 68% (target 85% of people accepted for a MRI scan receive their scan in 42 days (six weeks) or less). Southern has actions in place to continue the improvement. |
| | Colonoscopy | O |
| PP30 Faster Cancer Treatment/ Shorter Waits for cancer treatment | Part A – faster cancer treatment 31 day indicator | P Southern DHB has maintained a result of 83.5% in the 31-day indicator this quarter. Further improvement in this indicator should support achievement of the 62-day FCT health target (result of 76.9%). Target is 85% of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks by July 2016 (increasing to 90% by June 2017). |
| | Part B – radiotherapy & chemotherapy | A |
| System Integration Dimension | | Meeting service coverage requirements and supporting sector inter-connectedness |
| SI2 Delivery of Regional Service plans | P | SIAPO reports on activity and progress on the South Island Health Services Plan. |



| Measures of DHB Performance | | |
|---|--|---|
| Measure | Final Rating | Ministry of Health Comments |
| S13 Ensuring delivery of service coverage | Part 1 – Pharmaceutical Waste Management | A |
| | Part 2 – Spinal cord impairment action plan | A |
| | Part 3 – Healthy Families NZ | A |
| | Part 4 – Social Sector Trials | A |
| | Part 5 – Suicide Prevention Plans | A |
| | Part 6 – OT services to people with low vision | A |
| S14 Standardised Intervention rates | A | |
| S15 Delivery of Whānau Ora | A | |
| S16 Cervical Screening | P | Overall coverage for women in the Southern district aged 25 to 69 was 79.3% for the three years to 30/06/2016 (target 80%). Māori coverage 61.7%. Pacific coverage 78.8%. Asian coverage 61.4%. European/Other coverage 82.2%. The DHB expects that within the next six |



| Measures of DHB Performance | | |
|---|--|--|
| Measure | Final Rating | Ministry of Health Comments |
| | | months Pacifica will meet the 80% target. For Māori and Pacifica, coverage/participation has increased to above 60%. With the introduction of Filezilla the service is able to identify the practices where Māori, Asian and Pacifica women are under-screened and who are not on the register. The DHB will then be able to target and support the identified practices. The DHB is also working with Breast Screening across the common demographics to attain economies of scale. |
| 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 | A |
| | Elective | A |
| OS10 Improving the quality of data provided to national | Focus area 1: Improving the quality of identity data within the NHI | A |



| Measures of DHB Performance | | |
|---|--|---|
| Measure | Final Rating | Ministry of Health Comments |
| collection systems | Focus area 2: Improving the quality of the data submitted to National Collections | A |
| | Focus area 3: Improving the quality of the Programme for the Integration of Mental Health data (PRIMHD) | P The Ministry is aware that activity volumes are low from August 2015. PRIMHD incomplete data (quality) has been identified as an issue. External contractors have been engaged and are working with the service through changes to the extraction systems to ensure all data required is captured and forwarded to the Ministry. |
| Development Dimension | | |
| DV4 Improving patient experience | A | |
| DV5 Childhood obesity (health target development) | A | |



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 | Comments |
| B4 School Check Funding | S | |
| Disability Support Services (DSS) Increase of Funding | S | |
| Appoint Cancer Nurse Coordinators | S | |
| Appoint cancer psychological and social support | S | |
| Appoint regional cancer centre clinical psychologists | S | |
| Electives Initiative and Ambulatory Initiative Variation | S | |
| Green Prescription Initiative | S | Southern is one of the nine DHB areas to exceed their referral target in Quarter four. |
| 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: | CONTRACTS REGISTER | |
| Report to: | Community & Public Health and Disability Support Advisory Committees | |
| Date of Meeting: | 27 September 2016 | |
| Summary: Funding contracts signed under delegation by Executive Director Planning & Funding and Chief Executive Officer and contracts approved by the Commissioner executed since last report. | | |
| Specific implications for consideration (financial/workforce/risk/legal etc): | | |
| Financial: | Nil | |
| Workforce: | Nil | |
| Other: | Nil | |
| Document previously submitted to: | n/a | Date: n/a |
| Prepared by: Sandra Boardman Executive Director Planning and Funding Date: 14 September 2016 | | Presented by: Sandra Boardman Executive Director Planning and Funding |
| RECOMMENDATION: 1. That the Committees note the attached Contracts Register. | | |

**FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) AUGUST 2016**

| PROVIDER NAME | DESCRIPTION OF SERVICES | ANNUAL AMOUNT | CONTRACT/VARIATION END DATE | APPROVED BY |
|--|---|---------------------------------|-----------------------------|-------------------|
| Contract Value of - \$0 - \$100,000 (Level 3) | | | | |
| Gwynn Holdings Ltd Variation to Agreement | Long Term Support - Chronic Health Conditions | \$31,534.53 (Estimated p.a.) | 03.08.20 | EDP&F 27.06.16 |
| Albany Rest Home (2004) Ltd New Agreement | Long Term Support - Chronic Health Conditions | \$41,230.40 (Estimated p.a.) | 03.08.20 | EDP&F 27.06.16 |
| Calvary Hospital Southland Ltd Variation to Agreement | Long Term Support - Chronic Health Conditions | \$71,035.14 (Estimated p.a.) | 03.08.20 | EDP&F 31.05.16 |
| PACT Group New Agreement | Sleepover Settlement | \$30,774.00 | 30.06.17 | EDP&F 08.06.16 |
| Corstorphine Baptist Community Trust Variation to Agreement | Sleepover Settlement | \$83,304.00 | 30.06.17 | EDP&F 18.06.17 |
| Presbyterian Support Otago Inc Variation to Agreement | Dementia Day Activity | \$18,000.00 | 31.12.16 | EDP&F 30.05.16 |
| Ripponburn Holdings Ltd Variation to Agreement | Day Activity | \$13,510.80 | 31.12.17 | EDP&F 15.06.16 |
| Milton Elder Care Trust Variation to Agreement | Day Activity | \$34,086.00 | 31.12.17 | EDP&F 15.06.16 |
| Ryman Healthcare Ltd Variation to Agreement | Day Activity | \$30,962.25 | 31.12.17 | EDP&F 15.06.16 |

**FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) AUGUST 2016**

| | | | | |
|---|---|--|----------|--------------------------|
| Dunedin Council of Social Services New Agreement | Social Sector Trial Dunedin | \$85,000.00 | 31.12.16 | EDP&F 29.06.16 |
| PACT Group Variation to Agreement | Individual Agreement for Named Individual | \$14,281.16 | 31.07.16 | EDP&F 18.06.17 |
| Clutha Community Health Company Ltd Variation to Agreement | Domiciliary Services | \$3,485.72 (Total Contract Value \$13,9942.89) | 30.06.20 | Commissioner 21.06.16 |
| Clutha Community Health Company Ltd Variation to Agreement | Primary Maternity Facility Services | \$951.96 (Total Contract Value \$3,807.84) | 30.06.20 | Commissioner 21.06.16 |
| Clutha Community Health Company Ltd Variation to Agreement | Health of Older Peoples | \$2,709.10 (Total Contract Value \$10,836.40) | 30.06.20 | Commissioner 21.06.16 |
| Maniototo Health Services Limited Variation to Agreement | Maternity Resource Centre | \$26.63 (Total Contract Value \$106.54) | 30.06.20 | EDP&F 08.06.16 |
| Maniototo Health Services Limited Variation to Agreement | Domiciliary Services | \$16,006.38 (Total Contract Value \$64,025.54) | 30.06.20 | EDP&F 08.06.16 |
| Gore Health Limited Variation to Agreement | Domiciliary Services | \$4,316.34 (Total Contract Value \$17,265.38) | 21.06.16 | Commissioner 21.06.16 |
| Gore Health Limited Variation to Agreement | Health of Older People | \$746.50 (Total Contract Value \$2,986.01) | 30.06.16 | Commissioner 21.06.16 |

**FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) AUGUST 2016**

| | | | | |
|--|---|--|----------|--------------------------|
| Gore Health Limited Variation to Agreement | Primary Maternity Facility | \$1,739.95 (Total Contract Value \$6,959.79) | 30.06.16 | Commissioner 21.06.16 |
| Davin Healthcare Ltd Variation to Agreement | Individual Support Package for Named Individual | \$10,615.13 | 31.03.17 | EDP&F 15.06.16 |
| Michael Jameson Variation to Agreement | Endontic Treatment | \$9,644.22 | 30.06.17 | EDP&F 05.07.16 |
| The Dunedin After Hours Doctors Ltd Variation to Agreement | Practice Nurse Services | \$93,801.84 | 30.06.17 | EDP&F 05.07.16 |
| Bainfield Park Residential Care Centre Ltd Variation to Agreement | Long Term Support - Chronic Health Conditions | \$73,057.53 (Estimated p.a.) | 03.08.20 | EDP&F 13.07.16 |
| St Johns Parish Roslyn t-a Leslie Groves Variation to Agreement | Long Term Support - Chronic Health Conditions | \$68,701.90 (Estimated p.a.) | 03.08.20 | EDP&F 01.06.16 |
| Gore District Council New Agreement | Social Sector Trial Gore | \$100,000.00 | 31.12.16 | EDP&F 01.07.16 |
| Pacific Trust Otago Variation to Agreement | Well Child Tamariki Ora | \$95,156.40 | 30.06.17 | EDP&F 14.07.16 |
| WellSouth Primary Health Network Variation to Service Schedule | Tobacco Control Service | \$80,000.00 | 30.06.17 | EDP&F 01.07.16 |
| WellSouth Primary Health Network Variation to Service Schedule | General Practitioner Special Interest | \$82,500.00 | 30.09.16 | EDP&F 01.07.16 |

**FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) AUGUST 2016**

| | | | | |
|---|---|---|----------|-------------------|
| Access Homehealth Limited Variation to Service Schedule | HCSS - Mental Health & Addiction Service | \$12,158.00 (Estimated total contract value \$24,316.00) | 30.06.18 | CEO 04.07.16 |
| Access Homehealth Limited - Variation to Service Schedule | HCSS - Long Term Support Chronic Health Conditions Service | \$3,556.00 (Estimated Total Contract Value \$7,112.00) | 30.06.18 | CEO 04.07.16 |
| Access Homehealth Limited - Variation to Service Schedule | HCSS - Palliative Care Service | \$801.00 (Estimated Total Contract Value \$1,602.00) | 30.06.18 | CEO 04.07.16 |
| Access Homehealth Limited - Variation to Service Schedule | HCSS - Short Term Care Service | \$6,542.00 (Estimated Total Contract Value \$13,084.00) | 30.06.18 | CEO 04.07.16 |
| Mossbrae Healthcare Limited Variation to Agreement | Long Term Support - Chronic Health Conditions | \$68,036.00 (Estimated p.a.) | 03.08.20 | EDP&F 28.07.16 |
| Otago Community Hospice New Agreement | Palliative Care Services for Named Individual | \$1,107.30 | 25.06.16 | EDP&F 28.07.16 |
| Harbour View Rest Home (2005) Limited Variation to Agreement | Long Term Support - Chronic Health Conditions | \$41,047.90 (Estimated p.a.) | 03.08.20 | EDP&F 28.07.16 |
| Central Southland Hospital Charitable Trust Variation to Agreement | Day Activity | \$18,031.00 (Total contract value \$27,046.50) | 31.12.17 | EDP&F 28.07.16 |

**FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) AUGUST 2016**

| | | | | |
|---|---|--|----------|-------------------|
| Royal District Nursing Service New Zealand Variation to Service Schedule | HCSS - Mental Health & Addiction Service | \$7,049.00 (Estimated total contract value \$14,098.00) | 30.06.18 | CEO 04.07.16 |
| Royal District Nursing Service New Zealand Variation to Service Schedule | HCSS - Long Term Support - Chronic Health Conditions | \$4,889.00 (Estimated total Contract Value \$9,778.00) | 30.06.18 | CEO 04.07.16 |
| Royal District Nursing Service New Zealand Variation to Service Schedule | HCSS - Palliative Care Service | \$670.00 (Estimated total contract value \$1,340.00) | 30.06.18 | CEO 04.07.16 |
| Royal District Nursing Service New Zealand Variation to Service Schedule | HCSS - Short Term Care Service | \$9,351.00 (Estimated total contract value \$18,702.00) | 30.06.18 | CEO 04.07.16 |
| Waikiwi Care Limited Variation to Agreement | Long Term Support - Chronic Health Conditions | \$44,344.40 (Estimated p.a.) | 03.08.20 | EDP&F 28.07.16 |
| Good Partners Senior Care Variation to Agreement | Dementia Day Activity | \$24,108.00 | 31.12.16 | EDP&F 31.05.16 |
| Total for Level 3 | | \$ 1,327,969.48 | | |

**FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) AUGUST 2016**

| Contract Value of - \$100,000 - \$500,000 (Level 2) | | | | |
|--|---|--|----------|-------------------|
| Bainfield Park Residential Care Ltd Variation to Agreement | Long Term Mental Health Residential Care | \$152,686.80 (Total Contract Value \$458,060.40) | 30.06.19 | EDP&F 18.06.16 |
| Presbyterian Support Otago Inc Variation to Agreement | Day Activity | \$157,626.00 | 31.12.17 | EDP&F 15.06.16 |
| Mosgjel Elderly Care Trust Variation to Agreement | Day Activity | \$108,680.00 (Total Contract Value \$163,020.00) | 31.12.17 | EDP&F 15.06.16 |
| Maniototo Health Services Limited Variation to Agreement | Rural Hospital Medical & Surgical Services | \$51,126.70 (Total Contract Value \$221,506.80) | 30.06.16 | EDP&F 08.06.16 |
| St Clair Park Residential Centre Limited Variation to Agreement | Long Term Support - Chronic Health Conditions | \$226,549.98 (Estimated p.a.) | 03.08.20 | EDP&F 13.07.16 |
| Waiau Health Trust Ltd New Agreement | Primary Maternity Facility Services | \$149,815.75 | 31.05.17 | EDP&F 17.06.16 |
| Access Homehealth Limited Variation to Service Schedule | HCSS - Health of Older Peoples Service | \$225,170.58 (Total Contract Value \$486,032.47) | 30.06.18 | EDP&F 01.07.16 |
| Te Runaka O Awarua Charitable Trust Variation to Agreement | Well Child Tamariki Ora | \$142,734.00 | 30.06.17 | EDP&F 14.07.16 |
| St Clair Park Residential Centre Ltd Variation to Agreement | Residential Long Term Care | \$499,553.60 | 30.06.17 | EDP&F 07.07.16 |
| Arai Te Uru Whare Hauora Ltd Variation to Agreement | Well Child Tamariki Ora | \$158,594.00 | 30.06.17 | EDP&F 14.07.06 |
| Total for Level 2 | | \$ 1,872,537.41 | | |

**FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) AUGUST 2016**

| Contract Value of - \$500,000 - 1 Million (Level 1) | | | | |
|---|---|---|----------|--------------------------|
| Sport Southland Variation to Agreement | Green Prescription (GRx) Initiative | \$221,251.94 (Total contract value \$663,755.82) | 30.06.19 | CEO 29.06.16 |
| Sport Otago Limited Variation to Agreement | Green Prescription (GRx) Initiative | \$228,076.94 (Total contract value \$689,040.82) | 30.06.19 | CEO 29.06.16 |
| Aroha Ki Te Tamariki Charitable Trust - Variation to Agreement | Exemplar CEP Enhanced Alcohol and other drug Service | \$940,176.00 | 30.09.17 | CEO 19.07.16 |
| Royal District Nursing Service New Zealand Variation to Service Schedule | HCSS - Health of Older People | \$335,872.46 (Estimated total contract value \$695,986.80) | 30.06.18 | CEO 01.07.16 |
| Total for Level 1 | | \$ 1,725,377.34 | | |
| Contract Value of - \$1 Million and Over (Commissioner) | | | | |
| Clutha Community Health Company Ltd Variation to Agreement | Rural Hospital Medical & Surgical Services | \$677,905.46 (Total Contract Value \$2,711,621.84) | 30.06.20 | Commissioner 21.06.16 |
| Gore Health Limited Variation to Agreement | Rural Hospital Medical & Surgical Services | \$279,428.95 (Total Contract Value \$1,117,715.78) | 30.06.20 | Commissioner 21.06.16 |
| SCL Otago - Southern Community Laboratories Limited - NZ Diagnostic Group Limited - Southern DHB Deed of Extension and Variation | Laboratory Services Agreement | \$8,128,376.84 | 30.09.16 | Commissioner 21.06.16 |
| Healthcare of New Zealand Ltd Variation to Service Schedule | HCSS - Health of Older People | \$1,117,930.82 (Total Contract Value \$2,608,505.25) | 30.06.18 | Commissioner 26.02.16 |

**FUNDING ADMINISTRATION
CONTRACTS REGISTER (EXPENSES) AUGUST 2016**

| | | | | |
|---|---|---|----------|--------------------------|
| Central Otago Health Services Ltd Variation to Agreement | Health of Older People | \$1,160,522.80 (Total Contract Value \$5,802,614.00) | 30.06.21 | Commissioner 21.06.16 |
| Central Otago Health Services Ltd Variation to Agreement | Domiciliary Services | \$1,546,492.40 (Total Contract Value \$7,732,462.00) | 30.06.21 | Commissioner 21.06.16 |
| Central Otago Health Services Ltd Variation to Agreement | Rural Hospital Medical & Surgical Services | \$6,980,417.44 (Total Contract Value \$34,902,087.20) | 30.06.21 | Commissioner 21.06.16 |
| WellSouth Primary Health Network New Service Schedule | After Hours Primary Care Initiatives | \$1,153,199.76 | 30.06.17 | Commissioner 21.07.16 |
| PACT Group - Variation to Agreement | Residential & Community Based Support Services | \$1,411,411.06 | 30.09.16 | Commissioner 27.06.16 |
| Total for Board Level | | \$ 22,455,685.53 | | |

Grand Total \$ 27,381,569.76

SOUTHERN DISTRICT HEALTH BOARD

| | | |
|--|---|--------------|
| Title: | 2017 MEETING SCHEDULE | |
| Report to: | Hospital Advisory Committee Disability Support and Community & Public Health Advisory Committees | |
| Date of Meetings: | 27 September 2017 | |
| Summary: | | |
| <ul style="list-style-type: none"> ▪ Draft 2017 meeting schedule attached for the Committees' consideration and adoption. | | |
| 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: |
| Prepared by: Board Secretary | | |
| Date: 13/09/16 | | |
| RECOMMENDATION: | | |
| <ol style="list-style-type: none"> 1. That the Committees adopt the attached meeting schedule for 2017. | | |

SOUTHERN DISTRICT HEALTH BOARD DRAFT MEETING SCHEDULE 2017

| MONTH | JAN (In'gill) | MARCH (Dunedin) | MAY (In'gill) | JULY (Dunedin) | SEPT (In'gill) | NOV (Dunedin) |
|---|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| Public Forum | Thursday 26 9.00 am | Thursday 23 9.00 am | Thursday 25 9.00 am | Thursday 27 9.00 am | Thursday 28 9.00 am | Thursday 23 9.00 am |
| Hospitals Advisory Committee | Thursday 26 9.30 am | Thursday 23 9.30 am | Thursday 25 9.30 am | Thursday 27 9.30 am | Thursday 28 9.30 am | Thursday 23 9.30 am |
| Community and Public Health and Disability Support Advisory Committees | Thursday 26 * | Thursday 23 * | Thursday 25 * | Thursday 27 * | Thursday 28 * | Thursday 23 * |

* Meeting to start at the conclusion of the preceding meeting.

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. |
| 2. Contract Approvals | To allow activities and negotiations (including commercial negotiations) to be carried on without prejudice or disadvantage. | Section 9(2)(j) of the OIA. |