DISABILITY SUPPORT ADVISORY COMMITTEE AND COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE

Wednesday, 3 September 2014, 10.00 am

Community Services Building, Southland Hospital Campus, Invercargill

A G E N D A

Tab

1. Welcome
2. Apologies
3. Interests Registers
4. Previous Minutes
5. Matters Arising
6. Review of Action Sheet
7. Planning & Funding Team Report
   - 7.1 Public Health South (PHS) Report
   - 7.2 Primary Health Organisation (PHO) Report
8. Progress Report – Annual Plan 2013/14
9. Health Target Quarter 4 – 2013/14 Results
10. Financial Performance Report
11. Work Plan

Closed Session:

RESOLUTION:
That the Disability Support Advisory Committee and Community & Public Health Advisory Committees move into committee to consider the agenda items listed below.

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

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

No apologies have been received at time of agenda publication.

SOUTHERN DISTRICT HEALTH BOARD

INTERESTS REGISTER

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

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

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

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

SOUTHERN DISTRICT HEALTH BOARD

INTERESTS REGISTER FOR THE EXECUTIVE MANAGEMENT TEAM

As at August 2014

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

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

SOUTHERN DISTRICT HEALTH BOARD

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

INTERESTS REGISTER

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

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Southern District Health Board

Minutes of the Joint Meeting of the Disability Support Advisory Committee and Community & Public Health Advisory Committee held on Wednesday, 2 July 2014, commencing at 10.00 am, in the Board Room, Southland Hospital Campus, Invercargill

Present:	Ms Sandra Cook	Chair
	Mr Neville Cook	
	Mrs Kaye Crowther	
	Dr Branko Sijnja	(until 11.57 am)
	Mr Tim Ward	
In Attendance:	Dr John Chambers	Board Member
	Mrs Mary Gamble	Board Member (from 11.55 am)
	Mr Tony Hill	Board Member (from 10.55 am)
	Mr Tuari Potiki	Board Member
	Mr Richard Thomson	Board Member (from 11.40 am)
	Dr Jan White	Crown Monitor
	Mrs Sandra Boardman	Executive Director, Planning & Funding
	Mr Peter Beirne	Executive Director Finance
	Ms Carole Heatly	Chief Executive Officer
	Mrs Lexie O'Shea	Deputy CEO/Executive Director Patient Services (from 11.30 am)
	Mr David Tulloch	Chief Medical Officer
	Mr Ian Macara	Chief Executive, Southern PHO (by videoconference until 11.25 am)
	Dr Keith Reid	Medical Officer of Health, Public Health South (by videoconference until 11.25 am)
	Ms Lynette Finnie	Acting Service Manager, Public Health (by videoconference until 11.25 am)
	Ms Jeanette Kloosterman	Board Secretary (by videoconference)

1.0 WELCOME

The Chairperson welcomed everyone to the meeting.

2.0 APOLOGIES

An apology was received from Mr Stuart Heal.

3.0 MEMBERS' DECLARATION OF INTEREST

It was noted that Dr Branko Sijnja had an interest in the rural hospital contract item in the closed session.

It was resolved:

"That the Interests Register be noted."

4.0 PREVIOUS MINUTES

It was resolved:

> "That the minutes of the joint meeting of the Disability Support Advisory Committee and Community & Public Health Advisory Committee held on 7 May 2014 be approved and adopted as a true and correct record."

5.0 MATTERS ARISING

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

6.0 ACTION SHEET

The Committees reviewed the action sheet (tab 6).

Pharmaceutical Expenditure

The Chief Medical Officer reported that the clinical group had held its first meeting.

7.0 PLANNING & FUNDING REPORT

The Planning and Funding report (tab 6) was taken as read and the Executive Director Planning & Funding took questions from members.

The Committees:

- Congratulated staff on the Before Schools Check (B4SC) coverage;
- Queried whether there were any Pacific community link positions within the DHB;
- Noted that the Iwi Governance Committee was being consulted about Māori representation on the Southern Health Alliance;
- Noted that community pharmacy representation was being appointed to the Community and Hospital Pharmaceutical Service Level Alliance;
- Requested an update on the SHALT work plan and timelines.

8.0 STRATEGIC HEALTH SERVICES PLAN TIMELINE

An updated timeline for the Strategic Health Services Plan was circulated with the agenda (tab 8).

It was resolved:

> "That the Committees recommend Board accept the timeline for the Strategic Health Services Plan."

9.0 HEALTH OF OLDER PEOPLE

The Committees considered an update on Aged Residential Care (ARC) and Home and Community Support Services (HCSS) (tab 9).

10.0 PUBLIC HEALTH

In presenting the report on Public Health South activity (tab 10), Dr Keith Reid, Medical Officer of Health, highlighted the section on gastroenteris outbreaks and the suggestion that a surveillance system be developed for all healthcare acquired infections within the district.

11.0 PUBLIC HEALTH SERVICES ANNUAL PLAN 2014/15

Ms Lynette Finnie, Acting Service Manager, Public Health, presented the draft Public Health Services Annual Plan 2014/15 (tab 11), then took questions from members.

The Executive Director Planning & Funding informed the Committees that the financials had not been included in the plan, as they related to services contracted by the Ministry of Health and, as such, it was possible to identify staff salaries from them.

The Committees suggested:

- That the section on fluoridation on page 21 of the plan be reworded to clarify the meaning of "where it is a cost-effective option";
- That Number 10 be added to the key stakeholders listed on page 63.

It was resolved:

> "That the Committees recommend the Board approve the Southern DHB's Public Health Services Annual Plan for 2014/15."

12.0 SOUTHERN PRIMARY HEALTH ORGANISATION (PHO)

Mr Ian Macara, Chief Executive, Southern PHO, presented a report on Southern PHO strategic and governance matters, an update on programmes and operational activity, and the PHO's financial position (tab 12), then took questions from members.

Mr Tony Hill joined the meeting at 10.55 am.

Mr Macara informed the Committees that the target of 90% for more heart and diabetes checks would not be achieved by the end of the financial year. 80% needed to be achieved to capture funding.

13.0 PHO HEALTH TARGET PERFORMANCE – QUARTERLY REPORT

The Committees reviewed the Quarter 3 results for the Primary Care Health Targets (tab 13).

14.0 DHB PERFORMANCE – QUARTERLY REPORT

The Quarter 3 results for DHB performance against non-financial indicators (tab 14) were taken as read.

15.0 FINANCIAL REPORT

The Executive Director Planning & Funding presented the Funder Financial Report for the period ended 31 May 2014 (tab 15), then took questions from members.

It was noted that revenue would be matched to expenditure lines for the new financial year.

16.0 WORK PLAN

The Committees reviewed the DSAC/CPHAC work plan for 2014 (tab 16).

CONFIDENTIAL SESSION

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

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

The meeting closed at 12.05 pm

Confirmed as a correct record:

Chairperson ……

Date ……

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

ACTION SHEET

As at 26 August 2014

MEETING	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
Nov 13 Feb 14 Mar 14	Pharmaceutical Expenditure	Comparative DHB drug costs to be defined per head of population in future reporting. Report to be submitted to March meeting. Timelines and more progressive action requested.	EDP&F	A Service Level Alliance Team is being established, which will oversee work streams including the detailed analysis of prescribing trends within the SDHB district. An Agreement with Bpac has been reached to undertake the analysis and establish mechanisms to ensure prescribing trends are in line with national trends. Bpac will report to the SDHB in April identifying any prescribing outliers, and a process to develop alternative prescribing approaches to align with national prescribing trends.	Ongoing
Mar 14 July 14	Southern Health Alliance (Minute item 7.0)	▪ Request timelines and major KPIs for future reports; ▪ Suggest that continuity of care and patient pathways be a focus of the acute demand work programme. Update on SHALT work plan and timelines to be provided.	EDP&F EDP&F	Noted.	Ongoing
July 14	Pacific Community Links (Minute item 7.0)	Committees to be advised whether there are any Pacific community link positions within the DHB (similar to those established in the Pacific Trust Otago).	EDP&F	There are no positions within the DHB specifically linking with Pacific Communities. However, there are community positions funded by the PHO (Otago) and	Completed

MEETING	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
				DHB/PHO (Southland)	
July 14	Public Health Services Annual Plan 2014/15 (Minute item 11.0)	The following changes were suggested: ▪ That the section on fluoridation on page 21 of the plan be reworded to clarify the meaning of "where it is a cost-effective option"; ▪ That Number 10 be added to the key stakeholders listed on page 63.	PHS		Completed

SOUTHERN DISTRICT HEALTH BOARD

Title:	Planning and Funding Report
Report to:	Disability Support and Community & Public Health Advisory Committees
Date of Meeting:	3rd September 2014

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: 15th August 2014	Presented by: Sandra Boardman Executive Director Planning & Funding

RECOMMENDATIONS:

That CPHAC/DSAC:

Note the content of this paper.

PLANNING AND FUNDING REPORT TO THE DISABILITY SUPPORT ADVISORY COMMITTEE AND COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE August2014

RECOMMENDATION:

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

Health of Older People Portfolio

Action Response: InterRai

As at 30 June 2014 the percentage of older people receiving long-term home support who have had a comprehensive clinical assessment and an individual care plan was 94.15% (Ministry of Health PP18 target is 95%).

Mental Health, Addiction & Intellectual Disability Portfolio

Hāpai te Tūmanako – Raise HOPE

Work continues to facilitate the implementation of the new district wide Network model – the district wide Network is a key initiative to support delivery of Hapai te Tumanako Raise HOPE. In the interim the Hapai te Tumanako Raise HOPE Implementation Advisory Group is supporting initial actions as outlined in the Hapai te Tumanako Raise HOPE Implementation Plan.

Update - Implementation of Prime Minister's Youth Mental Health Projects

The Prime Minister announced a package of measures focussed on 12 to 19 year olds with, or at risk of developing, mild to moderate mental health and/or alcohol and other drug related issues. In January 2014 as part of overall national initiatives Southern DHB received new funding of $860,000 (gst inclusive p.a.) to build on existing youth addiction services in Dunedin, rural Otago, and Southland. The new "exemplar" services focus on the needs of young people with co-existing mental health and alcohol and drug issues and are delivered by the NGO Mirror Counselling Services.

The new exemplar service model is now set up and operational in the urban Dunedin area. All additional positions have been recruited for the Dunedin service including a clinical team leader, CEP practitioners, psychiatrist, psychologist, family therapist and peer support worker. The next phase of setting up the rural services is underway with North Otago as a priority.

A particular focus of the service model is the ability to engage with marginalised young people with complex addiction and mental health needs. To support good uptake there are options for home or community based appointments, evening clinics occur on at least two nights per week and a regular clinic is provided at one of the youth training centres that has a large number of young people who are requiring CEP assessments.

This new service will undergo a Ministry of Health funded evaluation process incorporating formative aspects of the service establishment in year 1; a process evaluation in year 2 and measurement of outcomes and other achievements in year 3.

Update - Suicide Prevention

As part of a revised national funding approach for suicide prevention activities the Ministry of Health exited funding of the Southern DHB suicide co-ordination role and associated activities from 30 June 2014. However both the national NZ Suicide Prevention Action Plan (2013-2017) and Rising to the Challenge – the Mental Health and Addictions Service Development Plan (2012-2017) place significant expectations on all DHBs to deliver a range of suicide prevention and postvention activities. To ensure Southern DHB is able to support the 2014-2015 District Annual Plan suicide prevention related actions the DHB is continuing to fund a 0.9 FTE Suicide Prevention Coordinator which is delivered via Public Health South.

Below are further details of current suicide prevention and postvention coordinated activities:

- The current SDHB Suicide Prevention Action plan expires in 2014, and work is underway to develop a new plan in consultation with key local stakeholders , based on MoH accountabilities, for the next three years. It is expected DSAC/CPHAC will received a draft SDHB Suicide Prevention Action Plan for consideration in December 2014.
- The SDHB has just signed an MoU with Clinical Advisory Services Aoteraoa (CASA) the MoH funded clinical specialist advisors to ensure a new confidential and secure pathway for information on coronially confirmed suicides. Suicide notification information is then confidentially forwarded on to the relevant Southern postvention group to identify whether there is risk of contagion, who might be at risk, and what agencies can provide support for those people to ensure their safety .
- Synergia has been contracted by the MoH to develop a national Post and Prevention Toolkit for DHBs and the community. Synergia will visit Dunedin on Tuesday 19th August to meet with the Suicide Prevention Coordinator (SPC) and a range of other key stakeholders, as well as hold a videoconference with some of the postvention group members from around the Southern region.
- A Waitaki Postvention Group has been established, with a formal Postvention plan protocol which meets the needs of the DHB, the community and CASA. The group is fully operational and has responded well to a number of suicides in the Waitaki region over the past few months.
- Work is underway with Invercargill and Gore communities to develop formal postvention groups with signed protocols. The DHB currently works alongside formal community postvention groups in Waitaki, Dunedin, Wakatipu and Central Otago.
- MoH has recently allocated 150 free licences of the QPR online suicide prevention training for the SDHB to distribute to "coalface" workers in the DHB and community. The allocation is to be prioritised for Maori and Pasifika by the SPC and other Public Health South staff management
- The SPC is working with Supporting Families in the region to develop a timetable for Safetalk (Lifeline) suicide prevention training (a half day suicide prevention workshop similar to the online QPR) for relevant communities.

Public and Population Health Portfolio

Southern DHB Child and Youth Steering Group

Compass Project

At its June 2014 meeting, the Steering Group, discussed selection of priorities in relation to the national Compass project. The Children's Commissioner, Russell Wills, sponsored the Child

and Youth Health Compass project as a process to identify, showcase and share good practice across NZ. A number of DHB staff participated in a Compass evaluation process which assessed SDHB as an emerging DHB across all the Compass domains, although the DHB has demonstrated strengths in specific areas. Compass initiatives where there is potential for improvements in health and well being in Southern DHB include:

- ASH rates: Southern DHB has high rates of Ambulatory Sensitive Hospitalisations (ASH - hospital admissions that could be avoidable with appropriate primary care) in children aged 0-4 years, especially in Southland.
- 'Youth health' is another potential area of focus for Southern DHB.

Southern DHB Māori Health Plan

The Māori Health Plan (MHP) includes a number of national indicators and targets that are relevant to children and young people, including:

- Rates of fully and exclusive breastfeeding at 6 weeks, 3 months and 6 months
- Ambulatory sensitive hospital rates per 100,000 for children aged 0-4 years
- Percentage of eligible children fully immunised by eight months of age
- Number and rate of reductions in Rheumatic Fever rates
- Preschool enrolment in oral health services (age 0-4 years)
- Obesity – percentage of children between 4 and 5 years overweight
- Childhood respiratory disease – percentage of children aged 0-14 years hospitalisations with a principal diagnosis of asthma

It was suggested that Child and Youth Steering Group members could consider volunteering to become champions who could work with the Maori Health Directorate to ensure the MHP is prioritised and targets are achieved.

Children's Action Plan

The DHB is responsible for implementing a number of actions in relation to the Children's Action Plan, such as the Family Violence Intervention Programme and the Child Protection Alert System. The DHB is currently working intersectorally in a number of areas, such as Gateway and Strengthening Families, as well as through the Child and Youth Steering Group. The Steering Group will monitor activities of other DHBs in implementing Children's Action Teams and keep up to date with legislative responsibilities.

Healthy Families Communities

Invercargill has been selected as one of ten Healthy Families Communities (HFNZ) to be established in New Zealand. Selection processes for the lead provider in Invercargill for Healthy Families Communities have commenced.

Well Child Tamariki Ora (WCTO) Quality Improvement Framework

In May 2014, the Ministry of Health released on its website the 'Indicators for the Well Child Tamariki Ora Quality Improvement Framework (March 2014)'. Indicators are categorised according to Access, Outcomes and Quality. NB: The Ministry notes that much of the data is retrospective - i.e. from 2012 or early 2013, so data may not yet reflect any changes related to the work we are carrying out through WCTO Quality Improvement Framework Implementation plans.

Access

Indicators 1–10 measure access rates, with or without consideration of timeliness, across a range of universal and specialist services that contribute to improved outcomes for children. Southern DHB is below the December 2014 target for indicators:

Indicator # 1 - Newborns are enrolled with a General Practice by 3 months (Data to monitor this indicator are not yet available)

Indicator # 3 - Infants receive all WCTO core contacts due in their first year (Data for all WCTO providers is not yet available)

Indicator #5 - Preschool children are enrolled with oral health services

Indicator # 8 - Children under 6 have access to free primary care

Indicator # 9 - Children under 6 have access to free after hours primary care

Outcomes

Indicators 11–20 measure health outcomes across a range of domains. This set is not exhaustive, but instead aims to measure a range of infant and child physical health (nutrition and healthy weight, oral health), mental health (strengths and difficulties questionnaire) and family health (smoking status) outcomes. Southern is one of two DHBs to achieve the 2014 targets for every outcomes indicator (note: SDHB met the target for the total population of children within the relevant age group; indicator targets were not met in some areas for high dep/Maori and Pacific children).

Quality

Indicators 21–27 measure the quality of service delivery; in other words, the adherence to best practice (either in the timing of the intervention or adherence to screening protocol) in delivering components of the WCTO programme. The current indicators focus exclusively on the B4 School Check due to the limited availability of data for other parts of the WCTO programme. Southern has achieved the 2014 targets for every outcomes indicator for this aim (note: SDHB met the target for the total population of children within the relevant age group; indicator targets were not met in some areas for high dep/Maori and Pacific children).

Southern DHB is currently implementing plans to address indicators in relation to

Indicator # 5 – Preschool children are enrolled with child oral health services

Indicator # 13 – Infants are exclusively or fully breastfed at three months of age

Indicator #19 – Mothers are smokefree at two weeks postnatal

Indicator # 21 – B4School Checks are started before age 4 ½

Vulnerable Children Act 2014

The legislation requires the DHB to include the clause below in every new contract, or funding arrangement, with a provider of children's services and or where some or all of the contract/arrangement is about providing children's services

"You will adopt a child protection policy, as soon as practicable, and review the policy within three years from the date of its adoption and, thereafter, every three years. Your child protection policy must be written and contain provisions on the identification and reporting of child abuse and neglect in accordance with section 19(b) Vulnerable Children Act 2014".

Primary and Community Portfolio

COMMUNITY PHARMACY

Stage 4 Roll out Consultation

Consultations on Stage 4 have now been completed and a service and funding model to be introduced on the 1st August 2014 and will proceed until the termination date of 30th June 2015 of the new Community Pharmacy Service Agreement (CPSA).

Stage 4 will mean financial challenges for a number of pharmacies which already have diminishing revenues. However, this must be viewed in the context of large funding increases (three times CPI) community pharmacies received prior to the introduction of the CPSA.

SDHB has received a number of calls from community pharmacies, particularly those in the rural districts, expressing concern about their business sustainability. SDHB meets with each proprietor to work through the issues and where possible make recommendations to mitigate concerns.

PRIMARY CARE

More Heart and Diabetic checks

At 30 June, Southern PHO performance against the Health Target of 90% of the eligible population having had their cardiovascular risk assessment (CVRA) completed in the last 5 years by July 2014, was 78%. This was an improvement on the previous quarter and aligns with the encouraging reports received by SDHB on the impact of the introduction of an IT system (Dr Info) by Southern PHO which can interrogate and extract CVRA data from Practice Patient Management Systems

Rural

The first meeting of the Rural Service Level Agreement Team is scheduled for 20th August 2014 in Gore. This meeting will discuss the new rural funding access criteria and confirm which rural areas will retain rural funding. It will also confirm which rural areas may no longer be eligible for funding but could receive transitional funding for a further two years.

Southern Health Alliance Leadership Team Update (SHALT)

Alliance South Update

Membership of the Alliance has been revised by agreement between the DHB and Southern PHO with the new membership being as follows:

Member	Area of expertise
Prof. Robin Gauld (Independent Chair)	health systems
Sandra Boardman (Deputy Chair)	planning & funding
Ian Macara	primary care
Lexie O'Shea	hospital & specialist services
Mayor Tracy Hicks	community perspectives
Donna Matahaere-Atariki	Maori health
Dr Mike Hunter	performance excellence, quality improvement
Dr Keith Reid	public health
Ray Anton	rural hospitals
Margaret O'Connor	aged care
Dr Andrew McLeod	general practice
Dr Richard Greatbanks	operations management and process design

Membership of the new Alliance has deliberately moved away from "representation" to a "brains trust" approach. This is designed to facilitate a much more strategic approach to integration and strategic change. The Alliance will establish Service Level Alliance Teams (SLATs) to undertake the operational detail of strategic change programmes. It is anticipated that former members of SHALT will continue to be involved in the work of the Alliance at a SLAT level. Along with the membership changes has been a name change from SHALT to Alliance South.

Members attended their first meeting on the 19th August 2014 with an overview of the Alliance, responsibilities of the Alliance and work activity to date being presented. The 2014/15 work plan, including timeframes, has been agreed and work is continuing to deliver on the identified priorities which include acute demand, rural health, community and hospital prescribing, youth health and the Children's Actions Plan.

Members agreed that Southern HealthPathways was an essential enabler to transformational change across the district and have signalled to Management, a number of key actions that need to occur for change to happen.

Members committed to the development of a credentialing framework to support activity and in particular the development of the Primary Options for Acute Care (POAC) service. Measurement of outcomes and the need to ensure that activity is linked and delivers on quality improvement of healthcare within the region was also highlighted as being integral to supporting activity at the Service Level Alliance Team (SLATs) level but also as a key measure to endorse the accountability and responsibilities of the Alliance with an outcomes framework to be progressed.

Integrated Performance Incentive Framework (IPIF)

A number of workstreams have been established to progress development of the various elements of the Framework:

Measures, Incentives and Reporting – This workstream focuses on measures and incentives to encourage better clinical integration using locally relevant indicators that link to system-level measures. This will reflect the New Zealand Triple Aim of: better health and equity for all populations; better use of health resources; and improved patient safety and experience of care.

Infrastructure – This workstream focuses on delivering successful technology transition from the existing PHO Performance Programme to the new IPIF environment; and maintaining the integrity in payments that are due.

Change Management – The implementation of IPIF needs to be set within a comprehensive change management process which connects front line general practice, PHOs, professional bodies, DHBs, the Ministry of Health and other central agencies. The aim is to have IPIF successfully embedded as business as usual. To achieve this goal the Change Management Workstream will:

- co-design and use a comprehensive change management approach with stakeholders
- ensure communications are co-designed well managed, and communicated with and to stakeholders on important matters
- develop a suite of factsheets on IPIF to assist implementation.

Governance – This workstream will establish a permanent national governance framework and support the development of local governance of IPIF. This will support alliances in their quality improvement and clinical governance roles at a district level.

National governance will ensure consistency and application of the IPIF with formal and transparent accountability lines within the Government's policy settings.

Audit – This workstream will deliver a framework that provides assurance on data quality, process and payments to all of IPIF's stakeholders. This work will initially focus on:

- the Health Targets
- a self-assessment framework to demonstrate how PHOs meet the Minimum Requirements of the PHO Services Agreement
- A process for determining whether practices meet the Foundation Standards
- working towards a longer-term goal of rationalising the audit burden on providers
- refine all audit methodologies through consultation and stakeholder feedback.

Evaluation – This workstream will work with external experts to develop and implement an evaluation framework for IPIF as part of a continuous quality improvement process. The leadership, planning and scoping activities for this workstream will be developed with the sector by October. The evaluation framework will assess the co-design, integration, population health and performance improvement principles and objectives of IPIF. The measures within the framework will be regularly reviewed to ensure their continued value.

Attachments:

1. Public Health South Report
2. PHO Report

SOUTHERN DISTRICT HEALTH BOARD

Title:	PUBLIC HEALTH SERVICE REPORT
Report to:	Community & Public Health Advisory Committee
Date of Meeting:	3 September 2014

Summary:

The issues considered in this paper are:

- Public Health Service activity

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

Financial:	Nil
Workforce:	Nil
Other:	Nil

Document previously submitted to:	N/A	Date: dd/mm/yy
Approved by Chief Executive Officer:	No	Date: dd/mm/yy

Prepared by: Lynette Finnie Date: 11/8/14	Presented by: Dr Keith Reid

RECOMMENDATIONS:

1. That CPHAC accept this report.

PUBLIC HEALTH SERVICE REPORT TO THE SOUTHERN DHB COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE 3 September 2014

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

Healthy Environments

Outcome 5 Promote safe and healthy social and physical environments

Support to Early Childhood Education Providers
The Public Health Service offers a range of support to the district's early childhood education service providers.

Educators have praised the Healthy Hints for Tots newsletter in a recent survey. The Public Health Service coordinates the gathering, publication and distribution of information and tips for early childhood educators. Organisations including Heart Foundation, Maori health providers, regional sports trusts, and Southern DHB health services contribute to the quarterly electronic and hard copy publication. Almost all survey participants find the information increases their knowledge of child health issues and is relevant with 82% circulating some or all of the information to their parent communities. Suggestions for improvements were few.

At this time of the year with more gastro-intestinal disease circulating in the community, workshops to support educators to manage outbreaks in their centres are delivered. Young children and the elderly are among the most at risk when the winter 'bugs' strike so education sessions with tips to help reduce gastroenteritis spread are well received. Participants value the opportunity to hear from the Ministry of Education, public health nurses and health protection staff about their varied support roles. Educators return to their services feeling more confident to deal with situations when more children and staff than usual become sick. They are equipped with strategies to prevent the spread of infection to others. Frequent and thorough hand washing and staying away until people have had no symptoms for 48 hours are key messages they reinforce to their fellow staff, children and their families. A total of 50 educators from 24 services have attended this year. Fifty-eight percent of all early child care services in the district have attended since the 'Keep Your Bugs to Yourself' Education programme began in 2011.

The newly revamped Cleaning and Outbreak Guidelines for Early Childhood Education Services provide further easy to follow guidance on developing cleaning schedules, cleaning and sanitising as well as useful tips for cleaning during an outbreak of illness. These will be available on the Southern DHB website from mid-August.

Mental Health
The Public Health Service is currently working with the Department of Correction's Community Probation Service to look at better ways of addressing mental health issues in a Māori context for offenders. It is recognised that from the point of view of health outcomes, offenders typically have some of the highest needs of any members of the community, a significant proportion of them have substance abuse issues, a number also have mental health issues and others by reason of their sentence (e.g. home detention) can have mental health issues brought about through social isolation.

The project aims to grow Āhurutanga (Growing Respectful Relationships) with Corrections and at the same time empower their staff to develop some familiarity with Maori models of health. These models can include the principles of Tuakiri O Te Tangata, Kaitiakitanga, Koha, Mauri Ora, Aroha, Āro, Āko and Āta.

Communicable Disease and Food Safety

Outcome 4 Reduce the impact and incidence of communicable disease

Outbreaks

The number of outbreaks investigated by Public Health South has remained high from May through to 12 August with 41 outbreaks notified during this period. This is a significant increase from the 18 outbreaks reported in the same period in 2013. Elderly care or hospital facilities followed by early child care centres remain the most common settings for outbreaks within the district, which again reinforces the need for these settings to remain a key focus of Public Health South's outbreak training sessions.

Norovirus remains the predominant cause of illness. Where previously outbreaks were occurring primarily within Dunedin and the immediate surrounds, they are now occurring in other areas of the district indicating that high levels of infection are circulating within communities.

The quick implementation of outbreak control measures remains the key to minimising the spread of any illness. Early recognition of outbreaks and effective management significantly reduces the impact. Outbreak control measures include: the exclusion of those ill from work or school, the isolation of ill residents and patients and the maintenance of a high standard of hand washing and environmental cleaning.

Debrief meetings have been held in relation to several hospital and elderly care facility outbreaks. For the elderly care sector there has been agreement that there should be a multi-agency approach to the development of a framework to support outbreak surveillance, management and investigation while also improving interagency communication during outbreaks.

Measles

Since 16 December 2013, 273 confirmed measles cases have been reported in New Zealand. The highest numbers of cases have occurred in Waikato followed by Auckland, Bay of Plenty/Lakes, Hawke's Bay, Wellington, Northland, Tairawhiti and Taranaki. Of these, 41 cases have been hospitalised. There have been no deaths. One measles case has been notified on suspicion in the Southern region in an infant less than 1 year. This case is currently under investigation.

Influenza like Illness (ILI)

As of 6 August the national influenza-like illness (ILI) consultation rate is above the seasonal threshold at 39.9 per 100,000. A weekly rate of 36 ILI consultations per 100,000 patient population is considered the seasonal threshold based on the 2000–2013 ILI data (excluding 2009). This rate is higher than in 2013 (20.8 per 100,000) and lower than in 2012. The consultation rate for the Southern region is currently below the seasonal threshold. H1N1 remains the predominant strain of influenza identified. The Southern region has had 9 H1N1 cases requiring hospitalisation, the majority of which have required intensive care treatment.

Rheumatic Fever

The South Island management plan for Rheumatic Fever has been signed off by the Ministry of Health.

Title:	**Southern Primary Health Organisation (SPHO) Report**
Report to:	Southern DHB Executive Director Planning and Funding
Date of Meeting:	For DSAC/CPHAC, September 2014
Summary: **The issues advised in this paper are:** • SPHO Strategic and Governance Matters • Programmes and Operational Update • Financial Position	
Prepared by: Ian Macara, Chief Executive **Date:** 15 August 2014	

1. STRATEGIC MATTERS

1. CONTRACTED PROVIDER AGREEMENTS (CONTRACT) BETWEEN SPHO AND GENERAL PRACTICES.

Contracted Provider Agreements (formerly known as Back-to-Back Agreements) were sent to all 89 SPHO general practice providers in April 14. As at 15 August 2014, 73 had been signed and returned (82%). The agreement is a direct flow through of terms and provisions of the PHO Services Agreement signed between SDHB and SPHO. The outstanding 9 CPAs will be executed by the end of August 2014.

2. SDHB STRATEGIC HEALTH SERVICES PLAN

The Leadership Group Workshop was held in Balclutha on 20th June 2014 and facilitated by Dr Pim Allen, with Health Partners, a firm lead by ex Director-General of Health Stephen McKernan.

Discussion and recommendations from the workshop will inform the next version of the Southern DHB-wide Health Services Strategy. SDHB CEOs Carole Heatly's 25 June 2014 letter was received for SPHOs information.

Additionally, Pim provided this comment in her e-mail dated 16 July 2014: *'The SHSP is still in early development and doesn't yet have any firm proposals or direction, so is not in a format for discussion, consultation or debate yet.*

The developed draft - containing the overall picture, including detailed proposals and backing information - is the appropriate stage for the governance bodies to be involved, as well as for wide consultation. This is expected to be during October/November.'

3. INTEGRATED PERFORMANCE AND INCENTIVE FRAMEWORK (IPIF)

Attached as Appendix 1, is a copy of the IPIF Update – Issue 3 (July 2014).
Attached as Appendix 2, is a copy of the IPIF Targets 2014/15 – dated 20 June 2014.

Key factors:
Here is the critical extract from MoH's Cathy O'Malley's 20 June 2014 letter to SDHB's CEO Carole Heatly in respect of the 2014/15 targets and timelines for SPHO:

PHO Name:
Southern Primary Health Organisation

IPIF Targets for 2014/15:

	Q1 1415	Q2 1415	Q3 1415	Q4 1415
More Heart and Diabetes Checks	74.4%	79.6%	84.8%	90.0%
Better Help for Smokers to Quit	70.1%	76.7%	83.4%	90.0%
Increased Immunisation - Eight Month Olds	94.7%	94.8%	94.9%	95.0%
Increased Immunisation - Two Year Olds	94.6%	94.8%	94.9%	95.0%
Cervical Screening	80.0%	80.0%	80.0%	80.0%

Please ensure that this information is forwarded to your PHO.

As at 30 June 2014, SPHO results against these targets (subject to MoH verification) were:

- More Heart and Diabetes - 77.3%
- Better Help for Smokers to Quit - 69.2%
- Immunisations, 8 months - 95.6%
- Immunisations, 2 yrs now - 94.5%
- Cervical Screening - 82.1%

SPHO's team is now actively supporting providers to achieve the targets: **'90% in 90 Days'**

As previously advised the **maximum funding for SPHO under IPIF is: $1,528,788 p.a. (**$5.33 x 286,827 enrolled population). Quarterly target achievement is the basis for quarterly payments proportional to annual total funding. SPHOs SMT's assessment is that the targets are imminently attainable and therefore this significant funding is achievable.

4. AFTER-HOURS

Invercargill: The third version of draft options paper, is with Dr Kevin Tyree Chair of IUDS. The service options for after-hours remain:

- An A&M (Accident and Medical) service provided from the new build development by the private provider South Link Health Services - the organisation that is owner or part owner of seven Invercargill general practices

- Co-location at Southland Hospital

- Existing IUDS – improved to 'fit for purpose'

An outcome to be included in any solution is the re-direction and management of 'primary' patients presenting at Southland Hospital ED, including for 'after-hours' times for general practice.

The ED Redirection Initiative has paused consideration of the options and outcomes from the Initiative will be helpful in further considerations.

Central Otago: Jen Brown leads two key workstreams:

i) Wanaka general practices: The 3 month 'Pilot' for the period 1 Apr 14 to 30 Jun 14, is complete. The first report provided detailed information, however on the recommendation of the management group continuation of the pilot was agreed until October 2014, as Apr – Jun was the 'shoulder' season between summer and winter.

ii) Cromwell and Alexandra general practices: Jen's work with the practices and Dunstan hospital staff on options for an after-hours service to suit these locations will inform discussions at the Rural SLAT.

5. UNDER 6s:

Six SPHO practices have not joined the scheme: four at Invercargill (Dr Terpstra; Vercoe, Brown and Associates; Victoria Avenue MC and Waihopai MC), one at Queenstown (Mountain Lakes Medical Practice) and one at Dunedin (Forbury Corner Health Centre). Discussions have been ongoing with these practices, with SPHO providing the recalculated data that shows all practices would gain financially compared to co-charging. However, it is noted the practices have taken a strong philosophical position that they will not provide "no-charge' services.

A total of 6 practices out of 89 practices represents a 93% overall coverage for the scheme and based on total U6 yrs enrolled patients for SPHO a 92% coverage.

The Free Under 13yrs scheme announcement in the Budget, expected for implementation on 1 July 2015, is in on the horizon. Details of the scheme are awaited from the Ministry of Health. Of note the scheme is an extension of the existing Free Under 6s scheme and will remain voluntary for practices to join. As the scheme also covers pharmacy prescription charges for the age group, careful analysis of the revenue structure will be necessary.

6. GENERAL PRACTICE MEETINGS – ED Initiative

SPHO convened meetings with providers in Invercargill and Dunedin, on 30th June and 1st July respectively, to discuss factors in relation to the ED Redirection Initiative for the Southland and Dunedin Hospital EDs. There was a good turn-out at both meetings and valuable feedback and suggestions were received to support and inform the Initiative.

SPHO agreed to fund the voucher component (up to $40 per voucher) for the initiative, as an extension of our present voucher scheme.

2. OPERATIONAL AND PROGRAMMES UPDATE

Updates as reported to SPHOs Clinical Review Sub-committee (CRC) and Board in July/August 2014 were as follows:

- **Health Targets** (see attached Commentary Report and dashboards)

  - The March – June 2014 quarter reports showed More Heart and Diabetes Checks at 77.6%, Better Help for Smoker to Quit 63% and Increased Immunisation at 95%
  - SPHO staff continued action within the Achievement Plan. Activity including working intensively and supporting practices was enhanced with the appointment of additional dedicated clinical staff, including registered nurses, dietitians and clinical pharmacists
  - There workplan to achieve 'High Needs' patient targets continued

- **Contracted Services and Programmes** (see attached Commentary Report)

3. SPHO FINANCIAL POSITION

SPHOs financial position remained strong for the year ending 30 June 2014.

Total Trust Funds	$1,151,866*
Current Assets	$5,295,034
Current Liabilities	$4,289,860
Working Capital	$1,005,174
Non Current Assets	$146,692
Net Assets	$1,151,866

*Subject to audit, which has commenced by Crowe Horwath.

Appendix_4

Integrated Performance Incentive Framework Update
Issue 3 July 2014

In This Issue

- Sector expertise is being embedded in the development of IPIF.
- Further work on measures and incentives is being developed to encourage better clinical integration.
- The PPP is being transitioned into the IPIF.
- Working with the sector to ensure IPIF over time becomes business as usual.
- National governance settings are being developed.
- One goal is to rationalise the burden of audits to providers.
- An evaluation framework will be designed as part of a continuous quality improvement process.
- Documents relating to IPIF will be on the IPIF section of the HIIRC website.
- The final 13/14 PPP payments are being made as usual this quarter.

Welcome

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

Joint Project Steering Group

A Joint Project Steering Group (Joint PSG) has been established to continue the co-development approach. The Joint PSG provides governance to the IPIF work programme and reports through to the Director-General of Health or his delegate(s). It held its first meeting on 16 June, and wanting to ensure the appropriate expertise is involved in all aspects of IPIF, reviewed and revised the Terms of Reference, and membership of the governance group and workstreams. Members include leaders with expertise in clinical practice in both general practice and hospital settings, primary care management, planning and funding with alliance experience, monitoring and performance and policy. Members of the Joint PSG are:

- Dr Graham Scott - Co-Chair, Independent Consultant
- Dr Richard Tyler - Co-Chair, GP and Chair, Compass Health
- John Ayling, Chair PHO Alliance
- Sandra Boardman, GM Planning and Funding, Southern DHB
- Nick Chamberlain, CEO, Northland DHB
- Shelley Frost, Chair, GPNZ
- Chiquita Hansen, CEO, Central PHO
- Michael Hundleby, Acting Director, National Health Board
- Dr David Jansen, GP and Medical Director, National Hauora Coalition
- Dr Richard Johnson, Chief Medical Office, South Canterbury DHB
- John Macaskill-Smith, CEO, Midlands Health Network

- Dr Tim Malloy, GP and President, Royal NZ College of General Practitioners
- Geraint Martin, CEO, Counties Manukau DHB
- Professor Alan Merry, Chair, Health Quality and Safety Commission
- Cathy O'Malley, Deputy-Director General, Ministry of Health

The Steering Group will meet every six weeks and we look forward to providing you with progress through the monthly IPIF Sector Updates.

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

Measures, Incentives and Reporting

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

The Measures, Incentives and Reporting Workstream will work on measures and incentives to encourage better clinical integration using locally relevant indicators that link to system-level measures. This will reflect the New Zealand Triple Aim of: better health and equity for all populations; better use of health resources; and improved patient safety and experience of care.

In achieving these aims the workstream will:

- recommend system level measures, covering each component of the Triple Aim, that align with the high level goals of the health system. System level measures will be grouped according to life stages to provide composite measures
- provide a library of contributory measures, agreed data definitions and comprehensive data dictionaries for each measure that districts can select from
- develop guidance for districts on data sources and efficient data capture methodology for each measure
- develop an intervention logic that clarifies the relationships between contributory measures and system level measures
- develop measures of capacity and capability
- model and recommend measures to be implemented from July 2014 onwards and the preferred formula for payment of incentive funding
- develop, validate and implement a subset of system level measures to be implemented from July 2015 in co-production with the sector
- model and set standards, thresholds and expectations for achievement of system level measures
- make recommendations about how achievement of performance against system level measures informs financial and professional incentives, including initial placement and movement between levels of achievement in the IPIF framework
- contribute to determining financial and professional incentives available to districts as they raise their level of performance
- conduct analysis and reporting for implemented measures & developmental measures

Infrastructure

Sector Leads: John Macaskill-Smith and Geraint Martin
Ministry Leads: Anne O'Connell and Denis Black

The PHO Performance Programme has been well established for a number of years. The two main objectives of the Infrastructure Workstream are delivering a successful technology transition to the new IPIF environment, and maintaining the integrity in the payments that are due.

The Infrastructure Workstream will:

- support the PPP platform with its final calculations and payments
- maintain current data collection from 1 July 2014
- support calculations and payments under IPIF until the new measures and reporting have been finalised
- identify the data requirements for the first stage of the IPIF implementation
- develop an IT system and programme management function that will meet ongoing performance payments needs as IPIF implementation progresses.

Change Management

Sector Lead: Martin Hefford
Ministry Lead: Keriana Brooking

The implementation of IPIF needs to be set within a comprehensive change management process which connects front line general practice, PHOs, professional bodies, DHBs, the Ministry of Health and other central agencies. The aim is to have IPIF successfully embedded as business as usual. To achieve this goal the Change Management Workstream will:

- co-design and use a comprehensive change management approach with stakeholders
- ensure communications are co-designed well managed, and communicated with and to stakeholders on important matters
- develop a suite of factsheets on IPIF to assist implementation.

Governance

Sector Lead: Michael Howard
Ministry Lead: Sam Kunowski

The Governance Workstream will establish a permanent national governance framework and support the development of local governance of IPIF. This will support alliances in their quality improvement and clinical governance roles at a district level.

National governance will ensure consistency and application of the IPIF with formal and transparent accountability lines within the Government's policy settings.

National governance will establish the governance arrangements that provide advice on:

- the evolution and scope of the framework, including how it might align with other sector quality and accountability frameworks
- any changes to measures and thresholds
- the emerging evidence and intelligence base
- the further development and application of incentives
- the mix of assessment tools
- the on-going development of data standards
- determining quality and safety indicators
- determining individual local alliances position in the IPIF
- performance monitoring and intervention as necessary
- dispute resolution.

Audit

Sector Lead: Dr Yaw Moh
Ministry Lead: David Tonks

The Audit Workstream will deliver a framework that provides assurance on data quality, process and payments to all of IPIF's stakeholders. This work will initially focus on:

- the Health Targets
- a self-assessment framework to demonstrate how PHOs meet the Minimum Requirements of the PHO Services Agreement
- A process for determining whether practices meet the Foundation Standards
- working towards a longer-term goal of rationalising the audit burden on providers
- refine all audit methodologies through consultation and stakeholder feedback.

Evaluation

Sector Lead: To be determined
Ministry Lead: Linda Chalmers

The Evaluation Workstream will work with external experts to develop and implement an evaluation framework for IPIF as part of a continuous quality improvement process. The leadership, planning and scoping activities for this workstream will be developed with the sector by October. The evaluation framework will assess the co-design, integration, population health and performance improvement principles and objectives of IPIF. The measures within the framework will be regularly reviewed to ensure their continued value.

IPIF section of HIIRC Website

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

For more information contact the IPIF Team at: IPIF@moh.govt.nz

PPP Transition Fact Sheet

PPP ended 30 June 2014 – what this means to you.

For the final quarter of 1 April 2014 to 30 June 2014 under PPP, follow your usual process:

- Send in your data to DHBSS as usual (due 20 July 2014)
- Processing and payments will happen as usual
- Reporting will remain the same (PHO and public).

For quarter one of 1 July 2014 to 30 September 2014 under IPIF:

- Send in your data to DHBSS as usual (due 20 October 2014)
- New IPIF payments will be made against the new IPIF measures
- Payments will be made quarterly
- No new data will be required at this stage
- DHBSS will continue to work with you with regard to data verification pre-payment
- Reporting is under review. A stocktake will be undertaken to determine which type of reports are right for you and the programme
- Reporting will remain the same until the outcome of the review is clear.

Measures, Incentives and Reporting Fact Sheet

The IPIF Expert Advisory Group (EAG) proposed a system of measures which:

- Are organised across the dimensions of the Triple Aim, as adapted by the New Zealand Health Quality and Safety Commission;
- Contain composite "system level" measures, particularly in the *improved health and equity* dimension of the Triple Aim, which will be used to assess the performance of health systems at a District level.
- Composites are made up of several component measures combined to a single aggregate measure for assessment purposes. System measures should reflect integration for health services at different life stages of the population.
- Composite system measures allow for: a) a balance, without excessive and distortionary focus upon any single component measure; b) highlighting key performance measures including Health Targets as top level components; c) additional component measures to be added or dropped over time to reflect changes as more professional groups or kinds of services enter the scope of the IPIF;
- Allow a permissive set of "contributory" measures to be used at a local district and organisational level for quality improvement, and to explore and address areas of low performance identified in the system level measures;

In developing system level measures it will be important to make careful judgement about which components add valuable information and can pragmatically be collected on a robust basis, while avoiding adding too many components and overcomplicating the system level measure. This will be a matter of balance and judgement as the measures are developed in detail.

The indicative list of life stage system level measures identified by the Expert Advisory Group were:

- Healthy Start (newborns)
- Childhood
- Adolescent
- Healthy adult
- Healthy ageing

Additional measures were identified for other triple aim dimensions, including hospital bed days per capita as an indication of system resources, and patient experience measures in both primary and secondary care settings.

For each of these composite system measures there are some initial suggestions for components. Developing these further will require data analysis and clinical interpretation as part of the co-production approach between the Ministry of Health and the wider health sector for the IPIF.

Contributory measures should be chosen from a dictionary, ensuring national consistency in data collection and definition, but the particular measures used by any given group are to be chosen locally, according to local relevance for quality improvement purposes.

Contributory measures should have clear relevance to specific system level measures, since they are the local tool for quality improvement which will ultimately create better performance at the system level.

Example

Example of a potential system measure: Healthy Start

Aim

To reflect integration of services and good health outcomes for new-born children.

Potential components

1. % new-borns enrolled with a General Practice by two weeks of age
2. % new-borns with 32-41 weeks gestation
3. % new-borns normal birthweight for gestation
4. % no birth asphyxia
5. % new-borns fully breast fed at 6 weeks

Each of these five components to be combined into a single summary measure of healthy start for a population.

Contributory measures

Contributory measures are part of a menu, from which DHBs and PHOs may choose measures which reflect the particular needs and issues for the local population, and feed into local quality improvement programmes. Examples of contributory measures for Healthy Start could include:

- % mothers not smoking in 3rd trimester;
- Time of first enrolment with an LMC;
- Time of first visit to health professional;
- Offered pre-natal diagnosis and screening;
- Ability of health professionals to access antenatal health care records;
- Time of discharge from LMC

These measures are not for performance measurement and comparison, but a basis for quality improvement and service development at the local level.

Of these potential components for the Healthy Start measure some elements will be readily available from existing datasets while others may not be routinely available until a later date.

The process of developing an indicator from the initial list of potential components will require:

- Assessing which component measures are currently available, and which components will need to be worked up to in the future;
- Extracting data from existing systems where available for component measures;
- Analysing the distribution of performance on existing measures, and agreeing:
    - Appropriate method for combining of the different components within the potential system measure;
    - Levels of performance at which systems could be judged as improving or excellent on the system measure;

This work will require involvement from data analysts and clinical experts, as data are pulled and calculated in order to make up the measure, and clinically informed interpretation is made of the result.

Ongoing work

A group of clinicians from across the health sector and MoH/NHB staff was been convened in April to consider the draft measures proposed by the EAG. This group will meet again in August, and will then have the opportunity to consider analysis of existing data on each of the components of the proposed system measures. This will allow informed decisions on:

- Which composite system measures have enough readily available data components to be viable systems measures at an early stage;
- Which composite measures do not have enough components readily available, what work programme will be needed to develop the components for the future, and what priority should be placed upon these;
- In light of the composite systems measures which can be implemented at an earlier stage, identify the priority areas for developing a library of contributory measures.

Appendix_5

MINISTRY OF HEALTH
MANATŪ HAUORA

No.1 The Terrace
PO Box 5013
Wellington 6145
New Zealand
T+64 4 496 2000

7.2

20 June 2014

Ms Carole Heatly
Private Bag 1921
Dunedin 9054

Dear Ms Heatly

Integrated Performance and Incentive Framework (IPIF) targets for 2014/15.

The phased implementation approach to the (IPIF) has been agreed. Phase One (2014/15) is a transition year moving from the PHO Performance Programme to Phase One of the Integrated Performance Programme (IPIF) before further implementation of IPIF in Phase Two (2015/16).

The five proposed PHO performance indicators, focused around the three preventative primary health National Health Targets, have been agreed, along with the proposed weightings, as outlined by the table below:

More Heart and Diabetes Checks (CVD/DM) – National Health Target	25%
Better Help for Smokers to Quit (Tobacco) – National Health Target	25%
Increased Immunisation (Immunisation) National Health Target – 8 Months	15%
Increased Immunisation (Immunisation) National Health Target-2yrs	10%
Cervical Screening	25%

PHO quarterly targets will be included in the Ministry of Health Contracts with District Health Boards (DHBs).

The 2014/15 targets for Southern Primary Health Organisation PHO are in the table below.

PHO Name:
Southern Primary Health Organisation

IPIF Targets for 2014/15:

	Q1 1415	Q2 1415	Q3 1415	Q4 1415
More Heart and Diabetes Checks	74.4%	79.6%	84.8%	**90.0%**
Better Help for Smokers to Quit	70.1%	76.7%	83.4%	**90.0%**
Increased Immunisation - Eight Month Olds	94.7%	94.8%	94.9%	**95.0%**
Increased Immunisation - Two Year Olds	94.6%	94.8%	94.9%	**95.0%**
Cervical Screening	80.0%	80.0%	80.0%	**80.0%**

Please ensure that this information is forwarded to your PHO.

Yours sincerely

Cathy O'Malley
Deputy Director General
Sector Capability and Implementation

Health Target Reporting – August, 2014

Priority Area	Key Performance Indicator	Activity	Progress against activity July 14
National Health Targets as required by the Ministry of Health			
1. **More Heart & Diabetes Checks**: Identify and implement actions to improve CVD risk assessment rates.	• 90 percent of the eligible population will have had their cardiovascular risk assessed in the last five years to be achieved by July 2014.	1.1 Monitor practice performance & follow up where performance is not improving 1.2 Investigate potential data integrity issues 1.2 Agree an action plan with each practice on what they can do to achieve the targets 1.3 Provide support to practices as & when required	• Practice visits to review progress & discuss action plan for improved performance - ongoing. • Weekly monitoring of practice performance via BPI & DRINFO. • Support and encouragement provided to practices to use the DrInfo audit tool, which the SPHO is funding. Of the 88 practices in the SPHO, 57 practices have signed up since April, 2014. 13 practices are unable to sign up due to the PMS they operate (Profile and Houston); one practice has declined; four practices are considering DrInfo; and 13 practices owned by South Link Health are not signed up. • DRINFO testing continues for Profile for Mac. • Regular meetings with DHB and MoH (via teleconference) to discuss PHO performance. • Clinical teams in Dunedin and Invercargill underway with supporting practices in the management of patients with chronic conditions with an emphasis on CVDRAs. • Completion of a MoH funded video featuring PHO staff promoting CVDRAs aimed at practice teams. Next step will be to get this information out to practices.
2. **Increased Immunisations**: Identify and implement actions to improve immunisation rates.	• 90 percent of eight-month-olds have their primary course of immunisation at six weeks, three months and five months on time by July 2014 and 95	2.1 Monitoring of the National Immunisation Register (NIR) and service improvements are identified and implemented.	▪ Follow up with practices with low immunisation rates - ongoing. ▪ Liaison with the local NIR Team to clarify newborn enrolment processes and identification of practice for follow-up.

Priority Area	Key Performance Indicator	Activity	Progress against activity July 14
	percent by December 2014.		
3. **Brief Advice to Quit Smoking:** Identify and implement actions to improve CVD risk assessment rates in primary care.	• 90 percent of patients who smoker and are seen by a health practitioner in primary care are offered brief advice and support to quit smoking.	3.1 Keeping practices up to date with their achievement against the target. 3.2 Supporting practices to audit the PMS to ensure all practice smoking activity is entered correctly for extraction 3.2 Cessation services provided outside of general practice are reported to practices for recording in patient records. 3.3 Smokers not offered brief advice or cessation support are identified and followed-up.	▪ Practices requested to submit their CPI reports every week ▪ Data resubmitted to MOH for this indicator as advised by SLH due to them not correctly interpreting the reporting requirements. ▪ Practices supported to audit patient records to identify patients offered advice or support to quit but not coded correctly. ▪ Follow up with practices with low rates of recorded smoking cessation activity. ▪ Details provided to practices for patients to be followed-up to support the quit attempt they may have made during their hospital admission ▪ The GP Champion continues to support practices & providing CME incorporating DrInfo training highlighting the importance of the Health Target “Better Help for Smokers to Quit”.

More Heart and Diabetes Checks 2013/14 Q4 - Final Results by DHBs

Based on Adjusted Raw Data Supplied by DHB Shared Services

	Maori			Pacific			Other			Total				2013/14 Q3 Final Results	Difference
DHB	Numerator	Denominator	CVD Risk	Numerator	Denominator	CVD Risk	Numerator	Denominator	CVD Risk	Numerator	Denominator	CVD Risk	Rank		
Auckland	9,731	11,026	88.3%	23,082	25,338	91.1%	106,724	115,500	92.4%	139,537	151,864	91.9%	1	86.2%	5.7% ▲
Bay of Plenty	11,191	13,768	81.3%	644	787	81.8%	45,722	51,760	88.3%	57,557	66,315	86.8%	10	82.6%	4.2% ▲
Canterbury	5,679	9,515	59.7%	1,874	3,154	59.4%	86,424	130,237	66.4%	93,977	142,906	65.8%	20	57.6%	8.1% ▲
Capital Coast	6,624	8,497	78.0%	5,655	7,003	80.8%	56,410	65,142	86.6%	68,689	80,642	85.2%	12	81.5%	3.7% ▲
Counties Manukau	17,008	19,570	86.9%	28,079	31,211	90.0%	76,691	82,533	92.9%	121,778	133,314	91.3%	2	85.7%	5.6% ▲
Hawkes Bay	8,544	10,702	79.8%	1,064	1,347	79.0%	31,638	37,016	85.5%	41,246	49,065	84.1%	14	79.1%	5.0% ▲
Hutt	4,431	5,942	74.6%	2,629	3,342	78.7%	25,490	30,999	82.2%	32,550	40,283	80.8%	16	72.0%	8.9% ▲
Lakes	9,196	11,449	80.3%	631	732	86.2%	19,921	21,638	92.1%	29,748	33,819	88.0%	7	83.6%	4.4% ▲
Mid Central	5,691	7,133	79.8%	896	1,115	80.4%	33,949	38,290	88.7%	40,536	46,538	87.1%	9	83.7%	3.4% ▲
Nelson Marlborough	2,470	3,488	70.8%	343	505	67.9%	34,033	43,354	78.5%	36,846	47,347	77.8%	17	71.6%	6.2% ▲
Northland	13,955	16,412	85.0%	591	714	82.8%	33,856	36,588	92.5%	48,402	53,714	90.1%	4	84.1%	6.0% ▲
South Canterbury	639	892	71.6%	104	136	76.5%	14,312	17,520	81.7%	15,055	18,548	81.2%	15	78.1%	3.1% ▲
Southern	4,385	6,168	71.1%	971	1,311	74.1%	62,622	80,135	78.1%	67,978	87,614	77.6%	18	69.1%	8.5% ▲
Tairawhiti	5,874	7,065	83.1%	230	282	81.6%	6,751	7,576	89.1%	12,855	14,923	86.1%	11	81.9%	4.2% ▲
Taranaki	3,739	4,709	79.4%	218	270	80.7%	24,279	27,191	89.3%	28,236	32,170	87.8%	8	81.3%	6.5% ▲
Waikato	16,671	21,073	79.1%	2,083	2,635	79.1%	73,682	84,913	86.8%	92,436	108,621	85.1%	13	78.9%	6.2% ▲
Wairarapa	1,477	1,859	79.5%	186	240	77.5%	10,748	11,950	89.9%	12,411	14,049	88.3%	6	84.5%	3.8% ▲
Waitemata	9,856	11,815	83.4%	8,445	9,659	87.4%	108,467	120,598	89.9%	126,768	142,072	89.2%	5	80.8%	8.4% ▲
West Coast	768	994	77.3%	54	69	78.3%	7,053	9,214	76.5%	7,875	10,277	76.6%	19	69.6%	7.0% ▲
Whanganui	3,913	4,506	86.8%	295	363	81.3%	14,495	15,688	92.4%	18,703	20,557	91.0%	3	85.6%	5.3% ▲
All	**141,842**	**176,583**	**80.3%**	**78,074**	**90,213**	**86.5%**	**873,267**	**1,027,842**	**85.0%**	**1,093,183**	**1,294,638**	**84.4%**		**78.2%**	**6.2% ▲**

Notes:

Numbers here cover period up to 30 June 2014 and the current target for More Heart and Diabetes Checks is 90% by July 2014.
The performance for Rotorua Area Primary Health Services Limited is shown completely under Lakes DHB.
Numerators for Canterbury DHB include manually submitted number of risk-assessment-related discussions for their PHOs (mostly from Pegasus) as agreed with the Ministry.
Total number of risk-assessment-related discussions for Canterbury DHB since January 2013 is **9,416** or about 7% of their performance this quarter.

Definitions:

Numerator: Enrolled people in the PHO within the eligible population who have had a CVD risk recorded in the last 5 years.
Denominator: Count of enrolled people in the PHO who are eligible for a CVD risk assessment.
Eligible population is defined as those who are enrolled with a PHO and meet the following criteria:

- Males of Maori, Pacific, or Indian sub-continent ethnicity aged 35-74 years at the end of the reporting period
- Females of Maori, Pacific, or Indian sub-continent ethnicity aged 45-74 years at the end of the reporting period
- Males of any other ethnicity aged 45-74 years at the end of the reporting period
- Females of any other ethnicity aged 55-74 years at the end of the reporting period

Data Source:

The data is sourced from the PHO Performance Programme provided by DHB Shared Services as well as PHO enrolment datasets
Data is summarised by DHB of **practice location** e.g. Procare practices are attributed to the three metro Auckland DHBs and the NHC, Cosine and Alliance Health Plus practices are attributed to their local DHBs.

Better Help for Smokers to Quit (Primary Care) 2013/14 Q4 - Final Results by DHBs

Based on Adjusted Raw Data Supplied by DHB Shared Services

	Indicator 1: Smoking Status Ever Recorded				Indicator 2: Current Smoker Recorded				Indicator 3: Brief Advice					Indicator 4: Cessation Support			
DHB	Numerator	Denominator	Rate	Difference from Previous Quarter	Numerator	Denominator	Rate	Difference from Previous Quarter	Numerator	Denominator	Rate	Rank	Difference from Previous Quarter	Numerator	Denominator	Rate	Difference from Previous Quarter
Auckland	371,420	401,432	92.5%	2.8% ▲	47,480	371,420	12.8%	1.6% ▼	45,432	45,581	99.7%	2	32.6% ▲	12,679	45,581	27.8%	8.5% ▲
Bay of Plenty	131,188	144,251	90.9%	0.5% ▲	24,808	131,188	18.9%	0.4% ▼	20,320	23,220	87.5%	7	8.0% ▲	6,332	23,220	27.3%	0.6% ▲
Canterbury	321,408	363,742	88.4%	2.2% ▲	55,306	321,408	17.2%	0.2% ▼	37,764	50,613	74.6%	15	9.8% ▲	10,845	50,613	21.4%	1.2% ▼
Capital Coast	206,603	218,522	94.5%	0.7% ▲	27,439	206,603	13.3%	0.3% ▼	18,294	25,365	72.1%	17	1.9% ▼	3,194	25,365	12.6%	0.6% ▼
Counties Manukau	314,021	330,811	94.9%	1.7% ▲	60,327	314,021	19.2%	0.8% ▼	55,785	56,431	98.9%	3	22.2% ▲	15,837	56,431	28.1%	7.2% ▲
Hawkes Bay	96,139	108,213	88.8%	0.8% ▲	20,644	96,139	21.5%	0.1% ▼	14,938	19,388	77.0%	13	3.5% ▲	9,003	19,388	46.4%	2.7% ▲
Hutt	87,738	99,001	88.6%	1.0% ▲	16,518	87,738	18.8%	0.1% ▼	11,072	15,633	70.8%	19	6.5% ▲	2,715	15,633	17.4%	2.7% ▲
Lakes	70,833	76,004	93.2%	1.2% ▼	15,910	70,833	22.5%	0.3% ▼	12,492	16,040	77.9%	12	11.9% ▲	6,276	16,040	39.1%	3.4% ▲
Mid Central	102,810	109,617	93.8%	0.6% ▲	19,434	102,810	18.9%	0.0% ▼	14,541	17,878	81.3%	11	0.1% ▼	2,473	17,878	13.8%	0.5% ▲
Nelson Marlborough	96,566	102,129	94.6%	1.3% ▲	15,113	96,566	15.7%	0.5% ▼	10,815	14,515	74.5%	16	0.7% ▼	2,821	14,515	19.4%	0.4% ▲
Northland	97,667	110,516	88.4%	2.1% ▲	23,419	97,667	24.0%	0.4% ▼	20,738	21,476	96.6%	6	12.0% ▲	3,723	21,476	17.3%	0.4% ▲
South Canterbury	35,382	41,295	85.7%	0.9% ▲	6,646	35,382	18.8%	0.2% ▼	6,079	6,248	97.3%	5	7.1% ▲	1,775	6,248	28.4%	5.8% ▲
Southern	182,142	213,219	85.4%	3.5% ▲	35,733	182,142	19.6%	0.3% ▼	22,563	31,677	71.2%	18	7.8% ▲	8,108	31,677	25.6%	1.9% ▲
Tairawhiti	31,268	32,617	95.9%	0.4% ▲	8,894	31,268	28.4%	0.4% ▼	6,626	7,881	84.1%	9	15.3% ▲	1,754	7,881	22.3%	0.5% ▲
Taranaki	72,607	74,916	96.9%	0.5% ▲	13,863	72,607	19.1%	0.4% ▼	10,852	12,874	84.3%	8	12.5% ▲	3,889	12,874	30.2%	3.9% ▲
Waikato	250,800	262,984	95.4%	0.7% ▲	50,346	250,800	20.1%	0.4% ▼	38,927	46,615	83.5%	10	11.0% ▲	15,694	46,615	33.7%	5.8% ▲
Wairarapa	28,473	30,208	94.3%	1.4% ▲	5,909	28,473	20.8%	0.4% ▼	5,524	5,646	97.8%	4	5.5% ▲	748	5,646	13.2%	0.0% ▲
Waitemata	332,134	359,956	92.3%	2.7% ▲	46,495	332,134	14.0%	1.0% ▼	45,711	45,045	101.5%	1	37.4% ▲	13,496	45,045	30.0%	11.9% ▲
West Coast	20,644	22,763	90.7%	2.7% ▲	5,027	20,644	24.4%	0.4% ▼	2,875	4,643	61.9%	20	6.5% ▲	696	4,643	15.0%	3.6% ▼
Whanganui	41,344	44,244	93.4%	1.0% ▲	8,573	41,344	20.7%	0.0% ▼	6,082	8,034	75.7%	14	8.3% ▼	2,535	8,034	31.6%	2.9% ▼
National	**2,891,187**	**3,146,440**	**91.9%**	**1.7% ▲**	**507,884**	**2,891,187**	**17.6%**	**0.6% ▼**	**407,430**	**474,803**	**85.8%**		**14.2% ▲**	**124,593**	**474,803**	**26.2%**	**3.8% ▲**

Notes:

The data is for the quarterly period up to 30 June 2014. The target is 90% for Indicator 3.
The performance for Rotorua Area Primary Health Services Limited is shown completely under Lakes DHB.

Definitions:

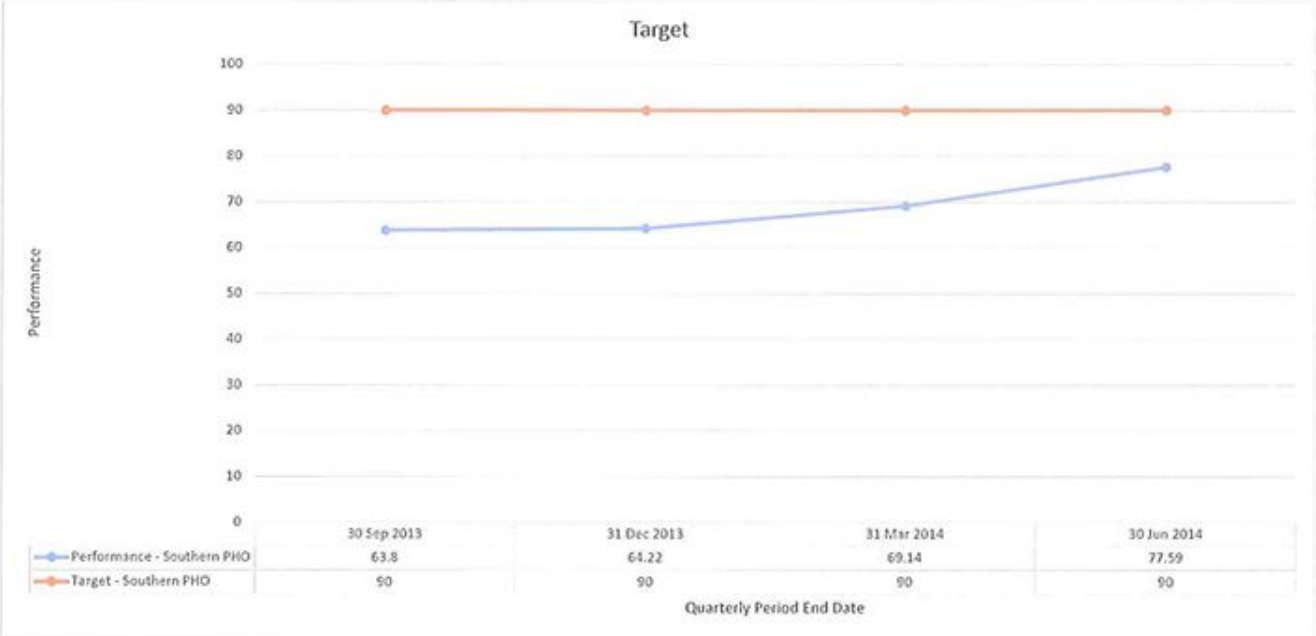
Numerators for Indicator 3 represent the number of 15 to 74 year-old patients who have received brief advice to quit smoking within the last 12 months.
Denominators for Indicator 3 represent the number of 15 to 74 year-old current smokers ("current" within the last 15 months) estimated to have received consultation from their GPs within the last 12 months
Denominators were estimated using the proportion of 15 to 74 year-olds within each PHO who have received consultation within 12 months.
This includes non-smokers as we have no way to separate them out in the underlying PHO enrolment dataset.

Data Source:

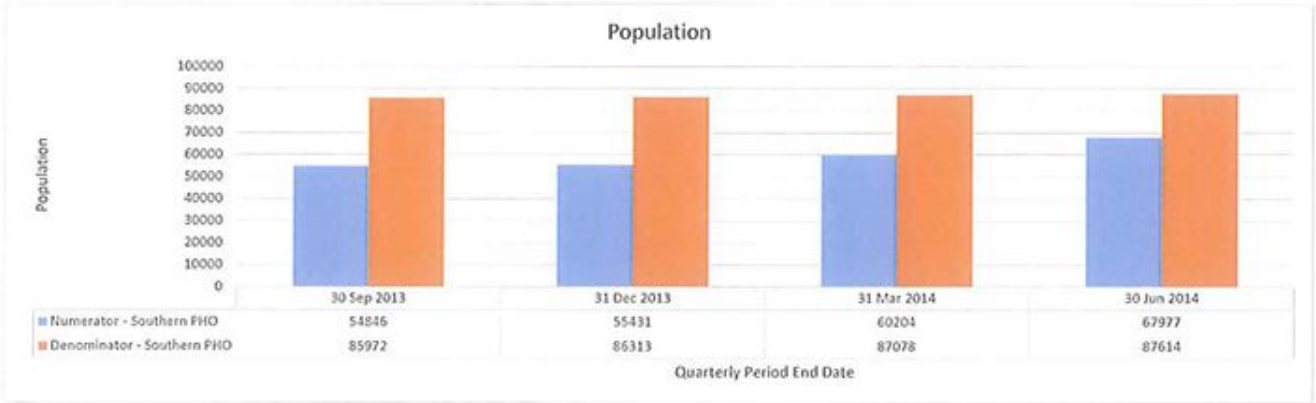
The data is sourced from the PHO Performance Programme provided by DHB Shared Services as well as PHO enrolment datasets
Data is summarised by DHB of **practice location** e.g. Procare practices are attributed to the three metro Auckland DHBs and the NHC, Cosine and Alliance Health Plus practices are attributed to their local DHBs.

CVD Risk Assessment - Total Population

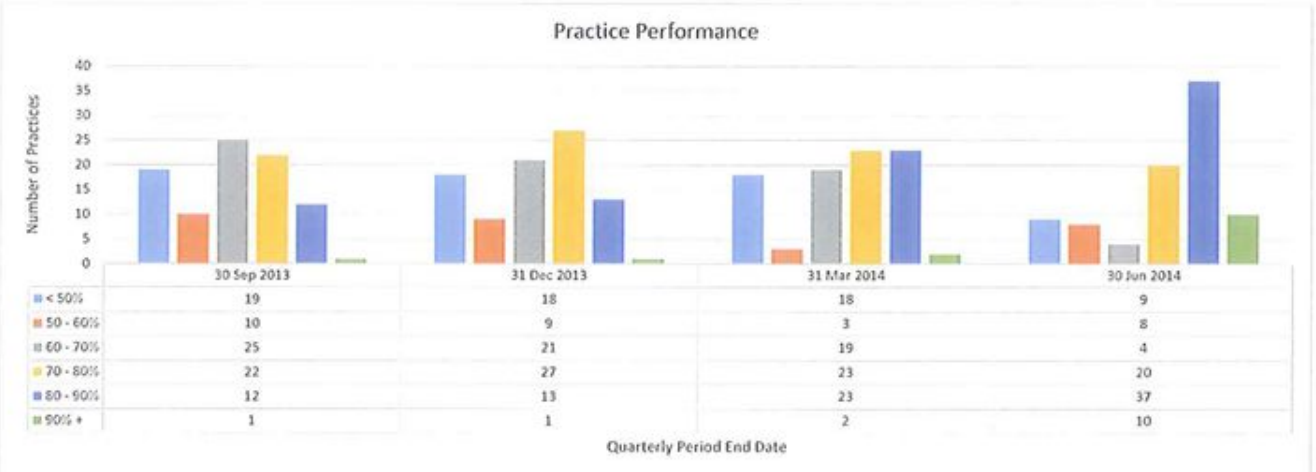
2b



	30 Sep 2013	31 Dec 2013	31 Mar 2014	30 Jun 2014
Performance - Southern PHO	63.8	64.22	69.14	77.59
Target - Southern PHO	90	90	90	90



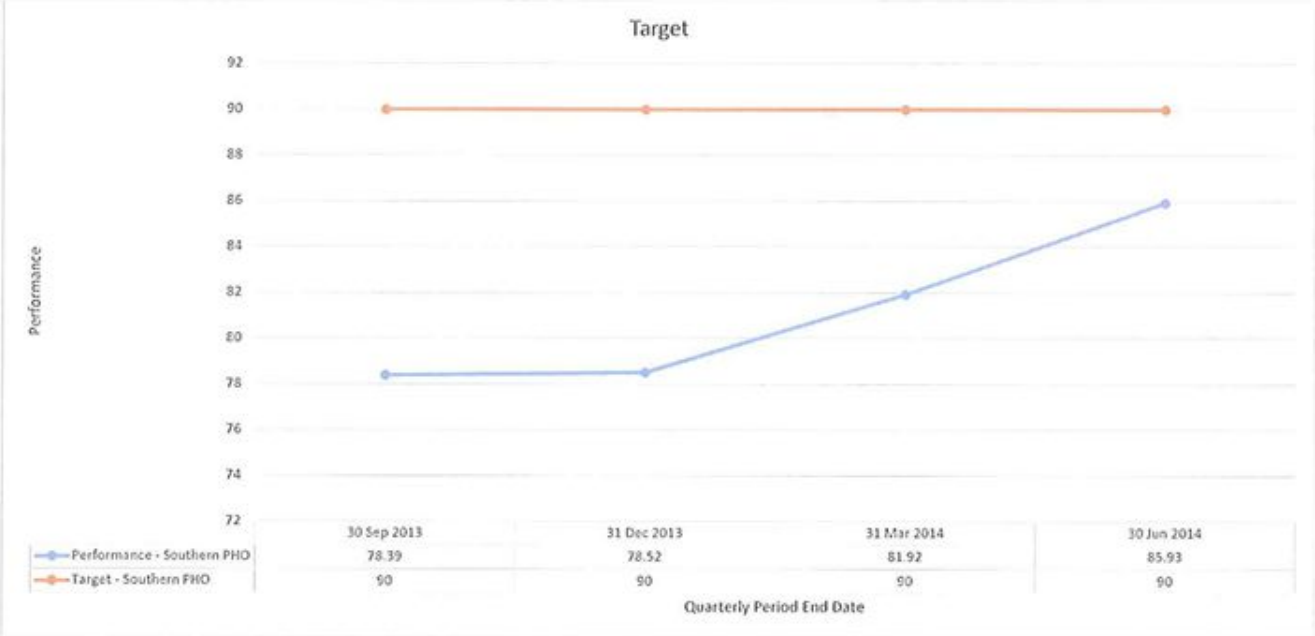
	30 Sep 2013	31 Dec 2013	31 Mar 2014	30 Jun 2014
Numerator - Southern PHO	54846	55431	60204	67977
Denominator - Southern PHO	85972	86313	87078	87614



	30 Sep 2013	31 Dec 2013	31 Mar 2014	30 Jun 2014
< 50%	19	18	18	9
50 - 60%	10	9	3	8
60 - 70%	25	21	19	4
70 - 80%	22	27	23	20
80 - 90%	12	13	23	37
90% +	1	1	2	10

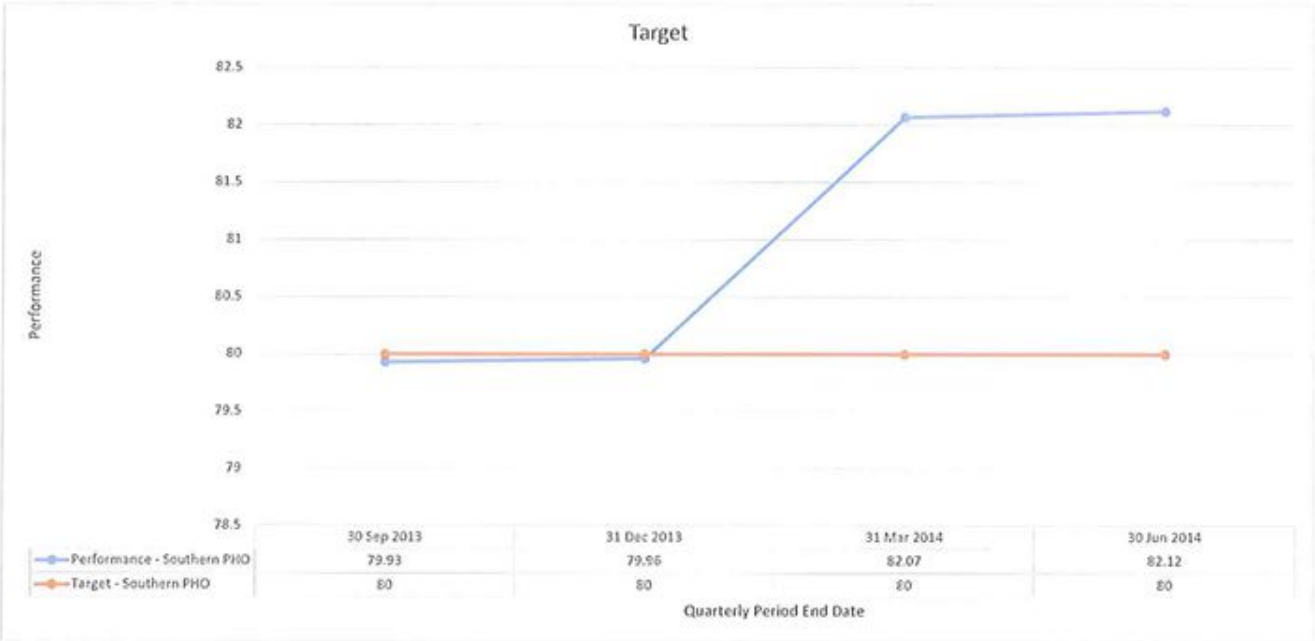
NB: The number of practices with less than 60% achievement has decreased while the number achieving 90% has increased significantly since September 2013. Eight of the 10 practice above 90% are signed up to DRINFO.

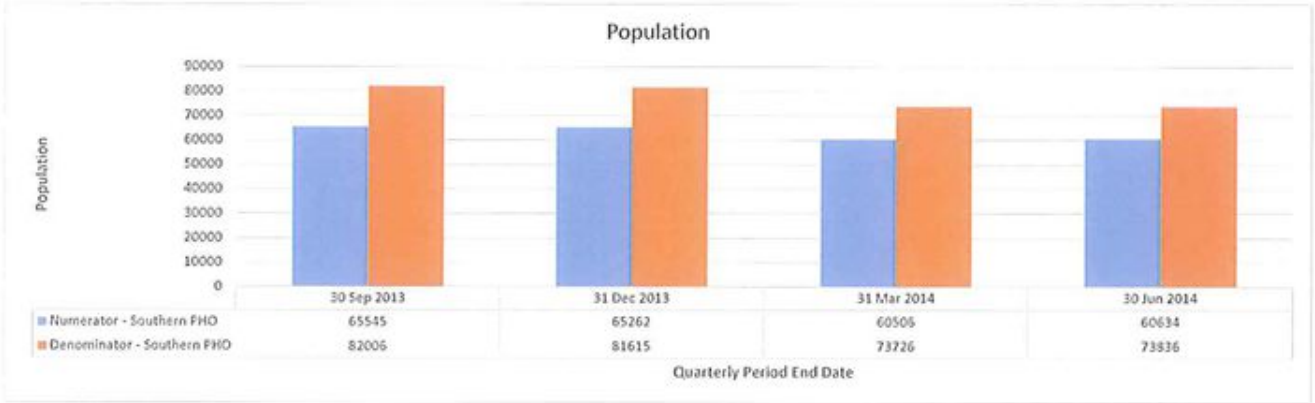
Smoking status ever recorded - Total Population

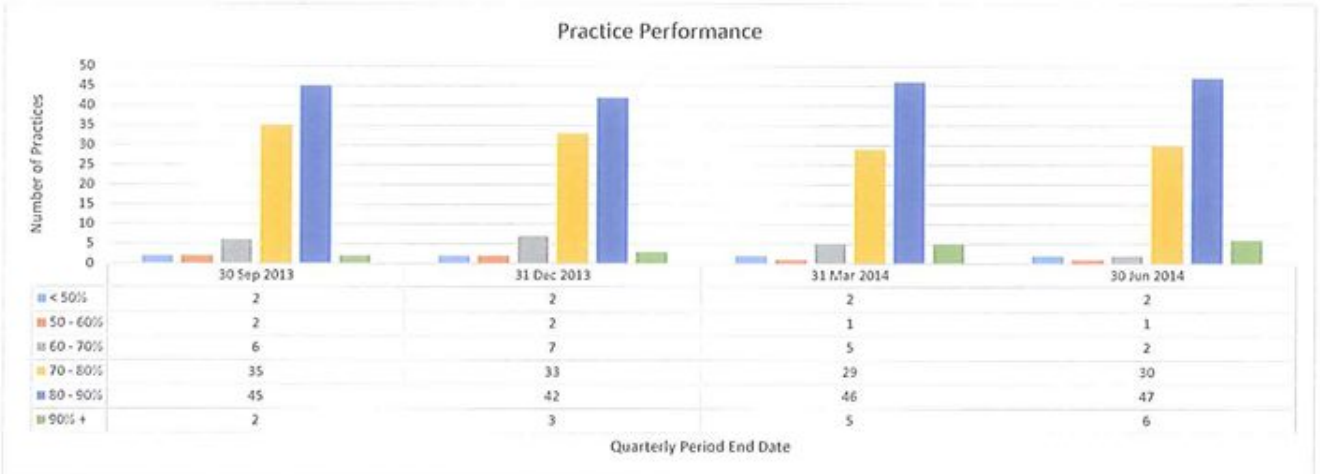


NB: Performance for the "better help to quit' indicator is not available at this time due to an issue with SLH not interpreting the data correctly and having to resubmit the CPI report. Recording of Smoking status has improved across the PHO improving our access to imformation on the number of smokers in each area.

Cervical Screening Coverage - Total Population





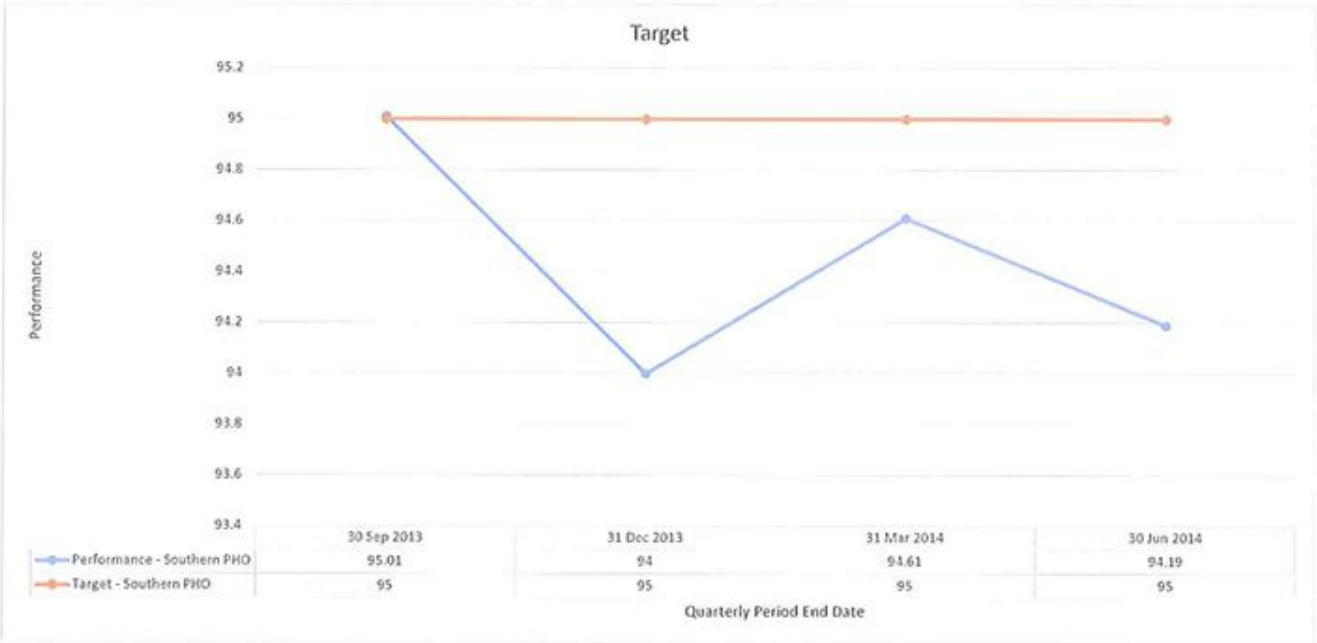


NB: Overall the PHO achieves well for this indicator which measures women aged 25-69yrs who are up to date with their smear. Ethnicity breakdown is:

- Maori = 78.20%
- Pacific = 70.53%
- Asian = 70.59%

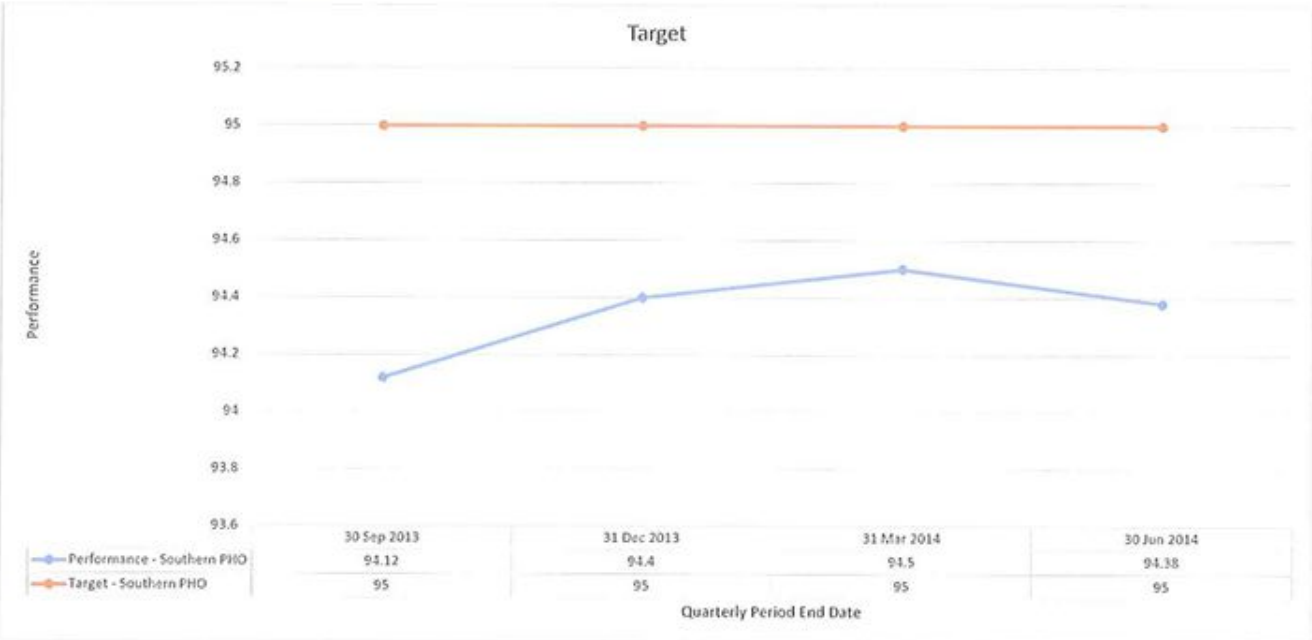
PHO and DHB funding is available to practices to offer free smears to under and unscreened women.

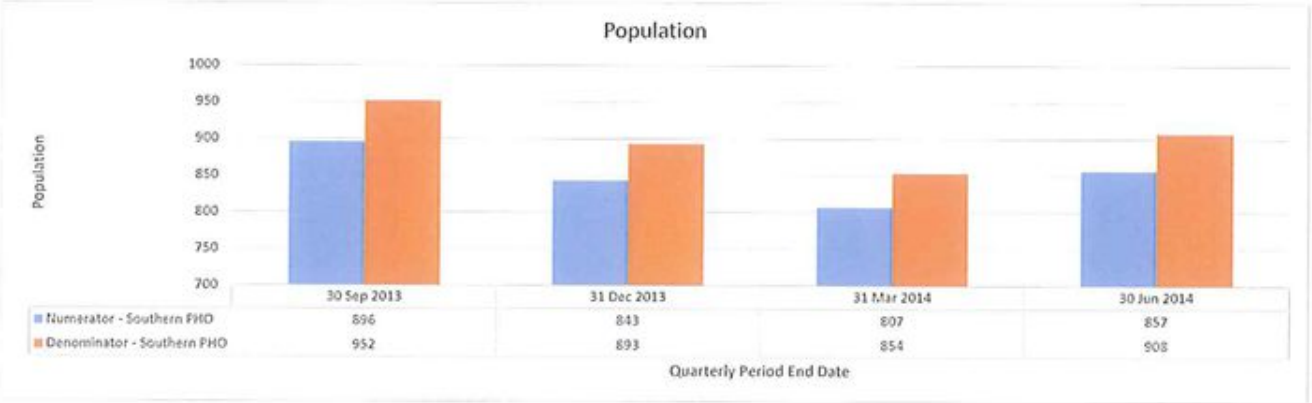
Age Appropriate Vaccinations - 8M Olds - Total Population



NB: The PHO consistently maintains a high percentage of childhood immunisations in this age group although performance for Maori is just 91.11% (12 children not fully immunised) which needs addressed.

Age Appropriate Vaccinations - 2yr Olds - Total Population





NB: The PHO consistently maintains a high percentage of childhood immunisations in this age group although performance for Pacific is just 90.63% (3 children not fully immunised) which needs addressed. Maori is 93.29%.

2a

Contracted Services & Programmes Reporting August, 2014

Service Area	Key Performance Indicator	Activity	Progress against activity July 14
Services are delivered as contracted			
1 **Relationship Management**: Maintain a high level of relationship & communication with all contracted providers.	• Providers are engaged with the PHO and particpating in PHO activities & programmes	1.1 Regular face to face meetings 1.2 Regular, relevant & informative communications	• Pulse & fortnightly practice updates distributed • Regular BIS clinics provided in practices • Regional practice meetings held in Dunedin, Oamaru, Cromwell, Lawrence & Invercargill throughout July. • 71 Practices visited (managers & practice support incl Clinical team) • ACC contract practice visits undertaken • GP recruitment support to three practices - including provision of Locum cover in two. • Follow-up with practices regarding fee changes – ongoing.
2 Health Promotion: Implement the PHO's 2013/14 Health Promotion plan as approved by the Board and Southern DHB.	• HP programmes and activities are implemented.	2.1 Little Lungs 2.2 Books On Prescription 2.3 Voucher system 2.4 Breast Feeding initiatives 2.5 Senior Chef Programme 2.6 Alcohol Awareness Programmes & Activities 2.7 Mental Wellbeing initiatives & activities	• Promotion of Little Lungs to local providers in Southland by Ministry of Education via their newsletter. • Little Lungs programme being expanded into South Otago, Central Otago and Queenstown Lakes District. • Big Latch on promotion held to coincide with World Breastfeeding week • Liaison with providers around Smokefree 2025 - ongoing • Submission to Waitaki District Council discouraging smoking at local reserves • Books on Prescription (BoP) book list reviewed and updated. Planning underway to include

1

2a

Service Area	Key Performance Indicator	Activity	Progress against activity July 14
			books on other health conditions i.e. diabetes, CVD and chronic conditions. • BoP promotion to o Winton Library o Milburn Prison o Invercargill Prison o Stewart Island District Nurses • Promotion of the PC development programme – ongoing • Development of a PC accreditation process underway. • Healthy Heart Award programme delivered to un / under-serviced early childhood centres & Kohunga Reo in Southland, Invercargill & Central Otago • Registrations open for RRAW Young People & Alcohol workshops X 2 in Invercargill. • Preparation of RRAW newsletter. **HP General** • Face to face presentation in support of the Healthy Families NZ RfP. • Voucher programme promotion to community agencies including the needle exchange. • Breastfeeding Support e-newsletter and other resources distributed. • Central Otago Mediation & Mindfulness courses scheduled. • 53 people attended the Rural Life workshop in Mosgiel.

7.2

2

2a

Service Area	Key Performance Indicator	Activity	Progress against activity July 14
			• EoI in the Rural Life workshops received from other PHOs and ANZ Agribusiness
3 **Services to Improve Access (SIA)**: Implement the Board approved programmes to eliminate barriers to access for high need populations	• Reduced or diminished barriers to access for high need patients • Increased uptake of programmes targeted at high needs patients	3.1 Sexual Health Programme & Clinics 3.2 High Needs CVDRA Programme 3.3 Language Line 3.4 Text Reminder Programme 3.5 Cancer Kaiarahi Coordinators 3.6 Funded smear programme (Maori only) 3.7 Insulin Initiation 3.8 Oral Health Programme	▪ Promotion of the programmes to practice teams and accredited providers - ongoing ▪ Financial reporting very useful to identify practices not participating in SIA funded programme for follow-up. ▪ Practice level data matching to identify under and un-screened women eligible for funded smears - ongoing. ▪ Community programmes and activities delivered via contracts with accredited providers - ongoing. ▪ Meeting with Cancer Kaiarahi contracted providers for a programme update. ▪ E-Referral from general practices to accredited (Maori & PI providers) in place ▪ Oral Health Programme contract renewed.
4 **GPSI Skin Lesion Programme**: Ongoing implementation of the Skin Lesion Programme.	• The Skin Lesion Programme is delivered equitably across the district within available funding	4.1 Active management of GPSI allocations, referrals & fee for service payments.	▪ Referral & payment information collected, recorded and processed. ▪ Support to practices provided in response to volume queries. ▪ Implementation of e-referral processes completed. ▪ Monitoring of utilization - ongoing
5 PHO Performance Programme: Targets are achieved to	• Achievement of Performance Programme Targets • All practices are actively engaged in achievement of the targets	5.2 Data Matching 5.2 Practice dashboard reporting	• Cervical and Breast screening programme data matching completed in conjunction with the DHB's screening teams.

3

Service Area	Key Performance Indicator	Activity	Progress against activity July 14
maximise PPP income to the PHO		5.3 Clinical & management support to practices and other providers 5.4 Collaborative relationship in support of target achievement	• Resubmission of CPI report to 30 June advised to MoH upon advice from SLH that they had miscalculated the smoking indicators - the outcome of the resubmission is not yet know Follow-up with practices not achieving the targets to agree actions toward improved performance. • Clinical support & education provided to practices - ongoing. • Meetings with DHB provider arm teams to share resources and expertise where appropriate in support of practices achieving the targets. • Promotion of funded programmes (smears, flu vaccines & CVDRAs) in support of the targets. • Liaison with MOH, DHB Shared Services & other PHOs around various aspects of the programme indicators and targets. • Ongoing roll-out of DRINFO across the district as reported in Health Target report.
6 CarePlus	• Patients with ongoing chronic health conditions are supported to have maintain regular contact with their GP • Patients at risk of frequent hospital admissions are enrolled in an intensive management programme to reduce the likelihood of further hospital admissions.	6.1 Active management of CarePlus claims, allocations and 'fee for service' payments 6.2 Integrated Practice Support (YoY) Project in selected practices 6.3 Active Management of the Palliative Care Programme	▪ Enrolments monitored and payments processed. ▪ Responding to outstanding payment and enrolment issues – ongoing. ▪ Ongoing engagement with the IPC early starter practices. ▪ Data matching of ED admissions data commenced to identify patients not enrolled in Care+ with a history of multiple admissions for follow-up by practices with support from the PHO.

Service Area	Key Performance Indicator	Activity	Progress against activity July 14
7 **Diabetes Care;** Implementation of the Diabetes Care Improvement Programme (DCIP) and Insulin Initiation Programme	• Patients diagnosed with diabetes receive timely, high quality & relevant health care.	7.1 DCIP support to practices	• Development of a DCIP implementation plan including a review of payment model commenced – draft plan attached • Monitoring of provider performance and follow up as required. • LDT meetings on hold as we await the decision around reconfiguring this group to become a long term conditions advisory group. • Discussion with MoH re their diabetes work plan including development of patient resources.
8 **HPV Programme:** Ongoing implementation of the HPV Programme in Southland	• Delivery of an equitable, ongoing immunisation programme for girls in school year 8 and facilitating uptake or girls eligible girls to provide protection against HPV infection and the subsequent development of cervical cancer.	8.1 Planning and delivery of the School Based Programme through an appropriately qualified nursing service 8.2 Planning and implementing a delivery schedule that ensures prioritisation of delivery to all schools.	• Preparation underway for Round Three visits commencing late August. • HPV staff redeployed helping out with health target support in local practices in between rounds.
9 **Workforce Development:** Implementation of the PHO's Workforce Development Plan	• Development of a highly skilled multidisciplinary primary care workforce.	9.1 Workforce Development Plan 9.2 Appropriate communication with clinicians	• Implementation of the Workforce Development Plan underway. • Clinician contact database developed including a profile of individuals. • Monthly CME continues in Invercargill. • Planning commenced to deliver CME in Otago.
10 **Ethnicity Audits:** Implement the	• All SPHO practices audited to ensure accuracy of ethnicity recording systems and processes.	10.1 Auditing of practice records.	• DHB report for period May/June enclosed. • 18 audits completed year to date.

2a

Service Area	Key Performance Indicator	Activity	Progress against activity July 14
ethnicity project as contracted.			• Draft reports sent to practices following the initial visit. • Post audit actions followed up as required.
11 Mental Health Brief Intervention: Implementation of the BIS service as contracted	• Delivery of services to eligible clients with a mild to moderate mental health illness.	11.1 Brief Intervention service delivery	• 1134 adult and 83 youth (12-19yrs) received into the service in Quarter 4. • Individual workforce development applications approved & processed on an ongoing basis.

7.2

6

SOUTHERN DISTRICT HEALTH BOARD

Title:	Progress on delivering priorities and targets - DHB Annual Plan 2013/14
Report to:	Disability Support and Community & Public Health Advisory Committees
Date of Meeting:	3 September 2014

8

Summary:

This report shows the progress on delivering on the plans, actions and commitments in the Southern DHB 2013/14 Annual Plan. It highlights completed actions and achievements. Where activity is still to be completed, a brief narrative is provided on planned action and any issues affecting delivery and potentially impacting on the timing or ability to complete.

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: Glenn Symon Service Development Manager Planning & Funding Date: 12.8.2014	Presented by: Sandra Boardman Executive Director Planning & Funding

RECOMMENDATIONS:

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

Delivering on Priorities and Targets Southern DHB Annual Plan 2013/14 Progress Report

JULY 2014

Progress	Progress Key
	Action or activity completed
	Action or activity underway but not yet completed
	Action or activity not started

1 Youth Mental Health in Primary Care

Section	Actions and Activities	Progress	Brief Progress Narrative
Expanding Primary Mental Health Services to All Youth and Their Families	A new Primary Youth Mental Health Service, which reflects a stepped-care model, will start in Central Otago in 2013.	●	
	A service based in Oamaru has been agreed as the next priority in the next 2-3 years.	●	Currently under discussion with SPHO. For implementation during 2014/15.
	Within Dunedin there are a number of NGOs who provide a primary mental health intervention service of some type. Further work will occur to better understand how these services are providing aspects of a stepped care model, and what further service development may be needed.	●	Specific work not undertaken in 13/14. Expect to occur as part of phased implementation planning Raise Hope.
	To increase access for youth who are not enrolled in the PHO, clinics will be held in non-PHO facilities, such as youth health/social service providers.	●	Partially achieved- new Central Otago FTE delivers in variety of settings e.g. schools. Working with Invercargill YOSS on options for alcohol & drug services 2014/15
Improve the Responsiveness of Primary Care to Youth	A stocktake will be completed of relevant resources for youth across our district, including pathways through these, both within and outside of DHB-funded services.	●	The Youth Advisor led a project to develop a Youth Directory of Services across the sector and District, producing a resource document that has been well received by the sector.
	Actions to improve responsiveness of primary care to youth mental health will be agreed, once the above work has been finalised.	●	Currently under discussion with SPHO and wider sector including SST.
Review and Improve the Follow-up Care for those Discharged from CAMHS and Youth AOD Services	The feasibility of establishing an IT application to better enable this transition and communication between secondary and primary care is to be explored. Further analysis and discussion is planned for this area, involving both PHO and Provider Arm	●	Limited progress as IT resource is focused on local regional and national priorities which include participating in Health Connect South development. An e-referral project is scheduled for 2014.
	Deliver joint education programmes within and hosted by primary care, with trainers/education resource provided by secondary care	●	Variable across the district with pockets of high uptake, for example Wakatipu. Provider arm have established links and working relationships and are available on request. Resources are well developed.
	Improve education about child and youth mental health problems across the sector, and the educational information given to families/whānau.	●	Variable across the district with pockets of high uptake, for example Wakatipu. Provider arm have established links and working relationships and are available on request. Provider arm education is open to the wider sector and there is consistently high uptake of Werry Centre Education and Training. Mental Health is Everybody's Business presented to Paeds, Kindergarten, Public Health Nurses. Training also provided for Foster Care and Carers for Life and CYPS social workers.

● Completed ● Underway but not yet completed ● Not started

Section	Actions and Activities	Progress	Brief Progress Narrative
	Build connections and collaborative ways of cross sector government organisations that is integrated and coordinated when working with young people.		Provider arm have established links and working relationships with NGOs and other government agencies for example, CYF, MSD, Justice.
Improve Access to CAMHS and Youth AOD Services	The CAPA model is embedded consistently across the district.		CAFS, CAMHS and YSS services across the district are working together with consistent systems being progressively developed.
	Systems and processes are progressively reviewed and re-established as district systems to support consistent service delivery across the Southern DHB district.		CAFS, CAMHS and YSS services across the district are working together with consistent systems being progressively developed.

2 School Based Health Services

Section	Actions and Activities	Progress	Brief Progress Narrative
Maintaining and Expanding School Based Health Services	Increase the visibility of SBHS with education and health promotion campaigns		
Expanding the Use of HEEADSSS Wellness Checks in Schools and Primary Care Settings	We will continue to monitor and review the delivery of HEEADSSS in schools and primary care settings and make improvements as required.		
	All public health and primary care nurses involved with School Based Health Services undertake HEEADSSS assessment training as part of their initial orientation to the service.		

Completed Underway but not yet completed Not started

3 Better Public Services: Supporting Vulnerable Children

Section	Actions and Activities	Progress	Brief Progress Narrative
Increase Infant Immunisation Rates	Maintain an immunisation steering group that includes all the relevant stakeholders for the DHBs immunisation services.	●	
	Work with primary care partners to implement newborn enrolment policy and monitor newborn enrolment rates.	●	
	All bookings with DHB maternity facilities (which account for over 90% of births) will only be accepted with a nominated GP or practice. The Maternity Quality and Safety Programme shall be seeking to standardise this process to all primary maternity facilities.	●	
	Monitor and evaluate immunisation coverage at DHB, PHO and practice level; manage identified service delivery gaps.	●	
	Identify immunisation status of children presenting at hospital and refer for immunisation as required.	●	Children attending paediatric outpatients or admitted to Paediatric Services are offered vaccination and referred as required. A process for children in ED is being discussed.
	In collaboration with primary care stakeholders, develop systems for seamless handover of mother and child as they move from maternity care services to general practice and Well Child and Tamariki Ora (WCTO) services.	●	Systems for handover of mother and child between maternity care providers, general practice, Well Child and Tamariki Ora (WCTO) services have been introduced. Monitoring and refinement of these systems is in place to improve the quality and timeliness of handover.
Reduce Incidence of Rheumatic Fever	Contribute to the Rheumatic Fever Prevention Plan developed in partnership with SI Public Health Partnership team.	●	
	Implement the Rheumatic Fever Prevention Plan.	●	The expectations for a South Island Rheumatic Fever Plan have changed. Southern DHB is now developing a local Rheumatic Fever Plan.
Reduce the Number of Assaults on Children – Implement the Children's Action Plan	A Child and Youth Health Steering Group will be established to oversee the governance arrangements and engagement processes regarding implementation of the Children's Action Plan.	●	
	Key internal stakeholders within the DHB and external stakeholders from primary and community partners will be invited to participate	●	
	Terms of Reference will outline the role of the Child and Youth Health Steering Group	●	
	Undertake a stocktake of services for vulnerable pregnant women, children and parents across the care continuum. Stocktake will identify service coverage, wait times, capacity issues and gaps.	●	

● Completed ● Underway but not yet completed ● Not started

Section	Actions and Activities	Progress	Brief Progress Narrative
	Plan for implementation of the National Child Protection Alert System (NCPAS).	🟠	Planning is well progressed for NCPAS implementation in 2014/15.
	Identification, assessment and referral responses to vulnerable children and their families through Violence Intervention Programmes in designated services: mental health sexual health and emergency department	🟢	
	Incorporate the Family Violence Intervention Guidelines: Partner and Child Abuse and resources into DHB programmes and activities	🟢	
	Training workshops provided to enable DHB professionals to recognise signs of abuse and maltreatment in designated services	🟢	
	Coordination of partner abuse and child abuse and neglect programmes to support increased identification of vulnerable children	🟢	
	Implementation and monitoring of the Memorandum of Understanding with Child Youth and Family, Police and DHBs for interagency collaboration for child protection and Schedules 1 and 2 to support better integration across health and social services for vulnerable families	🟢	
	DHB implementation of Shaken Baby Prevention Programmes	🟠	Planning is in progress and roll-out is anticipated late 2014.
Contribute to Increased Participation in Quality Early Childhood Education	Establish the Southern DHB Child and Youth Steering Group.	🟢	
	Work with primary and community based health services (GPs, Public Health Nurses, Māori and Pacific providers, WCTO providers) to raise awareness of the importance of early childhood education in improving health and wellbeing and education outcomes and actively encourage enrolment.	🟢	
	Public Health Nurses (PHN) work collaboratively with immunisation outreach, oral health, and vision and hearing technicians to identify children who are not currently engaged in health and or education	🟢	
	The PHN service attends interagency well child and education meetings where information is shared and strategies developed to encourage access to education and health.	🟢	

🟢 Completed 🟠 Underway but not yet completed 🔴 Not started

4 Maternal and Child Health

Section	Actions and Activities	Progress	Brief Progress Narrative
Higher Coverage and More Equitable Access to Universal Services and Primary Care	Maternity Quality and Safety Programme Coordinator will work with SPHO to identify gaps in access, engagement or service provision.	🟠	SDHB is working with SPHO to identify gaps and opportunities.
	This will be followed by an action plan to address identified issues developed by SPHO, SDHB and contracted maternity service providers.	🔴	This will commence once the gap analysis is completed.
	A new Maori Provider of pregnancy and parenting education is being supported through the process of training a Childbirth Educator by an existing provider until qualifications are complete.	🟢	
More Timely Access to Specialist and Referred Services	Establish a district-wide maternal mental health service, within existing resources	🟠	A stocktake of Maternal Mental Health Services has been completed.
	Improve data capture around maternal mental health service use, so that access data is accurate and more easily obtained	🟠	A system to capture data has commenced with the focus currently on improving compliance with collection and the integrity of the data.
	Establish a district-wide pathway for the most common maternal mental health disorders, through HealthPathways, and ensure these are widely available once distributed	🟠	Work in progress based on the stocktake.
	Continually improve the referral process from WCTO and B4SC services. Follow-up system on referrals is reviewed.	🟢	
	Clinicians will work closely with primary care in the identification of and development of pathways for specialist and referred services	🟠	A number of referral pathways to child health services have been completed. Work is ongoing in developing further pathways.
	Service planning will reflect and support regional services planning in association with South Island Alliances e.g. Child Health SLA.	🟢	
Quality Improvement Across All Services	Maternity Quality and Safety Programme governance group established	🟢	
	Establish a district wide maternity network. Include all providers including rural facilities into regular mortality and morbidity review meetings.	🟠	This is work in progress and will be completed in 2014/15.
	Develop a framework to share resources and develop consistent policies and procedures across facilities and providers	🟠	This is work in progress and will be completed in 2014/15.

🟢 Completed 🟠 Underway but not yet completed 🔴 Not started

5 Cancer Services

Section	Actions and Activities	Progress	Brief Progress Narrative
Sustain the performance of radiotherapy and chemotherapy services.	Introduce electronic prescribing to streamline the delivery of chemotherapy	●	Completed across all sites (Invercargill, Balclutha, Oamaru, Dunstan and Dunedin) including the Oncology Inpatient Ward at Dunedin Hospital
	Establish nurse led clinics for adjuvant treatments	●	We have 3 established clinics for patients receiving adjuvant treatment for breast and bowel cancer.
	Develop adaptive radiotherapy programme to improve outcomes in specific cancers by leveraging existing departmental technology	●	Underway and will be completed in 2014/15.
	Reduce heterogeneity in practice by developing common radiation care plans with CDHB and St Georges cancer centre	●	Underway but progress is dependent on buy in from CDHB and St George's
	Commission a new linear accelerator to provide the increase in capacity required for the next 5 years	●	
	Commence planning for new/replacement CT scanner to provide the projected increased need in capacity	●	Underway and will be completed in 2014/15.
Develop new models of care in medical oncology to streamline delivery of care	Assessing service configuration against the four-level centre model, increasing SMO capacity, supporting MDM, developing workforce plans and working with the wider region to support workforce programme development	●	Small increase in SMO capacity (0.2), redirect new patients with lymphoma to Haematology. MDM – MOH programme of work underway – a further year to bring all Southern MDMs onto electronic capture.
	Develop a workforce plan which included advanced nursing rolls	●	One nurse on Nurse Practitioner pathway. Development of a Nurse led Oncology Assessment Unit which utilises advanced nursing clinical skills
	Develop and support the role for cancer nurse coordinators and a Māori Cancer Nurse Coordinator in the PHO through meetings and sharing information	●	
	Enable attendance at national and regional training and mentoring forums.	●	

● Completed ● Underway but not yet completed ● Not started

Section	Actions and Activities	Progress	Brief Progress Narrative
Improve the functionality and coverage of multidisciplinary meetings (MDMs).	Gap analysis of multidisciplinary meetings functionality, improved documentation and increased utilisation of video-conferencing to increase district participation		Gap analysis complete. The MDM management application (in-house IT solution) has been complete for Breast, Lung and Lymphoma, Melanoma and Neuro-Oncology tumour streams. Current Focus: Gynae-oncology, Myeloma and GI. Next Focus: Genito-urinary and Head & Neck. There is still one year to run on this MOH funded project. Video conferencing facilities now fully operational and being utilised for district wide multi-disciplinary meetings which include Invercargill clinicians. Multi-point video conferencing facility has occurred to ensure that Gynae-oncology meetings proceed at times when the visiting Gynae-oncologist from CHCH could not be present in Dunedin, mitigating the risk of delay to treatment planning for patients. The dedicated MDM VC link is now routinely utilised by five tumour stream MDMs to link Dunedin and Invercargill health care professionals.
	Share outcomes from MDMs with PHO		The SDHB Cancer MDM application generates advisory letters to GP's, to let them know that their patients have been discussed at an MDM.
Improve Faster Cancer Treatment (FCT) data collection systems	Work with the Southern Cancer Network and build the FCT data collection repository to include all tumour streams and all geographical locations		Complete. However there is still considerable work to collate this information and ensure it is accurate.
	Work with primary care to develop a consistent system/process to flag high suspicion of cancer across all specialties and sights on referral		Complete – flags are attached at triage by secondary staff.
Address known constraints on provision of cancer diagnostics and treatment	The new quality plan in endoscopy has been implemented and will be evaluated at the end of each quarter		The GRS has been implemented at both base sites for endoscopy in the Southern DHB (Invercargill and Dunedin). Measures from the GRS are reported monthly and are overseen by the Endoscopy Users Group on both sites. Formal census of key domains is reported 6 monthly to the NEQiP team through the GRS website.
	The prostate quality improvement plan has been formulated and will be fully implemented once new permanent staff are in place. Recruitment is scheduled to be completed by late 2013.		
	The national criteria for direct access to outpatient colonoscopy have been implemented.		

Completed Underway but not yet completed Not started

Section	Actions and Activities	Progress	Brief Progress Narrative
Continue the implementation of recommendations from the tumour minimum standards as they are released.	Review the implementation of the standards for lung cancer tumour stream to establish the effectiveness and inform the implementation of other tumour standards		
	Implementation of the bowel tumour standards (when released) which includes surgery, gastroenterology and cancer services		
	Develop multi-disciplinary plans to implement the other standards for remaining tumour streams.		Clinical Nurse Specialist input remains absent from Southland pathway. – work ongoing to address this.
Continue implementing regional clinical data repositories for cancer.	Implement Mosaiq for Haematology, Medical Oncology and radiation oncology. District wide implementation of Mosaiq is the strategy which will focus upon three areas – capturing information from multidisciplinary meetings (MDM), utilising electronic prescribing and administration throughout the district, transfer of all laboratory information into Mosaiq.		Gap analysis is underway – leads onto activity in 14/15 Annual Plan.
	Commission Metriq in conjunction with CDHB and St Georges to provide standardise data for cancer.		Gap analysis is underway – leads onto activity in 14/15 Annual Plan.

6 Diagnostic Services

Section	Actions and Activities	Progress	Brief Progress Narrative
Complete the Radiology programme – better way of working for Radiology	Provide a single service across the district with consistent referral, access and prioritisation criteria.		Work has commenced developing and implementing consistent referral, access and prioritisation criteria. The national Community and Primary Radiology Referral Guidelines were scheduled for release in 2013. Indications are these will be available later in 2014 and once available, will be incorporated into HealthPathways.
	Provide appropriate production planning to ensure equipment is running to capacity		Ongoing process which is part of business as usual
	Understand the drivers of increased demand and implement processes to manage the demand within available resources.		Ongoing process which is part of business as usual
	Implement a process for access to timely community referred diagnostics.		An ongoing process as individual clinical pathways are developed. Is linked to the national Community and Primary Radiology Referral Guidelines.
	Southern DHB will work with regional and national clinical groups on the development of improvement programmes.		

Completed Underway but not yet completed Not started

7 Elective Services

Section	Actions and Activities	Progress	Brief Progress Narrative
Improving Elective Services	On-going monitoring of the services capability to meet demand across the district and ensure resource is appropriate.	●	
	A production planning model for Southern Elective Services is being developed with Information systems and the services	●	
	Implementation of the TPOT Foundation modules 1-3; *Knowing how we are doing, Well Organised Theatre* and *Operational Status at a Glance*	●	
	Continued planning along with the implementation of TPOT Foundation Module (4-) Team working and Module (-5) Scheduling.	●	
	On-going work on OPP with the redesign and implementation of improved referral procedures from primary care.	●	

8 Cardiac Services

Section	Actions and Activities	Progress	Brief Progress Narrative
Improve access to key diagnostic tests to enable quicker diagnosis.	Managing patients in line with national expectations. Including continuing to meet the targets for cardiac surgery intervention rates, and elective waiting lists and waiting times (list maintained 5-7.5% of throughput and no more than 10%).	●	
	Use of the national CPAC tool in conjunction with multidisciplinary team meetings to ensure those patients are treated within the nationally agreed urgency timeframes.	●	
	Improve access to cardiac diagnostics including angiography, echocardiograms and exercise tolerance tests.	●	Angiography target has been met. Tracking of echocardiograms and exercise tolerance tests is ongoing.
	Improve the responsiveness to GPs requiring assistance or guidance on cardiology patients through the introduction of consultations for GPs that does not require patient appointment (i.e. electronic consultations).	●	Pathways have been developed which allow for GPs to phone consultant for advice/guidance.

● Completed ● Underway but not yet completed ● Not started

9 Acute Coronary Syndrome

Section	Actions and Activities	Progress	Brief Progress Narrative
Implementation of a nationally consistent ACS reporting framework	Implementation of the Cardiac ANZACS QI and Cardiac Surgical Register	●	
Improvement to ACS services	Increasing the flexibility of the catheterisation laboratory (cath lab)	●	Complete. Service runs more frequently during the week with flexibility for urgent cases during the day.
	Increased transparency of patient status	●	Complete. Development of an electronic whiteboard means that patients waiting for in hospital access to the cath lab are visible and prioritised appropriately.
	Improved coordination transferring patients into the hub hospital.	●	Complete. Inter-hospital whiteboard means that patients transferring in from rural hospitals are visible, and all transport activities are visible and prioritised appropriately.
	Southern DHB will work with South Island colleagues in the Cardiac Network and associated work programme in the SIHSP	●	

10 Primary Care

Section	Actions and Activities	Progress	Brief Progress Narrative
Developed with Primary Care	Work in partnership with Southern PHO and their General Practices through the recently established Southern Health Alliance which will see joint planning, discussion and shared decision making.	●	
	Alliance workplan and performance objectives developed by 30 Nov 2013 including the full implementation within the 2013/14 year	●	A high level Alliance work plan has been developed and agreed. Planned activities, milestones, and timelines are being set by the Service Level Alliance Teams (SLATS).
Elective Procedures List	Review existing skin lesion GPSI service and develop agreed pathway to improve access and consistency of service	●	A review of the GPSI skin lesion service was commenced. It has not been completed as the clinical editor was reprioritised on to other work.
	Develop agreed pathway for Mirena GPSI service	●	A proposed Mirena GPSI service and pathway have been developed but not yet implemented due funding constraints.
	Develop agreed pathway for heavy menstrual bleeding with GPSI service to perform pipelle biopsies	●	A heavy menstrual bleeding pathway has been developed and released. The proposed GPSI pipelle biopsies service has been developed but not yet implemented due funding constraints.

● Completed ● Underway but not yet completed ● Not started

Section	Actions and Activities	Progress	Brief Progress Narrative
Community Referred Imaging Diagnostics	Appropriate access to diagnostics will be managed through the development of agreed clinical pathways. Each pathway will determine access criteria and processes to evaluate demand management and clinical audit.	🟠	General practice currently has full access to plain film x-rays (i.e. no access criteria constraints) and access to ultrasound for the majority of procedures. The National Community and Primary Radiology Referral Guidelines are due to be released later this year and will establish minimum access criteria. Initial work has start on developing pathways (and ERMS forms) that will incorporate this updated access criteria.
Primary Care Options to Acute Care Services	Alliance to develop workplan with details on intended activities, milestones, and timelines to ensure implementation of the key elements of a 'primary options to acute care' programme within 2013/14	🟠	A high level Alliance work plan has been developed and agreed. Planned activities, milestones, and timelines are being set by the Service Level Alliance Teams (SLATS).
	Southern PHO is implementing the 'year on year' care programme in three additional practices in 2013/14 along with steps for 'whole of district' implementation	🟢	The 'year on year' care programme has been renamed the Integrated Primary Care (IPC) program. Initial roll-out in four practices was completed with planning underway for a wider roll-out across the district.
	IV management of Cellulitis in the community for patients where initial oral treatment has failed	🟠	Options for a comprehensive community based cellulitis service have been explored but have not been progressed at this stage.
	Improve access to acute services for vulnerable frail older people	🟠	The Alliance has led a project to develop a new service that provides rapid response . This will be extended to allow for referrals from GPs in 2014/15.
National Immunisation Register	Shifting the National Immunisation Register, Administration and Coordination from the SDHB to primary care is another major development that will be part of the Alliance workplan.	🔴	The current NIR service is performing very well and Southern PHO has indicated it is not in a position to adequately resource and support the NIR transfer at this time. The NIR is currently accessible by all primary care providers and mid-wives so there is no need to 'shift' its location as it is housed in an enabling environment.
Access to Specialist Advice	The Alliance will identify at least three specialties where HealthPathways will enable access to specialist doctor and/or nurse advice and implement a structured process for access by 30 June 2014.	🟢	Cardiology, Gynaecology, Oncology
Community Pharmacy	Implementation of the Community Pharmacy Services Agreement (CPSA) over a three year period (1 July 2012 to 30 June2015).	🟢	
	Supporting the 1 March 2013 contract variation	🟢	
	Supporting all subsequent transition steps within the CPSA	🟢	

🟢 Completed 🟠 Underway but not yet completed 🔴 Not started

11 Mental Health and Addiction Service Development Plan

Section	Actions and Activities	Progress	Brief Progress Narrative
Alignment to Rising to the Challenge	Undertake a gap analysis between the actions identified in the SDP and current service provision model.	●	
	Provide a report on what SDP actions have already been met describing the current service model, what changes are required to the service model, how resources will be reprioritised and what will be the sequencing of meeting the actions of the SDP over 3 years	●	Initial planning undertaken, requires revisiting as part of prioritisation of Raise HOPE Implementation Plan
	Actively give the local sector feedback regarding average length of stay data across all bed-based facilities	●	Data provided in consultation meetings and is displayed in the Provider Arm included in a poster which highlights the work by the Provider Arm and their NGO partner Pact as part of the National Mental Health KPI programme. This information is freely shared on request.
	Actively monitor and review average length of stay in hospital-based services	●	Participation in the National Mental Health KPI programme. Monitoring process in place.
	Trial a standard screening question/s regarding parental status in a provider arm Community Mental Health to improve identification of COPMIA and offer referral as appropriate.	●	Project in place that is multidisciplinary and district wide that is developing a mechanism to establish the parental status of all current patients of the service. This will include a family focus and referral on of children and family as appropriate.
Deliver increased access for all age groups	Increase awareness and improve uptake of e-therapy programme, Beating the Blues	●	Variable uptake across the sector and District with pockets of strong uptake in primary mental health but less so in secondary mental health and addiction services. A preference for Depression.org has been identified. Services encourage patients to access e-therapy as an option/adjunct.
	Review current provision of talking therapies, and develop and implement a programme that will increase access	●	Access to Psychological Therapies (Stepped Care) Project established with stage one to gather data in adult community mental health teams commenced.
Increase access or improve outcomes for drivers of crime	Provider Arm and Planning and Funding will actively contribute to work that is occurring, led by Public Health, looking at reducing alcohol harm in Dunedin	●	
	Review maternal mental health services, and piloting a screening tool to identify parental status of community patients	●	Stocktake completed of provider arm services. Project in place that is multidisciplinary and district wide that is developing a mechanism to establish the parental status of all current patients of the service. This will include referral on as appropriate.

● Completed ● Underway but not yet completed ● Not started

Section	Actions and Activities	Progress	Brief Progress Narrative
Increase access or improve outcomes for welfare reforms	Increase the number of mental health and addiction clients referred to the PATHS programme	●	The PATHS programme run by WINZ is no longer available in Southern.
	Increase the number of people whose employment/activity status is collected within the Knowing the People Planning project.	●	Psycho social data collection has been merged into one district framework and this includes employment and activity status collection.

12 Whānau Ora

Section	Actions and Activities	Progress	Brief Progress Narrative
Support Whānau Ora Collectives	Actively engage with the Whānau Ora Regional Leadership Group to align strategic priorities for Māori	●	Te Pūtahitanga o Te Waipounamu for South Island whānau is currently being established and is actively engaging with iwi, communities and DHBs through communications, presentations and roadshows.
	Support Whānau Ora Collectives through regular meetings to progress the implementation of their Programme of Action	●	There have a number of changes to and within Collectives. The DHB is working with the remaining Collectives and individual Providers to progress navigator support services.
	Review contracts funded by the Southern DHB to ensure health outcomes are aligned to the national priorities and local targets	●	
	Assist all DHB staff to better understand whānau ora and how they can play a role in making services more responsive to Māori	●	Cultural education is provided to staff across the district. New staff are provided with education on Treaty of Waitangi, cultural safety, and Māori Health.

● Completed ● Underway but not yet completed ● Not started

13 Cardiovascular Disease

Section	Actions and Activities	Progress	Brief Progress Narrative
More Heart and Diabetes Checks	SPHO to implement a Clinical Quality Strategy to guide practices around providing primary care services to patients with long term conditions.	●	
	SPHO to provide on-going support practices to enable them to manage and fully utilise their diabetes registers and recalling eligible patients.	●	
	Management plan based on the risk stratification of the eligible population is reviewed. SPHO will provide individual practices with details of unscreened patients for follow-up.	●	
	SPHO will utilise existing resources in secondary care and other community providers increase our capacity to carry out CVDRAs outside of general practice. Assessment information collected by alternative providers will be passed on to practices to update their records.	●	Accredited providers outside general practice have established to do CVDRAs
	SPHO will develop e-capability to collect assessment information from providers other than general practices i.e. ethnically appropriate.	●	This has commenced and will be completed in 2014/15.
	SPHO will collaborate with the DHBs clinical nurse specialists to up skill primary provider's i.e. nursing workforce.	●	Over the past year we have utilised SDHB nursing staff to provide education to Primary Care Nurses on Plaster Casting and Fracture Management. SDHB medical staff to provide education to primary care staff on sexual health.
	Pathways development to support diabetes models of care.	●	A number of diabetes pathways have been drafted and are current being reviewed. It is anticipated the first of the diabetes pathways will be going live in the near future.
Diabetes Care Improvement Packages	Local Diabetes Team provides on-going Clinical Governance of the DCIP.	●	
	Establish web-based online diabetes education resource for practice nurses. This online resource will provide accredited education based on the NZ diabetes nurse education framework.	●	
	SPHO to establish a seminar programme for providers in centres across the district. These seminars will enhance clinical skills to support the roll out of the DCIP.	●	SPHO changed the approach to educating providers on DCIP. One-on-one training has been implemented in place of seminars.
	SPHO to work with general practice to improve coding of diabetes and improve the accuracy of individual practice diabetes registers.	●	

● Completed ● Underway but not yet completed ● Not started

14 Better Help for Smokers to Quit

Section	Actions and Activities	Progress	Brief Progress Narrative
Maintain the Secondary target	Daily auditing undertaken for any wards achieving <100% to provide timely feedback to clinical staff; Weekly reports detailing weekly target result for Southern District Health Board sent to Nurse Directors and Rural Hospital Trust Managers	●	
	Post-discharge follow-up to be undertaken for wards where ABC was unable to be completed during in-patient admission	●	
	Introduction of district-wide NRT Standing Order. Education will be provided by Smokefree Co-ordinators	●	
	Increase the number of referrals from Southern District Health Board to cessation providers via district wide cessation referral form	●	
	Plan and prepare for district wide Smokefree seminars for healthcare professionals in primary, secondary care and community. Target of 100 attendees per seminar	●	
Primary Care and Maternity Smokefree Coordination capacity	Appointing additional Primary Smokefree Coordination FTE in Southland to ensure district wide support for Southern PHO and primary practices	●	
	Primary Smokefree Coordinators will be based in Southern PHO Offices and will support the implementation of Southern PHO 90 day plan	●	
Supporting the Maternity target	A plan is developed in partnership with cessation and maternity providers to ensure pregnant women are provided with advice and support to quit by LMCs	●	
	Engage with maternity champion and SmokeChange educator to determine and action best means of educating LMCs about the new maternity health target	●	Plans have been developed and are currently being put into place. Quitline is scheduled to visit Southern and provide training and education to LMCs.

● Completed ● Underway but not yet completed ● Not started

Section	Actions and Activities	Progress	Brief Progress Narrative
Supporting the Primary target	DHB and PHO jointly manage 'Primary Better Help for Smokers to Quit' activity	●	
	DHB and PHO will jointly fund establishment of a district wide "Text to Remind" service in primary practices, providing another mechanism to capture smoking status of enrolled populations who do not regularly access primary care	●	
	Systems put in place to ensure all parents of paediatric patients will receive advice and support to quit	●	Staff where appropriate to take the opportunity to encourage and educate parents about the benefits smokefree families, homes and environments.
Smokefree 2025	Continue to advocate for the establishment of Smokefree public places in our District	●	
	Continue to work with workplaces, institutions and other organisations to develop Smokefree policies and offer support for Smokers to Quit, this includes having staff trained as quit card providers	●	

● Completed ● Underway but not yet completed ● Not started

15 Shorter Stays in Emergency Departments

Section	Actions and Activities	Progress	Brief Progress Narrative
Improved hospital systems	Investigate and/or implement alternative workforce models, roles and configurations based on positive experiences in Dunedin and Invercargill Hospitals	🟠	
	Daily reporting and analysis identifying the specific areas or teams within the hospital that contributed to any patient exceeding the six hour limit	🟢	
	Identify trends with a view to improve any systems or processes which are consistently contributing to longer stays in the Emergency Department	🟠	Analysis underway, this is ongoing work which will continue into 2014/15
	Examine the discharge process in the acute ward areas to look to facilitate more beds being made available and improve inpatient flow	🟢	
	Implementation of the ED escalation plan to facilitate assistance ED is under stress due to the volume and/or acuity of patients presenting	🟠	
	Assess the feasibility of introducing strategies to move people from ED	🟠	Underway, dependent on sector wide working
Development of a more integrated and seamless system for patients	Identify frequent attendees to ED and in conjunction with primary care look at support options (non-mental health).	🟢	
	PHO to continue and extend a wraparound targeted service within the 'year on year' programme, for frequent flyers.	🟢	
	In conjunction with PHO identify gaps within GP after hours care, impact on ED and develop strategies to ameliorate. Continue discussions with the PHO regarding after hours GP services in Invercargill	🟠	
	Identify common co-horts of patients presenting to ED that potentially fit within primary care. One example is cellulitis; a cellulitis primary care pathway will be developed	🟢	
	Transparent entry to exit (discharge or admission) data entry and coding across both sites	🟢	

🟢 Completed 🟠 Underway but not yet completed 🔴 Not started

16 Long Term Conditions

Section	Actions and Activities	Progress	Brief Progress Narrative
Long Term Conditions	Southern PHO will introduce the 'year on year' programme progressively over the next few years. Contract four early starter practices to design, implement and evaluate a new model of care for patients with long-term conditions. Expected programme enrolments of 100 patients by 31 March 2014.	●	
	Identify and develop a suite of Year on Year Wellness services	●	
	SPHO will liaise and develop a platform for sharing information with the DHB to identify high health users for inclusion in the Year on Year programme	●	
	SPHO will establish a database to identify patients at risk of developing a long term condition. The database will stratify ESUs at practice and PHO level to inform planning and actions i.e. prevention programmes	●	
	Clinical workgroups will be formed to start pathway identification and development during 2013/14 for orthopaedics and diabetes	●	
Stroke Services	Support the implementation of the FAST stroke pathway tool into primary care.	●	The DHB has supported primary care where possible but requires a national programme to optimise its effectiveness.
	Develop the existing Invercargill Hospital TIA and thrombolysis services by increasing training and education on the management of TIA and thrombolysis	●	
	Develop the existing Invercargill Hospital TIA and thrombolysis services by Adoption of consistent stroke pathway across all services (ED, medical ward, general ward)	●	Hours of thrombolysis offered at Invercargill extended by 2 hours per day. Now available 7 days per week 8am to 10pm.
	Support Dunstan Hospital with the implementation of a thrombo-lysis service for the Central Otago and Queenstown catchment	●	Training and education is currently underway and the thrombolysis service in Dunstan Hospital should be established shortly.
	Develop and introduce standardised processes for recording clinical diagnosis across locations to improve the clinical coding of stroke patients	●	
Hepatitis C	Develop a Hepatitis C strategy (also incorporating other blood borne viral infections) that identifies an approach for prevention, diagnosis and management	●	Development of Hepatitis C strategy is underway and will be presented to CPHAC/DSAC late 2014.
	Develop a Hepatitis C action plan upon completion and adoption of strategy	●	Will commence once Hepatitis C strategy is endorsed by CPAC/DSAC.

● Completed ● Underway but not yet completed ● Not started

17 Health of Older People

Section	Actions and Activities	Progress	Brief Progress Narrative
Home and Community Based Support Services	All providers will be providing the new Home and Community Support Services to all eligible clients in the Southern District including Health of Older People clients; LTS-CHC clients; Personal Health clients (palliative and short term) and Mental Health and Addiction clients. The new service will be led by Registered Health Professional Coordinators.	●	
	The Alliance is introducing bulk funding based on a revised casemix model developed by Auckland University	●	
	The Alliance is developing a specific quality framework to support introduction of the new service which will include monitoring of quality outcomes for each casemix group	●	
	All Support Workers will achieve a minimum of level 2 national certificate within the first 12 months of working in the service	●	
	Work with the DHB National HOP Steering Group in developing and implementing core quality measures for HCSS	●	DHB National HOP Steering Group have not progressed this to date.
	The DHB will participate in a home-based support services costing exercise conducted through the national Health of Older People steering group	●	
Wrap Around Services for Older People	Establish stakeholder task team to advise on rapid response services, early supported discharge services and slow stream rehabilitation beds	●	
	Establish a database for on-going monitoring of Dunedin Early Supported Discharge Service	●	
	Evaluate the potential/feasibility for increasing coverage of early supported discharge service to other areas of the district and establishing a rapid response or slow stream rehab bed service	●	
Comprehensive Clinical Assessment in Residential Care	Establish regular meetings between DHB, providers to support InterRAI roll out in aged residential care facilities.	●	
Dementia Pathway	Develop a Southern DHB Dementia Pathway based on guidance from National Dementia Care Pathway Framework.	●	Work on a cognitive impairment pathway for general practice has commenced as part of HealthPathways.
	Continued roll out of *Walking in Another's Shoes* Programme	●	

● Completed ● Underway but not yet completed ● Not started

Section	Actions and Activities	Progress	Brief Progress Narrative
Community Specialist HOP Teams	Deliver specialist HOP clinics in urban and rural hospitals.	●	
	Send questionnaire to residential care providers and primary care to ascertain priorities for additional advice/training that could be provided by DHB. Use this information to develop a training programme.	●	Not completed due to other priorities and staffing vacancies.
	Develop continence pathway	●	Incontinence pathways have been drafted and are currently being reviewed before being finalised.
Elder Abuse Guidelines	Elder Abuse and Neglect Guidelines will be rolled out once Child Abuse and Neglect and Partner Abuse benchmark standards are met as per the VIP Service Specifications	●	
	Training provided to DHB staff in designated areas by the Family Violence Coordinators	●	
	Family Violence Coordinators to engage with community organisations in response to queries around elder abuse	●	
Fracture Liaison Service	Take a multi-disciplinary and multi-directorate programme including primary care to develop and establish a fracture liaison service.	●	A multidisciplinary Falls and Fracture Prevention steering group has been established with a terms of reference, prevention strategy, and a 24 month work plan.
	Develop an implementation plan which includes a review of existing services that could be included as part of the fracture liaison service	●	The Falls and Fracture Prevention steering group work plan will see the implementation of a fracture liaison service by June 2015.
	Implementation of the fracture liaison service	●	Implementation of the fracture liaison service will be in 2014/15.

● Completed ● Underway but not yet completed ● Not started

How is My DHB performing?

MINISTRY OF HEALTH
MANATŪ HAUORA

2013/14 QUARTER FOUR (APRIL–JUNE) RESULTS

www.health.govt.nz/healthtargets

Shorter stays in Emergency Departments

		Quarter four performance (%)	95%	Change from previous quarter
1	West Coast	100		–
2	South Canterbury	96		–
3	Waitemata	96		–
4	Nelson Marlborough	96		–
5	Counties Manukau	96		–
6	Tairawhiti	96		▲
7	Wairarapa	96		▼
8	Whanganui	96		–
9	Canterbury	95		–
10	Capital & Coast	95		–
11	Auckland	95		–
12	Taranaki	94		–
13	Hutt Valley	93		▼
14	Bay of Plenty	93		–
15	Northland	93		–
16	Waikato	93		▼
17	Lakes	91		▼
18	Hawke's Bay	91		▼
19	Southern	90		▼
20	MidCentral	89		▼
	All DHBs	94		–

Shorter stays in Emergency Departments

The target is 95 percent of patients will be admitted, discharged, or transferred from an Emergency Department (ED) within six hours. The target is a measure of the efficiency of flow of acute (urgent) patients through public hospitals, and home again.

Improved access to Elective Surgery

		Quarter four performance (%)	100%	Progress against plan (discharges)
1	Northland	125		▲
2	Lakes	114		▲
3	Taranaki	113		▲
4	Counties Manukau	112		▲
5	Waikato	111		▲
6	MidCentral	109		▲
7	West Coast	106		▲
8	Bay of Plenty	106		▲
9	Whanganui	106		▲
10	Southern	106		▲
11	Hutt Valley	106		▲
12	Tairawhiti	105		▲
13	Hawke's Bay	104		▲
14	South Canterbury	104		▲
15	Wairarapa	104		▲
16	Nelson Marlborough	103		▲
17	Waitemata	102		▲
18	Capital & Coast	101		▲
19	Auckland	101		▲
20	Canterbury	101		▲
	All DHBs	106		▲

Improved access to elective surgery

The target is an increase in the volume of elective surgery by at least 4000 discharges per year. DHBs planned to deliver 152,287 discharges for the 2013/14 year, and have delivered 9646 more.

Shorter waits for Cancer Treatment

		Quarter four performance (%)	100%	Change from previous quarter
1	Northland	100		–
1	Waitemata	100		–
1	Auckland	100		–
1	Counties Manukau	100		–
1	Waikato	100		–
1	Lakes	100		–
1	Bay of Plenty	100		–
1	Tairawhiti	100		–
1	Hawke's Bay	100		–
1	Taranaki	100		–
1	MidCentral	100		–
1	Whanganui	100		–
1	Capital & Coast	100		–
1	Hutt Valley	100		–
1	Wairarapa	100		–
1	Nelson Marlborough	100		–
1	West Coast	100		–
1	Canterbury	100		–
1	South Canterbury	100		–
1	Southern	100		–
	All DHBs	100		–

Shorter waits for cancer treatment

The target is all patients, ready-for-treatment, wait less than four weeks for radiotherapy or chemotherapy. Six regional cancer centre DHBs provide radiation oncology services. These centres are in Auckland, Hamilton, Palmerston North, Wellington, Christchurch and Dunedin. Medical oncology services are provided by the majority of DHBs.

Increased Immunisation

		Quarter four performance (%)	90%	Change from previous quarter
1	MidCentral	97		–
2	Whanganui	95		▲
3	Hawke's Bay	94		–
4	Capital & Coast	93		–
5	Hutt Valley	93		▲
6	Canterbury	93		–
7	Southern	93		–
8	Auckland	93		–
9	South Canterbury	92		▼
10	Waitemata	92		–
11	Counties Manukau	92		–
12	Tairawhiti	91		▲
13	Nelson Marlborough	90		–
14	Taranaki	90		▲
15	Wairarapa	90		▼
16	Lakes	89		▼
17	Waikato	89		▲
18	Northland	88		–
19	Bay of Plenty	86		▼
20	West Coast	81		▼
	All DHBs	92		–

Increased immunisation

The national immunisation target is 90 percent of eight-month-olds have their primary course of immunisation at six weeks, three months and five months on time by July 2014 and 95 percent by December 2014. This quarterly progress result includes children who turned eight-months between April and June 2014 and who were fully immunised at that stage.

Better help for Smokers to Quit

Change from previous quarter	95%	Hospitals		Quarter four performance (%)	Primary care	90%	Change from previous quarter
–		97	1	Waitemata*	101		▲
–		97	2	Auckland	100		▲
–		96	3	Counties Manukau	99		▲
▼		94	4	Wairarapa	98		▲
▲		99	5	South Canterbury	97		▲
▼		94	6	Northland	97		▲
▲		93	7	Bay of Plenty	88		▲
–		96	8	Taranaki	84		▲
▲		97	9	Tairawhiti	84		▲
–		96	10	Waikato	84		▲
–		93	11	MidCentral	81		–
–		99	12	Lakes	78		▲
–		98	13	Hawke's Bay	77		▲
▲		97	14	Whanganui	76		▼
–		95	15	Canterbury	75		▲
▲		96	16	Nelson Marlborough	75		–
▲		92	17	Capital & Coast	72		▼
–		95	18	Southern	71		▲
–		96	19	Hutt Valley	71		▲
▲		95	20	West Coast	62		▲
–		96		All DHBs	86		▲

Better help for smokers to quit

The target is 95 percent of patients who smoke and are seen by a health practitioner in public hospitals, and 90 percent of patients who smoke and are seen by a health practitioner in primary care, are offered brief advice and support to quit smoking.

* Waitemata DHB's result is 101 percent as, in addition to offering advice in primary care settings, they contacted patients who had not recently attended their general practice to offer them brief advice and support to quit smoking.

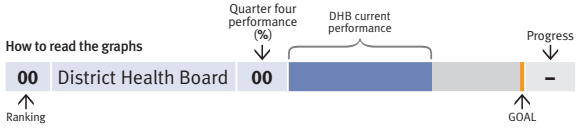
More Heart and Diabetes Checks

		Quarter four performance (%)	90%	Change from previous quarter
1	Auckland	92		▲
2	Counties Manukau	91		▲
3	Whanganui	91		▲
4	Northland	90		▲
5	Waitemata	89		▲
6	Wairarapa	88		▲
7	Lakes	88		▲
8	Taranaki	88		▲
9	MidCentral	87		▲
10	Bay of Plenty	87		▲
11	Tairawhiti	86		▲
12	Capital & Coast	85		▲
13	Waikato	85		▲
14	Hawke's Bay	84		▲
15	South Canterbury	81		▲
16	Hutt Valley	81		▲
17	Nelson Marlborough	78		▲
18	Southern	78		▲
19	West Coast	77		▲
20	Canterbury	66		▲
	All DHBs	84		▲

More heart and diabetes checks

This target is 90 percent of the eligible population will have had their cardiovascular risk assessed in the last five years to be achieved by July 2014.

How to read the graphs



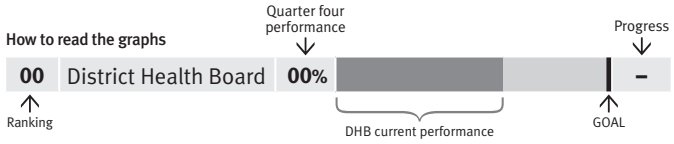
Health target results are sourced from individual DHB reports, national collections systems and information provided by primary care organisations.

This information should be read in conjunction with the details on the website www.health.govt.nz/healthtargets

New Zealand Government

My District Health Board

2013/14 QUARTER FOUR (APRIL–JUNE) RESULTS



Southern District Health Board

MINISTRY OF HEALTH
MANATŪ HAUORA

Shorter stays in Emergency Departments

The target is 95 percent of patients will be admitted, discharged, or transferred from an Emergency Department (ED) within six hours. The target is a measure of the efficiency of flow of acute (urgent) patients through public hospitals, and home again.

		Quarter four performance (%)	Change from previous quarter
1	West Coast	100	–
2	South Canterbury	96	–
3	Waitemata	96	–
4	Nelson Marlborough	96	–
5	Counties Manukau	96	–
6	Tairawhiti	96	▲
7	Wairarapa	96	▼
8	Whanganui	96	–
9	Canterbury	95	–
10	Capital & Coast	95	–
11	Auckland	95	–
12	Taranaki	94	–
13	Hutt Valley	93	▼
14	Bay of Plenty	93	–
15	Northland	93	–
16	Waikato	93	▼
17	Lakes	91	▼
18	Hawke's Bay	91	▼
19	Southern	90	▼
20	MidCentral	89	▼
	All DHBs	94	–

95%

Improved access to elective surgery

The target is an increase in the volume of elective surgery by at least 4000 discharges per year. DHBs planned to deliver 152,287 discharges for the 2013/14 year, and have delivered 9646 more.

		Quarter four performance (%)	Progress against plan (discharges)
1	Northland	125	▲
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10	Southern	106	▲
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12	Tairawhiti	105	▲
13	Hawke's Bay	104	▲
14	South Canterbury	104	▲
15	Wairarapa	104	▲
16	Nelson Marlborough	103	▲
17	Waitemata	102	▲
18	Capital & Coast	101	▲
19	Auckland	101	▲
20	Canterbury	101	▲
	All DHBs	106	▲

100%

Shorter waits for cancer treatment

The target is all patients, ready-for-treatment, wait less than four weeks for radiotherapy or chemotherapy. Six regional cancer centre DHBs provide radiation oncology services. These centres are in Auckland, Hamilton, Palmerston North, Wellington, Christchurch and Dunedin. Medical oncology services are provided by the majority of DHBs.

		Quarter four performance (%)	Change from previous quarter
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1	Counties Manukau	100	–
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1	MidCentral	100	–
1	Whanganui	100	–
1	Capital & Coast	100	–
1	Hutt Valley	100	–
1	Wairarapa	100	–
1	Nelson Marlborough	100	–
1	West Coast	100	–
1	Canterbury	100	–
1	South Canterbury	100	–
1	Southern	100	–
	All DHBs	100	–

100%

Increased Immunisation

The national immunisation target is 90 percent of eight-month-olds have their primary course of immunisation at six weeks, three months and five months on time by July 2014 and 95 percent by December 2014. This quarterly progress result includes children who turned eight-months between April and June 2014 and who were fully immunised at that stage.

		Quarter four performance (%)	Change from previous quarter
1	MidCentral	97	–
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4	Capital & Coast	93	–
5	Hutt Valley	93	▲
6	Canterbury	93	–
7	Southern	93	–
8	Auckland	93	–
9	South Canterbury	92	▼
10	Waitemata	92	–
11	Counties Manukau	92	–
12	Tairawhiti	91	▲
13	Nelson Marlborough	90	–
14	Taranaki	90	▲
15	Wairarapa	90	▼
16	Lakes	89	▼
17	Waikato	89	▲
18	Northland	88	–
19	Bay of Plenty	86	▼
20	West Coast	81	▼
	All DHBs	92	–

90%

Better help for smokers to quit

The target is 95 percent of patients who smoke and are seen by a health practitioner in public hospitals, and 90 percent of patients who smoke and are seen by a health practitioner in primary care, are offered brief advice and support to quit smoking.

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Change from previous quarter	Hospitals		Quarter four performance (%)	Primary care	Change from previous quarter
–	97	1	Waitemata*	101	▲
–	97	2	Auckland	100	▲
–	96	3	Counties Manukau	99	▲
▼	94	4	Wairarapa	98	▲
▲	99	5	South Canterbury	97	▲
▼	94	6	Northland	97	▲
▲	93	7	Bay of Plenty	88	▲
–	96	8	Taranaki	84	▲
▲	97	9	Tairawhiti	84	▲
–	96	10	Waikato	84	▲
–	93	11	MidCentral	81	–
–	99	12	Lakes	78	▲
–	98	13	Hawke's Bay	77	▲
▲	97	14	Whanganui	76	▼
–	95	15	Canterbury	75	▲
▲	96	16	Nelson Marlborough	75	–
▲	92	17	Capital & Coast	72	▼
–	95	18	Southern	71	▲
–	96	19	Hutt Valley	71	▲
▲	95	20	West Coast	62	▲
–	96		All DHBs	86	▲

95% 90%

More heart and diabetes checks

This target is 90 percent of the eligible population will have had their cardiovascular risk assessed in the last five years to be achieved by July 2014.

		Quarter four performance (%)	Change from previous quarter
1	Auckland	92	▲
2	Counties Manukau	91	▲
3	Whanganui	91	▲
4	Northland	90	▲
5	Waitemata	89	▲
6	Wairarapa	88	▲
7	Lakes	88	▲
8	Taranaki	88	▲
9	MidCentral	87	▲
10	Bay of Plenty	87	▲
11	Tairawhiti	86	▲
12	Capital & Coast	85	▲
13	Waikato	85	▲
14	Hawke's Bay	84	▲
15	South Canterbury	81	▲
16	Hutt Valley	81	▲
17	Nelson Marlborough	78	▲
18	Southern	78	▲
19	West Coast	77	▲
20	Canterbury	66	▲
	All DHBs	84	▲

90%

***This information should be read in conjunction with the details on the website* www.health.govt.nz/healthtargets**

Health target results are sourced from individual DHB reports, national collections systems and information provided by primary care organisations.

New Zealand Government

Briefing Points[1] from Target Champions for the Quarter Four 2013/14 Health Target Results – August 2014

Overall results

The 2013/14 year saw three changes to the health targets, these included the introduction of agreed Level 2 hospital data in the Shorter stays in emergency departments (ED) target, and an increase to 90 percent in the national goals for the Increased immunisation and the More heart and diabetes checks targets.

Nationally, the results show four health targets have been met (the Increased immunisation, Improved access to elective surgery, Shorter waits for cancer treatment, and the hospital component of the Better help for smokers to quit targets).

The Increased immunisation target was achieved for the fourth consecutive quarter, with the national result increasing to 92 percent. Fifteen DHBs met the July 2014 target of 90 percent.

The national Improved access to elective surgery target has been achieved, with DHBs delivering 9646 (6 percent) more elective surgical discharges than planned.

The hospital component of the Better help for smokers to quit target was met for the sixth consecutive quarter, with 95.7 percent, and 15 DHBs achieving the target.

All patients who were ready-for-treatment received their radiotherapy or chemotherapy within four weeks in the Shorter waits for cancer treatment target.

The Shorter stays in ED target decreased by 0.4 percent to 93.9 percent, but the result was the highest quarter four performance since the target began.

The primary care component of the Better help for smokers to quit target increased by 14.2 percent to 85.8 percent and the More heart and diabetes checks target increased by 6.2 percent to 84.4 percent this quarter.

Health target results for quarter four 2013/14 compared with quarter three 2013/14 and quarter four 2012/13

Target Area	National goal	Quarter four 2012/13	Quarter three 2013/14	Quarter four 2013/14
Shorter stays in emergency departments	95%	93.5%	94.3%	93.9%
Improved access to elective surgery	100%	106.9%	104.5%	106.3%
Shorter waits for cancer treatment	100%	99.9%	100.0%	100.0%
Increased immunisation	90%	90.1%	91.4%	91.6%
Better help for smokers to quit (hospital)	95%	95.8%	95.3%	95.7%
Better help for smokers to quit (primary care)	90%	56.9%	71.6%	85.8%
More heart and diabetes checks	90%	67.1%	78.2%	84.4%

[1] The purpose of the briefing points from Target Champions is to provide additional background information to support DHBs disseminating the health target results to local communities. This information has not been developed to be published in full.

Health target results are sourced from individual DHB reports, national data collections and information provided by primary care organisations.

Letters to DHBs

By the end of August, health target performance-focused letters will be sent to all DHB CEOs. These letters will contain specific feedback from each Target Champion about your DHB's quarter four 2013/14 health target performance. Once posted, we will provide you with a scanned copy of your DHBs letter.

In September, a letter will be sent to DHB Chairs copied to DHB CEOs and PHO Chairs/CEOs, with an update on PHO's quarter four performance against the primary care focused health targets. This information will also be presented with wider health target results on the 'MyDHB' website www.health.govt.nz/mydhb

Web information

Detailed data on the quarter four results will be available on the Ministry's website from 26 August 2014. This includes an interactive excel spreadsheet where detailed results are available by target area, including by ethnicity for some targets, and / or by DHB. Refer to www.health.govt.nz/healthtargets

The DHB and PHO health target tables will also be printed in the New Zealand Doctor on 10 September 2014.

Interpreting the health target results

The table of DHBs' performance for publication in newspapers and newsletters has a column to describe the change in performance between quarter three and quarter four. Upward and downward triangles indicate where progress has increased or decreased and the dash '-' indicates no change. As in previous quarters, changes of 1.01 percent or more are displayed as upward or downward facing triangles, where the change is 1 percent or lower, a dash is displayed indicating no change in performance.

Over what time period are the quarter four health target results calculated?

Two of the quarter four health target results represent the full year performance (Improved access to elective surgery and Better help for smokers to quit primary care target).

The More heart and diabetes checks target represents five years data.

All other health target results represent performance based on activity during the quarter April to June 2014.

Health Target Results

Shorter stays in emergency departments

National performance in the Shorter stays in ED target decreased to 93.9 percent a 0.4 percent drop compared to quarter three (94.3 percent).

Although the quarter four result has shown a slight drop in performance from quarter three it is the highest quarter four result since the target began and a 0.4 percent increase on quarter four last year. Quarter four 2013/14 was the second busiest in terms of ED presentations since the target began.

Of the 11 DHBs that met the target in quarter three, all DHBs, apart from Hutt Valley, maintained the target in quarter four.

Of the 261,992 patient presentations to EDs this quarter, 245,953 were admitted, discharged or transferred within six hours.

Capital & Coast DHB achieved the target for the first time since the target began, with a 0.6 percent improvement over quarter three and a 7.5 percent improvement on the same period last year. Tairawhiti had the greatest performance increase this quarter (1.1 percent), and has consistently met the target each quarter for the last four years.

The lowest ranked DHBs this quarter were Hawke's Bay (18), Southern (19), and MidCentral (20).

Improved access to elective surgery

Quarter four results for the elective surgery target show the national target for 2013/14 has been achieved with 161,933 elective surgical discharges provided, against a target of 152,287 discharges. This is 9646 (6 percent) more than planned. All DHBs met the elective surgery target.

Twelve DHBs delivered 5 percent or more than their full year 2013/14 target (Northland, Lakes, Taranaki, Counties Manukau, Waikato, MidCentral, West Coast, Bay of Plenty, Whanganui, Southern, Hutt Valley, and Tairawhiti).

There are a small number of elective surgical discharges undertaken for patients where the DHB of domicile is not specified, which are not included in the health target calculation above. Total elective surgical discharges for 2013/14 is 162,169.

Shorter waits for cancer treatment radiotherapy

All DHBs achieved the Shorter waits for cancer treatment health target in quarter four. Performance for this target has been achieved at a national level since the four-week target was introduced in July 2011.

During quarter four, 3026 patients who were ready-for-treatment received their radiotherapy or chemotherapy within four weeks.

Faster cancer treatment

From quarter two 2014/15, the 62 day faster cancer treatment indicator will become the cancer health target, and also from that date the current Shorter waits for cancer treatment target will shift to be included in the DHB performance measures.

A full definition for the new target is available on the nationwide service framework library web site www.nsfl.health.govt.nz

Increased immunisation

The Increased immunisation target was achieved for the fourth consecutive quarter, with the national result increasing to 92 percent, an increase of 0.2 percent on quarter three.

Of the 14,975 children eligible to be immunised in quarter four, 13,717 children were fully immunised by eight months of age.

Ethnicity coverage reported in quarter four highlighted that New Zealand European decreased by 0.6 percent to 92 percent; Māori increased by 1.4 percent to 88 percent; Pacific increased by 1.3 percent to 95 percent and Asian coverage increased by 0.6 percent to 97 percent. Coverage remained at 89 percent for those living in deprivation quintiles 9 and 10.

Fifteen DHBs achieved the 2013/14 target for 90 percent of eight-month-olds fully immunised. MidCentral DHB achieved the highest coverage with 97 percent, followed by Whanganui DHB at 95 percent.

Bay of Plenty DHB's coverage decreased by 1.5 percent to 86 percent.

Better help for smokers to quit

Primary care

Results for the Better help for smokers to quit primary care target shows national performance has increased to 85.8 percent, compared with 71.6 percent last quarter. Six DHBs have achieved the target, five more are achieving over 80 percent and 16 DHBs have made significant improvements of 1 percent or more.

This result represents a significant increase of 14.2 percent on the quarter three result, 28.9 percent over the past year and an improvement of 46.3 percent since the primary care results were first published in quarter one 2012/13.

During quarter four, 474,803 smokers were seen by a health practitioner in primary care and 407,430 of those were offered brief advice to quit, over the 12 month period ending on 30 June 2014. Some of these smokers have been offered brief advice outside of primary care settings as a result of PHO outreach programmes.

Waitemata, Auckland, Counties Manukau, Wairarapa, South Canterbury and Northland DHBs all achieved the target this quarter. Bay of Plenty, Taranaki, Tairawhiti, Waikato and MidCentral DHBs are within 10 percent of the target.

West Coast remains the lowest performing DHB, however their performance increased by 6.5 percent this quarter.

Hospital target
The Better help to smokers to quit hospital target was achieved for the sixth consecutive quarter with a result of 95.7 percent, an increase of 0.3 percent on quarter three.

Seven DHBs significantly improved their performance during quarter four and 15 DHBs met the 95 percent target.

During the quarter, 35,193 hospitalised smokers were identified and 33,669 of those were offered brief advice to quit between April and June 2014.

South Canterbury DHB was the highest performer this quarter, while Tairawhiti and West Coast DHBs improved enough on their quarter three results to achieve the target.

The DHBs with the poorest results in quarter three were Capital & Coast and MidCentral.

More heart and diabetes checks

The national quarter four result for the More heart and diabetes checks target is 84.4 percent, an increase of 6.2 percent on last quarter's final result and a 17.4 percent improvement over the past year.

Four DHBs achieved the 90 percent target this quarter. Every DHB increased their result by at least 3 percent, and more than half of all DHBs achieved over 80 percent.

During the five year period ending 30 June 2014, there were 1,093,183 cardiovascular disease (CVD) risk assessments completed. This is 86,538 more than for the five years to 31 March 2014 (reported in quarter three), and 244,352 more than for the five years to 30 June 2013 (reported in quarter four 2012/13).

Auckland achieved 92 percent, Counties Manukau and Whanganui DHBs 91 percent, and Northland 90 percent.

Canterbury and West Coast DHBs are the poorest performers, although they both reported significant increases this quarter (8.1 percent and 7.0 percent, respectively).

What are the overall quarter four 2013/14 health target results?

The 2013/14 year saw three changes to the health targets, these included the introduction of agreed Level 2 hospital data in the Shorter stays in emergency departments (ED) target, and an increase to 90 percent in the national goals for the Increased immunisation and the More heart and diabetes checks targets.

Nationally, four health targets have been met in quarter four:

- Improved access to elective surgery target (106% against a target of 100%)
- Increased immunisation (92% against a target of 90%)
- Shorter waits for cancer treatment (100% against a target of 100%)
- Better help for smokers to quit hospital target (96% against a target of 95%).

How did each health target perform?

Shorter stays in emergency departments

National performance in the Shorter stays in ED target decreased to 93.9 percent a 0.4 percent drop compared to quarter three (94.3 percent). Although the quarter four result has shown a slight drop in performance from quarter three it is the highest quarter four result since the target began and a 0.4 percent increase on quarter four last year. This was the second busiest quarter in terms of ED presentations since the target began. Eleven DHBs met the target.

Improved access to elective surgery

The national Improved access to elective surgery target has been achieved with 161,933 elective surgical discharges provided, against a target of 152,287 discharges. This is 9646 (6 percent) more than planned. All DHBs met the elective surgery target. Twelve of these are 5 percent or more ahead of their target.

Shorter waits for cancer treatment

All DHBs achieved the Shorter waits for cancer treatment health target in quarter four. This is the same result as quarter three when all patients who were ready-for-treatment received their radiotherapy or chemotherapy within four week. Performance for this target has been achieved at a national level since the four-week target was introduced in July 2011.

Increased immunisation

The Increased immunisation target was achieved for the fourth consecutive quarter, with the national result increasing to 92 percent, an increase of 0.2 percent on quarter three. Fifteen DHBs met the July 2014 target with at least 90 percent of eight-month-olds fully immunised.

Better help for smokers to quit

Results for the Better help for smokers to quit primary care target shows national performance has increased to 85.8 percent, compared with 71.6 percent last quarter. This result represents a significant increase of 14.2 percent on the quarter three result, 28.9 percent over the past year and an improvement of 46.3 percent since the primary care results were first published in quarter one 2012/13. Six DHBs have achieved the target, five more are achieving over 80 percent and 16 DHBs have made significant improvements of 1 percent or more.

The Better help to smokers to quit hospital target was achieved for the sixth consecutive quarter with a result of 95.7 percent, an increase of 0.3 percent on quarter three. Seven DHBs significantly improved their performance during quarter four and 15 DHBs met the 95 percent target.

More heart and diabetes checks
The national quarter four result for the More heart and diabetes checks target is 84.4 percent, an increase of 6.2 percent on last quarter's final result and a 17.4 percent improvement over the past year. Four DHBs achieved the 90 percent target this quarter. Every DHB increased their result by at least 3 percent, and more than half of all DHBs achieved over 80 percent.

Over what time period are the quarter four health target results calculated?

Two of the quarter four health target results represent the full year performance (Improved access to elective surgery and Better help for smokers to quit primary care target). The More heart and diabetes checks target represents five years data.

All other health target results represent performance based on activity during the quarter April to June 2014.

Why does the Better help for smokers to quit target show some results over 100 percent?

In addition to offering advice in primary care settings, some primary health organisations (PHOs) contacted patients who had not recently attended their general practice to offer them brief advice and support to quit smoking. There is evidence that this approach supports good outcomes and has been welcomed by many patients who have been contacted this way.

Why do the national DHB results differ from the national PHO immunisation health target results?

The national PHO immunisation health target result of 93 percent is different from the national DHB result of 92 percent because the DHB result includes some children not enrolled with PHOs.

What are the changes to the health targets in 2014 /15?

Increased immunisation
From quarter one 2014/15 (July 2014 onwards), the Increased immunisation health target increases to 95 percent to be achieved by December 2014.

Faster cancer treatment

From quarter two 2014/15 (October 2014 onwards), the 62 day faster cancer treatment indicator will become the cancer health target, and also from that date the current Shorter waits for cancer treatment target will shift to be included in the DHB performance measures.

DSAC / CPHAC FINANCIAL REPORT

Financial Report as at: **31 July 2014**
Report Prepared by: **David Dickson**
Date: **14 August 2014**

Recommendations:

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

1. DHB Funds Result

The overall funder result follows;

Month				Year to Date		
Actual $' 000	Budget $' 000	Variance $' 000		Actual $' 000	Budget $' 000	Variance $' 000
69,520	69,604	(84)	Revenue	69,520	69,604	(84)
(69,149)	(69,326)	177	Less Other Costs	(69,149)	(69,326)	177
371	278	93	Net Surplus / (Deficit)	371	278	93
			Expenses			
(49,125)	(49,191)	66	Personal Health	(49,125)	(49,191)	66
(7,128)	(7,090)	(38)	Mental Health	(7,128)	(7,090)	(38)
(754)	(893)	139	Public Health	(754)	(893)	139
(11,271)	(11,274)	3	Disability Support	(11,271)	(11,274)	3
(146)	(153)	7	Maori Health	(146)	(153)	7
(725)	(725)	0	Other	(725)	(725)	0
(69,149)	(69,326)	177	Expenses	(69,149)	(69,326)	177

Summary Comment:
The full year budget has not been approved and is not included in these reports. For July the funder had a surplus of $0.4m against a budgeted surplus of $0.3m. Revenue was unfavourable by $0.1m, and had a favourable cost offset. Costs overall were favourable by $0.2m

2. Results by Grouping

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

Month				Year to Date		
Actual $' 000	Budget $' 000	Variance $' 000		Actual $' 000	Budget $' 000	Variance $' 000
			Revenue			
60,853	60,835	18	Personal Health	60,853	60,835	18
7,048	7,039	9	Mental Health	7,048	7,039	9
833	974	(141)	Public Health	833	974	(141)
59	31	28	Disability Support	59	31	28
2	0	2	Maori Health	2	0	2
725	725	0	Funding and Governance	725	725	0
69,520	69,604	(84)	Revenue total	69,520	69,604	(84)
			Expenses			
(49,125)	(49,191)	66	Personal Health	(49,125)	(49,191)	66
(7,128)	(7,090)	(38)	Mental Health	(7,128)	(7,090)	(38)
(754)	(893)	139	Public Health	(754)	(893)	139
(11,271)	(11,274)	3	Disability Support	(11,271)	(11,274)	3
(146)	(153)	7	Maori Health	(146)	(153)	7
(725)	(725)	0	Funding and Governance	(725)	(725)	0
(69,149)	(69,326)	177	Expenses total	(69,149)	(69,326)	177
			Surplus (Deficit)			
11,728	11,644	84	Personal Health	11,728	11,644	84
(80)	(51)	(29)	Mental Health	(80)	(51)	(29)
79	81	(2)	Public Health	79	81	(2)
(11,212)	(11,243)	31	Disability Support	(11,212)	(11,243)	31
(144)	(153)	9	Maori Health	(144)	(153)	9
0	0	0	Funding and Governance	0	0	0
371	278	93		371	278	93

Personal Health had unbudgeted revenue relating to rural sustainability support, which had additional cost offset. Overall costs were favourable to budget by $0.1m.

Mental Health had revenue slightly ahead of budget due to timing relating to an exemplar contract for alcohol and drug services, offset by additional costs for child & youth mental health services.

Public Health revenue was less than budget, with screening revenue, which is based on volumes offset by a reduction in the amount paid to the provider arm. The contract ended in July with any additional revenue to be agreed and invoiced in August.

DSS costs were favourable overall, with over budget costs in home support offset by less than budgeted expenditure in residential care hospitals.

3. DHB Funds Result split by NGO and Provider

Part 3: DHB Funds	Current Month Actual $(000)	Budget $(000)	Variance $(000)	Variance %
Personal Health - Provider				
Child and Youth	(348)	(348)		
Laboratory	-	-		
Infertility Treatment Services	(92)	(92)		
Maternity	(42)	(42)		
Maternity (Tertiary & Secondary)	(1,380)	(1,380)		
Pregnancy and Parenting Education	(3)	(3)		
Neo Natal	(660)	(660)		
Sexual Health	(87)	(87)		
Adolescent Dental Benefit	(48)	(26)	(21) U	81%
Dental - Low Income Adult	(22)	(22)		
Child (School) Dental Services	(595)	(595)		
Secondary / Tertiary Dental	(116)	(116)		
Pharmaceuticals	(184)	(292)	108 F	(37%)
Pharmaceutical Cancer Treatment Drugs	(453)	(386)	(67) U	17%
Pharmacy Services	(9)	(9)		
Rural Support for Primary Health Pro	(71)	(71)		
Immunisation	(70)	(70)		
Radiology	(268)	(268)		
Palliative Care	(7)	(7)		
Meals on Wheels	(33)	(33)		
Domicilary & District Nursing	(994)	(994)		
Community based Allied Health	(416)	(416)		
Chronic Disease Management and Educa	(160)	(160)		
Medical Inpatients	(5,653)	(5,653)		
Medical Outpatients	(3,272)	(3,272)		
Surgical Inpatients	(10,628)	(10,628)		
Surgical Outpatients	(1,548)	(1,548)		
Paediatric Inpatients	(644)	(644)		
Paediatric Outpatients	(269)	(269)		
Pacific Peoples' Health	(10)	(10)		
Emergency Services	(1,478)	(1,478)		
Minor Personal Health Expenditure	(26)	(26)		
Price adjusters and Premium	(422)	(422)		
Travel & Accomodation	(4)	(4)		
	(30,012)	**(30,031)**	**20 F**	**0%**
Personal Health NGO				
Personal Health to allocate	-	(83)	83 F	
Child and Youth	(34)	(34)		1%
Laboratory	(1,496)	(1,465)	(31) U	(2%)
Infertility Treatment Services	(9)	(9)		
Maternity	(220)	(220)	1 F	
Maternity (Tertiary & Secondary)	(14)	(14)		
Pregnancy and Parenting Education	(10)	(10)		2%
Maternity Payment Schedule	-	-		
Neo Natal	-	-		
Sexual Health	-	(1)	1 F	
Adolescent Dental Benefit	(147)	(172)	26 F	15%
Other Dental Services	-	-		
Dental - Low Income Adult	(55)	(55)		
Child (School) Dental Services	(29)	(37)	8 F	21%
Secondary / Tertiary Dental	(126)	(126)		
Pharmaceuticals	(5,816)	(5,776)	(40) U	(1%)
Pharmaceutical Cancer Treatment Drugs	-	-		
Pharmacy Services	(19)	(61)	41 F	68%
Management Referred Services	-	-		
General Medical Subsidy	(72)	(79)	8 F	10%
Primary Practice Services - Capitated	(3,536)	(3,511)	(25) U	(1%)
Primary Health Care Strategy - Care	(320)	(318)	(2) U	(1%)
Primary Health Care Strategy - Health	(329)	(337)	8 F	2%
Primary Health Care Strategy - Other	(254)	(255)	1 F	
Practice Nurse Subsidy	(17)	(16)		(2%)
Rural Support for Primary Health Pro	(1,369)	(1,313)	(58) U	(4%)
Immunisation	(142)	(132)	(10) U	(8%)
Radiology	(194)	(196)	2 F	1%
Palliative Care	(474)	(488)	15 F	3%
Meals on Wheels	(8)	(20)	12 F	59%
Domicilary & District Nursing	(454)	(438)	(16) U	(4%)
Community based Allied Health	(174)	(168)	(6) U	(4%)
Chronic Disease Management and Educa	(95)	(95)		
Medical Inpatients	-	-		
Medical Outpatients	(364)	(397)	33 F	8%
Surgical Inpatients	(14)	(19)	5 F	26%
Surgical Outpatients	(140)	(146)	6 F	4%
Paediatric Inpatients	-	-		
Paediatric Outpatients	-	-		
Pacific Peoples' Health	-	(12)	12 F	
Emergency Services	(156)	(156)		
Minor Personal Health Expenditure	(72)	(74)	2 F	3%
Price adjusters and Premium	(87)	(83)	(3) U	(4%)
Travel & Accomodation	(463)	(445)	(18) U	(4%)
Inter District Flow Personal Health	(2,404)	(2,399)	(5) U	
	(19,113)	**(19,160)**	**47 F**	**0%**
Total Personal Health	**(49,125)**	**(49,191)**	**67 F**	**0%**

The table above splits funder expenditure For Personal Health into NGO and Provider arm. Both are slightly favourable for July.

Mental Health

Part 3: DHB Funds	Current Month Actual $(000)	Budget $(000)	Variance $(000)	Variance %
Mental Health - Provider Arm				
Mental Health to allocate	9	9		
Acute Mental Health Inpatients	(1,143)	(1,143)		
Sub-Acute & Long Term Mental Health	(304)	(304)		
Crisis Respite	(2)	(2)		
Alcohol & Other Drugs - General	(272)	(272)		
Methadone	(94)	(94)		
Dual Diagnosis - Alcohol & Other Drugs	(8)	(8)		
Dual Diagnosis - MH/ID	(5)	(5)		
Child & Youth Mental Health Services	(579)	(579)		
Forensic Services	(509)	(509)		
Kaupapa Maori Mental Health Services	(146)	(146)		
Mental Health Community Services	(1,752)	(1,752)		
Prison/Court Liaison	(45)	(45)		
Day Activity & Work Rehabilitation S	(63)	(63)		
Mental Health Funded Services for Older People	(36)	(36)		
Advocacy / Peer Support - Consumer	(35)	(35)		
Other Home Based Residential Support	(58)	(58)		
	(5,042)	**(5,042)**		
Mental Health - NGO				
Mental Health to allocate	-	(38)	38 F	
Crisis Respite	(5)	(5)		
Alcohol & Other Drugs - General	(55)	(55)		
Alcohol & Other Drugs - Child & Youth	(102)	(102)		
Dual Diagnosis - Alcohol & Other Drugs	(33)	(36)	3 F	9%
Eating Disorder	(14)	(16)	2 F	13%
Maternal Mental Health	(4)	(4)		
Child & Youth Mental Health Services	(298)	(241)	(56) U	(23%)
Forensic Services	-	(4)	4 F	
Kaupapa Maori Mental Health Services	(6)	(6)		
Mental Health Community Services	(127)	(127)		
Day Activity & Work Rehabilitation S	(136)	(136)		
Advocacy / Peer Support - Consumer	(23)	(23)		
Other Home Based Residential Support	(371)	(315)	(56) U	(18%)
Advocacy / Peer Support - Families	(52)	(52)		
Community Residential Beds & Service	(430)	(457)	26 F	6%
Minor Mental Health Expenditure	(28)	(32)	4 F	14%
Inter District Flow Mental Health	(403)	(399)	(3) U	(1%)
	(2,087)	**(2,048)**	**(38) U**	**200%**
Total Mental Health	**(7,129)**	**(7,090)**	**(38) U**	**200%**

Mental health Expenditure;

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

- NGO providers are $0.1m unfavourable with both Child and youth services and residential support both ahead of budget, partly offset by an amount yet to be allocated.

Public Health

Part 3: DHB Funds	Current Month Actual $(000)	Budget $(000)	Variance $(000)	Variance %
Public Health - Provider Arm				
Alcohol & Drug	(36)	(36)		
Communicable Diseases	(97)	(97)		
Injury Prevention	-	-		
Mental Health	(22)	(22)		
Screening Programmes	(242)	(381)	138 F	(36%)
Nutrition and Physical Activity	(23)	(23)		
Physical Environment	(36)	(36)		
Public Health Infrastructure	(128)	(128)		
Sexual Health	(12)	(12)		
Social Environments	(38)	(38)		
Tobacco Control	(81)	(81)		
	(715)	**(854)**	**138 F**	**16%**
Public Health - NGO				
Nutrition and Physical Activity	(27)	(27)		
Tobacco Control	(12)	(12)	1 F	7%
	(39)	**(39)**	**1 F**	**7%**
Total Public Health	**(754)**	**(893)**	**139 F**	**16%**

Public health expenditure;

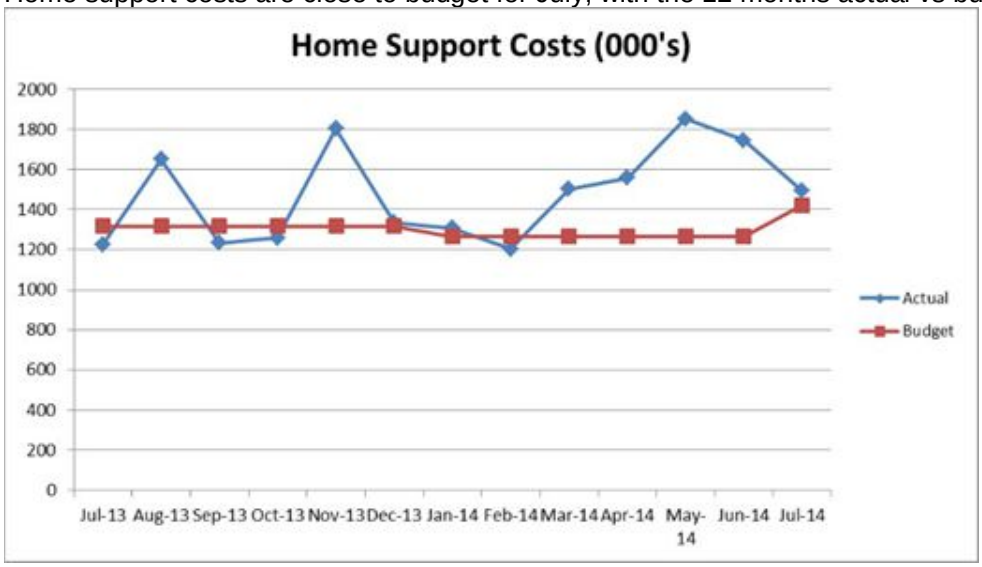
- Provider arm favourable variance is offset with a reduction in revenue, with less revenue received for cervical and breast screening programmes. Final revenue figures for this contract are being calculated in August, with any additional revenue to be invoiced in August.
- NGO, on budget for July.

Disability Support Services

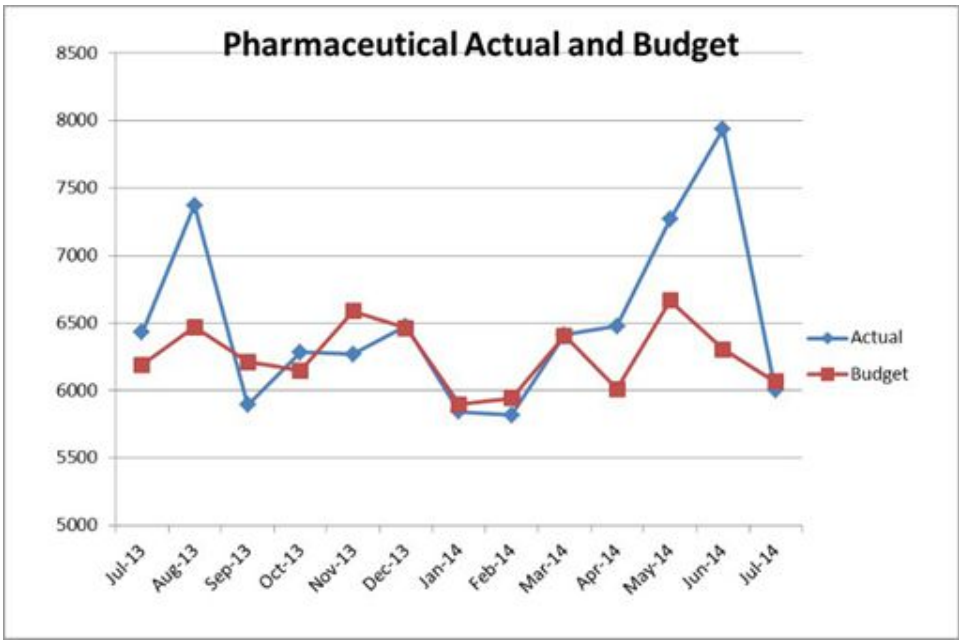
Part 3: DHB Funds	Current Month Actual $(000)	Budget $(000)	Variance $(000)	Variance %
Disability Support Services - Provider Arm				
AT & R (Assessment, Treatment and Re	(1,688)	(1,688)		
Needs Assessment	(138)	(138)		
Service Co-ordination	(19)	(19)		
Long Term Chronic Conditions	(8)	(8)		
Ageing in Place	(2)	(2)		
Environmental Support Services	(2)	(2)		
Minor Disability Support Expenditure	(8)	(8)		
Community Health Services & Support	(21)	(21)		
	(1,886)	**(1,886)**		
Disability Support Services - NGO				
AT & R (Assessment, Treatment and Re	(297)	(297)		
Information and Advisory	(12)	(12)		
Needs Assessment	(35)	(22)	(14) U	(63%)
Service Co-ordination	(2)	-	(2) U	
Home Support	(1,495)	(1,423)	(72) U	(5%)
Carer Support	(126)	(144)	18 F	12%
Residential Care: Rest Homes	(2,974)	(2,995)	21 F	1%
Residential Care: Loans Adjustment	17	23	(6) U	26%
Long Term Chronic Conditions	(4)	-	(4) U	
Residential Care: Hospitals	(3,876)	(3,944)	69 F	2%
Ageing in Place	-	-		
Environmental Support Services	(107)	(108)		
Day Programmes	(46)	(46)		1%
Expenditure to Attend Treatment ETAT	-	-		
Minor Disability Support Expenditure	-	(9)	9 F	
Respite Care	(102)	(95)	(6) U	(7%)
Community Health Services & Support	(70)	(60)	(10) U	(17%)
Inter District Flow Disability Support	(256)	(256)		
Disability Support Other	-	-		
	(9,385)	**(9,388)**	**3 F**	**50%**
Total Disability Support Services	**(11,271)**	**(11,274)**	**3 F**	**50%**

DSS Expenditure is on budget for both the Provider arm and NGOs, with the small unfavourable variance in home support for the month offset by favourable variances in Residential Care hospitals and rest homes.

Home support costs are close to budget for July, with the 12 months actual vs budget shown below.

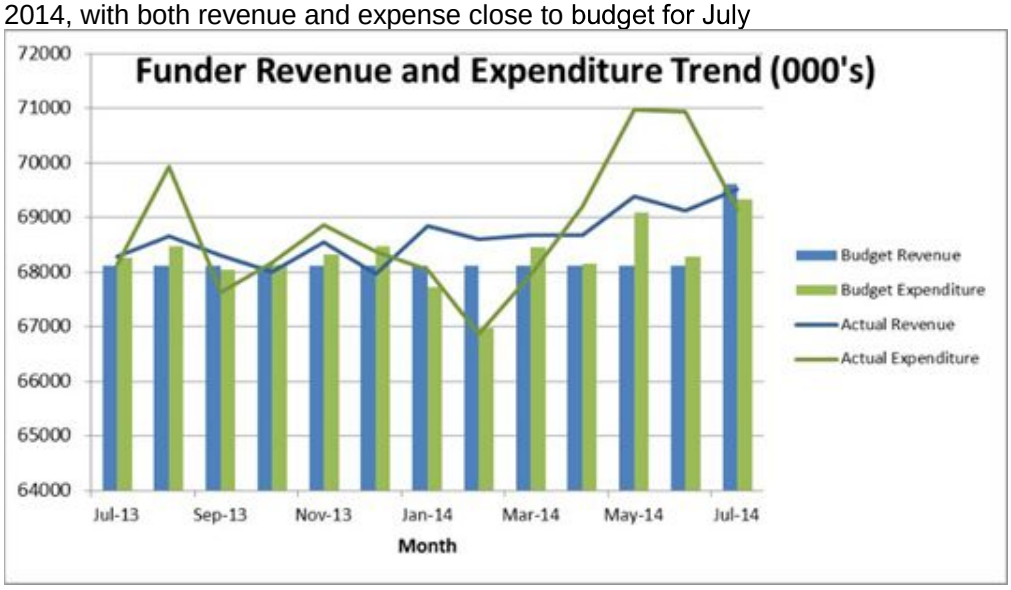


Pharmaceutical costs in the past have been over budget and the latest Pharmac forecast (released Mid-August) has our forecast costs $0.4m higher than the prior forecast. The July result does not account for this latest change. The following graph shows actual and budget for the past 12 months.



4. Revenue and Expenditure Trend

The following table shows actual and budget for revenue and expenditure for the 12 months to July 2014, with both revenue and expense close to budget for July



Southern District Health Board

Jul-14

Part 3: DHB Funds	Current Month Actual $(000)	Current Month Budget $(000)	Current Month Variance $(000)	Current Month Variance %	Year to Date Actual $(000)	Year to Date Budget $(000)	Year to Date Variance $(000)	Year to Date Variance %
Part 3.1: Statement of Financial Performance								
REVENUE								
Ministry of Health								
MoH - Vote Health Non Mental Health	57,835	57,837	(2) U		57,835	57,837	(2) U	
MoH - Vote Health Mental Health	6,925	6,925			6,925	6,925		
PBF Adjustments	-	-			-	-		
MoH Funding Subcontracts	3,208	3,289	(81) U	(2%)	3,208	3,289	(81) U	(2%)
MoH - Personal Health	-	-			-	-		
MoH - Mental Health	-	-			-	-		
MoH - Public Health	-	-			-	-		
MoH - Disability Support Services	-	-			-	-		
MoH - Maori Health	-	-			-	-		
Clinical Training Agency	-	-			-	-		
Internal - DHB Funder to DHB Provider	-	-			-	-		
Ministry of Health Total	**67,967**	**68,051**	**(83) U**		**67,967**	**68,051**	**(83) U**	
Other Government								
IDF's - Mental Health Services	45	45			45	45		
IDF's - All others (non Mental health)	1,508	1,508			1,508	1,508		
Other DHB's	-	-			-	-		
Training Fees and Subsidies	-	-			-	-		
Accident Insurance	-	-			-	-		
Other Government	-	-			-	-		
Other Government Total	**1,553**	**1,553**			**1,553**	**1,553**		
Government and Crown Agency Sourced Total	**69,520**	**69,604**	**(83) U**		**69,520**	**69,604**	**(83) U**	
Other Revenue								
Patient / Consumer Sourced	-	-			-	-		
Other Income	-	-			-	-		
Other Revenue Total	**-**	**-**			**-**	**-**		
REVENUE TOTAL	**69,520**	**69,604**	**(83) U**		**69,520**	**69,604**	**(83) U**	
EXPENSES								
Outsourced Expenses								
Outsourced Funder Services	(725)	(725)			(725)	(725)		
Other Outsourced Expenses	-	-			-	-		
Other Expenses	-	-			-	-		
Payments to Providers								
Personal Health								
Personal Health to allocate	-	(83)	83 F		-	(83)	83 F	
Child and Youth	(382)	(382)			(382)	(382)		
Laboratory	(1,496)	(1,465)	(31) U	(2%)	(1,496)	(1,465)	(31) U	(2%)
Infertility Treatment Services	(101)	(101)			(101)	(101)		
Maternity	(261)	(262)	1 F		(261)	(262)	1 F	
Maternity (Tertiary & Secondary)	(1,394)	(1,394)			(1,394)	(1,394)		
Pregnancy and Parenting Education	(12)	(12)		1%	(12)	(12)		1%
Maternity Payment Schedule	-	-			-	-		
Neo Natal	(660)	(660)			(660)	(660)		
Sexual Health	(87)	(88)	1 F	2%	(87)	(88)	1 F	2%
Adolescent Dental Benefit	(195)	(199)	4 F	2%	(195)	(199)	4 F	2%
Other Dental Services	-	-			-	-		
Dental - Low Income Adult	(78)	(78)			(78)	(78)		
Child (School) Dental Services	(624)	(632)	8 F	1%	(624)	(632)	8 F	1%
Secondary / Tertiary Dental	(242)	(242)			(242)	(242)		
Pharmaceuticals	(6,000)	(6,067)	67 F	1%	(6,000)	(6,067)	67 F	1%
Pharmaceutical Cancer Treatment Drugs	(453)	(386)	(67) U	(17%)	(453)	(386)	(67) U	(17%)
Pharmacy Services	(28)	(69)	41 F	59%	(28)	(69)	41 F	59%
Management Referred Services	-	-			-	-		
General Medical Subsidy	(72)	(79)	8 F	10%	(72)	(79)	8 F	10%
Primary Practice Services - Capitated	(3,536)	(3,511)	(25) U	(1%)	(3,536)	(3,511)	(25) U	(1%)
Primary Health Care Strategy - Care	(320)	(318)	(2) U	(1%)	(320)	(318)	(2) U	(1%)
Primary Health Care Strategy - Health	(329)	(337)	8 F	2%	(329)	(337)	8 F	2%
Primary Health Care Strategy - Other	(254)	(255)	1 F		(254)	(255)	1 F	
Practice Nurse Subsidy	(17)	(16)		(2%)	(17)	(16)		(2%)
Rural Support for Primary Health Pro	(1,442)	(1,384)	(58) U	(4%)	(1,442)	(1,384)	(58) U	(4%)
Immunisation	(212)	(202)	(10) U	(5%)	(212)	(202)	(10) U	(5%)
Radiology	(463)	(465)	2 F		(463)	(465)	2 F	
Palliative Care	(480)	(495)	15 F	3%	(480)	(495)	15 F	3%
Meals on Wheels	(42)	(53)	12 F	22%	(42)	(53)	12 F	22%
Domicilary & District Nursing	(1,449)	(1,433)	(16) U	(1%)	(1,449)	(1,433)	(16) U	(1%)
Community based Allied Health	(590)	(584)	(6) U	(1%)	(590)	(584)	(6) U	(1%)
Chronic Disease Management and Educa	(256)	(255)			(256)	(255)		
Medical Inpatients	(5,653)	(5,653)			(5,653)	(5,653)		
Medical Outpatients	(3,636)	(3,669)	33 F	1%	(3,636)	(3,669)	33 F	1%
Surgical Inpatients	(10,642)	(10,647)	5 F		(10,642)	(10,647)	5 F	
Surgical Outpatients	(1,688)	(1,694)	6 F		(1,688)	(1,694)	6 F	
Paediatric Inpatients	(644)	(644)			(644)	(644)		
Paediatric Outpatients	(269)	(269)			(269)	(269)		
Pacific Peoples' Health	(10)	(22)	12 F	54%	(10)	(22)	12 F	54%
Emergency Services	(1,634)	(1,634)			(1,634)	(1,634)		
Minor Personal Health Expenditure	(98)	(100)	2 F	2%	(98)	(100)	2 F	2%
Price adjusters and Premium	(509)	(505)	(3) U	1%	(509)	(505)	(3) U	1%
Travel & Accomodation	(467)	(449)	(18) U	(4%)	(467)	(449)	(18) U	(4%)
Inter District Flow Personal Health	(2,404)	(2,399)	(5) U		(2,404)	(2,399)	(5) U	
Personal Health Total	**(49,125)**	**(49,191)**	**66 F**		**(49,125)**	**(49,191)**	**66 F**	

Southern District Health Board

Jul-14

Part 3: DHB Funds	Current Month				Year to Date			
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance
	$(000)	$(000)	$(000)	%	$(000)	$(000)	$(000)	%
Mental Health								
Mental Health to allocate	9	(29)	38 F	133%	9	(29)	38 F	133%
Acute Mental Health Inpatients	(1,143)	(1,143)			(1,143)	(1,143)		
Sub-Acute & Long Term Mental Health	(304)	(304)			(304)	(304)		
Crisis Respite	(7)	(7)			(7)	(7)		
Alcohol & Other Drugs - General	(327)	(327)			(327)	(327)		
Alcohol & Other Drugs - Child & Youth	(102)	(102)			(102)	(102)		
Methadone	(94)	(94)			(94)	(94)		
Dual Diagnosis - Alcohol & Other Drugs	(41)	(45)	3 F	7%	(41)	(45)	3 F	7%
Dual Diagnosis - MH/ID	(5)	(5)			(5)	(5)		
Eating Disorder	(14)	(16)	2 F	13%	(14)	(16)	2 F	13%
Maternal Mental Health	(4)	(4)			(4)	(4)		
Child & Youth Mental Health Services	(876)	(820)	(56) U	(7%)	(876)	(820)	(56) U	(7%)
Forensic Services	(509)	(513)	4 F	1%	(509)	(513)	4 F	1%
Kaupapa Maori Mental Health Services	(152)	(152)			(152)	(152)		
Kaupapa Maori Mental Health - Residential	-	-			-	-		
Kaupapa Maori Mental Health - Inpati	-	-			-	-		
Mental Health Community Services	(1,878)	(1,878)			(1,878)	(1,878)		
Prison/Court Liaison	(45)	(45)			(45)	(45)		
Mental Health Workforce Development	-	-			-	-		
Day Activity & Work Rehabilitation S	(199)	(200)			(199)	(200)		
Mental Health Funded Services for Older People	(36)	(36)			(36)	(36)		
Advocacy / Peer Support - Consumer	(58)	(58)			(58)	(58)		
Other Home Based Residential Support	(430)	(373)	(56) U	(15%)	(430)	(373)	(56) U	(15%)
Advocacy / Peer Support - Families	(52)	(52)			(52)	(52)		
Community Residential Beds & Service	(430)	(457)	26 F	6%	(430)	(457)	26 F	6%
Minor Mental Health Expenditure	(28)	(32)	4 F	14%	(28)	(32)	4 F	14%
Inter District Flow Mental Health	(403)	(399)	(3) U	(1%)	(403)	(399)	(3) U	(1%)
Mental Health Total	**(7,128)**	**(7,090)**	**(38) U**	**(1%)**	**(7,128)**	**(7,090)**	**(38) U**	**(1%)**
Public Health								
Alcohol & Drug	(36)	(36)			(36)	(36)		
Communicable Diseases	(97)	(97)			(97)	(97)		
Injury Prevention	-	-			-	-		
Screening Programmes	(243)	(381)	138 F	36%	(243)	(381)	138 F	36%
Mental Health	(22)	(22)			(22)	(22)		
Nutrition and Physical Activity	(49)	(49)			(49)	(49)		
Physical Environment	(36)	(36)			(36)	(36)		
Public Health Infrastructure	(128)	(128)			(128)	(128)		
Sexual Health	(12)	(12)			(12)	(12)		
Social Environments	(38)	(38)			(38)	(38)		
Tobacco Control	(93)	(94)	1 F	1%	(93)	(94)	1 F	1%
Well Child Promotion	-	-			-	-		
Meningococcal	-	-			-	-		
Public Health Total	**(754)**	**(893)**	**139 F**	**16%**	**(754)**	**(893)**	**139 F**	**16%**
Disability Support Services								
AT & R (Assessment, Treatment and Re	(1,986)	(1,986)			(1,986)	(1,986)		
Information and Advisory	(12)	(12)			(12)	(12)		
Needs Assessment	(173)	(160)	(14) U	(9%)	(173)	(160)	(14) U	(9%)
Service Co-ordination	(21)	(19)	(2) U	(9%)	(21)	(19)	(2) U	(9%)
Home Support	(1,495)	(1,423)	(72) U	(5%)	(1,495)	(1,423)	(72) U	(5%)
Carer Support	(126)	(144)	18 F	12%	(126)	(144)	18 F	12%
Residential Care: Rest Homes	(2,974)	(2,995)	21 F	1%	(2,974)	(2,995)	21 F	1%
Residential Care: Loans Adjustment	17	23	(6) U	(26%)	17	23	(6) U	(26%)
Long Term Chronic Conditions	(12)	(8)	(4) U	(48%)	(12)	(8)	(4) U	(48%)
Residential Care: Hospitals	(3,873)	(3,942)	69 F	2%	(3,873)	(3,942)	69 F	2%
Ageing in Place	(2)	(2)			(2)	(2)		
Environmental Support Services	(110)	(110)			(110)	(110)		
Day Programmes	(46)	(46)		1%	(46)	(46)		1%
Expenditure to Attend Treatment ETAT	-	-			-	-		
Minor Disability Support Expenditure	(8)	(17)	9 F	52%	(8)	(17)	9 F	52%
Respite Care	(102)	(95)	(6) U	(7%)	(102)	(95)	(6) U	(7%)
Community Health Services & Support	(91)	(81)	(10) U	(13%)	(91)	(81)	(10) U	(13%)
Inter District Flow Disability Support	(256)	(256)			(256)	(256)		
Disability Support Other	-	-			-	-		
Disability Support Services Total	**(11,271)**	**(11,274)**	**4 F**		**(11,271)**	**(11,274)**	**4 F**	
Maori Health								
Maori Service Development	(38)	(38)			(38)	(38)		
Maori Provider Assistance Infrastruc	-	-			-	-		
Maori Workforce Development	-	-			-	-		
Minor Maori Health Expenditure	-	-			-	-		
Whanau Ora Services	(108)	(115)	7 F	6%	(108)	(115)	7 F	6%
Maori Health Total	**(146)**	**(153)**	**7 F**	**5%**	**(146)**	**(153)**	**7 F**	**5%**
Internal Allocations	-	-			-	-		
Total Expenses	**(69,149)**	**(69,326)**	**178 F**		**(69,149)**	**(69,326)**	**178 F**	
Summary of Results								
Subtotal of IDF Revenue	1,553	1,553			1,553	1,553		
Subtotal all other Revenue	67,967	68,051	(83) U		67,967	68,051	(83) U	
Revenue Total	**69,520**	**69,604**	**(83) U**		**69,520**	**69,604**	**(83) U**	
Subtotal of IDF Expenditure	(3,063)	(3,055)	(9) U		(3,063)	(3,055)	(9) U	
Subtotal all other Expenditure	(66,085)	(66,271)	186 F		(66,085)	(66,271)	186 F	
Expenses Total	**(69,149)**	**(69,326)**	**178 F**		**(69,149)**	**(69,326)**	**178 F**	
Net Surplus/ (Deficit)	**372**	**277**	**94 F**	**34%**	**372**	**277**	**94 F**	**34%**

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

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