SOUTHERN DISTRICT HEALTH BOARD

DISABILITY SUPPORT ADVISORY COMMITTEE
and
COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE

Tuesday, 2 June 2020
2.15 pm – 4.00 pm

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

A G E N D A

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

Item

1. **Opening Karakia**
2. **Apologies**
3. **Interests Register**
4. **Minutes of Previous Meeting**
5. **Horizon Scanning** *(Chairs' verbal report)*
6. **Matters Arising** *(not covered by the action sheet)*
7. **Review of Action Sheet**
8. **Presentation: HealthPathways**
9. **Review of Terms of Reference**
   9.1 Community and Public Health Advisory Committee
   9.2 Disability Support Advisory Committee
10. **Strategy, Primary and Community Report**
11. **Finance Report**
12. **Community Health Council Quarterly Report**
13. **Primary Maternity Facilities Consultation and Wanaka Hub Renovations**
14. **Covid-19 Māori Response Action Plan**

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

APOLOGIES

An apology has been received from Mr Roger Jarrold, Crown Monitor.

SOUTHERN DISTRICT HEALTH BOARD

Title:	**INTERESTS REGISTERS**
Report to:	Community & Public Health and Disability Support Advisory Committees
Date of Meeting:	2 June 2020

Summary:

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

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

Changes to Interests Registers over the last month:

- Nil

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

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

Prepared by:

Jeanette Kloosterman
Board Secretary

Date: 25/05/2020

RECOMMENDATION:

1. That the Interests Registers be received and noted.

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
Dave Cull (Board Chair)	09.12.2019	Daughter-in-law employed as a nurse by Southern DHB		
	25.02.2020	Board Member, Cosy Homes Trust		
	25.02.2020	President, Local Government New Zealand (until July 2020)		
	25.02.2020	Trustee, Weller Trust (Property investment)		
	25.02.2020	Director, Popaway Ltd (Property investment)		
David Perez (Deputy Chair)	13.05.2019	Director, Mercy Hospital, Dunedin	SDHB holds contracts with Mercy Hospital.	Step aside from decision making.
	13.05.2019	Fellow, Royal Australasian College of Physicians		
	13.05.2019	Trustee for several private trusts		
Ilka Beekhuis	09.12.2019	Patient Advisor, Primary Birthing FiT Group for Dunedin Hospital Rebuild		
	09.12.2019	Member, Otago Property Investors Association		
	09.12.2019	Secretary, Spokes Dunedin (cycling advocacy group)		
	15.01.2019	Paid member, Green Party		
	15.01.2019	Former employee of University of Otago (April 2012-February 2020)		
John Chambers	09.12.2019	Employed as an Emergency Medicine Specialist, Dunedin Hospital		
	09.12.2019	Employed as Honorary Senior Clinical Lecturer, Dunedin School of Medicine	Possible conflicts between SDHB and University interests.	
	09.12.2019	Elected Vice President, Otago Branch, Association of Salaried Medical Specialists	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	
	09.12.2019	Wife is employed as Co-ordinator, National Immunisation Register for Southern DHB		
	09.12.2019	Daughter is employed as MRT, Dunedin Hospital		
Kaye Crowther	09.12.2019	Life Member, Plunket Trust	Nil	
	09.12.2019	Trustee, No 10 Youth One Stop Shop	Possible conflict with funding requests.	
	09.12.2019	Employee, Findex NZ		
	14.01.2020	Trustee, Director/Secretary, Rotary Club of Invercargill South and Charitable Trust		
	14.01.2020	Member, National Council of Women, Southland Branch		
Lyndell Kelly	09.12.2019	Employed as Specialist, Radiation Oncology, Southern DHB	Involved in Oncology job size and service size exercise and may be involved in employment contract negotiations with Southern DHB.	

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	18.01.2020	Honorary Senior Lecturer, Otago University School of Medicine		
	18.01.2020	Daughter is Medical Student at Dunedin Hospital		
Terry King	28.01.2020	Member, Grey Power Southland Association Inc Executive Committee		
	28.01.2020	Life Member, Grey Power NZ Federation Inc		
	28.01.2020	Member, Southland Iwi Community Panel	ICP is a community-led alternative to court for low-level offenders. The service is provided by Nga Kete Matauranga Pounamu Charitable Trust in partnership with police, local iwi and the wider community.	
	14.02.2020	Receive personal treatment from SDHB clinicians and allied health.		
	03.04.2020	Client, Royal District Nursing Service NZ Ltd		
Jean O'Callaghan	13.05.2019	Employee of Geneva Health	Provides care in the community; supports one long term client but has no financial or management input.	
	13.05.2019	St John Volunteer, Lakes District Hospital	Nil	Taking six months' leave.
Tuari Potiki	09.12.2019	Employee, Otago University		
	09.12.2019	Chair, NZ Drug Foundation		
	09.12.2019	Chair, Te Rūnaka Ōtākou Ltd*		
	09.12.2019	Member, Independent Whānau Ora Reference Group		
	09.12.2019	*Shareholder in Te Kaika		
Lesley Soper	09.12.2019	Elected Member, Invercargill City Council		
	09.12.2019	Board Member, Southland Warm Homes Trust		
	09.12.2019	Employee, Southland ACC Advocacy Trust		
	16.01.2020	Chair, Breathing Space Southland (Emergency Housing)		
	16.01.2020	Trust Secretary/Treasurer, Omaui Tracks Trust		
	19.03.2020	Niece, Civil Engineer, Holmes Consulting	Holmes Consulting may do some work on new Dunedin Hospital.	
Moana Theodore	15.01.2019	Employee, University of Otago		
	15.01.2019	Co-director, National Centre for Lifecourse Research, University of Otago		
	15.01.2019	Member, Royal Society Te Apārangi Council		
	15.01.2019	Sister-in-law, Employee of SDHB (Clinical Nurse Specialist Acute Mental Health)		
	15.01.2019	Shareholder, RST Ventures Limited		
	27.04.2020	Nephew, Casual Mental Health Assistant, Southern DHB (Wakari)		
Andrew Connolly (Crown Monitor)	21.01.2020	Employee, Counties Manukau DHB		
	21.01.2020	Deputy Commissioner, Waikato DHB		
	21.01.2020	Southern Partnership Group		
	21.01.2020	Health Quality and Safety Commission		
	21.01.2020	Health Workforce Advisory Board		

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	21.01.2020	Fellow Royal Australasian College of Surgeons		
	21.01.2020	Member, NZ Association of General Surgeons		
	21.01.2020	Member, ASMS		
	05.05.2020	Member, Ministry of Health's Planned Care Advisory Group	Will be monitoring planned care recovery programmes.	
Roger Jarrold (Crown Monitor)	16.01.2020	CFO, Fletcher Construction Company Limited		
	16.01.2020	Member, Audit and Risk Committee, Health Research Council		
	16.01.2020	Trustee, Auckland District Health Board A+ Charitable Trust		
	16.01.2020	Former Member of Ministry of Health Audit Committee and Capital & Coast District Health Board		
	23.01.2020	Nephew - Partner, Deloitte, Christchurch		

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE LEADERSHIP TEAM

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

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
Kaye CHEETHAM	08.07.2019	Ministry of Health Appointed Member of the Occupational Therapy Board	
Mike COLLINS	15.09.2016	Wife, NICU Nurse	
	01.07.2019	Capable NZ Assessor	Asked from time to time to assess students, bachelor and masters students final presentation for Capable NZ.
Matapura ELLISON	12.02.2018	Director, Otākou Health Ltd	Possible conflict when contracts with Southern DHB come up for renewal.
	12.02.2018	Deputy Kaiwhakahaere, Te Rūnanga o Ngai Tahu	Nil
	12.02.2018	Chairperson, Kati Huirapa Rūnaka ki Puketeraki (Note: Kāti Huirapa Rūnaka ki Puketeraki Inc owns Pūketeraki Ltd - 100% share).	Nil
	12.02.2018	Trustee, Araiteuru Kokiri Trust	Nil
	12.02.2018	National Māori Equity Group (National Screening Unit)	
	12.02.2018	SDHB Child and Youth Health Service Level Alliance Team	
	12.02.2018	Otago Museum Māori Advisory Committee	Nil
	12.02.2018	Trustee, Section 20, BLK 12 Church & Hall Trust	Nil
	12.02.2018	Trustee, Waikouaiti Maori Foreshore Reserve Trust	Nil
	29.05.2018	Director & Shareholder (jointly held) - Arai Te Uru Whare Hauora Ltd	Possible conflict when contracts with Southern DHB come up for renewal.
Chris FLEMING	25.09.2016	Lead Chief Executive for Health of Older People, both nationally and for the South Island	

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE LEADERSHIP TEAM

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
	25.09.2016	Chair, South Island Alliance Leadership Team	
	25.09.2016	Lead Chief Executive South Island Palliative Care Workstream	
	25.09.2016	Deputy Chair, InterRAI NZ	
	10.02.2017	Director, South Island Shared Service Agency	Shelf company owned by South Island DHBs
	10.02.2017	Director & Shareholder, Carlisle Hobson Properties Ltd	Nil
	26.10.2017	Nephew, Tax Advisor, Treasury	
	18.12.2017	Ex-officio Member, Southern Partnership Group	
	30.01.2018	CostPro (costing tool)	Developer is a personal friend.
	30.01.2018	Francis Group	Sister is a consultant with the Francis Group.
	20.02.2020	Member, Otago Aero Club	Shares space with rescue helicopter.
Lisa GESTRO	06.06.2018	Lead GM National Travel and Accommodation Programme	This group works on behalf of all DHBs nationally and may not align with SDHB on occasions.
	04.04.2019	NASO Governance Group Member	This group works on behalf of all DHBs nationally and may not align with SDHB on occasions.
	04.04.2019	Lead GM Perinatal Pathology	This group works on behalf of all DHBs nationally and may not align with SDHB on occasions.
Nigel MILLAR	04.07.2016	Member of South Island IS Alliance group	This group works on behalf of all the SI DHBs and may not align with the SDHB on occasions.
	04.07.2016	Fellow of the Royal Australasian College of Physicians	Obligations to the College may conflict on occasion where the college for example reviews training in services.
	04.07.2016	Fellow of the Royal Australasian College of Medical Administrators	Obligations to the College may conflict on occasion where the college for example reviews training in services.

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE LEADERSHIP TEAM

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
	04.07.2016	NZ InterRAI Fellow	InterRAI supplies the protocols for aged care assessment in SDHB via a licence with the MoH.
	04.07.2016	Son - employed by Orion Health	Orion Health supplies Health Connect South.
	29.05.2018	Council Member of Otago Medical Research Foundation Incorporated	
	12.12.2019	Daughter employed by Harrison-Grierson	A NZ construction and civil engineering consultancy - may be involved in tenders for DHB or new Dunedin Hospital rebuild work
Nicola MUTCH		Chair, Dunedin Fringe Trust	Nil
	02.04.2019	Husband - Registrar and Secretary to the Council, Vice-Chancellor's Advisory Group, University of Otago	Possible conflict relating to matters of policies, partnership or governance with the University of Otago.
Patrick NG	17.11.2017	Member, SI IS SLA	Nil
	17.11.2017	Wife works for key technology supplier CCL	Nil
	18.12.2017	Daughter, medical student at Auckland University and undertaking Otago research project over summer 2017/18.	
Julie RICKMAN	31.10.2017	Director, JER Limited	Nil, own consulting company
	31.10.2017	Director, Joyce & Mervyn Leach Trust Trustee Company Limited	Nil, Trustee
	31.10.2017	Trustee, The Julie Rickman Trust	Nil, own trust
	31.10.2017	Trustee, M R & S L Burnell Trust	Nil, sister's family trust
	23.10.2018	Shareholder and Director, Barr Burgess & Stewart Limited	Accounting services
		Specified contractor for JER Limited in respect of:	
	31.10.2017	H G Leach Company Limited to termination	Nil, Quarry and Contracting.
	21.10.2019	Member, Chartered Accountants Advisory Group	
Gilbert TAURUA	05.12.2018	Prostate Cancer Outcomes Registry (New Zealand) - Steering Committee	Nil

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE LEADERSHIP TEAM

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
	05.04.2019	South Island HepC Steering Group	Nil
	03.05.2019	Member of WellSouth's Senior Management Team	Reports to Chief Executives of SDHB and WellSouth.
Gail THOMSON	19.10.2018	Member Chartered Management Institute UK	Nil
	22.11.2019	Deputy Chair Otago Civil Defence Emergency Management Group, Coordinating Executive Group	
Jane WILSON	16.08.2017	Member of New Zealand Nurses Organisation (NZNO)	No perceived conflict. Member for the purposes of indemnity cover.
	16.08.2017	Member of College of Nurses Aotearoa (NZ) Inc.	Professional membership.
	16.08.2017	Husband - Consultant Radiologist employed fulltime by Southern DHB and currently Clinical Leader Radiology, Otago site.	Possible conflict with any negotiations regarding new or existing radiology service contracts. Possible conflict between Southern DHB and SMO employment issues.
	16.08.2017	Member National Lead Directors of Nursing and Nurse Executives of New Zealand.	Nil

Southern District Health Board

Minutes of the Joint Meeting of the Community & Public Health Advisory Committee and Disability Support Advisory Committee held on Monday, 3 February 2020, commencing at 1.30 pm, in the Board Room, Wakari Hospital Campus, Dunedin

Present:	Mr Tuari Potiki	Chair, Community & Public Health Advisory Committee (CPHAC) *(Meeting Chair)*
	Dr Moana Theodore	Chair, Disability Support Advisory Committee (DSAC)
	Ms Ilka Beekhuis	Deputy Chair, CPHAC
	Mrs Kaye Crowther	Deputy Chair, DSAC
	Mr Dave Cull	Member, DSAC
	Dr John Chambers	Member, DSAC
	Mr Terry King	Member, CPHAC
	Dr Lyndell Kelly	Member, CPHAC
In Attendance:	Dr David Perez	Board Member
	Miss Lesley Soper	Board Member
	Mr Chris Fleming	Chief Executive Officer
	Mrs Lisa Gestro	Executive Director Strategy, Primary and Community
	Dr Nigel Millar	Chief Medical Officer
	Dr Nicola Mutch	Executive Director Communications
	Mr Andrew Swanson-Dobbs	Chief Executive Officer, WellSouth Primary Health Network
	Mr Gilbert Taurua	Chief Māori Health Strategy and Improvement Officer
	Ms Gail Thomson	Executive Director Quality & Clinical Governance Solutions
	Ms Jeanette Kloosterman	Board Secretary

1.0 WELCOME AND KARAKIA

The Chair opened the meeting with a karakia, then welcomed everyone to the inaugural meeting of the Community & Public Health and Disability Support Advisory Committees of the new Southern District Health Board.

2.0 APOLOGIES

Apologies were received from Associate Prof Andrew Connolly, Crown Monitor, Mr Roger Jarrold, Crown Monitor, Ms Kaye Cheetham, Chief Allied Health, Scientific and Technical Officer, and Mrs Jane Wilson, Chief Nursing and Midwifery Officer.

3.0 CONFIRMATION OF AGENDA

The Chair advised that consideration of the Southern DHB draft Disability Strategy had been brought forward to the start of the meeting to give it the priority and mana it deserved and to allow Mr Chris Ford, Disability Persons Assembly, to speak to the draft plan.

4.0 DECLARATION OF INTERESTS

The Interests Registers were circulated with the agenda (tab 3) and noted.

The Chair asked for any changes to the registers and reminded everyone of their obligation to advise the meeting should any potential conflict arise during discussions.

It was resolved:

"That the Interests Registers be received and noted."

5.0 DRAFT DISABILITY STRATEGY

An update on the draft Disability Strategy and Action Plan (tab 11) was taken as read.

The Executive Director Quality and Clinical Governance Solutions (EDQ&CGS) informed the Committees:

- That there were still a few minor amendments to be made to the draft Strategy;
- There had been consultation with the community in developing the draft Strategy and there would be further opportunity for the public to provide feedback.

Mr Chris Ford, Senior Kaituitui, Disabled Persons Assembly (DPA) NZ Inc, and Kaituitui, DPA Dunedin and Districts, congratulated Southern DHB for putting the draft Disability Strategy up for discussion and spoke in support of it being approved for consultation. He advised that:

- Health outcomes and statistics for disabled people were well behind those of non-disabled people.
- Often, everyday health conditions were treated by medical staff as part of that person's impairment.
- Some doctors and specialists tended to experience difficulty communicating with disabled people, which could lead to misdiagnosis and unnecessary presentations.
- The draft Strategy aimed to ensure that disabled people had the right to access the full spectrum of health care and services on the same basis as non-disabled people and, over time, enjoy the same health outcomes. This was a right under the United Nations Convention on the Rights of Persons with Disabilities. Disabled people had the concurrent right to receive such services while respecting their autonomy, dignity, and independence.
- All the above, and other subjects, were covered in the draft Strategy, which had been through an extensive consultation process already as part of a co-design approach, with disabled people in the driving seat.

Mr Ford acknowledged, and thanked, all those who had contributed to the development of the draft Strategy.

The DSAC and CPHAC Chairs thanked Mr Ford for his presentation and advised that the draft Strategy would come back to the Committee and Board for discussion following public consultation.

The EDQ&CGS outlined the planned consultation process.

It was resolved:

"That the Committees endorse the draft Disability Strategy and Action Plan to go out for consultation."

M Theodore/K Crowther

At 2.00 pm Mr Ford and the Executive Director Quality and Clinical Governance Solutions left the meeting.

6.0 PRESENTATION: OVERVIEW OF DIRECTORATE AND PRIMARY AND COMMUNITY STRATEGY

The Executive Director Strategy, Primary and Community, introduced members of the primary and community team: Mary Cleary-Lyons, General Manager Primary Care and Population Health, Glenn Symon, General Manager Community Services, Stuart Barson, Healthcare Home Programme Manager, WellSouth, Louise Travers, General Manager Mental Health, Addictions and Intellectual Disability, Hywel Lloyd, Medical Director, and Rory Dowding, Strategy and Planning Manager.

Each manager gave an outline of the services they oversee, their achievements, and key areas of focus (tab 13), then took questions.

Due to time constraints, it was agreed that the presentation on older persons' health and community services would be carried over to the next meeting, along with an overview of Māori Health.

The Chair thanked the team for their informative presentations.

7.0 PREVIOUS MINUTES

Mr Cull advised that he attended the joint meeting of the Disability Support Advisory Committee and Community & Public Health Advisory Committee on 23 October 2019.

It was resolved:

"That, with the above amendment, the minutes of the meeting held on 23 October 2019 be noted."

8.0 REVIEW OF ACTION SHEET

The Committees received the action sheet updates (tab 8).

9.0 REVIEW OF TERMS OF REFERENCE

The Community and Public Health Advisory Committee (CPHAC) and Disability Support Advisory Committee (DSAC) Chairs advised that they had agreed to trial joint meetings for a few months but in doing so they were keen to ensure that disability issues were given the attention they deserve. To this end, they requested that DSAC issues be placed first on the agenda at alternate meetings.

The CEO advised that:

- When the Committees were set up by statute, the expectation was that disability support services would be devolved to DHBs, however that had not occurred;
- DSAC and CPHAC had been meeting jointly to avoid duplication, as most CPHAC issues required a disability lens on them; however the terms of reference had been written to allow the Committees to meet separately when required;
- Membership of the Committees could be added to as appropriate;
- The Iwi Governance Committee had been invited to nominate an Iwi representative to the Committees.

It was noted that the Primary and Community Strategy and the Disability Strategy would be a key focus for each Committee respectively.

The Committees requested that management standardise the draft DSAC/CPHAC terms of reference and bring back the next iteration to the April 2020 meeting.

10.0 STRATEGY, PRIMARY AND COMMUNITY REPORT

The Strategy, Primary and Community Report (tab 8) was taken as read and the EDSP&C took questions.

The Committees requested that over time reporting become more focussed by linking the activity reported on to the goals or targets that activity was aimed at achieving.

It was resolved:

"That the report be received."

11.0 NEW PRIMARY MATERNITY SYSTEM OF CARE - CENTRAL OTAGO

The EDSP&C presented a report on the next phase of the implementation of the Integrated Primary Maternity System of Care: to identify the location for a primary birthing unit or units in Central Otago (tab 10), then invited feedback on the paper.

The Chief Executive Officer (CEO) informed the Committees that the proposed timeline to finalise a recommendation was aspirational. Members requested that priority be given to ensuring a thorough engagement and consultation process was followed.

The Committees requested an update for their April meeting.

It was resolved:

"That the Committees support the milestones and deliverables outlined in the paper."

T Potiki/D Cull

12.0 FINANCIAL REPORT

The EDSP&C presented the Strategy, Primary and Community financial results for December 2019 (tab 10), then answered questions on the financial statements.

It was resolved:

"That the report be received."

The meeting closed with a karakia at 4.15 pm.

Confirmed as a true and correct record:

Chair: _____

Date: _____

5

Horizon Scanning

- Verbal report from the Chairs of the Disability Support and Community & Public Health Advisory Committees

Southern District Health Board

DISABILITY SUPPORT AND COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEES MEETING

ACTION SHEET

As at 25 June 2020

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
Oct 2019	**Pēhea Tou Kāinga? How is Your Home? Central Otago Housing: The Human Story** (Minute item 9.0)	An overarching strategy to be developed prior to drafting an action plan.	EDSP&C	One of the key recommendations from the report was to form a multi-agency taskforce and develop an Action Plan. Following this a multiagency housing meeting took place in Alexandra in late November. The meeting was a starting point to get key stakeholders together to discuss the report findings. Participants included representatives from a number of government and non-government agencies and Queenstown Lakes and Central Otago District Councils. While the report was initiated by Southern DHB and the outcomes are health related, the levers to make a difference are not controlled by Southern DHB and it is anticipated it could take some time to develop the action plan. Southern DHB will facilitate a second multiagency meeting in March 2020 to continue the collaborative. An update will be provided in July 2020.	July 2020

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
Feb 2020	**Committees' Agenda** (Minute item 9.0)	DSAC issues to be placed first on agenda at alternate meetings.	EDSP&C EDQCGS	Noted. DSAC will appear first at the August meeting.	Complete.
Feb 2020	**Presentation: Overview of Directorate and Primary and Community Strategy** (Minute item 6.0)	▪ Remainder of presentation (older persons' health and community services) to be carried over to April meeting. ▪ Committees to be given an overview of Māori Health.	EDSP&C EDSP&C/ CMHSIO	These items will be highlighted and prioritised during the DAP workshop. The items can be reviewed again in the August meeting to ensure that the committee feel sufficiently informed about each item, and a further presentation on either can be organised if still required.	August 2020
Feb 2020	**Terms of Reference** (Minute item 9.0)	Terms of reference to be standardised and brought back to next meeting.	CEO/ EDSP&C	Updated and included in this agenda for approval.	Complete
Feb 2020	**Strategy, Primary and Community Report** (Minute item 10.0)	Report to be more focused by tying activity to the goals or targets that were trying to be achieved.	EDSP&C	A new reporting template, informed by the new DAP will be used from quarter 1, 20/21. The remaining format will be used for the remainder of the 19/20 year, but key goals will be highlighted.	October 2020
Feb 2020	**New Primary Maternity System of Care - Central Otago** (Minute item 11.0)	Update to be submitted to the April meeting.	EDSP&C	An update is included in the agenda	Complete

2.30 pm

Presentation - HealthPathways

Lead:

Gail Thomson, Executive Director Quality & Clinical Governance Solutions

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SOUTHERN DISTRICT HEALTH BOARD

Title:	**TERMS OF REFERENCE**		
Report to:	Disability Support and Community & Public Health Advisory Committees		
Date of Meeting:	2 June 2020		
Summary: DSAC and CPHAC Terms of Reference			
Specific implications for consideration (FINANCIAL/WORKFORCE/RISK/LEGAL ETC.):			
Financial:	N/A		
Workforce:	N/A		
Equity:			
Other:	N/A		
Document previously submitted to:	Chris Fleming	**DATE:** 18 May 2020	
Approved by Chief Executive Officer:		**DATE:**	
Prepared by: Strategy, Primary & Community Team **Date:** 22 June 2020		**Presented by:** Lisa Gestro Executive Director Strategy, Primary & Community	
RECOMMENDATION: ▪ **That the Committees review the attached Terms of Reference, and** ▪ **Recommend that the Terms of Reference be approved by Board**			

COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE (CPHAC)

Terms of Reference

Accountability

The Community & Public Health Advisory Committee is constituted by section 34, part 3, of The New Zealand Public Health and Disability Act 2000 (The Act).

The procedures of the Committee shall also comply with Schedule 4 of the Act.

The Committee is to further comply with the standing orders of the Southern DHB which may not be inconsistent with the Act.

Function and Scope

1) The statutory functions of CPHAC is to give the Board advice on:

   a) the needs, and any factors that the Committee believes may adversely affect the health status, of the resident population of the Southern DHB; and

   b) priorities for use of the limited health funding provided.

2) The statutory aim of CPHAC's advice is to ensure that the following maximise the overall health gain for the population the Committee serves:

   a) all service interventions the Southern DHB has provided or funded or could provide or fund for that population;

   b) all policies the DHB has adopted or could adopt for that population.

3) CPHAC's advice may not be inconsistent with the New Zealand Health Strategy.

Responsibilities

The Committee is responsible for:

1) Taking an overview of the population and health improvement;

2) Providing recommendations for new initiatives in community and public health improvement;

3) Addressing the prevention of inappropriate hospital admissions through health promotion and community care interventions;

4) Examining the role that primary care, disability support, public health and other community services - as well as hospital services - can play in achieving health improvement;

5) Ensuring better co-ordination across the interface between services and providers;

6) Focusing on the needs of the populations and developing principles on which to determine priorities for using finite health funding;

7) Interpreting the local implications of the nation-wide and sector-wide health goals and performance expectations;

8) Providing advice, in collaboration with the Iwi Governance Committee, on strategies to reduce the disparities in health status; especially relating to Maori and Pacific Island peoples;

9) Providing advice on priorities for health improvement and independence as part of the strategic planning process;

10) Ensuring the processes and systems are put in place for effective and efficient management of health information in the Southern DHB district, including policies regarding data ownership and security;

11) Ensuring the priorities of the community are reflected in the Annual Plan of the Southern DHB, and to ensure that appropriate processes are followed in preparation of the plan;

12) Ensuring that recommendations for significant change or strategic issues have noted input from key stakeholders and consultation has occurred in accordance with statutory requirements and Ministry guidelines.

Membership

All members of the Committee are to be appointed by the Board. The Board will appoint the chairperson.

The Committee is to comprise of a number of Board members as determined by the Board Chair, supplemented with external appointees as required.

Membership will provide for Māori representation on the Committee. The Committee may obtain additional advice as and when required.

Where a person, who is not a Board member, is appointed to the Committee, the person must give the Board Chair a statement that discloses any present or future conflict of interest, or a statement that no such conflicts exist or are likely to exist in the future, prior to appointment.

Conflicts of Interest

Where a potential conflict of interest exists with an agenda item, these are to be declared by members and staff. A register of interests shall form part of each Committee meeting agenda, and it is the responsibility of each member to disclose any new interests which may give rise to a conflict.

Quorum

The quorum of members of a committee is —

(a) if the total number of members of the committee is an even number, half that number; but
(b) if the total number of members of the committee is an odd number, a majority of the members.

Meetings

Bi-monthly meetings, held collectively with the Disability Support Advisory Committee (DiSAC) will be scheduled, however the Committee may determine to hold additional meetings if deemed necessary by the Chair, with or without DiSAC, up to a maximum of ten meetings per year.

Review

The Terms of Reference for this Committee shall be reviewed as and when required.

Management Support

The Chief Executive Officer shall ensure adequate provision of management and administrative support to the Committee.

DISABILITY SUPPORT ADVISORY COMMITTEE (DiSAC)

Terms of Reference

Accountability

The Disability Support Advisory Committee is constituted by section 35, part 3, of The New Zealand Public Health and Disability Act 2000 (The Act).

The procedures of the Committee shall also comply with Schedule 4 of the Act.

The Committee is to further comply with the standing orders of the Southern DHB which may not be inconsistent with the Act.

Function and Scope

1) The statutory functions of DiSAC are to give the Board advice on:
   a) The disability support needs of the resident population of the Southern DHB
   b) Priorities for use of the disability support funding provided.

2) The aim of the Committee's advice will be to ensure that the following promote the inclusion and participation in society, and maximise the independence, of the people with disabilities within the Southern DHB's resident population:
   a) the kinds of disability support services the Southern DHB has provided or funded or could provide or fund for those people;
   b) all policies the Southern DHB has adopted or could adopt for those people.

3) The Committee's advice may not be inconsistent with the New Zealand Disability Strategy.

Responsibilities

The Committee is responsible for:

1) Providing advice on the overall performance of the disability support services delivered by or through the Southern DHB;

2) Providing advice on strategic issues related to the delivery of disability support services delivered by or through the Southern DHB;

3) Focusing on the disability support needs of the population and developing principles on which to determine priorities for using finite disability support funding;

4) Ensuring that the District Annual Plans (DAPs) of the Southern DHB demonstrate how people with disability will access health services and how the Southern DHB will ensure that the disability support services they fund or provide are co-ordinated with the services of other providers to meet the needs of people with disabilities;

5) Assessing the disability support services' performance against expectations set in the relevant accountability documents, documented standards and legislation;

6) Ensuring that recommendations for significant change or strategic issues have noted input from key stakeholders and consultation has occurred in accordance with statutory requirements and Ministry guidelines.

Membership

All members of the Committee are to be appointed by the Board. The Board will appoint the chairperson.

The Committee is to comprise a number of Board members as determined by the Board Chair, supplemented with external appointees as required.

Membership will provide for Māori representation on the Committee. The Committee may obtain additional advice as and when required.

Where a person, who is not a Board member, is appointed to the Committee, the person must give the Board Chair a statement that discloses any present or future conflict of interest, or a statement that no such conflicts exist or are likely to exist in the future, prior to appointment.

Conflicts of Interest

Where a potential conflict of interest exists with an agenda item, these are to be declared by members and staff. A register of interests shall form part of each Committee meeting agenda, and it is the responsibility of each member to disclose any new interests which may give rise to a conflict.

Quorum

The quorum of members of a committee is —

(a) if the total number of members of the committee is an even number, half that number; but

(b) if the total number of members of the committee is an odd number, a majority of the members.

Meetings

Bi-monthly meetings, held collectively with the Community & Public Health Advisory Committee (CPHAC) will be scheduled, however the committee may determine to hold additional meetings if deemed necessary by the Chair, with or without CPHAC, up to a maximum of ten meetings per year.

Review

The Terms of Reference for this Committee shall be reviewed as and when required.

Management Support

The Chief Executive Officer shall ensure adequate provision of management and administrative support to the Committee.

SOUTHERN DISTRICT HEALTH BOARD

Title:	**Strategy, Primary & Community Report**		
Report to:	Disability Support and Community & Public Health Advisory Committees		
Date of Meeting:	2 June 2020		
Summary: Monthly report on the Strategy, Primary & Community Directorate activity.			
Specific implications for consideration (FINANCIAL/WORKFORCE/RISK/LEGAL ETC.):			
Financial:	N/A		
Workforce:	N/A		
Equity:			
Other:	N/A		
Document previously submitted to:	Chris Fleming	**DATE:** 18 May 2020	
Approved by Chief Executive Officer:		**DATE:**	
Prepared by: Strategy, Primary & Community Team **Date:** 20th May 2020		**Presented by:** Lisa Gestro Executive Director Strategy, Primary & Community	
RECOMMENDATION: **That the Committees note the content of this paper.**			

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STRATEGIC HIGHLIGHTS

Reforming of the Alliance Leadership Team (ALT)

The new chair of the Alliance Leadership Team was announced in April, with Stuart Heal accepting the role following a brief transition from Dr Carol Atmore, which was held by Tracy Hicks.

Based in Cromwell, Stuart was born and brought up in Dunedin and has spent most of his career working in Otago and Southland. He is the chair of Breen Construction, Road Transport Logistics, Pioneer Energy and Pulse Energy. He served as chair of New Zealand Cricket from 2012 to 2016 and was made a Member of the NZ Order of Merit (MNZM) for services to Sport and the Community in 2016.

Stuart is a current board member and past chairman of WellSouth (he will step down next month to assume to Alliance role) and before that was chair of the Rural Otago PHO. Prior to dedicating himself to governance roles, Stuart was the chief executive of CRT for 20 years.

The Alliance Leadership team will meet again for the first time in June.

Developing our approach to Planned Care

On the 13th May 2020, GPs and Hospital Specialists met to share their ideas on working together to change our paradigms of care and harness the gains of the last 8 weeks. Several themes emerged from that meeting including access to services, access to specialist advice, joint clinics (GP and specialist), clinical care of patients with chronic conditions, and alternate settings for minor surgery. An overarching theme was "communication".

It was agreed as a result of this meeting that a "Planned Care" forum would be established. The forum would consist of PHO and Southern DHB representatives, reporting to the Chair of the Alliance Leadership Team. The role of the forum will be to provide clinical leadership across the Southern Health System as needed to change the paradigms of care. The function of the forum will be to identify, and then prioritise, planned care initiatives for the Southern Health System. As clinical leaders it is expected that each clinician will actively seek ideas and discussion on working together across the system with their professional colleagues and their department/ unit/ business work colleagues.

The Working Group suggest that there is a need for urgency to progress this area of work, not just because of unmet need and necessary changes to health care delivery, but also to take advantage of the sense of momentum and drive in the system to do things differently.

Intrinsic to clinical governance, the Working Group advocates HealthPathways as the underpinning structure. The influence of HealthPathways should not be under-estimated, and this is one area that SDHB and the Southern Health system will need to reinforce.

Events over the first 4 months of 2020 has provided ample evidence that the Southern Health System can work differently and provide good care to our patients. The challenge now is to keep the gains that have been made and continue to build the trust and transparency necessary for a primary/specialist partnership of care and maintaining the momentum of change. The establishment of the "Planned Care" forum is an important first step to promote and support a joined-up Southern approach. Early wins will require agreement of high level principles and measures, establishment of prioritisation criteria, clear process, effective and regular communications, and visible leadership across the whole of system.

STRATEGY AND PLANNING

Annual Plan 20/21

The draft 2021 Annual Plan and Budget was submitted to the Ministry of Health on 6 March 2020. Initially further work continued in March 2020 until the Government announced Alert Level 4 at which time work was paused as the focus across the organisation was on preparations for COVID-19 activity.

At that time, the Ministry of Health advised that they were adjusting the 2020/21 annual planning processes and timelines in consideration of COVID-19. During Alert Level 4 lock down, Central Government Agencies have been exploring a range of options, including potentially modifying legislative requirements to assist entities to manage legislative planning and reporting requirements and they expect to be in a position to provide updates later in April. In the absence of definitive advice, the Ministry have provided DHB's with the following revised planning timeframes:

1. Feedback on first draft plans and advice on updated planning guidance that includes any new guidance/COVID-19 impacts to be issued mid-May
2. No revised sections/full drafts of 2020/21 annual plans or regional services plans or second draft financial templates will be expected at this stage until at least mid-June. Dates will be confirmed dependant on any legislative modifications that may occur.
3. The Ministry's financial monitoring team will continue to stay in contact during April regarding the financial templates provided to date.

The attached Timeline for Review of the 2021/21 Plans received on 14 April 2020 confirmed the advice above.

Timeline for review of the 2020/21 Plans

Activity	**Date: 2020**	**Revised timeline**
DHB strategic conversations	From February	From February
DHBs submit draft Annual Plans, Statement of Performance Expectations (SPE), financial templates, Regional Service Plans to the Ministry.	**2 March**	**2 March**
Feedback to DHBs on first draft Plans and release of guidance for any additional confirmed Government priorities	9 April	Mid May
No revised sections/full drafts of 2020/21 annual plans or regional services plans or second draft financial templates will be expected at this stage until at least mid-June. Dates will be confirmed dependant on any legislative modifications that may occur.		Mid June
Final Plans due to the Ministry	**Tbc**	**TBC**
DHB Board signed SPE to be published on DHB websites	Before end of June	TBC
Ministry approval of SLM plan	31 July	31 July
Any outstanding 2020/21 SPEs tabled with 2019/20 Annual Reports	December	TBC

Next Steps

The focus for the next 2-3 weeks is on finalisation of our recovery plans, initially focussing on acute/specialist services and planned care, and then extending into public health, population health and primary care. It is imperative that the individual plans are coordinated to deliver a cohesive healthcare

system response. These recovery plans will then be reviewed against previously developed service plans, and used to inform specific investment decisions. Collectively, these will form an adjunct to the final DAP 2020/21 and this process, as well as the joining together of key messages will be managed by ELT.

1. District annual planning was originally prepared on the basis that 100% of resources could be applied to delivery of services. However, for 2020/21 and perhaps beyond, the impact of COVID-19 reduces capacity by an estimated 20%. Although the Ministry has not (yet) provided the revised guidance on the DAP, it will be necessary to review the draft DAP 20/21 based on our learnings to date of the impact of COVID-19 and our recovery planning.
2. The development of expenditure management plans that support the models of care to take us into the future are a key component of the revised annual planning and budget.
3. The proposed approach above, together with the recent guidance from the MOH on planned care, will guide changes to Southern DAP 20/21 where the current draft does not meet the Southern population's health needs and priorities.
4. The Statement of Performance Expectations (SPE) to be prepared and published on the Southern DHB website by 30 June 2020 in accordance with existing legislation.
5. The Southern DAP 2020/21 to be revised for submission to the Board by mid-June 2020. Given the Board meeting is scheduled for the first week in June 2020, there is likely to be a need to circulate the Southern DAP 2020/21 for feedback from the Board after the scheduled Board meeting.

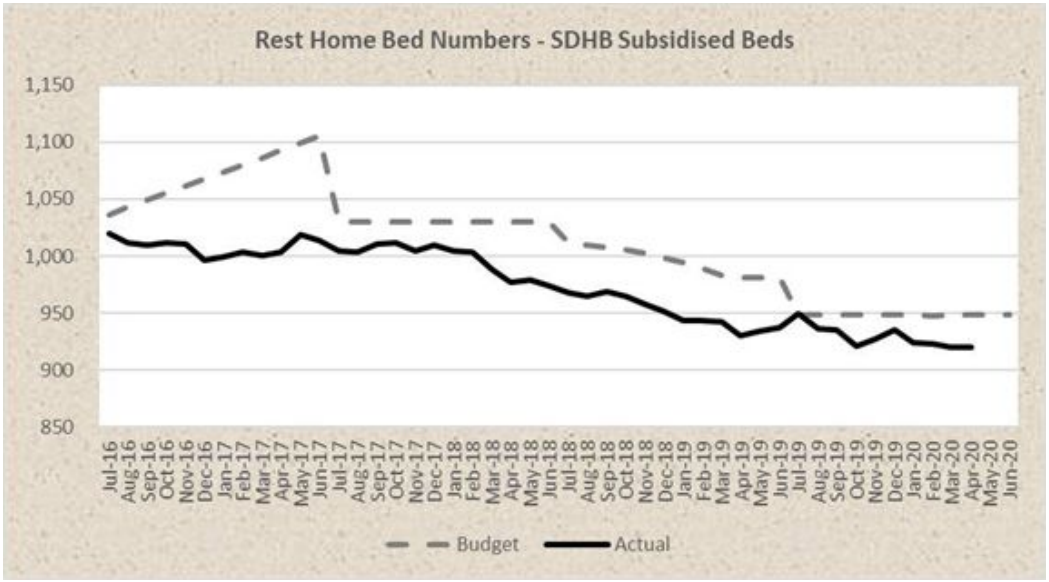
Service Planning 2020/21 and 21/22

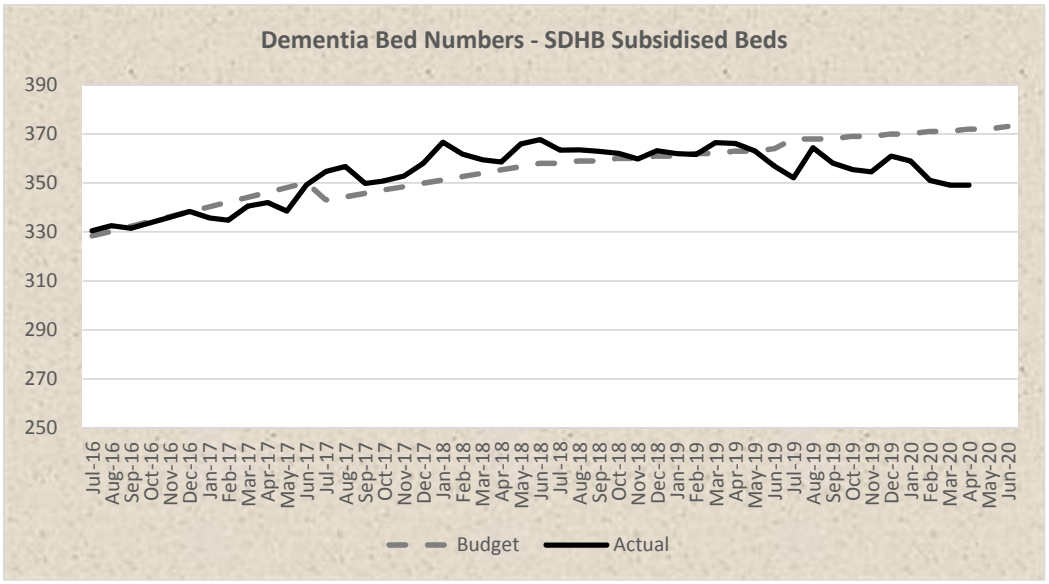
Development of Service plans for 20/21 has been delayed due to COVID-19. Services will be contacted during May 2020 to assist with recommencing service planning for 20/21. It is expected that learnings and changes to models of care made as a result of responding to COVID-19 are reflected in the service plans, and that the service plans are consistent and supportive of each other. The response to COVID-19 over the past few weeks has demonstrated that SDHB can respond as a system; service planning is an excellent framework to support on-going relationships across services and providers

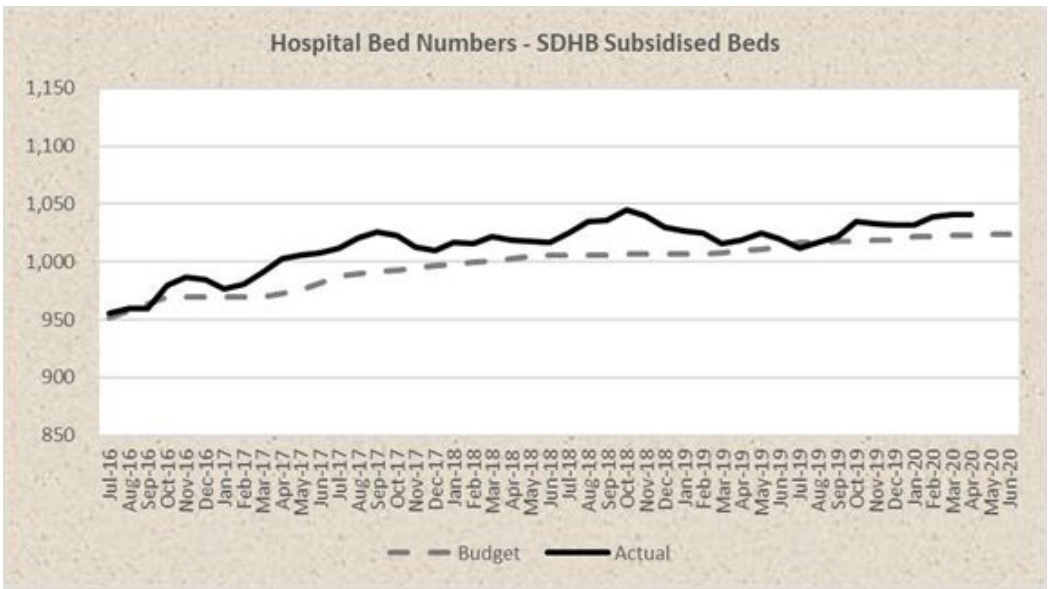
OPERATIONAL ISSUES

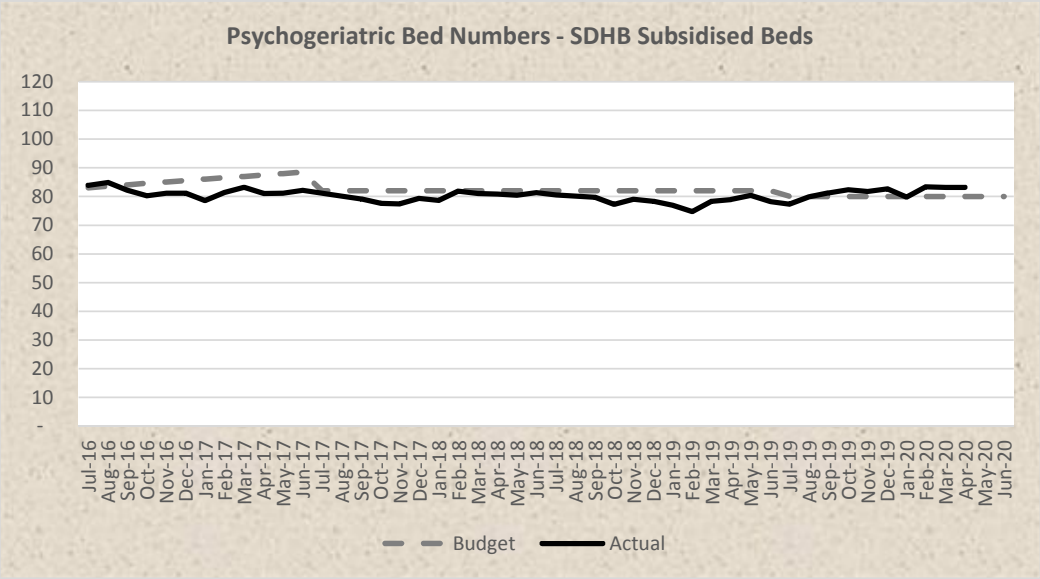
Aged Residential Care Occupancy/Volume Analysis

SDHB has historically had one of the highest rates of Aged Related Residential Care (ARRC) utilisation in New Zealand over a sustained period. The reduction over the last couple of years in funded Rest Home level care utilisation as outlined below can be attributed to multiple factors, including the current work programmes "Home as my First Choice" and the "Home Team" but also due to the increase in Residential Property prices. Residents admitted to ARRC can apply for a Residential Care subsidy, which is both asset and income tested. The increase in residential property prices will have seen a reduction in the number of residents being able to access the subsidy, this reduces our funded bed utilisation at the Rest Home level of care.


Rest Home Bed Numbers - SDHB Subsidised Beds
1,150
1,100
1,050
1,000
950
900
850
Budget
Actual


Dementia Bed Numbers - SDHB Subsidised Beds
390
370
350
330
310
290
270
250
Budget
Actual


Hospital Bed Numbers - SDHB Subsidised Beds
1,150
1,100
1,050
1,000
950
900
850
Budget
Actual

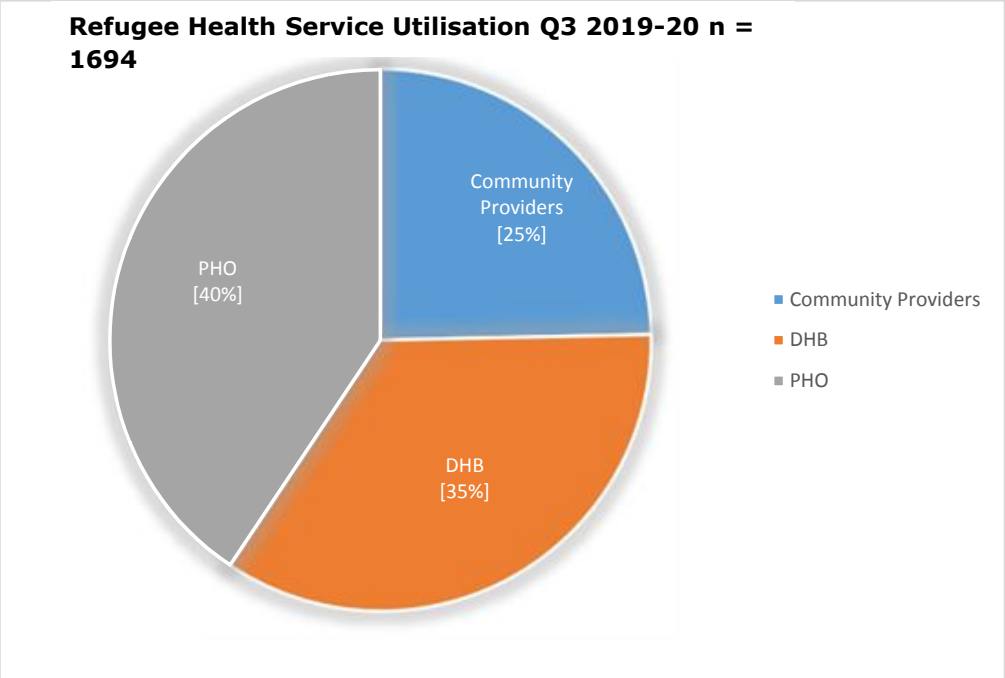


Refugee Health

The Ministry of Business Innovation and Employment (MBIE) has temporarily suspended accepting refugees for resettlement into New Zealand. As refugee resettlement is a highly controlled process, with significant health screening, this is expected to recommence later this year, however. There are currently refugees at the Mangere Resettlement Centre and Southern DHB has been advised that resettlement of some of these refugees into Invercargill is expected in May 2020.

We have also been advised that Ministry of Health Crown Funding Agreement of support for the former refugee programme is anticipated to be continued for the upcoming 2020-21 year.

For Quarter 3 of this year, there were a total of 858 refugees requiring 1,694 appointments across all health services within and beyond the DHB. Southern DHB's face-to-face interpreting service was provided for all but 21 of these appointments (99%). Patient DNAs (did not attend) for Quarter 3 were extraordinarily low. There were only 36 missed appointments – much lower than the general population (2% vs 9%). This is indicative of strong former refugee engagement with a health system that is new and quite different from their countries of origin. Further, most care is taking place in a community setting, either via the Primary Health Organisation (PHO) (40%) or Community Providers (25%).



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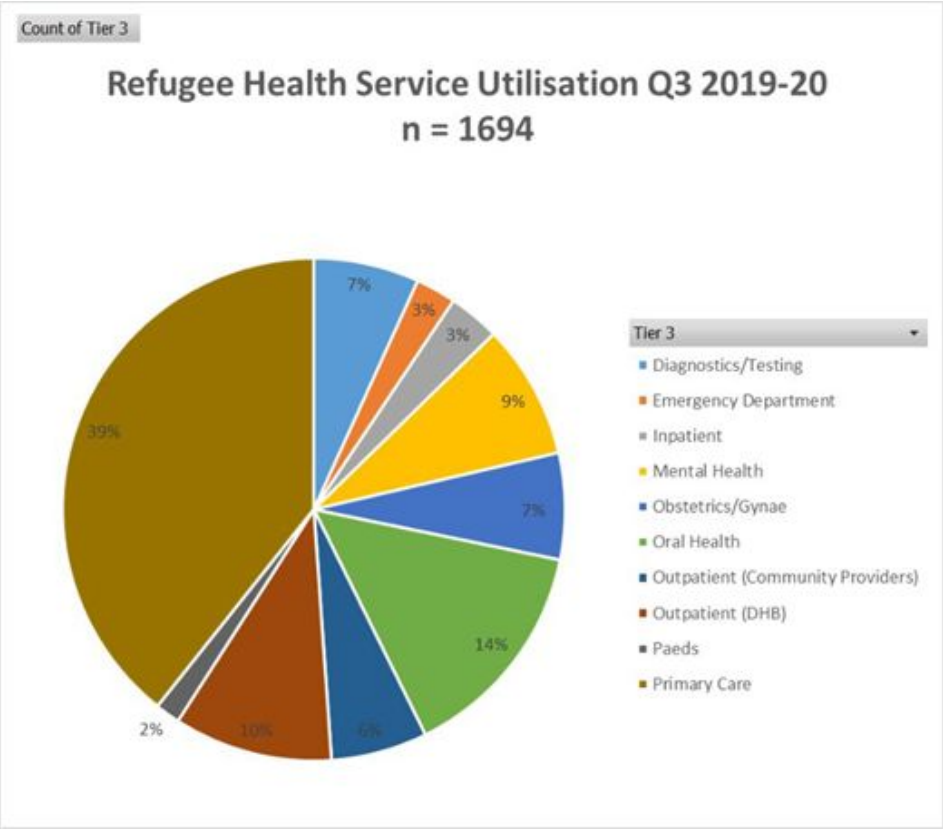
Primary care is by far the most prevalent type of care being delivered to former refugees (39%). Due to pre-existent issues upon arrival in NZ, oral health is quite high (14%). Emergency Department (ED) (3%) and inpatient (3%) are highly favourable, suggesting that care requirements are being met in the community setting. Outpatient – DHB (10%) and Outpatient – Community Providers (6%) reflect outpatient services not otherwise specified by other noted types (e.g., oral health, mental health, diagnostics, etc.).



Culturally and Linguistically Diverse Staff Training (CALD)

There was one CALD session held in Invercargill in February. Due to COVID-19, this has become an online service. During Level 4, contractor interpreters for Southern DHB completed online training.

Population Health Service

Service Overview

All Business as Usual (BAU) activities were suspended during Covid-19 Level 4 and 3 restrictions with essential services only continuing to operate. The essential services included; Immunisation advice to practices and other vaccine providers, usual and additional outreach immunisation programs, National Immunisation register (NIR), New-born hearing screening, Colposcopy referrals, sexual assault, pre-triaged sexual health assessments for most in need and some general telehealth services and referral follow ups across Public Health Nursing for child, youth, health and wellbeing. In addition the sexual health and youth health clinics have been able to maintain contraceptive services to those in most need. With all other programmes staff were redeployed to Public Health Service Emergency Operations Centre (PHS EOC) case management, case monitoring, and case contacting and administration activities. Approximately half the staff were able to work from home with IT support.

Te Punaka Oraka: Public Health Nursing

Highlights have been the willingness of staff to be redeployed, learn new skills and respond to the Covid-19 situation professionally. Approximately 80% of our staff were actively working towards stamping Covid-19 out in the Southern District. The remaining 20% of staff were either redeployed to the Immunisation team, core essential services, leadership and administration roles including enabling new ways of working such as utilising Microsoft teams for meetings structures going forward, exploring telehealth and centralised referrals. All this work is in progress on how we can continue to make gains of working differently and safely.

Our immunisation teams have supported practices with the distribution of vaccines and the operational sides of ordering and providing advice on limitation issues. The immunisation team have run the Wakari hospital and rural office staff Influenza vaccination program. The nurses delivered our first ever Marae-based influenza/Covid testing programme alongside Well South primary care and Maori directorate with a further two Marae-based programmes in the planning phase. Furthermore, we have deployed additional staffing to Immunisation programmes generally and outreached immunisation to higher numbers of priority children in their homes following safe general precautions.

Three staff members were redeployed to Violence in Protection (VIP) child protection team across the district and one of these staff members has agreed to service lead this team during Covid-19-Level 4. The Puketai Nurse worked remotely and via telehealth and provided essential services to children in care and was also able and willing to support the VIP child protection team if required.

Some targets for immunisation, additional school based services and Before School checks have been affected by the Covid-19 Level 4 closing of services, however, plans are underway to revisit priority population servicing at Covid-19 Level 2 for Before School checks and we have deployed additional staff to the immunisation team.

Cervical Screening

Planning is underway for cervical screening to resume some activities under Covid-19 Level 3 with an emphasis on annual surveillance screening, those overdue and priority populations with pre appointment Covid screening risk assessment. Women treated for high-grade squamous disease can be discharged to primary care for a 'test of cure' at 6 and 18 months. Some of the proposed 2021 guidelines have been fast tracked to limit non-essential attendance at clinical appointments. 'Test of cure' [cytology and Humanpapillomarvirus (HPV) test] at 6 and 18 months, register rules have been updated to include the changes.

Universal New Born Hearing Screening Programme (UNHSEIP)

Newborn hearing screening continued as an essential service during Covid-19 Level 4 to babies born in both Dunedin and Southland hospitals. There is currently a gap in screening for babies born at home.

The National Screening Unit have had regular communications with Southern DHB, to indicate the ongoing programmes' expectations at what level, data control, prioritisation of baby referrals, staff training, travel, quarterly reporting, recovery protocol changes etc.

Recovery planning is underway for Level 2, with the audiology team assisting with babies aged 8 weeks and older at community clinics. Extra clinics are required to catch-up on all rural and home births. Covid-19 questionnaires and contact tracing for every baby/parent will require extra time for staff.

Vision Hearing Service

Initially six of the Vision Hearing Technicians (VHTs) worked full-time for the three weeks, redeployed by the PHS EOC to do contact tracing. Our Queenstown technician has been redeployed for five weeks. During Covid-19 Level 3 staff are completing required education updated and preparing for return to some BAU in different ways at Covid-19 Level 2.

Sexual Health

Some staff were redeployed to PHS EOC, while others continued to provide some essential services using telehealth, pre-screening and clinic treatments were available for essential issues, i.e. Long-acting reversible contraception (LARC's) and treatment of suspected/symptomatic.

Sexually transmitted infections (STI's) - no STI screening was available due to restrictions of lab resources.

The Southern DHB Syphilis Governance Steering group and action plan, have been put on hold for the duration of the Covid response. Multiple education sessions regarding syphilis and sexual health are occurring. All Sexual Health Pathways are being updated. The service has increased its provision of injectable contraception to help cover the gap caused by Family Planning moving to remote consultations only. Conversation will continue on developing a post-graduate level course in Sexual Health. This will be a micro-credentialed course.

Sexual Abuse and Treatment Service (SAATS)

SAATS continued to provide essential service delivery across the district.

District Oral Health Service

Service Overview

April continued to be dominated by Covid-19 implications for the Oral Health Service with level 4 measures having an enormous impact on the delivery of oral health care for our population. Covid-19 guidance from Dental Council at Level 4 and there has been little change at Level 3 with only essential emergency treatment being able to be provided. Telephone triaging and medical management of oral health conditions has been the focus with few people actually being seen within the Dental Unit at Southland Hospital. All dental treatment is now regarded as high risk due to most dental procedures create aerosols. The guidelines have been relaxed at Level 2 and the teams are working toward re-establishing services and catching up with an emphasis on 'relief of pain' services and prioritising high need populations. .

The Mobile unit parked at Kew Hospital has been set aside for Red stream patients although only one patient has been seen on it. The Mobile unit at the dental school has not had a patient seen in it but remains the Red stream for patients should it be required.

Regular meetings are being held with the Dental Faculty and Oral Health Service to ensure standardised oral health care delivery over the Alert levels, this is likely to continue as we work toward aligning General

Anaesthetic (GA) waiting lists and look at equity of access to Oral Health services across Southern.

Hospital Dental Services across the South Island have also been regularly meeting to ensure safe care is delivered to patients and support is available for clinicians during this time. Shared learnings and documentation have been of particular support to the Dentists who are providing high risk care to patients under the Alert Levels.

Community Oral Health staff have been involved in contact tracing and Community Based Assessment Centres (CBAC), the staff at Alert Level 3 are now returning to clinics to work on non-patient contact activities. The start of the month saw only one roster of dentists available to provide emergency care at a time but this has been increased to two rosters.

The refurbishment of the two clinics at the Dental Unit is back underway at Alert Level 3 and this is eagerly awaited as demand is likely to increase for emergency and low income adult oral health care.

The Oral Health Clinic at Lakes District Hospital was used to host the maternity care at Lakes during Level 4 and Level 3. The Central Otago / Lakes area is of particular concern in terms of service recovery with the Therapist located in Wanaka resigning this month.

The staff all completed a survey monkey looking for innovative ideas and solutions to service recovery during and following Covid-19. The ideas will be actioned over the coming months with telehealth and communications being the first part of the focus. The uptake in responses to the survey monkey was high and some innovations will be worked on and rolled out with staff contributing to these.

The unit managers have been working particularly hard supporting staff well-being, regular staff zoom meetings have been held and are likely to continue. One of the managers had a role within the Public Health South Emergency Operations Centre (PHS EOC).

We are looking forward to taking the opportunity Covid-19 has presented to refocus the service to ensure equity in oral health for the Southern population and are working hard to create this moving forward.

Child Health (0-5years)

Well Child Tamariki Ora (WCTO)

- Ongoing contact between WCTO providers and the Portfolio Manager has been maintained since lockdown with discussion on issues and challenges
- Ministry of Health (MoH) has distributed a lot of information regarding how WCTO should operate under the Covid-19 different alert systems, all of which has been discussed if necessary and implemented by the providers
- The MoH National Review of WCTO continues and a number of questions regarding data have been raised with the DHB - in particular around Maniototo Health Service which continues to use the Southern DHB secure data system for providing six monthly WCTO data updates to the MoH
- The Maternity Quality and Safety Programme conducted a brief review of services provided to whanau under Covid-19, which WCTO providers and other early years services were encouraged to participate in – some responses highlighted challenges experienced which we are now looking into
- One ongoing challenge is late referrals, or no referrals by midwives into WCTO services; Plunket has been asked to provide a list of persistent later referrers who can be then be contacted; this issue will be a focus at the next WCTO Steering Group meeting post lockdown and the South Island Alliance for WCTO and Sudden Unexplained Death in Infants (SUDI) are also adding this issue to their May agenda following our request
- Plunket advised pregnancy and parenting on line sessions are going well – they are using breakout sessions to encourage more active discussions between participants.

Sudden Unexplained Death in Infants (SUDI)

- The Ministry of Health (MoH) have advised that SUDI funding will be renewed for one year; following this advice consideration needs to be given as to how to make the safe sleep programme sustainable given that MoH funding may not continue
- MoH issued a late request for quarterly reporting on the distribution of safe sleep devices; at nine months Southern DHB should have distributed 375 devices and only 296 (79%) have gone out; there is a drop off in distribution in March compared to earlier months, which reflects difficulties in accessing paperwork from distributors under lockdown; it is unlikely the 500 target will be met by the end of June, but significant progress has been made this year to increase the numbers distributed compared to earlier years; if Covid-19 had not occurred it was expected we would have achieved target as we would also be distributing wahakura by now
- The MoH and Hapai Hauora have distributed a lot of information regarding how SUDU (in particular distribution of safe sleep devices) should operate under the Covid-19 different alert systems, this information has been discussed if necessary and implemented; the number of distributors reduced under lockdown but those providers registered as essential services have continued to deliver pods under strict controls around drop off and sharing of information.

General

- Southern DHB received a list of children hospitalised in Waitemata DHB who are now resident in the Southern district and qualify for free flu vaccinations. this list has been reviewed by the Clinical Lead for Paediatrics in Otago and was then sent to the Primary Health Organisation (PHO) to ensure general practice is aware of the entitlement and contacting of whanau
- Green Prescription – the Portfolio Manager participated in an Otago Polytechnic consultation process with key stakeholders on a review of postgraduate qualifications in exercise and health science. How to incorporate a broader focus on healthy lifestyles and wellbeing was considered whilst not going beyond the scope of exercise and health science study
- Green Prescription referrals have dropped off under lockdown so staff have had a quality focus reviewing protocols and processes and discussing how other Green Prescription providers delivery services; both Sport Otago and Southland offered their staff to support the Southern DHB's Covid-19 response
- Sport Otago are looking at a new way to triage new referrals and are in discussion on how to better support the health promotion programme and gym at Arai Te Uru Whare Hauora.

Mental Health

- **Liaison with Mental Health and Addictions NGO Sector** - We have also been working with the Directorate's Contracts Team to enact the CEO's requirement that NGO providers whose contracts expire during this calendar year are renewed for at least a further 12 months. This has been particularly well received by the Mental Health and Addictions NGO community, removing, as it does, any uncertainty around the flow of funding and therefore greatly assisting in the sustainability of our current network of funded services.
- **Ministry of Health – He Ara Oranga–** Well South have confirmed that the roll out of the Integrated Primary Mental Health Programme Access and Choice will commence roll out soon. The outcome of the proposals for expansion and/or replication of existing Māori and Pacific primary services, increase in Nurse Practitioners and Enrolled Nurses in primary health, the youth primary mental health proposal have been delayed as the Ministry and services focus on COVID-19. A further expression of interest to place a mental health nurse educator in the Emergency Departments in Dunedin and Invercargill and support to scope a NGO peer led crisis support service for people in distress presenting to ED has been submitted to the Ministry. This is similarly delayed. We are ready to re-engage with the Ministry of Health on the rollout of these programmes when this is required.

- **Health Round Table NZ Chapter Report –** Work is being undertaken to understand the correlation between the Health Round Table data and the National Mental Health KPI programme extracts and uses to benchmark DHBs and drive quality and performance improvement across the continuum of care. The report identified opportunities for potential bed day savings in the Southland Mental Health Inpatient Unit for Schizophrenia Disorders. Analysis of this indicator showed that eight patients, approximately 11% of patients account for 33% of the bed days. This is the patient group often waiting in hospital for suitable community accommodation.

- **PRIMHD participation results –** Reporting of local Mental Health data to the Ministry of Health via PRIMHD is now considered 'business as usual'. We now have a very high rate of confidence that our data is now fully up-to-date and maintained on a daily basis, and extracted in full to Ministry of Health every week with very high compliance and acceptance rates. Participation performance this month showed SDHB inpatient services were the top performing of the large DHBs and 5th nationally. Community services came in at 11th nationally.

- **New Grad teaching session –** The three day study block was held via zoom with 18 graduates, Auckland University lecturers and programme guests. Very successful including frequent use of breakout rooms

- **Health Quality Safety Commission (HQSC) programmes**

  The Commissions programme on zero seclusion by 2020 has been affected by the current Covid situation, although the service has continued to engage with the Commission. The Project Lead along with the Project Group have recommenced meetings and in the process of picking up the activities where they were left in preparation for when we go to Level 2.

  The Connecting Care project has also been delayed by Covid, however the new ways of working with zoom in the inpatient area for families will be picked up in phase 2 and elevated, due to comments from rural families about the ease of this and reduced travel time.

  The Learning from Adverse Events work stream has also been delayed with the local steering group recommencing regular meetings on 4 May

- **Network Leadership Group –** The Mental Health and Addiction Network met at the end of April. This was the first time the group had convened since the country had moved into Alert Level 4 some weeks ago. The group highlighted and discussed the following areas:

  - How the use of technology had assisted greatly as we work our way through the current crisis.
  - How the health system had worked overall and what areas could be improved
  - Current progress on the development of psychosocial planning and response. Anticipation of additional demand for services to deal with anxiety issues.
  - The overall impact of COVID-19 on the Southern population with particular reference to how serious the impacts are in areas like Queenstown.

SOUTHERN DISTRICT HEALTH BOARD

Title:	**FINANCIAL REPORT**
Report to:	Disability Support Advisory Committee and Community & Public Health Advisory Committee
Date of Meeting:	2 June 2020

Summary:

The issues considered in this paper are:

- April 2020 Funds Result

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

Financial:	As set out in report.
Workforce:	No specific implications
Other:	n/a

Document previously submitted to:	Not applicable, report submitted directly to DSAC/CPHAC	**Date: NA**

Prepared by: Strategy, Primary & Community Team **Date:** 20 May 2020	**Presented by:** Lisa Gestro Executive Director Planning & Funding

RECOMMENDATION:

1. **That the report be received.**

Southern District Health Board – Monthly Financial Report
For the month ended 30 April 2020

Strategy Primary & Community - Apr 20	Monthly Actual $000s	Monthly Budget $000s	Monthly Variance $000s	Monthly Actual FTE	Monthly Budget FTE	Monthly Variance FTE	YTD Actual $000s	YTD Budget $000s	YTD Variance $000s	YTD Actual FTE	YTD Budget FTE	YTD Variance FTE	Annual Budget $
REVENUE													
Government & Crown Agency Sourced													
MoH Revenue	80,375	84,928	-4,553				847,510	849,273	-1,763				1,019,135
IDF Revenue	2,061	1,914	147				18,504	19,137	-633				22,964
Other Government	328	542	-214				4,594	5,332	-738				6,475
Total Government & Crown	**82,764**	**87,384**	**-4,620**				**870,608**	**873,742**	**-3,134**				**1,048,574**
Non Government & Crown Agency Revenue													
Patient related	8	20	-12				187	203	-16				244
Other Income	24	26	-2				366	260	106				313
Total Non Government	33	46	-13				553	463	90				556
Internal Revenue													
Internal Revenue													
Total Internal Revenue	**8,169**	**8,163**	**6**				**79,246**	**79,182**	**64**				**95,457**
TOTAL REVENUE	**90,966**	**95,593**	**-4,627**				**950,407**	**953,387**	**-2,980**				**1,144,588**
EXPENSES													
Workforce													
Senior Medical Officers (SMO's)													
SMO - Direct	1,506	1,617	111	62	67	4	14,159	14,902	743	60	65	6	18,026
SMO - Indirect	101	89	-12				915	895	-20				1,073
SMO - Outsourced	8	42	34				671	455	-216				547
Total SMO's	**1,615**	**1,748**	**133**	**62**	**67**	**4**	**15,746**	**16,252**	**506**	**60**	**65**	**6**	**19,646**
Registrars / House Officers (RMOs)													
RMO - Direct	206	224	18	21	19	-2	2,150	2,111	-39	20	18	-2	2,549
RMO - Indirect	1	17	16				115	174	59				209
RMO - Outsourced													
Total RMOs	**207**	**241**	**34**	**21**	**19**	**-2**	**2,264**	**2,285**	**21**	**20**	**18**	**-2**	**2,758**
Total Medical costs (incl outsourcing)	**1,823**	**1,989**	**166**	**84**	**85**	**2**	**18,010**	**18,537**	**527**	**79**	**84**	**4**	**22,404**
Nursing													
Nursing - Direct	4,592	4,682	90	615	643	28	44,804	44,994	190	599	596	-3	54,279
Nursing - Indirect							76	2	-74				3
Nursing - Outsourced													
Total Nursing	**4,592**	**4,682**	**90**	**615**	**643**	**28**	**44,880**	**44,996**	**116**	**599**	**596**	**-3**	**54,282**
Allied Health													
Allied Health - Direct	2,341	2,719	378	338	431	93	24,843	26,449	1,606	393	427	34	32,012
Allied Health - Indirect	79	29	-50				492	560	68				617
Allied Health - Outsourced	19	32	13				289	320	31				384
Total Allied Health	**2,439**	**2,779**	**340**	**338**	**431**	**93**	**25,624**	**27,330**	**1,706**	**393**	**427**	**34**	**33,013**
Support													
Support - Direct	8	13	5	2	3	1	127	123	-4	3	3	-0	149
Support - Indirect								1	1				1
Support - Outsourced													
Total Support	**8**	**13**	**5**	**2**	**3**	**1**	**127**	**123**	**-4**	**3**	**3**	**-0**	**150**
Management / Admin													
Management & Administration - Direct	1,051	1,070	19	163	177	14	10,648	10,584	-64	173	175	3	12,777
Management & Administration - Indirect	22	9	-13				53	94	41				113
Management & Administration - Outsourced	1	1					12	11	-1				13
Total Management / Admin	**1,074**	**1,081**	**7**	**163**	**177**	**14**	**10,712**	**10,689**	**-23**	**173**	**175**	**3**	**12,903**
Total Workforce Expenses	**9,937**	**10,544**	**607**	**1,202**	**1,339**	**137**	**99,353**	**101,675**	**2,322**	**1,248**	**1,286**	**38**	**122,752**
Non Personnel													
Outsourced Clinical Services	33	103	70				724	953	229				1,160
Outsourced Corporate / Governance Services													
Outsourced Funder Services	1,104	1,107	3				11,008	11,039	31				13,457
Clinical Supplies	1,070	967	-103				11,392	9,653	-1,739				11,651
Infrastructure & Non-Clinical Supplies	526	721	195				6,700	7,117	417				8,569
Provider Payments													
Personal Health	54,526	59,440	4,914				589,632	596,553	6,921				715,607
Change Initiative Fund		212	212				1,481	2,116	635				2,539
Mental Health	8,372	8,398	26				81,431	81,532	101				98,276
Public Health	109	82	-27				1,088	819	-269				983
Disability Support	14,797	14,793	-4				151,498	150,250	-1,248				181,009
Maori Health	187	152	-35				1,387	1,330	-57				1,572
Non Operating Expenses													
Depreciation													
Capital charge													
Interest													
Total Non Personnel Expenses	**80,725**	**85,974**	**5,249**				**856,341**	**861,362**	**5,021**				**1,034,823**
TOTAL EXPENSES	**90,661**	**96,517**	**5,856**				**955,694**	**963,037**	**7,343**				**1,157,575**
Net Surplus / (Deficit)	**305**	**-924**	**1,229**				**-5,287**	**-9,651**	**4,364**				**-12,987**

Southern District Health Board – Monthly Financial Report
For the month ended 30 April 2020

Summary

Strategy, Primary and Community report a provisional favourable bottom line variance of $1.23m for April.

Significant contributors to the favourable/unfavourable variances for the month and YTD are:

Revenue

- Pay Equity $207k favourable for April and $2.04m YTD
- IBT $140k favourable for April and $1.41m YTD
- IDF $147k favourable for April and $633k unfavourable YTD

Workforce

- SMO's $133k favourable for April and $506k YTD
- Allied Health $340k favourable for April and $1.71m YTD
- Nursing $90k favourable April and $116k unfavourable YTD

Non personnel

- Clinical Supplies $103k unfavourable for April and $1.74m YTD.

Personal Health

- Dental $27k unfavourable for April and $518k favourable YTD
- Immunisation $490k unfavourable for April and $391k YTD
- NTA $92k favourable for April and $165k unfavourable YTD
- Community Pharms $1.98m favourable YTD

Disability Support

- ARRC $168k favourable for April and $1.047 favourable YTD
- Pay Equity $21k unfavourable for April and $945k YTD
- HCSS $424k unfavourable for April and $1.702m YTD

Comments for discussion

- Additional Pharms funding ($1.35m less amount estimated for DPF $~740k) is still on Balance Sheet, **with no transfer to P&L at this stage**.
- Clinical Supplies - Pharms – is favourable organisationally but $141k unfavourable in SPC.
- Neurosurgery inflows $596 unfavourable YTD.
- IDF accrual process has been modified for April. Status quo is to assume budgeted inpatient inflows and outflows for April. We have assumed that only 30% of inpatient IDF's proceeded due to Lockdown restrictions. Further detail is provided later in this report.
- Change Initiative Fund has been accrued by Finance up $0 for the month of April. YTD variance is now $635k favourable YTD.
- Special leave currently expensed in Community Services and Population Health. List of staff has been sent to HR to get confirmation of which expenditure should be transferred to Covid cost centre. Approximately $100k.
- Public Health Allied Health workforce costs need further review.
- Surgical Inpatients - $4.82m favourable for April and $5.99m YTD due to reduction in Planned Care (offset by unfavourable revenue).
- Immunisations $500k unfavourable for the month due to very high levels of Flu Vaccination demand.

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Revenue

External Revenue –

Category	April Variance	YTD variance	Comment
Pay Equity	$207k f	$2.04m f	Expenditure offset
IBT	$140k f	$1.41m f	Expenditure offset
Electives	$5.01k u	$5.79m u	Impact of Covid
B4 Schools	$9	$95k f	Under accrual in June
Careplus	$41k f	$390k f	Expenditure offset
Other	$61k u	$92k f	Includes CSC and U14's
Total	**$4,553 u**	**$1,763 u**	

Internal Revenue –

Workforce Costs

	YTD Variance - FTE				
Workforce	Community Services	Primary Care & Population Health	Mental Health	Strategy Primary & Community Other	Total
Medical	0.4	0.7	2.0	0.5	3.8
Nursing	2.8	-2.0	-4.0	0.0	-3.2
Allied Health	15.9	12.1	-0.3	1.6	29.3
Support	-0.2	0.0	-0.1	0.0	-0.3
Mgt/Admin	1.7	0.7	1.8	-2.6	1.6
Total	20.6	11.5	-0.6	-0.5	31.2

Medical SMO –

- 3 FTE favourable and $111k favourable for April. 6 FTE and $743k favourable YTD.
- Ordinary time is the main driver offset by overtime, penal and outsourced.

Medical RMO –

- 2 FTE unfavourable to budget for April and 2 FTE unfavourable YTD.
- $2k unfavourable YTD mainly driven ordinary time offset by course fees and professional memberships.

Nursing –

- 28 FTE favourable for April and 3 FTE unfavourable YTD.
- April FTE variance mainly driven by Statutory (27 FTE) favourable due to 4 days being budgeted in April (3 actual) and annual leave accrued (9 FTE) favourable, partially offset by ordinary (13 FTE) unfavourable.
- YTD FTE variance mainly driven by sick leave (4FTE) and overtime (3FTE).
- April $28k favourable variance is mainly due to ordinary and overtime

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- YTD expenditure is $116k favourable. Although close to budget there are a number of offsetting variances with the main ones being: Ordinary ($495k) favourable and overtime $377k unfavourable.
- Lakes General Ward ($27k unfavourable), Mental Health & Addictions ($537k unfavourable) and Mental Health Nursing Resource unit ($303k unfavourable) are the main contributors offset by favourable variances in Ward 6 Geriatric AT&R, ($332k favourable), Te Punaka Oraka ($191k favourable) and CMHT – Invercargill ($199k favourable).

Allied Health –

- 93 FTE favourable for April and 34 FTE YTD. April expenditure is $93k favourable.
- YTD expenditure is $1.71m favourable and is mainly due to ordinary time and is in line with vacancies. Professional memberships are $47k unfavourable for the month and $103k favourable YTD, this appears to be a timing issue.
- YTD Allied Health FTE variance by staff type is shown below.

Staff Type	YTD Variance FTE
Physiotherapists	5
Occupational Therapists	5
Health Promotion Officers	3
Psychologists	2
Therapist Aids/Assistants	6
Community Support Workers	4
Dental Therapists	3
Speech Therapists	2
Dietitians	2

Management/Admin –

- 14 FTE favourable in April and 3 FTE favourable YTD. 1FTE for the month can be attributed to the General Manager Mental Health role, who has been included in SPC since December, whereas the budget still sits in Specialist Services.
- There are a number of cost centres that have favourable FTE variances and others that have unfavourable variances. The mix of staff types in the cost centres with unfavourable variances are in higher paid positions than the cost centres with favourable variances, hence overspend YTD while FTEs are favourable. Back pays of $137k YTD have also had an impact.
- Unbudgeted Penal $18 and ACC $7 contributes to variance.

Pharmaceuticals

- Consolidated monthly variance shows favourable position ($160k) for the month ($873k YTD). This variance is largely being incurred in the Clinical Supplies budget.
    - Expenditure continues to grow (not unexpected, given Pharmac Investments).
    - Phasing for Pharms Clinical Supplies budget needs to be improved in 20/21.
- As discussed previously, additional Pharms funding remains on the balance sheet.
- Consolidated monthly variance shows:

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	$000 YTD 2018/19	$000 YTD Actual	$000 YTD Budget	$000 Variance YTD	3 chemical re-alignment	Adjusted variance
Clinical Supplies - Pharmaceuticals	$ 22,991.4	$ 24,046.1	$ 22,938.9	-$ 1,107.2	$ -	-$ 1,107.2
Provider Payments - Pharms	$ 60,076.9	$ 57,590.4	$ 59,570.6	$ 1,980.3	$ -	$ 1,980.3
Total	$ 83,068.3	**$ 81,636.5**	**$ 82,509.5**	**$ 873.1**	$ -	**$ 873.1**

Variance is made up of the following (estimate)

Pharms YTD		$000 YTD Actual	$000 YTD Budget	$000 Variance YTD	3 chemical re-alignment	Adjusted variance
PCT	$ 8,318.5	$ 11,111.8	$ 7,683.0	-$ 3,428.8	$ 4,760.0	$ 1,331.2
Community Pharms (DHB Outpatients)	$ 4,193.6	$ 4,420.2	$ 3,863.7	-$ 556.6		-$ 556.6
Hospital Inpatients	$ 10,479.3	$ 8,514.0	$ 11,392.2	$ 2,878.2	-$ 4,760.0	-$ 1,881.8
Community Pharms (excl DHB)	$ 60,076.9	$ 57,590.4	$ 59,570.6	$ 1,980.3		$ 1,980.3
Total	**$ 83,068.3**	**$ 81,636.5**	**$ 82,509.5**	**$ 873.1**		**$ 873.1**

Clinical Supplies (excluding Pharms)

Apr-20	Monthly Actual $000s	Monthly Budget $000s	Monthly Variance $000s	YTD Actual $000s	YTD Budget $000s	YTD Variance $000s	Annual Budget $
Treatment Disposables	221	250	29	2,798	2,520	-278	3,051
Diagnostic Supplies & Other Clinical Supplies	2	6	4	54	60	6	72
Instruments & Equipment	72	69	-3	621	656	35	788
Patient Appliances	158	151	-7	1,627	1,423	-204	1,686
Implants & Prostheses				7	5	-2	6
Other Clinical & Client Costs	11	25	14	234	251	17	305
Total (excl pharmaceuticals)	464	501	37	5,341	4,915	-426	5,908

- Clinical Supplies – Ostomy and Continence – Work programmes are underway to reduce waitlists and patient time within service, noting this may take some months to fully realise efficiencies.

Infrastructure & Non-Clinical Supplies

YTD expenditure $417k favourable with the main variances being:

- Legal Fees $133k favourable YTD.
- Consultants Fees $138k favourable YTD
- Electricity $73k favourable YTD
- Telecommunications $183k unfavourable YTD

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Provider Payments (NGO's)

Personal Health

- Dental - $518k favourable to budget YTD – Due to June & July accruals being overstated (significant invoicing lag meant accrual was large). Demand driven CDA services are showing positive variance against budget.
- Primary Health Care Services – Services are $936k unfavourable to budget YTD. The majority of this is due to Careplus ($389k over YTD with revenue offset) and First Contact services ($401k over YTD).
- Immunisation - $490k unfavourable for April and $391k unfavourable YTD due to early start of Flu vaccinations.
- Medical Outpatients - $568k unfavourable YTD due to haemophilia national pool expenditure being higher than Pharmac forecast. March expenditure includes unbudgeted Specialist Clinics provided by Gore Health (Jul 19-Apr 20 for $103k). These were previously being accrued in Specialist Services where they now have an offsetting favourable variance.
- Surgical Inpatients - $4.82m favourable for April and $5.99m YTD due to reduction in Planned Care (offset by unfavourable revenue)
- Travel & Accommodation - $92k fav in April and $165k unfavourable YTD, is a demand driven service.

Mental Health

- Pay equity expenditure $194k over budget YTD with a revenue offset.
- Mental Health Community Services $174k (f) is a demand driven service.

Public Health

- The $269k unfavourable variance YTD is due to budgeted savings of $237k that have not been achieved.

Disability Support

- Pay Equity - $21k unfavourable to budget for the month ($945k YTD) with full revenue offset. $132k of this variance YTD is due to accruing PE underspend, which will be applied to national HCSS model of care programme.
- Home Support - $424k unfavourable to budget for the month ($1,702) YTD, due to IBT expenditure being $1,194k unfavourable to budget (YTD). **An adjusting jnl for $218k awaiting approval will reduce the YTD variance to $1.484m**
- ARRC $128K favourable – Largely due to lower RH level volumes. $1,050 favourable YTD.

Maori Health

- $57k unfavourable to budget YTD.

Southern District Health Board – Monthly Financial Report
For the month ended 30 April 2020

Expenditure Management Plans – current performance and future actions

	Savings Target		Variance to budget	
Savings category	**Annual**	**YTD**		**Comment**
Procurement[1]	237k	203k	249k f	YTD savings **fully** achieved
Pharmaceuticals	2,395k	1,996k	873k f	YTD savings **partially** achieved
ARRC	1,000k	833k	1.05m f	YTD savings **fully** achieved
Public Health[2]	283k	236k	179k u	YTD savings **partially** achieved
Mental Health	1,701k	1,432k	429k f	YTD savings **fully** achieved
Total	**5,616k**	**4,698k**		

[1]includes Lab savings recognised in Funder.
[2]includes both Funder and Provider

IDF accrual/wash-up estimation process

COVID-19 restrictions have contributed to material change in IDF flows. Due to this, additional adjustments are being proposed to the Status Quo accrual

Status Quo Accrual									
	This Month			Last Month			Variance		
	Inflow	Outflow	Net	Inflow	Outflow	Net	Inflow	Outflow	Net
Total	**- 909,008**	**628,049**	**- 280,959**	**- 884,527**	**323,435**	**561,092**	**- 24,482**	**304,614**	**280,133**

Proposed Adjustments				
Who	Inflow / Outflow	Amount	Bottom Line Impact	Notes
CDHB	Outflow	470,711	Negative	CDHB have provided event level information for prior periods (July-February)
Lakes	Inflow	549,998	Positive	High Cost inflows not reflected yet in IDF files (re-coded event)
All DHB	Inflow	448,057	Negative	April IDF estimate of 70% reduction in flows
All DHB	Outflow	1,006,019	Positive	April IDF estimate of 70% reduction in flows
Total		**637,249**	**Positive**	**Net bottom line impact of IDF accrual adjustments**

Resultant Accrual									
	This Month			Last Month			Variance		
	Inflow	Outflow	Net	Inflow	Outflow	Net	Inflow	Outflow	Net
Total	**- 807,067**	**1,163,358**	**356,291**	**- 884,527**	**323,435**	**561,092**	**77,460**	**839,923**	**917,383**

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Risks

COVID 19

Forecast

	May	June	Total
Revenue	**$**	**$**	**$**
Electives	40	40	80
IBT	50	50	100
Pay Equity	200	200	400
MECA settlements	35	35	70
Additional Pharms rev	147	147	294
	472	472	944
FTE			
Allied Health FTE	10	10	20
SMO	0	0	0
	10	10	20
Change Initiative	197	197	394
Personal Health			
Haemophilia	(35)	(35)	(70)
Dental	0	0	0
Labs (original variance)	14	14	28
Labs (half of extra 1%)	20	20	60
IDF Out (neuro)	(39)	(39)	(78)
Immunisations	-75	-50	-125
	-115	-90	-205
DSS			
HCSS	(38)	(38)	(76)
IBT	(100)	(100)	(200)
ARRC	140	140	280
Pay Equity	(100)	(100)	(200)
	(98)	(98)	(196)
Clinical Supplies - pharms	(180)	(245)	(425)
Net Effect of Adjustments	**286**	**246**	**532**

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For the month ended 30 April 2020

The below table has been generated based on request from DSAC/CPHAC committees to have additional breakdown of Provider Payments.

Funder services	$000's					
	Strategy Primary & Community as at Apr 20					
	Month			YTD		
	Actual	Budget	variance	Actual	Budget	variance
Personal Health						
Labs	1,437	1,449	12	14,354	14,489	135
Pharms	5,669	5,749	80	57,590	59,571	1,981
Primary Care	6,454	6,323	(131)	64,164	63,228	(936)
Dental	1,193	1,167	(26)	11,971	12,489	518
Travel & Accommodation	271	363	92	4,611	4,446	(165)
IDF	2,250	2,842	592	28,276	28,417	141
Internal expenditure	37,236	37,201	(35)	338,035	337,717	(318)
Other	16	4,345	4,329	70,631	76,195	5,564
Total Personal Health	54,526	59,439	4,914	589,632	596,552	6,921
Change Initiative	0	212	212	1,481	2,116	635
Disability Support Services						
Pay Equity	1,549	1,528	(21)	16,344	15,399	(945)
Home & Community Support	2,342	2,136	(206)	23,095	21,611	(1,484)
Aged Residential Care	7,584	7,752	168	77,866	78,921	1,055
Respite	85	98	13	1,242	1,327	85
Carer Support	69	134	65	1,537	1,543	6
IDF	377	370	(7)	3,713	3,699	(14)
Internal expenditure	2,231	2,231	0	20,076	20,076	0
Other	342	542	200	7,407	7,673	266
Total Disability Support Services	14,797	14,793	(4)	151,498	150,249	(1,248)
Mental Health						
Alcohol & Drugs	2,085	2,085	0	18,401	18,401	0
Child & Youth	1,022	1,064	42	10,584	10,643	59
IDF	470	470	0	4,697	4,697	0
Internal expenditure	5,944	5,944	0	50,590	50,590	0
Other	(1,133)	(1,167)	(34)	(2,822)	(2,798)	24
Total Mental Health	8,388	8,396	8	81,450	81,533	83
Public Health	109	82	(27)	1,088	819	(269)
Maori Health	187	152	(35)	1,388	1,330	(58)
Total Funder	78,007	83,072	5,065	826,537	832,599	6,062

SOUTHERN DISTRICT HEALTH BOARD

Title:	**Community Health Council Quarterly Report**
Report to:	Disability Support and Community & Public Health Advisory Committees
Date of Meeting:	2 June 2020

Summary:

The Community Health Council (CHC) is an advisory council to the Southern DHB and WellSouth PHN. The Council brings together people from diverse backgrounds, ages, health and social experiences to give our communities, whānau and patients a stronger voice into decision-making within the Southern health system.

This quarterly report is to provide Board members with an update of activities that have occurred at the Community Health Council over the last quarter.

Specific implications for consideration (FINANCIAL/WORKFORCE/RISK/LEGAL ETC.):

Financial:	There are financial implications with engaging community members, these expenses should be built into service planning.
Workforce:	There are huge workforce implications with the engagement work as it is about changing the culture of staff across the organization and getting staff/ clinicians, community, whānau and patients to work in partnership.
Other:	The work undertaken by the Community health Council is around quality improvement.
Equity:	In developing the engagement framework one of the underlying principles is a respectful and equal process. Equity in terms of representation, equity in decision-making and underlying the whole framework is the Treaty of Waitangi.

Document previously submitted to:	CHC Quarterly Update	**DATE:** March 2020
Approved by Chief Executive Officer:	N/A	**DATE:**

Prepared by: Karen Browne Chair of Community Health Council Charlotte Adank Community Health & Clinical Council's Facilitator **DATE:** 15 May 2020	**Presented by:** Karen Browne Chair of Community Health Council

RECOMMENDATION:

That the Committees note the content of this paper.

Overview

The Community Health Council (CHC) is an advisory council to the Southern DHB and WellSouth PHO. The Terms of Reference for the CHC is available on this link https://www.southernhealth.nz/sites/default/files/2019-05/Community%20Health%20Council%20%20ToR%202019.pdf

The Council brings together people from diverse backgrounds, ages, health and social experiences to give our communities, whānau and patients across the Southern district a stronger voice into decision-making. *Appendix 1* provides a summary of current CHC members.

Key achievements of the CHC to date include:

a) The development of the *CHC Engagement Community, Whānau and Patient Engagement Framework and Roadmap*[1] which has allowed staff to have community engagement in projects they are undertaking,

b) The CHC hosted their first Symposium for all registered CHC advisors, October 2019. The purpose was to share and learn what has been achieved from both staff and CHC advisors from this engagement process,

c) Connecting CHC advisors into the new hospital build work streams, and

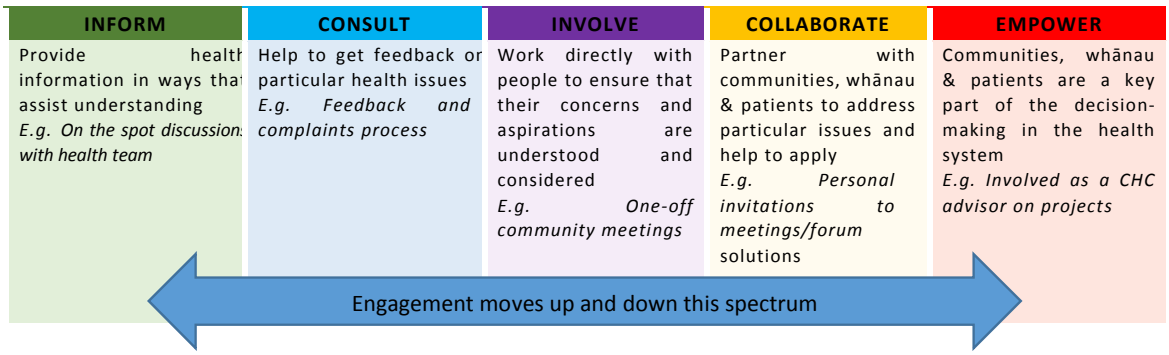
d) Allowing CHC members/advisors the opportunity to feed into multiple pieces of work occurring across the Southern health system. A complete overview of the work the CHC undertook in 2018/19 can be found in their Annual Report https://www.southernhealth.nz/sites/default/files/2019-11/CHC%20-%202%20years%20on%202018-19.pdf

Progress on the CHC Community, Whānau and Patient Engagement Framework and Roadmap

In 2018, the CHC launched the Community, Whānau and Patient Engagement Framework and Roadmap to support staff with engaging and involving CHC advisors in projects happening across the Southern health system. The development of this framework and roadmap involved consultation forums with communities and staff across the district. The CHC believes this provides a benchmark for what true community, whānau and patient engagement should look like and is genuinely putting the person at the centre of everything the Southern health system does.

- ***Levels of Engagement***

There are varying levels of engagement (see below) across the health system and the CHC is aware a lot of engagement is already occurring. The goal of the CHC Community, Whānau and Patient Engagement Framework is to strengthen and embed community, whānau and patient participation at all levels across our health system (particularly focussed on the upper levels of collaborating and empowering) and to have a shared approach to increase participation at every step along the way.



[1] https://www.southernhealth.nz/about-us/about-southern-health/community-health-council/chc-engagement-framework-road-map

[2] International Association for Public Participation (IAP2) Australasian Engagement Spectrum https://www.iap2.org.au/Tenant/C0000004/00000001/files/IAP2_Public_Participation_Spectrum.pdf

Making It Happen

The process by which members of the public are able to become involved in projects to help improve our health system is through signing up as a CHC advisor. Any person in the community who has an interest in improving our health system can express and interest to be a CHC advisor.

- *CHC Advisors*

People who are interested in being a CHC advisor complete an Expression of Interest (EoI) form available on the Southern Health website[3]. To date there are >93 people registered as CHC advisors on the database. This does not include CHC members themselves, who also have the opportunity to be advisors on projects. All CHC advisors and members are kept informed of opportunities that arise from services for the need for a patient/whānau voice and are then connected with clinicians/staff members of the specific project.
In regards to whether this is enough people, the CHC acts as a conduit for the process and are not aware of what types of projects that will arise from staff where engagement is being sought. We need these CHC advisors to have experience, in sometimes very specific areas of health and we want to use a variety of people – not always the same people. It would be a fair comment to state we do not currently have a high representation of Māori and Pacifica people, nor youth. The CHC does have community connections with all these groups through CHC members, and other contacts on our database that we can approach when required.

- *Support*

As part of the engagement process CHC advisors are provided with Welcome Packs, which outline their role and responsibilities and confidentiality agreements. CHC advisors are also provided with support from CHC members if needed. Earlier in 2020, CHC members revised the Welcome Pack that goes out to CHC advisors and updated the confidentiality agreement to include a code of conduct of what was expected from CHC advisors. Staff who are leading on the specific project receive a Staff Information Pack which contains the same material and also some pointers to be cognisant of when engaging with non-staff members.

- *Evaluation*

As part of rolling this programme of work out CHC members and the CHC Facilitator are continuously monitoring the process of engagement and the difference it is making.

Where Are We At?

- *Projects with CHC Advisors*

For the January-March 2020 period there were 34 CHC advisors working alongside staff on 17 projects across the Southern health system. The majority of these projects were at a strategic partnership level and not so many projects occurring at a service level. The reasoning for this could be due to staff still not aware of the CHC process to engage with community, whānau and patients whereas at an Executive and senior leadership level staff are aware, it could also be sure to resource constraints and timing issues. *Appendix 2* displays where CHC advisors are working across projects. NB this does not include CHC advisors engaged with the hospital build, which is a large project in itself and is discussed below.
CHC has two members about to commence engagement on the SDHB Telehealth Initiative.

- *Covid-19*

[3] https://www.southernhealth.nz/about-us/about-southern-health/community-health-council/chc-advisors

Much of CHC work on various projects has been placed on hold due to Level 4, then Level 3 restrictions. CHC met using Zoom on 2 April 2020, and members were updated on the contact tracing system, and brought to attention some community concerns, particularly with delayed treatment in Ophthalmology, and availability of flu vaccinations for vulnerable people.
CHC met again by zoom on 7 My 2020, with updates on Covid-19 response from several Executives and CEO WellSouth.

- *More Resources to be Developed for Staff and CHC Advisors to Support Engagement*

A number of resources are to be developed based on themes that came out of the CHC Advisor Symposium held in October 2019. These include a resource for CHC advisors which will include some key themes of lessons learnt from CHC advisors about engagement work to date, the same will be developed for staff on insights and lessons learnt from staff and clinical leaders around their engagement experiences.
The CHC also plan to develop some posters of clinical champions who have embraced the CHC engagement work. This work will connect in well with the new Quality Safety Marker that is discussed below.
The CHC intends to hold a workshop in order to review informative material, to be used when presenting at two different levels: to organisational staff, and to interested public groups including NGO sector group.

- *New Build of Dunedin Hospital*

The CHC has had engagement with the Chair of Southern Partnership Group and Programme management Office since 2018. More recently in March 2019, engagement has occurred through involving CHC advisors on the Clinical Leadership Group (CLG) and the Facilities in Transformation (FiT) groups. Currently, a total of 28 CHC advisors are working across all FiT groups and this is expected to increase.
The Concept Design phase has now begun with several CHC members and Advisors now attending, via Zoom, their FiT group meetings.

Going Forward

- *Consumer Engagement Quality and Safety Marker (QSM)*

In 2015, the Health Quality and Safety Commission's, consumer engagement programme, partners in care, began exploring whether there was value in implementing a quality and safety marker (QSM) to measure consumer engagement, and what would be involved with developing the QSM.

The QSM will be available from July 2020, and it is anticipated that by December all District Health Board (DHBs) will have taken part. The goal of this QSM is to address 'what does successful consumer engagement look like, and (how) does it improve the quality and safety of services?'
A framework named 'SURE' stands for Supporting', 'Understanding', 'Responding' and 'Evaluating' has been developed. It asks services to consider, 'are you sure that consumer engagement is embedded at all levels of your service?'.
This QSM will take the form of a dashboard self-reporting system, with a 'rating' out of 4 given for each domain, supported by evidence and qualitative comments for each domain. The data will be collected on a twice-yearly basis.

With the work that has occurred around developing the CHC Engagement Framework & Roadmap, the Southern health system is in a relatively good position of having a picture of where engagement with community, whānau and patients is occurring.

- *Engagement with Primary Health*

The CHC is actively engaged with Primary Health regarding Health Care Homes, and will be supporting gains made during the response to Covid-19 are maintained and built on. Another stream on engagement is to support WellSouth in providing more equitable access to primary health, and After Hours services in the Invercargill area.

- *Choosing Wisely*

Two CHC members were to travel to the National Forum for Choosing Wisely. This was cancelled due to Covid-19, but it is planned to release two recordings from presenters at a later date.

Appendix 1. CHC Membership 2020

CHC members (excluding the Chair) are appointed for a two year term and this can renewed up to 3 times. The CHC can have up to twelve members appointed, as stated in the Terms of Reference.

	CHC Member	Location	2018	2019	2020	2021
1	Mrs Karen Browne *(Chair)*	Dunedin		√	√	
2	Mrs Kelly Takurua	Tapanui	√	√	√	
3	Ms Paula Waby	Dunedin	√	√	√	
4	Ms Rosa Flaherty	Dunedin	√	√	√	
5	Mrs Hana Halalele	Oamaru	√	√	√	
6	Mr Jason Seale	Cromwell	√	√	√	
7	Mrs June Mills	Dunedin		√	√	
8	Mrs Lesley Vehekite	Invercargill		√	√	
9	Mrs Jocelyn Driscoll	Winton		√	√	
10	Mr Bob Barlin	Dunedin			√	√
11	Iwi representative *				√	√
12	Ms Toni Huls	Oamaru			√	√

* The Iwi representative that was put forward by Iwi Governance Committee has since said they would be unable to commit to being a member. The CHC Facilitator is working with the Māori Health Directorate to find a solution.

Appendix 2. Summary of CHC advisors engaged with projects Jan-Mar 2020

35 Community Health Council Advisors

- Feedback on a patient advisory document
- Patient Feedback

- Evaluation of Primary and Community Care strategy
- Review of uniforms for Allied Health, Scientific & Technical staff

- Rheumatology
- Theatre improvement
- Clinical rehab pathways

- Clinical Leadership Group
- Alliance Leadership Team
- Clinical Council
- Disability action plan steering group
- Digital strategy governance group
- Falls governance group
- Sexual Health steering group
- Maternity Quality Improvement Programme
- Pressure injury steering group
- Laboratories advisory group

- 3 Service co-design projects
- 10 Strategic partnership projects
- 2 Evaluation and review project
- 2 Projects focussed on establishing new systems and processes

WellSouth Primary Health Network | Southern District Health Board | Community Health Council

Jan- Mar 2020

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Appendix 3	Items the Community Health Council has been consulted on and /or engaged with since March 2020 – includes Covid-19 updates

Month	Item	Person responsible
March 2020	Health Needs Assessment Brief	Rory Dowding Katherine Graham
	Education Centre in Southland	Konrad Richter
	Disability Strategy and Action Plan	Gail Thomson
	HealthCare Homes	Stuart Barson
	Maternity Update	Lisa Gestro
	Community Health Hubs	Lisa Gestro
April 2020	New Hospital Build – Breastfeeding Rooms	PMO
	Contact Tracing – Covid-19	Charlotte Adank
	CPR of Patients with COVID-19	Karen Browne
May 2020	Public Health Covid-19 response	Dr Susan Jack
	Primary Health Covid-19 response	CEO Wellsouth, Andrew Swanson-Dobbs
	DHB wide Covid-19 response	CMO, Nigel Miller
	Communications Covid-19 response	Nicola Mutch
	Emergency Operations Centre Covid-19 response	Gail Thomson, Exec Director Quality Improvement and Clinical Governance
	SDHB Covid-19 update	Mr Dave Cull, Chair

Green shaded items on hold due to Covid-19 and CHC Facilitator on SL

SOUTHERN DISTRICT HEALTH BOARD

Title:	**Primary Maternity Facilities Consultation and Wanaka Hub Renovations**
Report to:	Disability Support and Community & Public Health Advisory Committees
Date of Meeting:	2 June 2020

Summary:

The issues considered in this paper are:

- Adjusted timeline for the delivery of the Primary Maternity Facilities Consultation in Central Otago/Wanaka
- COVID-19 impacts and budget update on Wanaka Hub Renovations

Specific implications for consideration (FINANCIAL/WORKFORCE/RISK/LEGAL ETC.):

Financial:	Initial cost estimates for the Gordon Road (Wanaka Child and Maternal Hub) fit out exceed available budget by 100k. Once works are submitted for tender via GETS a more accurate cost will be available.
Workforce:	
Equity:	
Other:	COVID-19 has impacted the timeline for the delivery of the Primary Maternity Facilities Consultation in Central Otago/Wanaka. An adjusted timeline is proposed.

Document previously submitted to:	Chris Fleming	**DATE:**

Prepared by: Demelza Halley Strategy, Primary & Community Team **Date:** 18 May 2020	**Presented by:** Lisa Gestro Executive Director Strategy, Primary & Community

RECOMMENDATION:

That the Committees

1. **Endorse the new consultation project timeline**
2. **Note the communications planned to support the new timeline**
3. **Note the issues impacting the Gordon Road renovation and that a final decision about progressing will come back to ELT.**

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Primary Maternity Facilities Consultation
Work to determine the best configuration of primary maternity facilities in Central Otago/Wanaka has been disrupted over the last few months by the need to prioritise our efforts on addressing COVID-19.

With the DHB workforce returning to focus on BAU, now is an appropriate time to revisit the consultation timeline and update it.

In early 2020, Southern DHB and the Central Lakes Locality Network worked with stakeholders to develop some potential options through workshops. We had initially aimed to propose options for feedback by April 2020 and reach approval of a preferred option in July 2020.

Updated Timeline
An adjusted high level timeline is proposed as follows:

Milestone	Due Date	Progress
Open online engagement form	*Complete*	
Initial engagement sessions with stakeholders	*Complete*	
Revised timeline communicated	22 May 2020	
Deliver written options paper	30 June 2020	
Completed consultation with stakeholders	15 August 2020	
Agreement on preferred option with stakeholders	31 August 2020	
Operational approval of preferred option	30 September 2020	

A paper outlining the discussed options and indicating a preferred option will be submitted to the Board in September.

All planning is reliant on not returning to more restrictive alert levels, or facing a second wave of COVID-19.

Communications
The updated timeline and next steps will be communicated to stakeholders through updating the consultation website engage.southernhealth.nz, emailing those who have made submissions as well as other identified stakeholders, and issuing a media statement.

It is proposed that the options would be communicated to key stakeholders at a workshop for health providers, followed by a public meeting, in July. These would be advertised across print and social media channels, and through our stakeholder network. Please note the format of and ability to hold these workshops may be dependent on any restrictions upon gatherings we are required to adhere to at that time.

Wanaka Hub - Gordon Road Fitout
While decisions about a birthing unit are pending, work has continued on a short term solution for housing the Wanaka Maternal and Child Hub. Southern DHB currently funds the rental of space for the Hub at Wanaka Lakes Health Centre. This is a single room and is not fit for purpose.

Southern DHB also holds a lease for a property in Gordon Road Wanaka with the intent of renovating this space into a fit for purpose Hub for midwives and the community.

Work has been undertaken by the DHB Building and Property Services team to design and draft the changes required to renovate Gordon Road. We are awaiting some final engineering information before plans can be finalised and submitted to council. Delivering this information has been impacted by COVID-19.

Once the final plans are ready for council submission the aim is to get the works out to tender on the procurement system (GETS) at the same time.

Pre COVID-19 estimates for this work have exceeded available budget by $100,000. The required inclusion of an accessible bathroom has contributed to the costs being greater than expected.

We expect that there could be additional impacts to the project going forward as a result of COVID-19, for example the actual estimates received through the tendering process could be markedly different and there could be a shortage of available trades to complete the work.

COVID-19 has also had an impact on local businesses and commercial property. We have been recently approached by another medical centre with a potentially fit purpose space now available.

For now, we will continue with the Gordon Road renovation project and proceed as soon as possible to the tender process to enable an accurate and full cost work up. This will progress alongside the Primary Facilities Consultation. A decision will need to be taken by ELT in a few months about proceeding with the renovation. We will also continue to explore the commercial property market and other fit for purpose options that may arise as suitable alternatives.

SOUTHERN DISTRICT HEALTH BOARD

Title:	**COVID-19 Māori Response Action Plan**
Report to:	Disability Support and Community & Public Health Advisory Committees
Date of Meeting:	2 June 2020

Summary:

Attached for consideration by the Disability Support and Community and Public Health Advisory Committees is a Southern DHB and WellSouth Primary Health Network (PHN) draft COVID-19 Māori Response Action Plan. Meetings have been held with a sub-committee of the Iwi Governance Committee to assist with development of the draft Action Plan and the Executive Leadership Team (ELT) endorsed the document to go to the Iwi Governance Committee (IGC) meeting and the Southern DHB and WellSouth PHN Board meetings in June 2020 for approval.

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

Financial:	We are currently in negotiations with the NMDHB on a contract for Māori targeted COVID-19 recovery funding released from the MoH. This funding will assist with communications, strengthening Māori provider COVID-19 response and influenza vaccination. This is one off funding.
Workforce:	The plan is based on utilising Māori DHB capacity, WellSouth and Māori provider workforce capacity.
Equity:	Equity is the key focus for this plan based on Māori COVID-19 recovery.
Other:	As set out in the report.

Document previously submitted to:	Iwi Governance Committee	**Date:** 2 June 2020

Prepared by: Gilbert Taurua Chief Māori Strategy and Improvement Officer **Date:** 20 May 2020	**Presented by:** Gilbert Taurua Chief Māori Strategy and Improvement Officer

RECOMMENDATION:

That the Committees recommend the Board approve the draft COVID-19 Māori Response Action Plan.

COVID-19 MĀORI RESPONSE ACTION PLAN

Southern District Health Board

WellSouth Primary Health Network

Progress	Dashboard
●	On Target
●	Caution
●	Critical
●	Complete
●	Not Started

Reporting	
Quarter 1	July-Sept
Quarter 2	Oct-Dec
Quarter 3	Jan - March
Quarter 4	April - June

COVID-19 Māori Response Action Plan

(Version 5.0 @ 22 April 2020 - GT)

Draft Māori COVID-19 Response Action Plan

Introduction

The severe impact of the 1918/19 pandemic on Māori and the increased susceptibility of Māori to the 2009 H1N1 Influenza A pandemic (H1N1 pandemic) provide rationale strengthening the Māori-specific response to COVID-19. It is evident from previous pandemic responses that the business-as-usual model previously used preferentially benefited non-Māori and failed to protect whānau, hapū, iwi and Māori communities from the worst outcomes. Consideration to the specific needs of Māori, particularly equity and active protection, should be integral to the Southern DHB's response to COVID-19. The Māori population of the Southern district sits at 36,740 with 6,860 of this population assessed as those living in the highest deprivation.

Indigenous health inequities in New Zealand

Indigenous ethnic inequities in infectious diseases are marked. Māori experience higher rates of infectious diseases than other New Zealanders. One example that highlights the ethnic difference within close contact infectious diseases was the higher rates of hospitalisations reported for Māori and Pacific peoples, compared with other New Zealanders, during the H1N1 pandemic. (Māori RR=3.0, 95% CI: 2.9–3.2, Pacific peoples RR=6.7, 95% CI:6.2–7.1).

Historically, individuals at risk of close contact infectious diseases are generally children, pregnant women, older people, individuals with underlying chronic medical conditions and individuals with immunosuppressed disorders. For COVID-19, older people and individuals with underlying conditions are at increased risk of severe infection. Māori generally have higher rates of chronic conditions and co-morbidities and following international trends are likely to have an increased risk of infection should a community outbreak occur.

Socioeconomic and co-morbidity factors increase risk for Māori

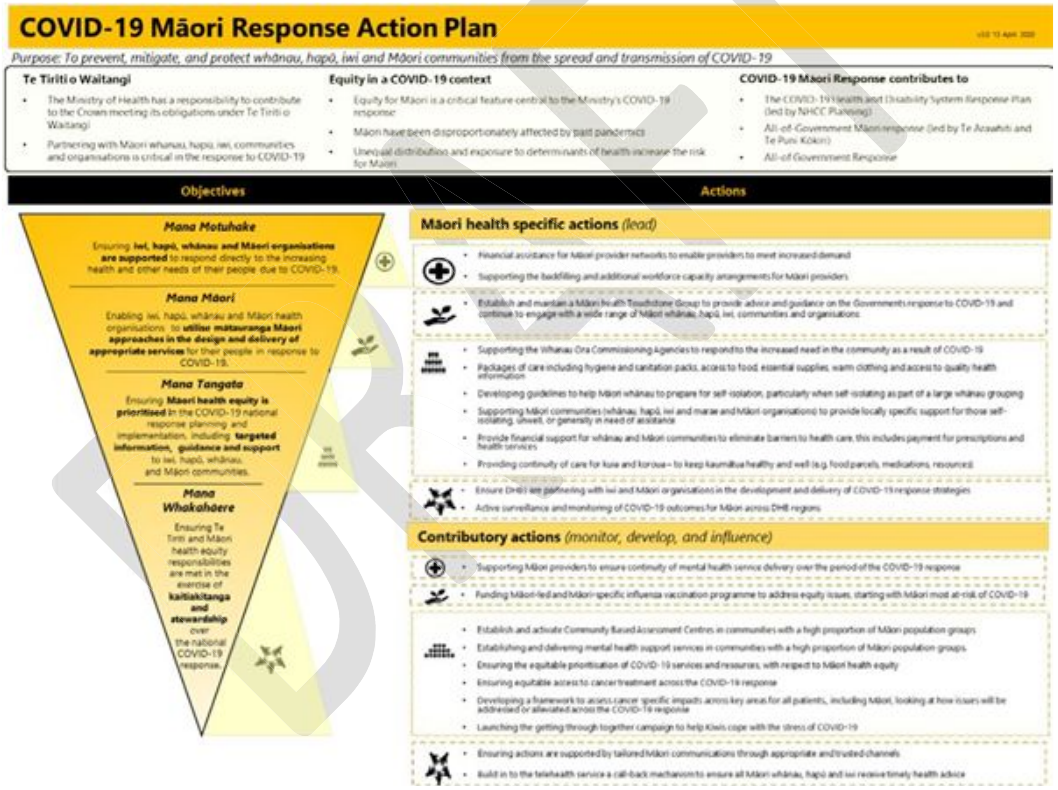
Health differences between ethnic groups are complex. The overarching drivers such as the historical and contemporary manifestations of colonisation, racism and discrimination are reflected in more proximal contributing factors including socioeconomic factors and deprivation, access to and outcomes of healthcare services, and the constellation of risk factors for co-morbidities and adverse health outcomes. An increase in the incidence of close-contact infection is also associated with crowded living conditions and lower socioeconomic status. The incidence of close-contact infectious diseases is higher among individuals who live in the most deprived areas. Māori and Pacific peoples are more likely than other New Zealanders to live in higher deprivation areas, and are also more likely to be living in 'over-crowded' households or in higher-density housing conditions. The psychosocial impacts for Māori arising from public health measures such as self-isolation, physical distancing, and general societal anxiety are likely to exacerbate existing mental health conditions and place increased pressure on the wider whānau units.

Equity for Māori is a critical feature central to the Ministry's pandemic response**.** Measures must be taken in a way that actively protects the health and wellbeing of whānau, hapū, iwi and Māori communities. Critically, this means that *equity* will be at the centre of each level of the alert system. There will be a requirement nationally and within DHBs, as well as across other sectors, to ensure whānau, hapū, iwi and Māori communities have the resources to undertake and respond to public health measures to prevent and manage the spread of the virus.

Draft Māori COVID-19 Response Action Plan

National COVID-19 Māori Response Action Plan

The National COVID-19 Māori Response Action Plan sits under one of twelve Ministry of Health COVID-19 operational work streams. This Plan acknowledges that Māori are a priority population group for the COVID-19 response and that actions specific to supporting whānau, hapū, iwi and Māori communities will sit across all the COVID-19 operational work streams. The Plan consists of actions designed to expand the reach and coverage of COVID-19 activities to better support whānau, hapū, iwi and Māori communities. This also includes support to Māori providers and organisations. Delivery of these actions is led by the Māori health work stream and primarily co-ordinated by the Māori Health Directorate within the Ministry of Health.



Southern Health Services

Differences in living conditions for Māori compared with non-Māori means that Māori are more likely to be exposed to COVID-19 community transmission. Evidence shows that transmission of infectious diseases is greater within areas of social deprivation, including housing standards and crowding. Information to date informs us that the seriousness of illness and risk from dying from COVID-19 increases for those living with long term conditions (King, Cormack, McLeod, Harris and Gurney, April 2020). This plan attempts to co-ordinate activities that aim to reduce the harm from COVID-19 for the Southern health system in collaboration with the Iwi Governance Committee, Pandemic Sub-committee based on the agreed mission statement as developed by Dr Nigel Millar, Chief Medical Officer Southern DHB. This is developed with the understanding that we are guided by the Government's COVID-19 national alert system, the COVID-19 National Hospital Campus and Facilities Management Framework (27 March 2020) and the National Hospital Visitors' Guidance.

Mission

The COVID-19 Southern DHB and WellSouth Primary Health Network has developed this mission which is broken down into six key areas and provides a template for WellSouth and the Southern DHB COVID-19 Māori Response Action Plan:

- Minimise the number infected with COVID-19.
- Limit the harm to people with COVID-19 – RED.
- Maintain an effective acute and urgent care health system – GREEN.
- Look after our health community.
- Support planning and provision of wider community support.
- Maintain a viable health system for the long term.

Primary, Intermediate and Hospital

The WellSouth and Southern DHB approved pathway describes the interface between primary, intermediate and hospital streams of flow as we move forward in our planning in managing our COVID-19 response as a whole of southern health system.

Draft Māori COVID-19 Response Action Plan

Each of these streams have agreed green and red pathways based on agreed triggers and are based on the national direction regarding status for the region:

- Level 4 – Eliminate
- Level 3 – Restrict
- Level 2 – Reduce
- Level 1 – Prepare

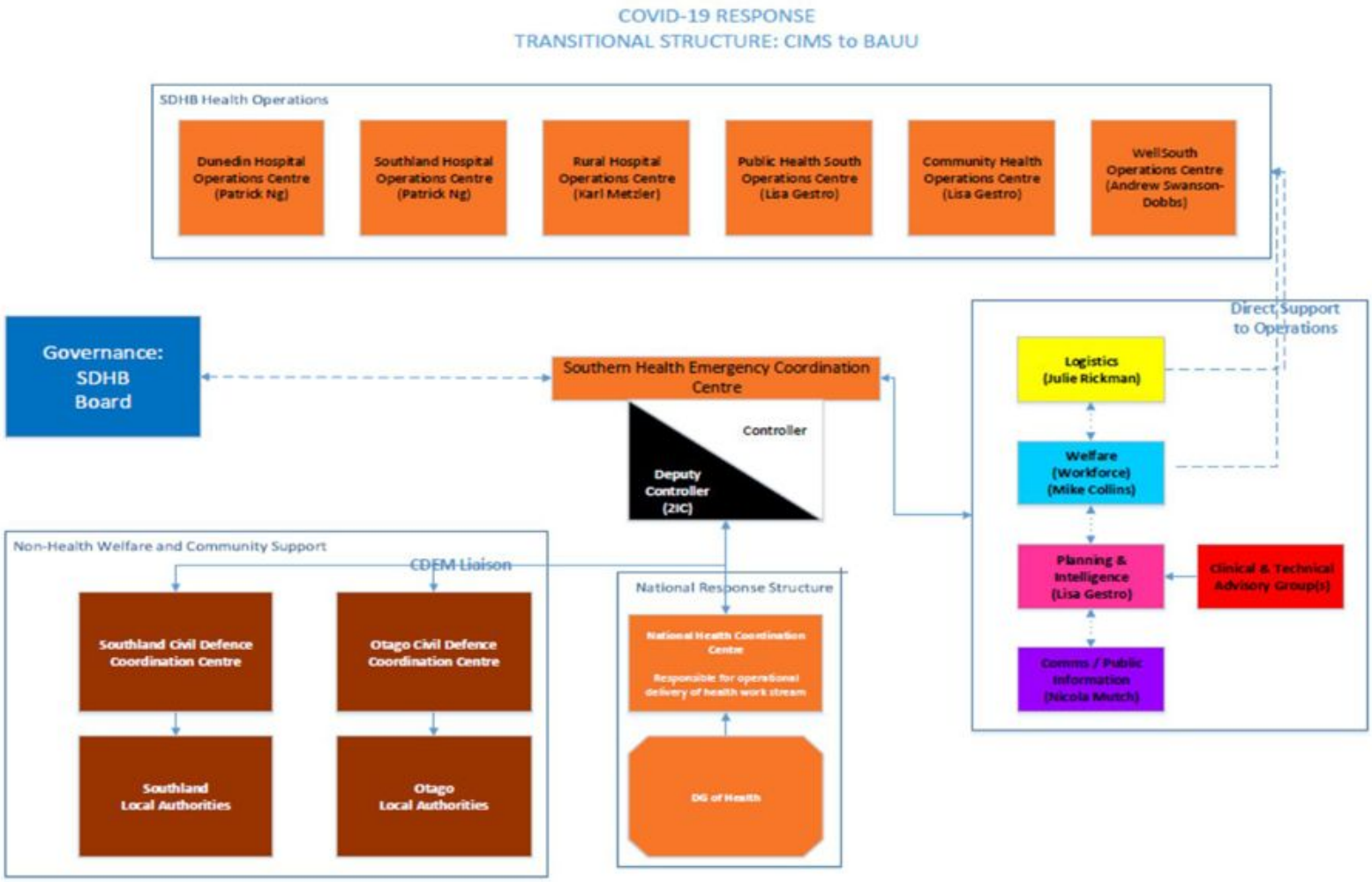
Where possible resources applied to Public Health Action includes:

- Case isolation
- Contact tracing
- Testing plan

Co-ordinate Incident Management System

This diagram provides an overview of the current Southern Health System incident management structure including the six EOCs coving our hospitals, community based services, community and public health and WellSouth primary care. The ECC structure links back to a controller with logistics, welfare, planning and intelligence and communications reporting back to ELT, the Board and the National Response Structure. This Māori Response Action Plan requires approval from ELT inclusive of the WellSouth CEO and will then be socialised with this structure in collaboration with the Iwi Governance Committee and the Māori health providers and communities.

Draft Māori COVID-19 Response Action Plan



Draft Māori COVID-19 Response Action Plan

Māori Response Action Plan

Section 1: Minimise the number infected with COVID-19			
This section consists of actions specific to supporting our communities, in our collective efforts to minimise the number infected with COVID-19 in the Southern DHBs.			
Action	**Responsibility**	**Progress**	**Measure/Narrative**
Communications – Collaborate with national targeted COVID-19 Māori communication and media providing targeted information, guidance and support. Support tailored messages across the district to Māori.			
1. Support the communication messaging from Te Rōpū Whakakaupapa Urutā (National Māori Pandemic Group Māori), Te Putahitanga o Te Waipounamu (#Manaaki20), National Telehealth Service, Te Arawhiti (Office Māori Crown Relations), Te Rūnanga o Ngāi Tahu, National Iwi Chairs Forum (Pandemic Response Group), #Protect our Whakapapa and the MoH Māori Expert Advisory Group.	Māori Leadership Team - Communications	●	
2. Southern DHB and WellSouth PHO to develop specific messaging internally and externally i.e: local tangihanga policies, adverting CBACs, infectious control, practical tips and advice.	Māori Leadership Team	●	
3. Provide weekly correspondence updates to Iwi Governance Committee, Māori DHB Board members and the Māori Health Directorate.	Māori Leadership Team	●	

Draft Māori COVID-19 Response Action Plan

<table>
<tr><td>4. Regular correspondence updates to Papatipu Rūnanga, Kaupapa Māori Health Providers and WellSouth General Practices.</td><td>Māori Leadership Team</td><td>●</td><td></td></tr>
<tr><td colspan="2">Designated Practices, CBACs and Outreach Services - Working with Māori Health Providers to support wide COVID-19 testing across the district.</td><td></td><td></td></tr>
<tr><td>5. Look to establish Māori CBAC practices and outreach mobile services through CBACs and/or designated primary care practices in collaboration with kaupapa Māori Health Providers, WellSouth Primary Health Network and the Southern DHB.</td><td>Māori Leadership Team - WellSouth - Māori Health Providers</td><td>●
●</td><td>Covid-19 Māori Mobile Outreach Clinics:
<table><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>
Covid-19 Designated Practices:
Quarter 4: April – June 2020
<table><tr><th>Locality</th><th>No. Tested</th><th>No. Māori</th><th>No. non-Māori</th></tr><tr><td>Te Kaika</td><td></td><td></td><td></td></tr><tr><td>He Puna Waiora</td><td></td><td></td><td></td></tr></table>
Quarter 1: July - Sept 2020
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Quarter 2: Oct - Dec 2020
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Quarter 3: Jan - March 2021
<table><tr><th>Locality</th><th>No. Tested</th><th>No. Māori</th><th>No. non-Māori</th></tr><tr><td>Te Kaika</td><td></td><td></td><td></td></tr><tr><td>He Puna Waiora</td><td></td><td></td><td></td></tr></table></td></tr>
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Draft Māori COVID-19 Response Action Plan

<table>
<tr><td colspan="2">Hygiene Packs - Reduce community transmission of COVID-19 to vulnerable populations.</td><td></td><td></td></tr>
<tr><td>6. Supporting the Whānau Ora Commissioning Agency Te Putahitanga o Te Waipounamu and the Ministry of Health in the distribution of whānau hygiene packs to at risk communities based on the vulnerable.</td><td>Te Putahitanga o Te Waipounamu</td><td>●</td><td></td></tr>
<tr><td colspan="2">Māori Community Influenza Vaccines - Reduce pressure on our hospital presentations and admissions</td><td></td><td></td></tr>
<tr><td>7. Monitor influenza stocks and distribution.

8. Establish Māori community free vaccination clinics and outreach mobile vaccination services to vulnerable patients available for kaumātua aged 65 and older, pregnant women, and other people with serious health conditions like severe asthma, diabetes, heart, lung and kidney problems or cancer. Young children with a history of severe respiratory illness are also eligible for free vaccination.</td><td>Ministry of Health Māori Leadership Team - Population Health</td><td>●
●</td><td>Māori Influenza Vaccination Outreach Clinics:
<table><tr><th>Dates</th><th>Locality</th><th>No. Vaccinated</th><th>Age Ranges</th></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table></td></tr>
<tr><td colspan="2">Māori District 0800 Number - Increase advice and support for whānau on COVID-19</td><td></td><td></td></tr>
<tr><td>9. Scope the range of helpline call centres across the district and their ability to activate and/or co-ordinate support for Māori and their whānau.</td><td>Māori Leadership Team</td><td></td><td></td></tr>
</table>

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10. Explore options for establishing a district wide 0800 number that provides support and advice in collaboration with the Ministry of Social Welfare. 11. Development, Te Putahitanga o Te Waipounamu, WellSouth Primary Health Network, Southern DHB contracted Kaupapa Māori Health and Social Service Providers and the Southern Health Services. Co-ordination of services and distribution of welfare support.			
Data Integrity – establish and maintain data measures that provide COVID-19 intelligence for the purposes of planning and highlighting equity gaps.			
12. Identify a series of data sets that provide measures that monitor the impact of COVID-19 on Māori. 13. Work with the University of Otago to analyse this data and where possible include cross governmental data and systems to measure the impact of COVID-19 on Māori.	Māori Leadership Team	●	

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Section 2: Limit the harm to people with COVID-19			
This section consists of actions specific to minimising the harm to people with COVID-19			
Action	**Responsibility**	**Progress**	**Measure/Narrative**
Hospital Visiting Policies – Reduce exposure to COVID-19 for those visiting our Hospitals, including Rural Hospitals.			
14. Develop consistent messaging to Māori presenting or visiting our hospitals based on the national hospital visiting guidance produced by the Ministry of Health.	Māori Leadership Team, Communications	●	
15. Maintain dedicated Kaiawhina FTE resource in Southland and Dunedin Hospitals that support whānau, Duty Charge Nurse Managers and Security. 16. Support to include direct interaction with whānau and providing different strategies in interacting with whānau impacted by this policy for DHB staff. 17. Signage developed to be culturally responsive with use of Te Reo Māori.	Kaiawhina and Māori Leadership Team	● ● ●	Fulltime Kaiawhina are working in Dunedin Public Hospital and Southland Hospital. - Kaiawhina Dunedin – on-site Kaiawhina moving through green zones supporting Māori admissions. Daily digital karakia occurs. - Kaiawhina Invercargill – on-call Kaiawhina located at Southland Hospital moving through green zones supporting Māori admissions. Daily digital karakia occurs. *Ongoing review occurs*

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Tangihanga - Working with Māori whānau to understand the impact on this policy			
18. Co-ordinate messaging internal and external on the national tangihanga guidance, providing practical support to our hospitals and community on change of tikaka protocols.	Māori Leadership Team	●	
Māori Communications – Supporting Māori communication and media providing targeted information, guidance and support that limits the harm from COVID-19.			
19. Alongside Section 1.1 targeted communication, information and advice on strategies that reduce the harm from COVID-19.	Māori Leadership Team and Population Health	●	
Hospital Alert Level Systems – Design detailed COVID-19 level alert systems for Māori response.			
20. Development of an alert level system based on the national hospital alert specific to a Māori Action Plan.	Māori Leadership Team	●	
ICU Triage Tool – Support an equity lens for the national ICU triage tool			
21. Development of equity criteria for the National ICU triage tool with support from Te Tumu Whakarae.	Māori Leadership Team	●	

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Māori Cancer Patient Pathway – Māori cancer patient support and communication.			
22. Support communications to Māori cancer treatment patients impacted by COVID-19 per guidance provided by Te Rōpū Whakakaupapa Urutā (National Māori Pandemic Group Māori): https://www.uruta.maori.nz/cancerpatients	Māori Leadership Team	●	
Population Health and Public Health – Provide active support for preventative and protection strategies that reduces the burden of COVID-19 on Māori.			
23. Support strategies that promote prevention and protective initiatives that reduce the burden of COVID-19 on Māori. This will include support for contact tracing, vaccinations and other strategies that are evidenced to reduce the harm to Māori.	Māori Leadership Team	●	

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Section 3: Maintain an effective acute and urgent care health system			
This section consists of actions specific to maintaining acute and urgent heath care systems in response to COVID-19.			
Action	**Responsibility**	**Progress**	**Measure/Narrative**
Co-ordination of Mortuary Services - Working with partners to develop a pathway for mortuary services in collaboration with the Police, Funeral Directors, WellSouth and CDEM.			
24. Co-ordinate regional mortuary services planning and response. Promote national tangihanga and MoH guidance on funerals to the community.	Māori Leadership Team		
Tangihanga Tikanga Support – Tikanga support for temporary mortuaries if required.			
25. Provide co-ordinated Māori tikanga support teams for locations with temporary mortuaries if established. The aim of this service would include small Māori teams that would support the transportation of Māori who have died from COVID-19 that ensures tikanga and kawa for Māori deceased are in place.	Māori Leadership Team		
Transport COVID-19 Māori Patients – Transportation options for positive or suspected COVID-19 patients.			
26. Establish district wide protocols on the transportation of positive and suspected COVID-19 patients by Māori Health Providers and/or Civil Defence Emergency Management (CDEM) services.	Māori Leadership Team – CDEM	●	

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27. Ensure Māori Health Providers have appropriate safe guards and a policy in place for transportation of positive or suspected COVID-19 patients.		●	
Community Access to PPE – Monitor Māori community PPE needs and support.			
28. Monitor PPE requests and distribution to Māori community services where required. 29. Complete stocktake on Māori Health Providers use of PPE, review their policies and procedures.	Māori Leadership Team	●	

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Section 4: Look after our health community			
This section consists of actions specific to looking after our health workforce both external and/or internal. This is inclusive of NGO Kaupapa Māori Health Providers, DHB and WellSouth Primary Health Network employees, volunteers and kaumātua.			
Action	**Responsibility**	**Progress**	**Measure/Narrative**
Kaupapa Māori Health Provider Relationships – Maintain relationships with Māori Health Providers that supports community need, intelligence, planning, collective action and innovation.			
30. Maintain weekly contact with contracted Māori Health Providers that enables opportunities for identifying Māori community need, intelligence and opportunities for innovation or collective action.	Māori Leadership Team, Communications	●	
31. Maintain weekly contact with Te Putahitanga o Te Waipounamu and Te Rūnanga o Ngāi Tahu on developments or opportunities to collaborate based on discussions with our funded DHB Māori Health Providers.	Māori Leadership Team,		
Māori Health Directorate Staff - For Southern DHB employees.			
32. All DHB Māori Health Directorate staff will receive weekly contact either by their direct line manager or by their directorate leads as a means of providing support professionally or personally. Direct contact with the Chief and/or Associate Secondary/Tertiary Officers.	Māori Leadership Team	●	Staff receives weekly contact by the Associate Māori Health Secondary/Tertiary. Discussions include workplace environment, psychological support, challenges of Covid-19. *Ongoing review will continue.*

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33. Complete skills matrix for our Māori Health Directorate staff and look to redeployment options if and when required. Registered Nurses with appropriate skills and qualifications are redeployed to CBACs or other services based on negotiation with the Associate Secondary/Tertiary Officer.	Māori Leadership Team	●	Southern DHB skills matrix completed with Māori Health Directorate staff redeployed across primary/community and secondary care. Staff redeployed to CBAC Clinics; 0800 Call Centre; Kaiawhina in Dunedin and Southland Hospitals; Community Liaison roles within Rūnaka. *Ongoing review will continue*.
34. Southern DHB to support approved overtime coded to COVID-19 for essential Kaimahi.	Māori Health Directorate	●	All redeployed staff working overtime is coded to Covid-19.
35. Any Māori staff that fit the criteria as 'vulnerable staff' to complete the staff survey and submit to their direct line manager for consideration, redeployment and/or work from home options.	Māori Health Directorate	●	Staff who identify as "vulnerable" are aware to complete staff survey. Weekly discussion occurs with all staff. *Ongoing review will continue.*
ASK HR - For DHBs			
36. Communicate to the Māori Health Directorate the availability of the ASK HR email address designed to give timely accurate clarification to staff requiring HR advice or support.	Māori Leadership Team - DHB HR	●	All staff have received an email and weekly discussions from the Associate MH Secondary/Tertiary Officer on access and use of HR advice and support. Staff aware of Psychological Support through Southern DHB and 1737. *Ongoing review will continue.*
Front Line Māori Health Workers Influenza Vaccines - To reduce the burden of influenza on our front line workforce we have prioritised this year's vaccines for Māori staff			
37. Prioritise free influenza vaccinations to all Māori staff working in either Southern DHB, WellSouth Primary Health Network and/or kaupapa Māori Health Providers.	Māori Leadership Team - Population Health	●	**Covid-19 Front Line Māori Health Workers – Influenza Vaccination** **Date** / **Locality** / **No. Vaccinated** Southern DHB WellSouth PHN Māori Health Providers

Section 5: Supporting planning and provision of wider community support			
This section consists of actions that maintain planning for the provision of community support in managing our response to COVID-19 both nationally and across our southern district.			
Action	**Responsibility**	**Progress**	**Measure/Narrative**
Te Herenga Hauora o te Waka a Maui – Maintain relationships with the South Island Regional Māori DHD GMs in supporting regional activities and the possibility of joined up funding initiatives.			
38. Maintain regular contact with Te Herenga Hauora o te Waka a Maui. Supporting regional funding allocations and shared innovation in reducing the harm from COVID-19.	Māori Leadership Team,	●	
Te Tumu Whakarae – Maintain relationships with the National Māori DHB GMs in supporting SitRep Reports to MoH, COVID-19 best practice and innovation. Direct advocacy mechanism to MoH and allocation.			
39. Participate in national SitReps from a Māori DHB perspective, provide insights and intelligence to MoH and advocate for service responsiveness and community need.	Māori Leadership Team	●	
Te Putahitanga o Te Waipounamu – Maintain relationships with the Southern Whānau Ora Commissioning Agency.			
40. Collaborate with the Southern Whānau Ora Commissioning Agency funded by central Government to respond to localised whānau need	Māori Leadership Team	●	

for COVID-19. Support joined up activity and service co-ordination.			
Southern DHB Planning and Intelligence – Participate in planning and intelligence forums across the DHB and WellSouth including ELT and SMT meetings.			
41. Participate in major decision making forums and networks that contribute to planned decision-making across the southern health system.	Māori Leadership Team	●	
Iwi Governance Pandemic Sub-committee – Participate in planning and intelligence.			
42. Continue to meet weekly with the IGC pandemic sub-committee that provides intelligence, support and advice to the Māori Leadership Team, WellSouth and the Southern DHB.	Māori Leadership Team	●	

Section 6: Maintain a viable health system for the long term			
This section consists of actions that look to maintain a viable health system as we move into recovery and plan for the longer term future and the possibility of continuing to live with COVID-19.			
Action	**Responsibility**	**Progress**	**Measure/Narrative**
Integrated Psychosocial Recovery – Build relationships across sectors that support psychosocial.			
43. Help build an interagency psychosocial recovery plan and model as we move into recovery. Work with the community in partnership with key Government agencies to support integrated community care and recovery as a district.	All of Government collaboration		
Mental Health and Addiction – Provide opportunities to meet the holistic needs of service users, tangata whaiora and their whānau as we counter the impact of COVID-19 on our wellbeing.			
44. Provide opportunities to support service users, tangata whaiora and their whānau with tools and supports to aid recovery that promotes wellbeing and integrated Māori models of wellness.	Māori Leadership Team		
Future Pandemic Planning – Learn from our COVID-19 experiences and plan for the future.			
45. Learn from the COVID-19 experience and intelligence by both formal and informal evaluation	Māori Leadership Team		

that provides insights, tools and resources for future pandemic planning. 46. Translate these lessons into practice by providing education and training, developing an online portal for future planning with tools and resources suitable for application into the future.			
Māori health – Maintain an appropriate level of health intervention for Māori patients and their whānau.			
47. Maintain essential health services that supports the reduction of Māori illness and disease. Continue to advocate for essential health services that provides preventative and timely responses to systemic health disease and sickness for Māori. Enhance opportunities for health literacy and personal responsibility.	All of systems response.		

Please provide feedback on this draft Action Plan directly to gilbert.taurua@southerndhb.govt.nz