Community & Public Health Advisory Committee Meeting

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

07/04/2021 02:00 PM - 03:00 PM

APOLOGIES

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

FOR INFORMATION/NOTING

Item: **Interests Registers**

Proposed by: Jeanette Kloosterman, Board Secretary

Meeting of: Community and Public Health Advisory Committee, 7 April 2021

Recommendation

That the Committee receive and note the Interests Registers.

Purpose

To disclose and manage interests as per statutory requirements and good practice.

Changes to Interests Registers over the last month:

- David Perez – removed from register
- Doug Hill – added to register

Background

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.

Interest 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).

Appendice

- Board, CPHAC and Executive Leadership Team Interests Registers

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
Pete Hodgson (Board Chair)	22.12.2020	Trustee, Koputai Lodge Trust (unpaid)	Mental Health Provider	
	22.12.2020	Chair, Callaghan Innovation Board (paid)		
	22.12.2020	Chair, Local Advisory Group, New Dunedin Hospital		
	22.12.2020	Member, Steering Group, New Dunedin Hospital		
	22.12.2020	Board Member, Otago Innovation Ltd (paid)		
	25.02.2021	Board Member, Quitta Ltd (unpaid)	Nicotine replacement therapy under development.	
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~~, Member, Spokes Dunedin (cycling advocacy group)		Updated 22.10.2020
	15.01.2019	Paid member, Green Party		
	15.01.2019	Former employee of University of Otago (April 2012-February 2020)		
	07.07.2020	Trustee, HealthCare Otago Charitable Trust		
	12.09.2020	Co-Director, OffTrack MTB Ltd	No conflict (Husband's bike tourism company).	
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		

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	14.01.2020	Member, National Council of Women, Southland Branch		
	07.10.2020	Trustee, Southern Health Welfare Trust	Trust for Southland employees - owns holiday homes and makes educational grants.	
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.	
	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		
	12.01.2021	Nga Kete Matauranga Pounamu Trust Board Member		
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.~~	Resigned, effective August 2020
	13.05.2019	St John Volunteer, Lakes District Hospital	No involvement in any decision making.	~~Taking six months' leave.~~ Recommencing 22.08.2020.
Tuari Potiki	09.12.2019	Employee, University of Otago		
	09.12.2019	~~Chair, NZ Drug Foundation~~	(Chair role ended 04.12.2020)	
	09.12.2019	Chair, Te Rūnaka Otākou Ltd* (also A3 Kaitiaki Limited which is listed as 100% owned by Te Rūnaka Ōtākou Ltd)	Nil does not contract in health.	Updated to include A3 Kaitiaki Limited on 19 October 2020.
	09.12.2019	Member, Independent Whānau Ora Reference Group		
	~~08.09.2020~~	~~Member, District Licensing Committee, Dunedin City Council (1 September 2020 to 31 May 2023)~~		Resigned 06.11.2020
	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.	
	21.07.2020	Trustee, Food Rescue Trust		
	21.07.2020	Shareholder 1%, Piermont Holdings Ltd	Coporate Body for apartment, Wellington	

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
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)~~	Removed 07/09/2020	
	15.01.2019	Shareholder, RST Ventures Limited		
	27.04.2020	Nephew, Casual Mental Health Assistant, Southern DHB (Wakari)		
	17.08.2020	Health Research Council Fellow		
Roger Jarrold (Crown Monitor)	16.01.2020 (Updated 28.01.2021)	~~CFO,~~ Advisor to Fletcher Construction Company Limited	Have had interaction with CEO of Warren and Mahoney, head designers for ICU upgrade.	
	16.01.2020 (Updated 28.01.2021)	~~Member~~, Chair, 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		
	16.08.2020	Son - Auditor, PwC, Auckland	PwC periodically undertake work for SDHB, eg valuations	

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
Hamish BROWN	22.09.2020	Nil	
Kaye CHEETHAM	~~08.07.2019~~	~~Ministry of Health Appointed Member of the Occupational Therapy Board~~	(05/08/2020 - Stood down from 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.
	21.05.2020	Director, New Zealand Institute of Skills and Technology	
	20.11.2020	Chair, South Island CIOs	
Matapura ELLISON	12.02.2018	Director, Otākou Health Ltd	Possible conflict when contracts with Southern DHB come up for renewal.
	12.02.2018	Director Otākou Healther Services Ltd	
	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	
	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~~	Removed 23.09.2020
	10.02.2017	Director, South Island Shared Service Agency	Shelf company owned by South Island DHBs

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
	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.
	23.09.2020	Arvida Group (aged residential care provider)	Sister works for Arvida Group (North Island only)
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.
	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

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
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.~~	
	27.01.2021	Daughter, is a junior doctor in Auckland and is involved in orthopedic and general surgery research and occasionally publishes papers	
	23.07.2020	Wife, Chief Data Architect, Inde Technology	
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
	04.08.2020	Shareholder and Director, Inversionne Limited	Nil, clothing wholesaler.
		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	
	28.01.2021	Member, National FPIM Governance Board	
	28.01.2021	South Island representative on Banking and Insurance Special Project Group	
Gilbert TAURUA	05.12.2018	Prostate Cancer Outcomes Registry (New Zealand) - Steering Committee	Nil
	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.
	21.12.2020	Te Whare Tukutuku	Te Whare Tukutuku is sponsored by the NZ Drug Foundation and Te Rau Ora. Programme is designed to increase education and awareness on Maori illicit drug use to primary care and in Maori communities funded by MoH Workforce NZ.

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
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
Greer HARPER	24.08.2020	Paul Harper (father) is the current Chair of HealthSource NZ which is owned by the four northern DHBs.	

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE EXTERNAL APPOINTEES

Committee Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
Kim Ma'ia'i (External Appointee)	03.08.2020	Medical Director, Te Kaika Clinic, Caversham		
Odele Stehlin	01.11.2010	Waihopai Rūnaka General Manager	Possible conflict with contract funding.	
	01.11.2010	Waihopai Rūnaka Social Services Manager	Possible conflict with contract funding.	
	01.11.2010	WellSouth Iwi Governance Group	Nil	
	01.11.2010	Recognised Whānau Ora site	Nil	
	24.05.2016	Healthy Families Leadership Group member	Nil	
	23.02.2017	Te Rūnanga alternative representative for Waihopa	Nil	
	09.06.2017	Director, Waihopai Runaka Holdings Ltd	Possible conflict with contract funding.	
	07.06.2018	Director of Waihopai Hauora.	Possible conflict with contract funding.	
Doug Hill	30.03.2021	Director Broadway Medical Centre		
	30.03.2021	Member- Dunedin After Hours Guild		
	30.03.2021	Member- South Link Health		
	30.03.2021	Royal NZ College of GPs- accredited teacher/ fellowship censor/ Primex examiner		
	30.03.2021	SPHO – Minor surgery GPSI contract		
	30.03.2021	ACC- orthopaedic GPSI contract		
	30.03.2021	Established local management centre for obesity management.		
	30.03.2021	Southern Cross Accredited provider of GPSI		
	30.03.2021	Member of NZ Advisory Group for Skin Cancer College of Australasia		
	30.03.2021	Trustee of Medical Assurance Society		
	30.03.2021	Wife employed with SDHB as a Psychiatric Registrar		
	30.03.2021	Contracted provider - Southern rehab for GPSI services		

Southern District Health Board

Minutes of the Community and Public Health Advisory Committee Meeting held on Monday, 1 February 2021, commencing at 1.00 pm, in the Board Room, Wakari Hospital Campus, Dunedin

Present:	Mr Tuari Potiki	Chair
	Ms Ilka Beekhuis	Deputy Chair
	Dr Lyndell Kelly	*(by Zoom)*
	Mr Terry King	
	Ms Odele Stehlin	
In Attendance:	Mr Pete Hodgson	Board Chair
	Dr David Perez	Deputy Board Chair
	Dr John Chambers	Board Member
	Mrs Kaye Crowther	Board Member
	Dr Moana Theodore	Board Member
	Mrs Jean O'Callaghan	Board Member
	Miss Lesley Soper	Board Member
	Mr Chris Fleming	Chief Executive Officer
	Mrs Lisa Gestro	Executive Director Strategy, Primary and Community
	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 Jeanette Kloosterman	Board Secretary

1.0 WELCOME

The Chair welcomed everyone to the meeting and acknowledged:

- Those who had recently lost loved ones;
- Dr David Perez, whose time with the Board was drawing to an end;
- Mr Pete Hodgson, who was stepping into the gap left by Dave Cull; and
- Mrs Lisa Gestro, Executive Director Strategy, Primary and Community, who would be departing to join the Waikato DHB.

2.0 APOLOGIES

Apologies were received from Dr Kim Ma'ia'i, Committee Member, Chief Medical Officer, Chief Nursing and Midwifery Officer, and Chief Allied Health, Scientific and Technical Officer.

3.0 DECLARATION OF INTERESTS

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

The Chair asked that any changes to the registers be sent to the Board Secretary and reminded everyone of their obligation to advise the meeting should any potential conflict arise during discussions.

4.0 PREVIOUS MINUTES

It was resolved:

"That the minutes of the meeting held on 7 December 2020 be approved and adopted as a correct record."

T Potiki/I Beekhuis

5.0 CHAIR'S UDPATE

The Chair advised that efforts were being made to strengthen both the Community and Public Health and Disability Support Advisory Committees. He observed that there was a busy time ahead, particularly with the rollout of COVID-19 vaccinations.

The Board Deputy Chair noted that the Advisory Committee Chairs and Deputy Chairs had agreed in principle to meet three-monthly to look at issues of common interest and suggested that process commence before the end of February 2021.

6.0 REVIEW OF ACTION SHEET

The Committees reviewed the action sheet (tab 7) and received the following updates.

Invercargill Primary Care Access

The Chief Executive Officer, WellSouth Primary Health Network, reported that there was ongoing work between the DHB, PHO, the Southland Emergency Department (ED), General Practice, and the Community Health Council to understand the pressure points and issues with access to primary care in Invercargill. He reported that an 0800 number had been set up to assist people wishing to enrol in a general practice.

The SDHB CEO advised that Southland ED was under tremendous pressure due to the level of presentations. The reasons for that were multi-factorial, so action to address it would need to include ensuring primary care was properly resourced, hospital services appropriately configured, and the community accessed the health system in the most appropriate way.

It was agreed that an issues paper, with clear actions and timeframes, would be submitted to Board.

Māori Health

The Chair advised that this action point had been discussed by the Iwi Governance Committee, so was complete.

Oral Health - Fluoridation

It was noted that it would be useful for members to be briefed on the evidence-based benefits of fluoridation.

7.0 PHO'S MĀORI ENROLMENT

A report on the current level of PHO enrolment for Southern DHB's Māori population (tab 8) was taken as read.

The CEO of WellSouth acknowledged that there were issues with the collection of ethnicity data in primary care and significant pockets of people in the community who could not get enrolled in a general practice. In response, the models of primary care were being changed and further work was required to ensure that when people were enrolled, the correct ethnicity status was captured.

The PHO had also introduced a call centre for enrolment, and they were working with the Chief Māori Health Strategy and Improvement Officer to ensure that people attending ED were enrolled in primary care.

The CEO advised that there were three issues:

1. The denominator used to calculate the percentage of enrolments was an estimate;
2. The accuracy of the data for the people who were enrolled; and
3. Identification of people not enrolled and getting them enrolled.

The Committee:

- Noted with concern that the report showed Southern DHB had the second lowest percentage of Māori enrolments in the country, with approximately 8,000 Māori (total population = 38,190) reported as not enrolled in primary care, and
- Requested that the WellSouth CEO, Chief Māori Health Strategy and Improvement Officer, and Executive Director Strategy, Primary and Community report back with a plan to address this.

8.0 STRATEGY, PRIMARY AND COMMUNITY REPORT

The Strategy, Primary and Community Report (tab 9) was taken as read and the EDSP&C highlighted the following matters.

- *Coronavirus Management Response* – There was still a significant focus on COVID-19, which had shifted from testing to the vaccination strategy.
- *Rural Health* – The rural hospitals were particularly busy over the Christmas holiday period.
- *Primary Maternity Facilities* - The team were liaising with a core group of midwives in the Central Otago/Wanaka area to develop the model of care for the proposed new primary maternity facilities. Simultaneously, a process seeking a facility provider was under way.
- *Annual Plan 2020/21* – Services were actively working to identify their priorities in line with Ministry of Health guidance, which included an ongoing commitment to equity and evidence that the innovations developed during the COVID-19 response had been embedded.
- *Mental Health, Addiction and Intellectual Disability (MHAID)* – The service was busy, both in terms of volume and acuity. Availability of supported accommodation in the community was an issue.

  The independent review of the Southern MHAID continuum of care was under way, with Synergia undertaking orientation throughout the district during January.

- *Measles Catch-up Campaign* – The local campaign commenced as planned in December 2020.
- *Lakes District Hospital* - A series of intensive planning sessions had taken place and services were being aligned to local need.
- *Aged Residential Care* – The team had endeavoured to answer why the demand for aged residential care had increased.

Management then answered questions on single clinician only caseloads, specialist addiction services, the rest home occupancy rate, community pharmacy, access to emergency after hours care in Central Otago, the service planning process, equity clinics, breast feeding, and MHAID Senior Medical Officer (SMO) vacancies.

The Committee requested further information on:

- The Opioid Substitution Treatment (OST) issue;
- Local feedback on Plunket's lactation consultancy service.

9.0 FINANCE REPORT

The EDSP&C presented a report on Strategy, Primary and Community financial performance to 31 December 2020 (tab 12), then responded to questions on pharmaceutical cancer treatment trends.

PUBLIC EXCLUDED SESSION

***At 2.38 pm it* was *resolved*:**

"That the public be excluded from the meeting for consideration of the following agenda items."

General subject:	***Reason for passing this resolution:***	***Grounds for passing the resolution:***
Covid-19 Vaccination Programme	To maintain the constitutional conventions protecting the confidentiality of advice tendered by Ministers of the Crown and officials (programme yet to be announced by Minister).	Sections 9(2)(f)(iv) of the Official Information Act.

T Potiki/I Beekhuis

The meeting closed at 3.00 pm.

Confirmed as a true and correct record:

Chair: _____

Date: _____

Chair's Update

- Verbal report from Tuari Potiki, Chair of the Community & Public Health Advisory Committee

Southern District Health Board

COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE MEETING

ACTION SHEET

As 25 March 2021

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	A meeting was held with CODC staff on 2 February 2021. CODC staff advised they had a paper before Council outlining options for involving it in leading housing issues in the community. The meeting to consider options was scheduled for the following day. At the meeting the Council resolved that it had a role in affordable housing. It agreed to progressing work on developing an affordable homes model in Central Otago (including discussions with the Central Otago Community Housing Trust) based on the Queenstown Lakes Community Housing Trust Secure Home models and it requested staff to include the provision of inclusionary zoning (zoning that supports the inclusion of affordable housing) as part of the work programme for the District Plan. CODC have clearly indicated they have a role in affordable housing leadership. Public Health have indicated we are happy to help them	June 2021

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
				with this in for example supporting multi-stakeholder meetings. Update at June meeting.	
June 2020 FAR 593 Oct 2020 Feb 2021	**Invercargill Primary Care Access** (FAR Committee Minute item 9.0) (Action Sheet 7.0) (Minute item 6.0)	Paper on the issues, with clear action steps and accountabilities, to be submitted to CPHAC.	EDSP&C	Paper included for April Meeting.	Completed
Oct 2020	**B4 School Checks Programme** (Action Sheet 7.0)	Following the update at the meeting on 5 October 2020, data is to be provided for the B4 School Checks Programme and other services impacted by the COVID-19 response over the course of the next two meetings to show how Southern DHB is tracking and to monitor to ensure inequity is not created as a result.	EDSP&C	Performance as below, latest quarter is due shortly. Please note that this workforce is again now leading the vaccine response, and non-critical activity has temporarily been deferred. **<u>Before school checks:</u>** December 2020 Total target exceeded 423 checks ahead – 54.6% of target High Dep exceeded 21 ahead – 48.1% of target Māori exceeded 24 ahead – 45.5% of target Pacific exceeded 7 ahead – 46.3% of target Healthy Weight Target - 95% met 6 monthly target – we are at 96% Māori 6 months we are at 94% not met however at 3 months we have met 96% target and back on track to recovery Pacific Island 6 months – 100%	April 2021

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
October 2020	**Oral Health** (Minute item 15.0)	A report is to be provided on District Oral Health Services following concerns raised around a perceived gap in service in Dunedin.	EDSP&C	The total enrolled in Community Oral Health Services within Otago and surrounding districts is 28,869 children. Arrears pre-COVID, and arrears created by the cessation of Dental work over the COVID 19 lockdown has compounded. The following is now underway: • The mobile bus has been located in Wanaka. Further work underway to determine which areas will be deployed next. • Some Dental Assistant still need to complete training for applying fluoride varnish to reduce the onset of dental decay. This is scheduled to happen at the next in service for staff/ • Children are now being assessed against criteria to identify children who can safely move from 12month recalls to 18mths. This process seems to be working well. • A new chair will be installed in the South Dunedin Clinic from 13 April. • Review of the Oral Health service workforce and resource allocation and funding placement is still to be completed. Further work is occurring to develop these plans for the next CPHAC meeting.	June 2021

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
December 2020	**Oral Health – Fluoridation** (Minute item 9.0)	Paper to be submitted to Committee on fluoridation and options to improve coverage.	EDSP&C/ Deputy CMO	Deferred until the next meeting given competing priorities	June 2021
December 2020	**Public Health** (Minute item 9.0)	Presentation to be made on Public Health BAU.	EDSP&C	Deferred until the next meeting given competing priorities	June 2021
February 2021	**PHO'S Māori Enrolment** (Minute item 7.0)	Plan to be developed to address the low Māori primary care enrolment rate.	EDSP&C/ CMHS&IO/ CEO WellSouth	A paper is included in this month's agenda pack	Complete
February 2021	**MHAID** (Minute item 8.0)	Further information to be provided on Opioid Substitution Treatment (OST) issue.	EDSP&C	More detail has been included on this programme in the SPC Report, in the agenda pack.	Complete
February 2021	**Breast Feeding** (Minute item 8.0)	Information to be provided on local feedback on Plunket's lactation consultancy service.	EDSP&C	A verbal update will be provided at the meeting	Complete

FOR INFORMATION

Item: Strategy, Primary & Community Report

Proposed by: Lisa Gestro, Executive Director Strategy, Primary & Community

Meeting of: Community and Public Health Advisory Committee, 7 April 2021

Recommendation

That the Community & Public Health Advisory Committee (CPHAC) notes the attached report.

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Purpose

The purpose of this report is to provide CPHAC with an overview of the range and breadth of activity that has been delivered or is underway, with a focus on operational performance and key strategic deliverables as per the work programme of the Strategy, Primary and Community Directorate.

Specific Implication For Consideration

Financial

- Where these exist, any financial implications are specifically outlined in the body of the report. Please note that the Directorates finance report is contained in a separate report and this focuses more on the qualitative presentation of activity, updates and issues.

Quality and Patient Safety

- Where these exist, any Quality and/or Patient safety implications are specifically outlined in the body of the report.

Operational Efficiency

- Where these exist, any operational efficiency implications are specifically outlined in the body of the report.

Workforce

- Where these exist, any workforce implications are specifically outlined in the body of the report.

Equity

- Where these exist, any equity implications are specifically outlined in the body of the report.

Other

- Where these exist, any other implications are specifically outlined in the body of the report.

STRATEGIC HIGHLIGHTS

Our Ongoing Coronavirus Management Response

There is currently no transmission of Covid-19 in the community in Southern DHB area. A significant amount of work continues in this area, which is outlined in the following sections.

Covid-19 Vaccination Programme

Planning is underway to vaccinate the Tier 1, 2, and 3 cohorts within the expected time frames. To achieve the volumes of vaccination delivery required planning is underway to use a hub and 'spoke' model of delivery.

Vaccination of the port workforce has been operationally led by WellSouth, working in conjunction with Queens Park Medical Centre and Mornington Health Centre. Southern DHB has provided key workforce to clinically lead the vaccination clinics at South Port and Port Otago, manage cold chain, and drawing up of vaccines on site. This will be completed on 1 April.

Consistent with the MoH guidelines -current proposed delivery model will use fixed delivery sites in key urban locations – Dunedin and Invercargill (large clinics, at least 360 vaccinations a day) and potentially Gore, Dunstan and Oamaru (smaller clinics 180 vaccinations a day).

These clinics will be supported by Māori Health Providers to support vaccinating priority populations. Outreach 'spokes' will also be used. These will be bespoke localised models working collaboratively with General Practice and other health providers in remote and/or rural areas. Various models are being looked at, including clinics run through General Practice but with DHB support.

Bespoke solutions in small communities are likely to require a pragmatic approach to sequencing to ensure there are enough numbers to utilise vaccines. This approach may involve vaccinating health workforces from Tier 2 as well as vulnerable people from Tier 3 in a clinic or series of clinics.

Southern will not achieve the initial vaccination delivery demand requested by the Ministry. Using large and small clinics in the district starting from 22 March will enable us to achieve the overall goal by early May. (*Appendix 2*).

Large clinics are planned to run for extended hours (e.g. from 0700 – 2100hrs) to enable a range of times when people can be booked in for vaccination. Weekend sessions will be included. This is dependent on workforce.

Several key factors are still required to be addressed definitively for success of the programme: booking system, venues, workforce, stakeholder engagement.

Public Health Response

The maritime border continues to take up a large portion of the work in the Covid19 space currently. One of the significant increases in workload has been around crew members wanting shore leave and the requirements under the border orders to do so. Work is being done within the team to take this work away from on-call work as it is becoming a full-time job. Scoping work with the other Public Health Units has occurred so that we can model our processes on what works well elsewhere

The Public Health Analyst made further revisions to a Covid 19 manuscript that will be identifying incubation period, serial interval and household secondary attack rates in the Southern district. The results of this research will inform the more effective management of future outbreaks. The manuscript will be submitted to the Lancet Western Pacific journal.

We are currently in the process of organising a table-top exercise with the scenario of having a positive Covid 19 case in an Aged Residential Care facility. A small Public Health workforce will undertake the role of case management and contact tracing. This will help to provide a more detailed picture of what our response would look like as well as give us an opportunity to test our own processes to see if we need to make any improvements.

We are working with Public Health Nurse management on how we can include NCTS (national contact tracing solution) training into their normal schedule going forward. There is planning underway to run scenarios for the Public Health Nurses that are included in our resurgence in late March. This will

include a role play on the scenario so that they can mimic as close to a real-life situation as possible. The nurses will no longer be included in our Public Health on-going scenario training in the future.

Large event organisers are being provided with information on the government's guidelines for running safe events while we are still managing a pandemic. This information is being provided by the liquor licensing staff when an application is received by them. If required a phone call is also being made to check the procedures and plans that are in place and to answer any questions the organisers might have. The information sheet provided includes having QR codes prominently displayed, information about an event sector voluntary code which provides advice for running events in line with guidance from the Ministry of Health for reducing the risk of Covid19, toolkits for informing and reminding the public about good hygiene practices, Public Health contact details, information about testing and a range of posters and resources.

Aged Residential Care (ARC)

Covid Resurgence Planning continues, with learnings from Exercise Rata, our Desktop Simulation, shared with the Sector via a Teams Meeting. It was extremely powerful to have the three ARC Managers involved in Exercise Rata, lead the discussion. Implementation of the learnings will be followed up on a Locality level and with our ARC Infection Control Nurses. Currently, a plan is being developed to release staff to support ARC in case of a covid-positive facility. This continues to be our greatest risk. Another Desktop Simulation, to test changes made to the Response and focus on the Public Health interface, is planned for April.

ARC Locality Groups continue to operate, with a mini-group formed in Dunedin to link our five very small independent Rest Homes. Other connections have been made to connect like facilities, in some cases between localities, e.g. very small community-owned facilities.

Psychosocial Recovery

The Central Lakes Mental Wellbeing Recovery team continues to meet. A meeting with the Manager of Strategic Engagement Ministry of Health (MoH) was held which has been very helpful in terms of developing targeted messaging and linking in with available resources. Messages are being amplified in the Central Lakes community including bus backs. The Mental Wellbeing Navigator has now been appointed and started in the role on the 23rd March 2021. A workshop is planned on the same day to work through the orientation plan for the role as well as key communication priorities.

Covid Level 2 MHAID

All teams and NGOs reviewed their Resurgence Plans and were well prepared for recent level 2 response, including planning for a possible increase in Alert Levels.

Other Emerging Issues

Allied Health

Southland physiotherapy continues to have a fluctuation in vacancies that are currently impacting on service delivery and staff wellbeing, especially for the inpatient team. Staff from Dunedin have started supporting their colleagues in Invercargill, commencing a rotational roster with a senior physiotherapist travelling to Invercargill for 3 days per week. This is an interim solution to enable recruitment to fill the gaps.

A series of meetings have been held to discuss the recruitment and retention challenges. While 10.7FTE have been recruited in the past two years, these have tended to be junior staff, and they move on for 'life' reasons. Ideally the team would want to recruit a number of staff with 4-5 years' experience looking to settle, in addition to the new graduates, to provide a more balanced workforce.

Primary Maternity Facilities

Four workshops, run by an independent facilitator, with midwives from Central Otago and Wanaka have now been completed. These workshops aimed to agree a high level model of care for the proposed new primary maternity facilities and to give the DHB assurance that there is a workforce committed to staffing the units. The workshops were well attended and the DHB project team is now considering the advice it will provide to the Board on how to progress.

A business case for the associated capital spend and the next steps in the Request For Proposal provider process will be progressed as soon as the Board have confirmed their preference for a two-unit or single-unit plan.

Southland Mental Health Unit Occupancy

Inpatient occupancy continues to be a challenge. Sitting at 117.9% for the month, part of the impact on this is the number of patients awaiting appropriate discharge environment. Three patients currently are in this position.

Independent review of the Southern Mental Health and Addiction System Continuum of Care

The review is well underway with engagement across the sector commenced this month. The increase in Covid Alert Level impacted on schedule changes and Zoom was used for some forums. Interest within the sector remains high with strong engagement.

Aged Residential Care Bed Availability

Psychogeriatric Residential Care Beds continue at full capacity, with older people requiring that care waiting in hospital or at the wrong level of care in aged residential care. As of 1 March, there are three people waiting in hospital and five in aged residential care. Psychogeriatric Residential Care Beds continue at full capacity. As of 1 March, there are three people waiting in hospital and five in aged residential care. DHB Clinicians have had input into the Care Plans and discussions have occurred regarding funding additional resources needed to keep those in aged residential care, and the staff, safe. We continue to investigate the option of shifting these older people into psychogeriatric beds in other DHBs; although this is rarely acceptable to families.

STRATEGY AND PLANNING

Annual Plan 21/22

The Letter of Expectations was received on 10 February, outlining the Minister of Health's expectations.

Specific Implications for Consideration

1. Equity
    - The Ministry expects that equity in health and wellness is a focus for all DHBs. DHBs are expected to include evidence-based equity actions focused on their Māori populations within each identified planning priority
2. COVID-19
    - DHBs are expected to identify their most significant innovative activities that will improve equity and embed key COVID-19 learnings across the Government's planning priorities
3. Financial
    - All DHBs are expected to deliver breakeven results by the end of 21/22. Strong fiscal management is critical to support our collective ability to invest more in new models and care and in primary care and population prevention approaches.
4. Quality
    - DHBs are expected to provide the highest quality services to their populations while any changes are taking place as a result of the Health and Disability Review

Annual Plan Status

The first draft of the 2021/22 DHB Annual Plan was submitted to ELT for approval on 1 March and will be subject to a Board workshop on the 6th of April. The Strategy & Planning team have compiled the document based off content provided by subject matter experts.

- Financial tables (and narrative) are being prepared separate to the Annual Plan word document and the submission of the first draft will not include budget related content.
- The first draft remains incomplete, although the majority of the content has been created/updated. Appendix 1 outlines the progress in more detail.

Timeframe for completion of Annual Plan

Activity	Date
Due date for content creation	17 February
Draft Annual Plan to ELT for consideration DHBs submit draft Annual Plans, SLM plans, Statement of Performance Expectations (SPE), financial templates/production plans to the Ministry. Combined CPHAC/IGC workshop Any Government updates to planning priorities confirmed	4 March (late paper) 5 March 15 March March
Draft Annual Plan to Board Feedback to DHBs on first draft plans	8 April 9 April
Final draft plans and templates due to the Ministry DHB Board signed SPE to be published on DHB websites	mid-June (date subject to confirmation of Budget day) Before end of June
Ministry approval of SLM plan DHB approved plans put forward for Ministerial approval	31 July From mid-July

OPERATIONAL UPDATES

Mental Health Addiction and Intellectual Disability (MHAID)

Adult Mental Health Services – overview activity and performance

The Adult (Otago) service has had another month where the bed capacity available has been adequate to meet the demand. The trend of Dunedin taking admissions from the Lakes area due to the Invercargill inpatient unit being at capacity continues. Medical staff have identified the need for clarification on the finer points of this pathway, for example, who is responsible for the medical assessment and handover of clinical information.

The Inpatient Mental Health Unit continues to experience high demand complicated by challenges in discharging people to the right environment**.**

Occupancy has been sitting at a 117% with a trend of an increase in overnight calls requiring SMO input. The week of 22 February, for example, saw the first three days of the week with SMO's who had been on call the previous night, on stand down which then has a flow on to the wider service with follow up appointments and in patient reviews.

Community teams continue with outpatient psychology groups that are being well attended with at least 10 people regularly attending the open group and between 16 to 22 at the closed group.
Henck Van Bilsen is delivering a one day workshop, open to the wider sector and community with Cognitive Behavioural Therapy as the focus. This workshop is a follow on from Mental Health Awareness week. The response to this opportunity is strong with 60 people registered to attend.

On 24 February the Southland based Psychiatrists met with the Southland GP liaison group to look at opportunities for increased working together in the future

Ward 10A

Acuity and staffing on Ward 10A has improved significantly since the New Year and particularly over recent weeks. Bed utilisation has reduced along with acuity although one patient remains on 2:1 staffing due to risk factors. Staffing is improving with Return to Work programmes following RW-ACC injuries nearing completion. The Ward can return to its 12 bed complement from 1 March subject to no significant negative developments.

Central Lakes – Child and Family Mental Health Service

Vacancies remain a concern for this team, particularly in Queenstown where the 0.8 FTE clinical psychologist position and 0.5 RN/Allied health roles, remain unfilled.

Specialist Addiction Services (SAS)

Specialist Addiction Services (SAS) Otago sit within the Mental Health Addiction and Intellectual Disability (MHAID) directorate and are funded for 320 OST places. The service admits approximately 40 new clients each year and discharges approximately 35 clients each year. SAS Otago is finding it challenging to meet the 2014 OST guidelines in the areas of admission to the programme, accepting transfers from other DHB's, Medical reviews and MDT/Treatment plan reviews.

	Funded	Actual
OST- Specialist programme in Otago	235	380
General Practitioner Programme in Otago	85	50
	230	430

The high numbers of people on the Dunedin based OST programme reflect the increasing demand for this service over a number of years which the team have tried to accommodate within current resources. OST services are provided within a National Guidelines which define process and systems that SAS are required to work within. The team conducted a self - audit against these requirements in 2020 to check their performance against these standards and develop a recovery plan which includes a pathway to gradually reduce the numbers on the OST programme. This will be a long process and will require people to often wait, longer than the ideal two to three weeks before commencing on the programme. SAS also has a focus of transitioning people to General Practitioner Authority which is a shared care arrangement with reviews still required at regular intervals by SAS.

SAS Otago remains under significant workload pressure, particularly due to the high Opioid Substitution Treatment (OST) numbers. Progress is being made in reducing these and January was a very good month with a net reduction of eight on the programme (417, down from 425 in December 2020). February OST numbers total 422 due to a number of acute referrals numbers accepted. SAS have a target of 410 people on the programme by June 2020.

The ideal model for OST service delivery would be more reflective of the following characteristics:

- Staff specialising on OST (rather than undertaking OST and Alcohol and other Drug (AOD) work)
- Caseloads at manageable levels (as above work is occurring in this area)
- Enhanced intake processes such as a dedicated OST intake worker (currently also includes AOD)
- Funding for people to attend General Practitioner Authority (which would greatly facilitate reducing those on specialist prescribing) – the current funding only covers the initial visit but the SAS remain involved in and ongoing monitoring function for patients on GP Authority.

It is anticipated that these issues will be highlighted by the review team, which will enable the team to prioritise recommendations to get closer to the national guidelines and will increase staff satisfaction as well as patient outcomes.

Psychiatric Records Department

Work continues on identifying the volume of current files that can be stored at Crown and deceased files that can be stored where storage space is identified such as the second floor of Helensburgh House, Wakari.

Nursing Vacancies

Hotspots as such remain but limited due to New Graduate workforce coming on board. Ward 9c , 9a and 10a have RN vacancies. Recruitment continues with reasonable response.

Kaupapa Māori Primary Mental Health and Addiction Services ROI

Nga Kete Matauranga Pounamu Charitable Trust, has been successful in attracting funding from the Access and Choice RFP for Māori.

The service is currently being commissioned and will be officially launched as a kaupapa alcohol and drug service on 23 March 2021. It will be based in both Dunedin and Invercargill with mobile outreach to rural areas. The service is available for persons aged 14 and above with the expectation that the client group will largely comprise of people aged 21 to 50 years old. The service will generally be available in usual hours (8.30 to 4.30) and will comprise of 3.0 FTE practitioners.

The principal service will be one of counselling but there are a range of other recovery based activities including peer support, arts based recovery activity and a cultural advice. The service will complement our existing funding with this NGO.

Mental Health Advanced Preferences

The Mental Health Advance Preference (MAPS) work continues to be implemented with the associated research to evaluate this initiative. Hui to engage with Māori into the MAPS tool have progressed. Unfortunately the Invercargill and Gore Hui are on hold as they had to be cancelled due to COVID-19 restrictions. There is no plan to reschedule these until after Mental Health Review consultation is complete. Adequate information has been gathered to progress in the meantime.

Medical Director Cover

The Medical Director has commenced his return to work programme after three months on unplanned leave. His return to work is progressing and we are expecting he will be back at full strength during March.

Transition Plans

Specialist services in Otago are maintaining 80% compliance with open referral one year - gains over the last 12 months have been largely maintained although some work is required to meet the 95% target. Areas that have made significant progress include Specialist Addiction Services (now 80%) and Youth Speciality Services (now 85%). Central Otago Child and Youth services are at 36% but this should improve with the commencement of the full time worker in March.

Adult services (Otago) are remaining at 80% compliance in the open referrals longer than one year. We expect that the ceasing of the single clinician model in the CMHTs with no new clinician only patients in March will see a gradual improvement in coming months. The open referrals longer than three months continues to be concerning at 37 %. Regular discussions are held on this issue but clearly improvement is required.

The Southland based teams have reflected upon the results of the audit conducted in the previous month and are considering connecting the Consumer and Family Advisor more closely into improving the quality of Transition plans. The team in Invercargill also met with the Primary Health Improvement Practitioners with a view to strengthening connections and smoothing pathways for patients across the health system.

Public Health Service

Drinking Water

In July 2020, Dunedin City Council (DCC) commenced a project in the Waikouaiti Water Supply to undertake some additional sampling in the network in order to identify determinants of concern, as well as to inform optimisation/cost-saving measures that could be implemented in plant operations. They started this sampling in the Waikouaiti distribution zone and intend to progressively roll sampling out across other distribution zones over the next two years. Sample results to-date have shown sporadic spikes of lead (Pb) above the MAV of 0.01 mg/L at several sample locations in the reticulation and in the reservoir, which has raised concern on possible acute and chronic health issues for anyone consuming the water. This led to a 'do not drink' notice being issued by DCC as well as community-wide blood testing being offered. The follow up from this testing is that people with slightly elevated blood levels were then followed up by Health Protection Officers for a full environmental and site visit where necessary to take further samples. Every person that got their blood taken also filled in a questionnaire that is being analysed by ESR (Institute of Environmental Science and Research) to look at any trends that have emerged. For the drinking water, an emergency response management group has been developed that includes DCC, Otago Regional Council, Public Health Service, local iwi and Wai Comply. This group will have oversight of the different roles that each organisation plays and how their roles work together as the situation progresses. DCC are undertaking a full review to determine a possible source of the lead; this is still ongoing. A community meeting to present the testing results is planned for 10 March.

Refugee Health

Refugee Quota Programme – Ministry of Business, Innovation and Employment (MBIE)

The refugee resettlement programme has resumed. Refugees are selected and coordinated via the United Nations High Commissioner for Refugees. New Zealand (NZ) receives a higher than average proportion of refugees who are considered at risk (health issues, literacy challenges, single parent families). Former refugees are granted permanent residency upon arrival into NZ.

Upon arrival, all former refugees will stay in a managed isolation facility (MIF) until fully cleared of Covid-19. They will then spend 4 to 6 weeks completing the NZ Refugee Resettlement Orientation at the Mangere Refugee Resettlement Centre.

MoH is conducting a review of refugee health programmes across all resettlement cities. The aim is to bring consistency in support across the cities. Thus far, Southern DHB has provided feedback and advice on its former refugee mental health support model.

The Dunedin City Council held its first workshop in development of 2021 – 2023 Refugee Resettlement Action Plan.

The Action Plan is intended to align with the National Refugee Resettlement Strategy:

- Self-sufficiency:
  - All working-age refugees are in paid work or are supported by a family member in paid work
  - Current data – 55% Unemployment
- Housing:
  - Refugees live independently of government housing assistance in homes that are safe, secure, healthy and affordable
  - Current data – greater than 58% receiving Housing Assistance
- Education:
  - Refugees' English language skills enable them to participate in education and achieve qualifications, and support them to participate in daily life
  - Current data - 75% of former refugee school leavers attain National Certificate of Educational Achievement (NCEA) Level 2

    - No data available on adult English learning
- Health and wellbeing:
    - Refugees and their families enjoy healthy, safe and independent lives
    - All former refugees who enter the Southern Health region are registered with a General Practitioner (GP) upon arrival
    - 98% of the under 17-year-old members of the 2017/18 cohort received one or more scheduled vaccinations within six months of their intake
- Participation:
    - Refugees actively participate in New Zealand life and have a strong sense of belonging to New Zealand
    - No data available.

As the data indicates above, there are significant challenges to the success of the Resettlement Strategy, especially in employment and housing, where most working age former refugees are unemployed and in supported housing. When viewed through the lens of social determinants of health, this does not bode well from a long-term perspective.

It is of note that the Resettlement Strategy was written in 2013 and there have been suggestions to revisit and refresh the strategy. There are concerns in the industry that the strategy and operational model implant personal expectations in former refugees that are apparently not typically achievable (as the data suggests). This "failure" then compounds the unavoidable stress of other integration challenges that all refugees experience in their settlement journey. And once again, this has negative implications on former refugee health outcomes.

It is a pleasure to report that WellSouth has successfully recruited to two vacant roles:

- Former Refugee Community Nurse – newly established role based in Invercargill
- Cross-Cultural Navigator – Dari-Farsi speaking – Dunedin
    - Integral role that will support former refugees from Afghanistan.

Population Health

Measles Campaign 15 – 30 year olds

Pop up Measles Mumps and Rubella (MMR) clinics were held at Public Health South 17 and 24 February. Planning is currently occurring with all health stakeholders to implement pop up clinics across the district.

Health Promotion activities are ongoing with attendance at the Pacific Island Moana Nui, Festival on 13 February. Promotional material has been disseminated to Practices and Southern DHB for use across the district.

Communications are broad to promote the Measles Campaign e.g., advertising at venues Forsyth Barr Stadium, and across the district. Southern DHB communications team are leading all communications in line with the national approach.

Public Health Nurses

A busy month with additional programs e.g. Measles Campaign, Covid vaccination preparedness and supported Public Health South in the community, in response to high levels of lead in a local water supply.

Recruitment is underway due to staff retirements, and of note the service expects more vacancies over the next 18 months. This is a service-delivery risk, as it takes 12-18 months to train a Public Health Nurse within a limited available resource pool. This has the potential to limit the service response to support other parts of the Directorate.

School Based Human Papillomavirus Vaccination Programme (HPV) Otago

HPV processes to vaccinate in schools is progressing as planned.

Immunisation Outreach and Vaccine Preventable Disease (VPD) team:

A concentrated effort to support the Measles Campaign continues.

District Oral Health Service

- New Enrolments for month = **622**
- Total Enrolments = **46,355**
- Patient contacts for month = **5,026**
- Doses of Fluoride Varnish given for month = **1,978**

Changes in model of care

For the 18-month recall roll out, new guidelines have been slightly amended following feedback. The service has now adopted this new risk-based framework in an effort to create a more equitable service for those who need oral health most. The service has been meeting with IT (Information Technology) regarding Data project and drawing data from Titanium via Power BI, we are hoping to move toward an Oral Health Dashboard soon. The Oral Health-Pathways group have had their first meeting for the year, we are working on shared documentation for release to the Health-Pathways site.

The General Anaesthetic Wait-list District wide continues to need to be reviewed and we are working toward a more comprehensive and equitable plan with a district focus, as the current established process does not address the inequities across the district.

Initial feedback on the standardised access to Antibiotic Prescriptions across the district is positive. Having them all come through one way also means monitoring of appropriate requests can take place.

Otago/Southland Community Oral Health Service – Update

A double mobile is in Wanaka with four staff from Dunedin to help increase the throughput of patients and reduce the backlog. Southland have resituated mobiles to Tuatapere and Donovan.

Five new staff have joined the service. It is exciting to have two new Oral Health Therapists, especially one that is working in Oamaru. Two new Dental Assistants commenced along with a new Service Administrator.

Capex has been approved for a new clinic at Dunedin South, and all the equipment required has been ordered. The Manager attended a pre-start planning meeting for our new clinic at Dunedin South with the Project Manager and Contractors. This is due to start Monday 1 March. No timeframes for completion at this stage.

We have implemented regular fortnightly meetings with the Health Promotion staff which includes the Professional Leader attending.

Both the Otago and Southland Managers have finalised roster/locations for Mobile Dental Unit visits. We have been invited to pilot a project by Strategy and Planning to quantitatively assess the Spatial Equity of service distribution when considering the underlying need of a population and their physical access to services, i.e., are services distributed equitably when considering need? We are very excited to be a part of this project.

Community Oral Health was represented at Moana Nui Festival held at the Dunedin Stadium by the Health Promotion Team and was supported by clinicians. There was a lot of interaction with the public at the table and it was great to be able to support this excellent initiative for the community. The team provided resources, toothpaste and toothbrushes and activities for children to increase the awareness of good oral health.

Dates are being organised with pre-schools to re-commence our Fluoride Varnish programmes.

Dental Unit - Southland Hospital

MAXFacs (Maxillofacial) clinics commenced for 2021 with the first clinic held in February at the Dental Unit Southland Hospital. The Wednesday Theatre session was at Southern Cross Hospital and the team spent an extra day in Southland to make up for no clinics during January.

Child Health (0-5years)

Well Child Tamariki Ora (WCTO) and Sudden Unexplained Death in Infants (SUDI)

Well Child Tamariki Ora

Work continues with an information technology vendor and locally contracted WCTO providers to get them onto a new data platform that meets all needs. The challenge is the ongoing overheads costs.

Safe Sleep

The three wahakura wananga have now been held with an excellent response for the weaving community across Otago and Southland. There is a request for another two wananga to consolidate learning for the weavers. This can be accommodated.

Breast Feeding in the Southern District

The breast-feeding survey has closed with a good response and analysis is now occurring. The breast-feeding hui will now occur early in May. This gives time for the analysis to be shared with the Well Child Tamariki Ora Steering Group who requested the survey prior to presenting findings at the hui.

Pregnancy and Parenting

Plunket have advised of an increase in demand for pregnancy and parenting sessions in Central Otago (Alexandra and Cromwell), Queenstown and Wanaka. Sessions are planned throughout the year, spaced out to include as many whanau as possible. An additional course has been added and a waiting list is being managed. To meet need would require an additional six sessions. Discussions are occurring with Plunket on how to respond to this.

Rural Health

Lakes District Hospital

The Emergency Department has experienced fluctuating demand in February, with weekends being really busy. This reflects the abundance of events that occur in the area attracting large numbers of visitors to Queenstown. This activity is similar to the pre Covid activity in February 2020 where additional Senior Medical Officer (SMO) cover 6pm to 11pm was in place. Similar staffing has been required in February 2021 to manage the demand.

A new Medical Social Worker has commenced at Lakes and has bought valuable expertise to this role. She has rapidly developed linkages with key stakeholders and is integrating into the service exceedingly well.

Central Lakes

Surge capacity is impacting on services at Dunstan Hospital and Lakes District Hospital. One weekend in February this exceeded St John's ability to provide transport support. Multiple helicopter transfers from Lakes District Hospital to base hospital in Dunedin and Invercargill helped manage the patient flow. Dunstan Hospital are increasingly exceeding their 24 bed capacity. Surge planning is being refined, in conjunction with Dunedin Hospital. The challenge for the system is when one facility is at capacity, their surge recipient support hospitals are also at capacity.

Gore Health is also reaching capacity with increasing frequency. Where possible they have managed this surge by utilising available beds at Clutha Health First in Balclutha. Ambulance lack of availability to Gore has also resulted in an increase in the use of helicopters.

Rural Hospitals

The Project Manager for Rural Hospitals commenced in mid-February and has started a bench marking project that will provide transparency for service providers and help support decision making for future developments in service provision.

Primary Care

Community Pharmacy

The Client Led Integrated Care – Long Term Conditions (CLIC_LTC) pilot is progressing well in Gore. General Practices (GP) and local community pharmacies in Gore have been engaged in this project and are now able to implement the new model of care. This work is supported by a small team of Southern DHB and WellSouth staff. A review of the Pilot has been undertaken. Some small adjustments to the model are being explored around the eligibility criteria. It appears that a volume of CLIC level 3 patients are not suitable for a Medicines Utilisation Review, so we are looking to include a suitable segment of CLIC level 2 patients into the cohort for this service.

The main objectives are to ensure that Medicines support for our LTC patients is provided through Community pharmacy integrated into the wider Multi-Disciplinary Team (MDT).

The Ministry of Health has made funding available to DHBs to support critical pharmacies if they are imminently going to have to close and/or cease services that are deemed critical, due to the impact of Covid. The Southern DHB pharmacy portfolio manager will work closely with any pharmacy that applies for access to this resource. Any applicant will have to demonstrate that their financial position is critical as well as demonstrating that their services are critical to the community, and that access will be significantly compromised for their population on closure. As of the 1 February there have been no applications for this funding.

Southern Community Laboratories (SCL)

The Community Operational Advisory Group has continued its work supporting the two DHB contracts. Projects progressing include;

- Electronic Lab ordering in the community and then to be supported into tertiary hospitals
- Collection centres review
- New test requesting process.

SCL continue to be a part of the New Dunedin Hospital (NDH) process through the Super Fit and Fit groups.

Tobacco control

The Southern DHB has received a rollover of the Tobacco Control Crown Funding Agreement (CFA) for 2020-21. We will continue to support WellSouth in their response to tobacco use. Funding has been agreed to move from supporting their GP Champion to establish the WellSouth Call Centre, supporting the catch-up programme on the tobacco target. The GP Champion is to be resourced in a different way following WellSouth's review of their Medical Director position. In addition, the Vape to Quit pilot will be funded through this revenue contract. The implementation of this pilot has been delayed due to Covid; however, it is expected that the pilot will go live in May 2021. The aim is to support smokers over 18 years to quit using a vape device, supplied through community pharmacies. Key stakeholders involved in this pilot include the Southern Stop Smoking service, Public Health South, Southern DHB Mental Health services, Maori Non-Government Organisations (NGOs) and General Practices.

Older Persons Health and AT&R

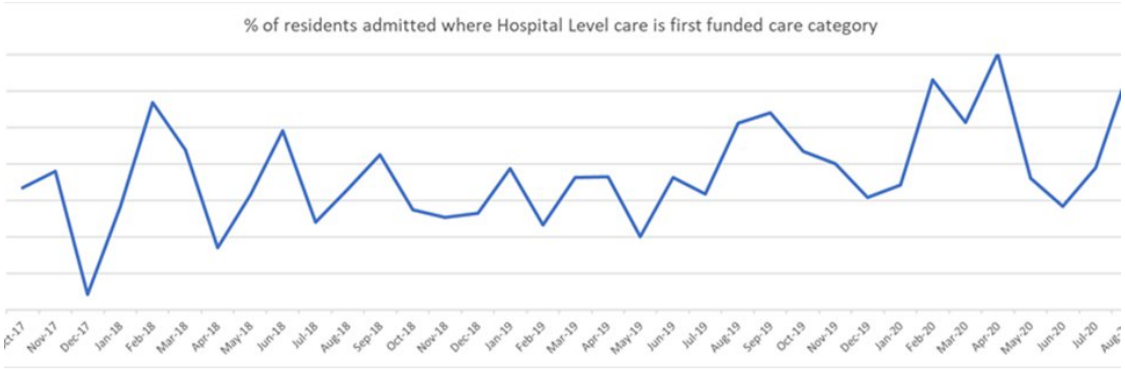
Aged Residential Care Occupancy/Volume Analysis

The DHB continues to experience elevated levels of occupancy in Aged Related Residential Care (ARRC), primarily at Hospital and Psychogeriatric levels of care. After the increases in the first half of 2020, total bed utilisation has remained relatively stable for the past 6 months. Power BI is being utilised in the analysis of the complex datasets, which is providing useful insights, and then further questions. The tools are being continually refined.

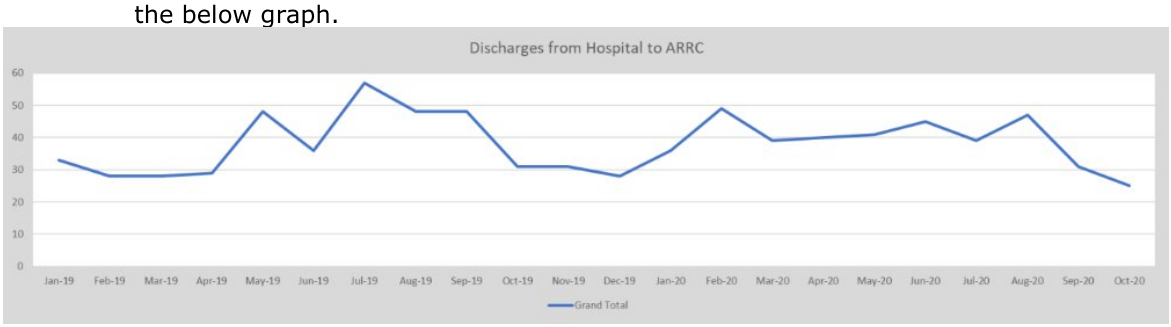
Some high level observations include:

- Fewer people are entering ARC at Rest Home level care
- More people are entering ARC directly to Hospital level care
- More people at Rest Home level care are moving to Hospital level care

The data and analysis are complex with many individual journeys within the system. While we are getting a better view of what is happening, understanding why is more challenging.



- Are there more patients being discharged from Hospital into ARRC?
  - The number of residents being admitted directly has stayed relatively stable, as shown in the below graph.



- As a result of the lockdown (isolation and decreased activities) have there been increased changes in level of care from rest home to hospital level care?
  - There is some variability although consistent over the last 6 months.

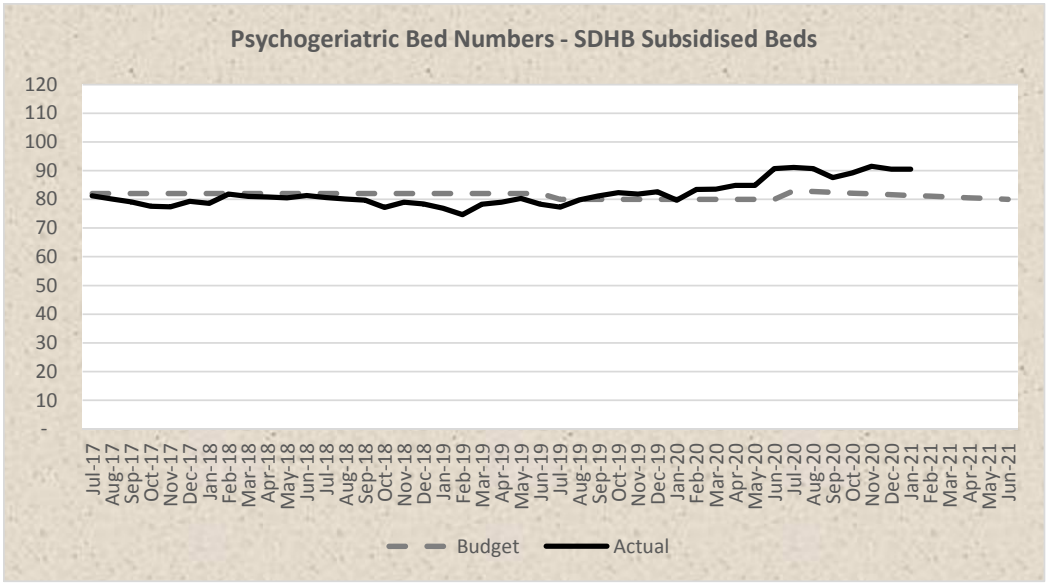
- What is the impact of supply induced demand?
  - Work continues to better understand this.

In addition, we continue to interrogate national datasets and the ARRC demand planner to establish how SDHB's position compares to other DHB's.

Allied Health

Work on the relocation of Dunedin Physiotherapy Outpatients continues at pace and is developing into a substantial project involving a large number of teams and services. Given the scale of the project, discussions are in progress on project scope and governance, including facility design/development, Models of Care/clinical, Workforce/HR, and IT/digital.

Discussions have commenced about including the Pain Service in the development, which will require some rework of the concept plans. Eight other services will need to be decanted to alternate locations. The work to move the Physio Outpatients and partner services is significant and carries risks that may impact timelines, and therefore vacating the space for the MAU. Already Building & Property forecast the timelines are into 2022, which is starting to create tensions with the MAU project.


Psychogeriatric Bed Numbers - SDHB Subsidised Beds
120
110
100
90
80
70
60
50
40
30
20
10
-
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
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Jul-20
Aug-20
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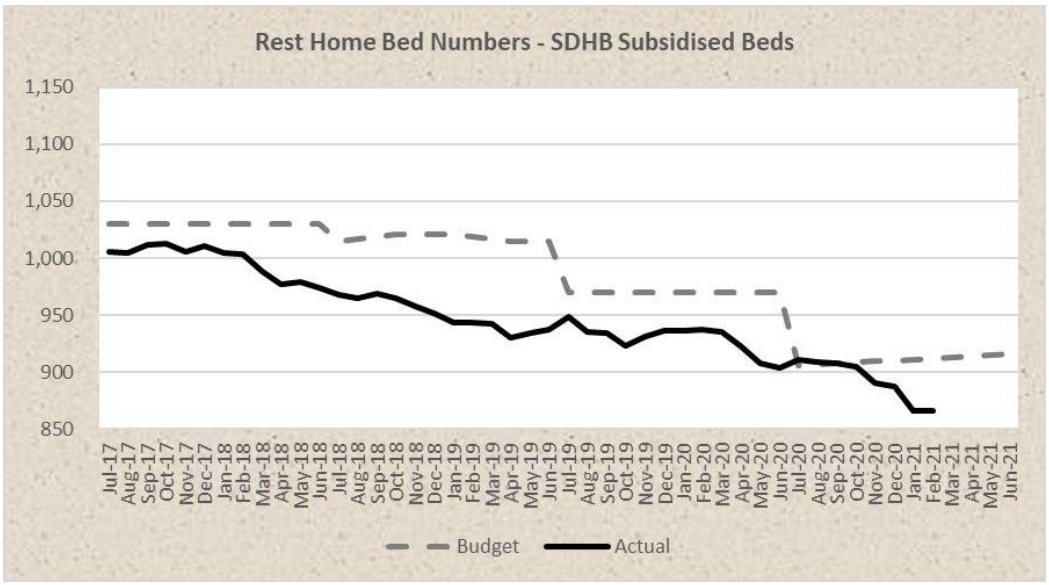
Oct-20
Nov-20
Dec-20
Jan-21
Feb-21
Mar-21
Apr-21
May-21
Jun-21
Budget
Actual


Rest Home Bed Numbers - SDHB Subsidised Beds
1,150
1,100
1,050
1,000
950
900
850
Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
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Feb-21
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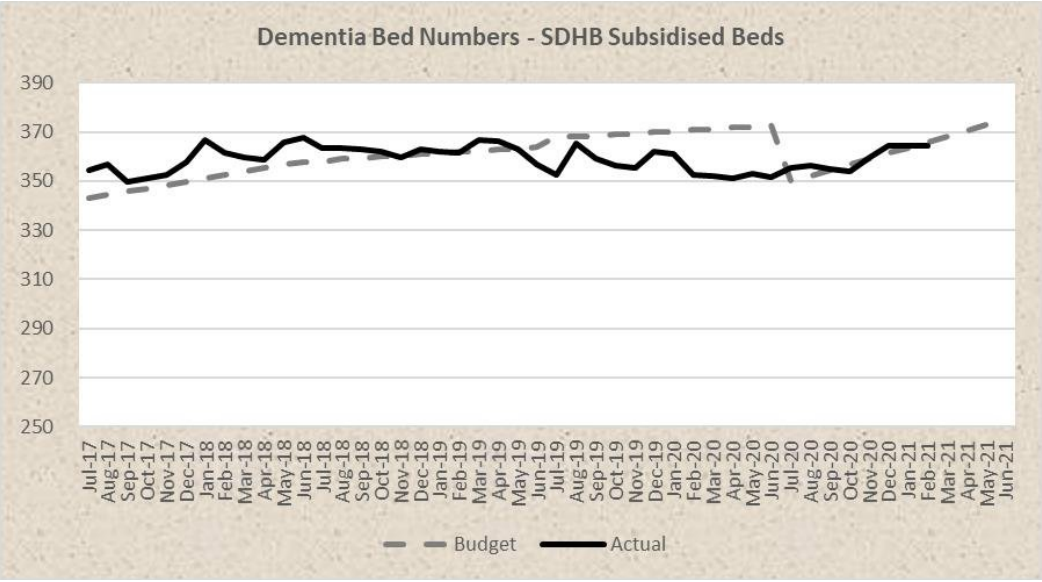
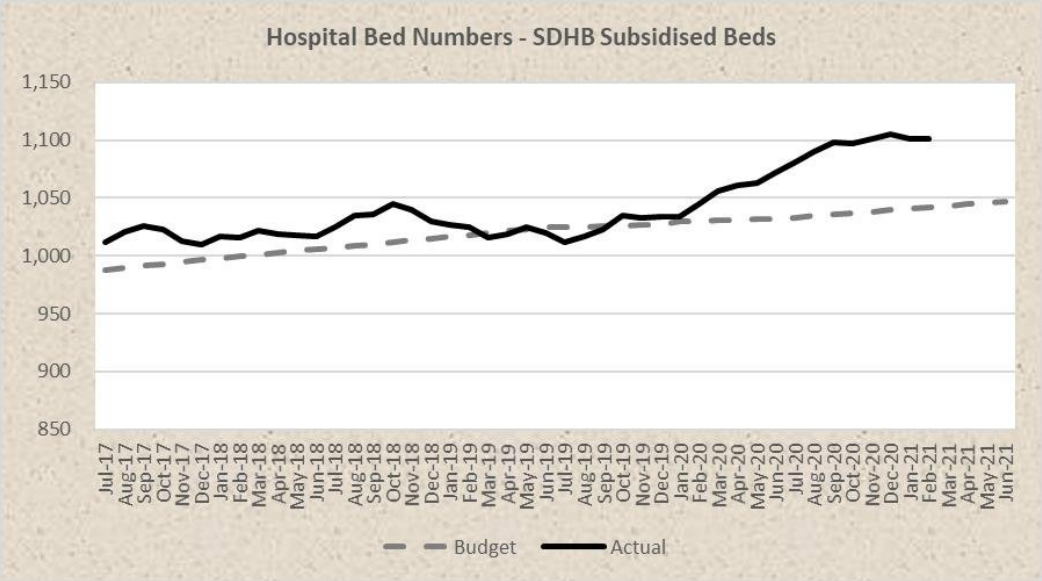
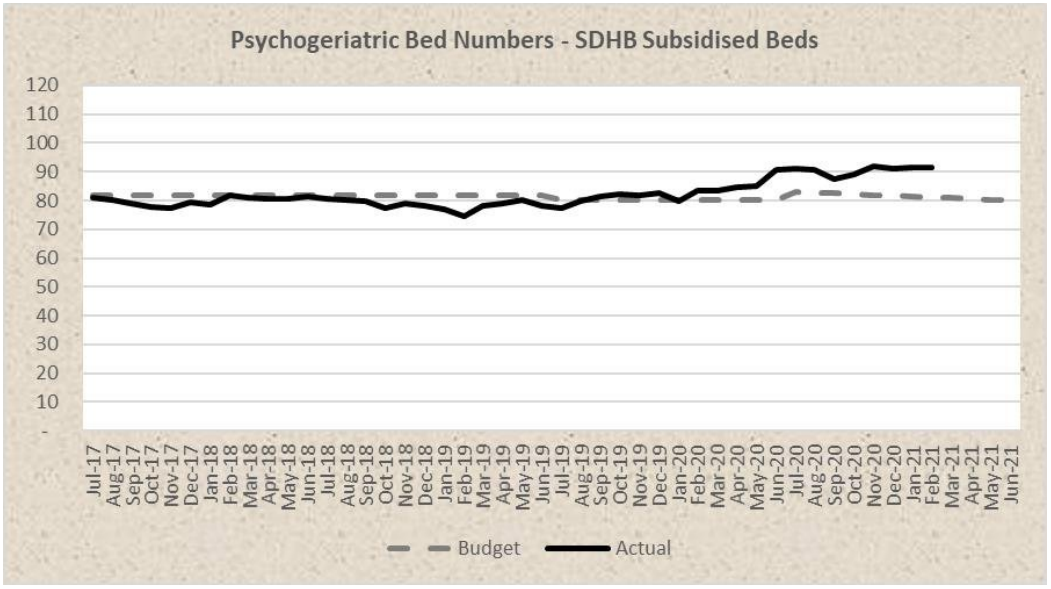
Apr-21
May-21
Jun-21
Budget
Actual


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


Psychogeriatric Bed Numbers - SDHB Subsidised Beds
120
110
100
90
80
70
60
50
40
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20
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Jul-17
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
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Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20
Jan-21
Feb-21
Mar-21
Apr-21
May-21
Jun-21
Budget
Actual

FOR INFORMATION

Item: Southern DHB –Financial Report For the month ended 31 December 2020

Proposed by: Lisa Gestro, Executive Director Strategy Primary & Community

Meeting of: Community and Public Health Advisory Committee, 7 April 2020

Recommendation

That the Community & Public Health Advisory Committee notes the attached report.

Purpose

1. To inform the Committee of the February 2021 Strategy Primary and Community financial performance

Specific Implications For Consideration

2. Financial
    - As set out in the report.
3. Workforce
    - No specific Implications
4. Equity
    - N/A
5. Other
    - N/A

Background

6. Strategy, Primary and Community report a provisional unfavourable bottom line variance of $0.42m for February and $2.63m favourable YTD.

Discussion

7. Contributory factors to unfavourable variance - Clinical Supplies prior period accrual error ($55), Home Support historic claiming ($126k) and lead testing costs ($10k overtime and penal costs).

8. Nursing 50 FTE over for the month. Health service assistants (31 FTE u). Registered nurses (16 FTE u).

	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	92,121	91,930	191				742,841	735,439	7,402				1,103,159
IDF Revenue	2,163	1,983	180				17,430	15,860	1,570				23,790
Other Government	672	510	162				4,421	4,373	48				6,632
Total Government & Crown	**94,957**	**94,423**	**534**				**764,692**	**755,673**	**9,019**				**1,133,582**
Non Government & Crown Agency Revenue													
Patient related	17	21	-4				147	166	-19				249
Other Income	64	80	-16				672	636	36				954
Total Non Government	80	100	-20				818	802	16				1,203
Internal Revenue													
Internal Revenue													
Total Internal Revenue	**8,556**	**8,518**	**38**				**68,553**	**68,143**	**410**				**102,215**
TOTAL REVENUE	**103,593**	**103,041**	**552**				**834,063**	**824,618**	**9,445**				**1,237,000**
EXPENSES													
Workforce													
Senior Medical Officers (SMO's)													
SMO - Direct	1,332	1,393	61	63.02	63.85	0.83	11,681	11,911	230	62.35	64.86	2.51	18,259
SMO - Indirect	83	91	8				767	730	-37				1,095
SMO - Outsourced	58	43	-15				511	375	-136				561
Total SMO's	**1,472**	**1,527**	**55**	**63.02**	**63.85**	**0.83**	**12,959**	**13,015**	**56**	**62.35**	**64.86**	**2.51**	**19,915**
Registrars / House Officers (RMOs)													
RMO - Direct	252	221	-31	20.60	20.22	-0.38	1,901	1,826	-75	20.35	19.46	-0.89	2,818
RMO - Indirect	27	17	-10				69	132	63				198
RMO - Outsourced													
Total RMOs	**279**	**237**	**-42**	**20.60**	**20.22**	**-0.38**	**1,970**	**1,958**	**-12**	**20.35**	**19.46**	**-0.89**	**3,016**
Total Medical costs (incl outsourcing)	**1,751**	**1,764**	**13**	**83.62**	**84.07**	**0.45**	**14,929**	**14,973**	**44**	**82.70**	**84.32**	**1.62**	**22,931**
Nursing													
Nursing - Direct	4,470	4,157	-313	632.02	582.52	-49.50	37,393	35,979	-1,414	614.84	584.54	-30.30	54,904
Nursing - Indirect	1		-1				10	2	-8				3
Nursing - Outsourced							24		-24				
Total Nursing	**4,470**	**4,157**	**-313**	**632.02**	**582.52**	**-49.50**	**37,427**	**35,981**	**-1,446**	**614.84**	**584.54**	**-30.30**	**54,907**
Allied Health													
Allied Health - Direct	2,549	2,620	71	421.03	434.79	13.76	21,734	22,671	937	421.14	435.12	13.98	34,505
Allied Health - Indirect	27	29	2				192	235	43				633
Allied Health - Outsourced	27	15	-12				219	128	-91				192
Total Allied Health	**2,602**	**2,664**	**62**	**421.03**	**434.79**	**13.76**	**22,145**	**23,035**	**890**	**421.14**	**435.12**	**13.98**	**35,330**
Support													
Support - Direct	3	11	8	0.62	3.14	2.52	32	100	68	1.20	3.17	1.97	151
Support - Indirect													
Support - Outsourced													
Total Support	**3**	**11**	**8**	**0.62**	**3.14**	**2.52**	**32**	**100**	**68**	**1.20**	**3.17**	**1.97**	**151**
Management / Admin													
Management & Administration - Direct	1,100	1,040	-60	184.25	176.45	-7.80	8,968	9,028	60	176.07	177.66	1.59	13,764
Management & Administration - Indirect	2	6	4				42	44	2				66
Management & Administration - Outsourced	5	1	-4				59	9	-50				13
Total Management / Admin	**1,106**	**1,047**	**-59**	**184.25**	**176.45**	**-7.80**	**9,069**	**9,081**	**12**	**176.07**	**177.66**	**1.59**	**13,844**
Total Workforce Expenses	**9,933**	**9,644**	**-289**	**1,321.54**	**1,280.97**	**-40.57**	**83,601**	**83,170**	**-431**	**1,295.95**	**1,284.80**	**-11.15**	**127,162**
Non Personnel													
Outsourced Clinical Services	55	95	40				818	780	-38				1,185
Outsourced Corporate / Governance Services													
Outsourced Funder Services	1,200	1,206	6				9,598	9,647	49				14,470
Clinical Supplies	1,421	950	-471				10,797	7,908	-2,889				11,937
Infrastructure & Non-Clinical Supplies	697	640	-57				5,535	5,564	29				8,410
Provider Payments													
Personal Health	65,389	65,606	217				533,779	533,494	-285				800,836
Change Initiative Fund													
Mental Health	8,677	8,497	-180				69,393	67,978	-1,415				101,967
Public Health	86	84	-2				893	671	-222				1,007
Disability Support	15,497	15,259	-238				128,007	126,358	-1,649				189,737
Maori Health	173	174	1				1,453	1,490	37				2,220
Non Operating Expenses													
Depreciation													
Capital charge													
Interest													
Total Non Personnel Expenses	**93,196**	**92,511**	**-685**				**760,272**	**753,890**	**-6,382**				**1,131,769**
TOTAL EXPENSES	**103,129**	**102,155**	**-974**				**843,873**	**837,060**	**-6,813**				**1,258,931**
Net Surplus / (Deficit)	**464**	**885**	**-421**				**-9,810**	**-12,442**	**2,632**				**-21,931**

Requests awaiting approval - Items on Register.

Prepaid expense transfer from 8820 to cc 8895 $42k unfavourable (no impact on DHB bottom line)

Summary

Strategy, Primary and Community report a provisional unfavourable bottom line variance of $0.42m for February and $2.63m favourable YTD.

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

Comments for discussion

Contributory factors to unfavourable variance - Clinical Supplies prior period accrual error ($55), Home Support historic claiming ($126k) and lead testing costs ($10k overtime and penal costs).

Nursing 50 FTE over for the month. Health service assistants (31 FTE u). Registered nurses (16 FTE u)

Pharmaceuticals

The SDHB Consolidated Pharmaceutical budget (including funder Haemophilia) is unfavourable to budget for February, with a $0.70m unfavourable variance to budget (YTD $5.03m).

After factoring additional revenue and the expenditure previously transferred to COVID, we see a $198k unfavourable variance to budget.

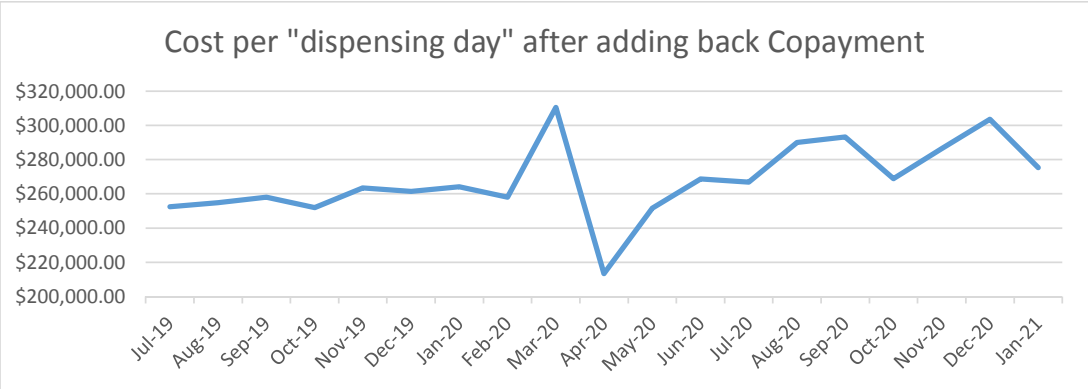
	$000 YTD 2019/20	$000 YTD Actual	$000 YTD Budget	$000 Variance YTD
Clinical Supplies - Pharmaceuticals	$ 19,511.3	$ 20,992.3	$ 17,415.5	-$ 3,576.8
Provider Payments - Pharms	$ 47,989.1	$ 50,938.2	$ 50,521.5	-$ 416.7
Haemophillia (medical outpatients)	$ 923.6	$ 2,550.8	$ 1,514.2	-$ 1,036.6
Total	**$ 68,424.1**	**$ 74,481.3**	**$ 69,451.2**	**-$ 5,030.1**

Variance is made up of the following (estimate)

Pharms YTD		$000 YTD Actual	$000 YTD Budget	$000 Variance YTD
PCT	$ 9,100.4	$ 9,191.6	$ 6,679.3	-$ 2,512.3
Community Pharms (DHB Outpatients)	$ 3,487.1	$ 4,163.8	$ 2,795.4	-$ 1,368.4
Hospital Inpatients	$ 6,923.9	$ 7,636.9	$ 7,940.8	$ 303.9
Community Pharms (excl DHB)	$ 47,989.1	$ 50,938.2	$ 50,521.5	-$ 416.7
Haemophillia (medical outpatients)	$ 923.6	$ 2,550.8	$ 1,514.2	-$ 1,036.6
Total	**$ 68,424.1**	**$ 74,481.3**	**$ 69,451.2**	**-$ 5,030.1**
Additional Unbudgeted Revenue - Tranche 1		$ 450.0	$ -	-$ 450.0
Additional Unbudgeted Revenue - Tranche 2		$ 2,925.3	$ -	-$ 2,925.3
Expenditure coded to Covid		$ 1,456.4	$ -	-$ 1,456.4
Adjusted Total (adjusting for unbudgeted revenue	**$ 68,424.1**	**$ 69,649.6**	**$ 69,451.2**	**-$ 198.3**

Of note in February:

1) There is a larger Community Pharms accrual this month due to the way the weekly payment dates fell in February, which is obviously a short month. There were only 3 weekly payments this month, instead of the normal four or five. Inherent in having a larger accrual is a lower degree of certainty of expenditure.
2) Reimbursement claims being made by pharmacies appears to be quite volatile compared to the previous year. The below graph shows the average daily gross expenditure for the main demand driven Pharmacy PUC's (after adding back co-payment estimate).
3) Continued pressure on Hospital Pharmaceutical budget with contributing factors being either newly funded chemicals, such as Ivacaftor or chemicals that have had a change in access criteria. Whilst Pharmac are likely to have factored this into the overall CPB forecast, the do not appear to have been factored into the detailed (by budget grouping) Pharmac forecast.



Revenue

External Revenue –

Category	Dec Variance	YTD variance	Comment
IBT	$79k f	$629k f	Expenditure offset
CSC	$55k f	$361k f	Expenditure offset
Primary integrated MH & Addictions	$257k f	$2.03m f	8 months revenue with expense offset
MH Addictions Crisis Support	$8k f	$187k f	Programme development – new contract
Alcohol & Other Drugs		$195k f	One off on signing
Forensic Services	$85k f	$423k f	New programme
Measles Immunisation Campaign		$271k F	Unbudgeted to be transferred to Population Health
Pharmaceutical funding (tranche 1)	$56k f	$450k f	Additional Covid funding
Pharmaceutical funding (tranche 2)	$366k f	$2.92m f	Additional Covid funding
Capital Charge	$171k u	$1.37m u	Reduction from 6% to 5%. Expense offset
Additional Funding for Recovery Plan	$609 u	$0.40m f	Expense offset
Hospice Palliative Care	$27 f	$204k f	New contract from Oct 20
Public Health side contract	$16k u	$204k f	Contract signed Nov -20
MH side contracts	$33k f	$452k f	
Other	$21k f	$44 f	
Total	**$0.19m f**	**$ 7.40m f**	

IDF Revenue

$180k favourable for the month, primarily due to Cardiology Inpatient inflows from Canterbury DHB

Workforce Costs

	YTD Variance - FTE				
Workforce	Community Services	Primary Care & Population Health	Mental Health	Strategy Primary & Community Other	Total
Medical	-0.7	1.6	0.1	0.7	1.7
Nursing	6.2	-12.4	-24.4	0.3	-30.3
Allied Health	5.0	10.8	-2.8	0.9	13.9
Support	2.0	0.0	0.0	0.0	2.0
Mgt/Admin	1.6	1.7	-0.1	-1.6	1.6
Total	14.1	2.3	-27.2	0.4	-11.1

Medical SMO –

- 2.5 FTE favourable YTD.
- Ordinary time and training are the main drivers offset by overtime.
- $81k YTD relocation costs impacting indirect costs.

Medical RMO –

- 0.9 FTE unfavourable to budget YTD.
- Ordinary time unfavourable by 1.5 FTE offset by training (0.5 fav) and overtime (0.16 fav)

Nursing –

- 49 FTE unfavourable for February and 30 FTE unfavourable YTD. The budget includes -34.95 FTE for MH savings and Vacancy Factor.
- February FTE variance mainly driven by Health Service Assistants (31 FTE u) being mainly ordinary time (24 FTE u). Registered nurse are 16 FTE unfavourable mainly due to Ordinary (6FTE u), Sick leave (4 FTE u) and Overtime (3FTE u).
- February $313k unfavourable variance is $140k higher than previous monthly average variance. This is mainly due to A/L accrued $62k, Backpays $72k, unpaid days accrual $43k and overtime $28 k
- YTD FTE variance mainly driven by Ordinary (8 FTE), Accident leave (10 FTE) sick leave (4FTE) and overtime (5FTE) unfavourable.
- YTD $1.44m unfavourable variance is mainly due to Ordinary ($395k f), Accident leave ($432k u), overtime ($426k u), back pays ($523k u), unpaid days accrual ($116k u) and other leave ($179k f).
- Skill mix and Annual leave revaluation favourable to budget is contributing to low $ per FTE variance.
- Lakes General Ward registered nurses are 3.8 FTE unfavourable and Health Service Assistants 2.8 FTE unfavourable. Compared to the same period for 19/20, nurses have increased 2 FTE and Health Service Assistants 1 FTE.

Allied Health –

- 14 FTE favourable YTD. YTD expenditure is $889k favourable.
- YTD FTE variance is mainly driven by Ordinary (19 FTE f) offset by overtime (1.2 FTE u) and sick leave (1.3 FTE u)
- YTD expenditure is $889k favourable and is mainly due to ordinary time ($1.28m fav) and Unpaid days accrual ($73k fav), offset by overtime ($123k unfav), backpays ($243k unfav) and allowances ($54k unfav).

Management/Admin –

- February expenditure is $59k u. Mainly due to A/L accrued ($20k),Ordinary time ($18k) and overtime ($18k)
- 1.6 FTE favourable YTD is mainly driven by other leave (1.2 FTE f) and sick leave (0.8 FTE f) and training (1 FTE f) offset by Long service (0.5 FTE u) and overtime (0.5 FTE u).
- YTD expenditure is close to budget.

Clinical Supplies (excluding Pharms)

	Monthly Actual $000s	Monthly Budget $000s	Monthly Variance $000s	YTD Actual $000s	YTD Budget $000s	YTD Variance $000s	Annual Budget $
Treatment Disposables	314	254	-60	2,311	2,116	-195	3,204
Diagnostic Supplies & Other Clinical Su	5	6	1	51	49	-2	74
Instruments & Equipment	62	68	6	468	537	69	807
Patient Appliances	203	158	-45	1,305	1,192	-113	1,817
Implants & Prostheses	1		-1	7	4	-3	6
Other Clinical & Client Costs	46	27	-19	191	223	32	338
Total	631	513	-118	4,333	4,121	-212	6,246

- Clinical Supplies – Dressings ($141k u), Ostomy ($103k u) and Continence ($84k u) offset by Clinical equipment ($67k f) are the main drivers of the unfavourable YTD variance. Ostomy ($49k) and Continence ($27k) unfavourable variances in February are in part due to accrual error in previous months of approximately $55k.

Infrastructure & Non-Clinical Supplies

YTD expenditure $122k favourable with the main variances being:

- Consultants Fees $169k favourable
- Patient meals $152k favourable
- Electricity $37k favourable
- Accommodation & meals $63k unfavourable
- Domestic travel $67k unfavourable
- Security services $57k unfavourable
- Uniforms $33k unfavourable

Provider Payments (NGO's)

Personal Health

- Child & Youth $39k unfavourable for February due to SUDI expenditure. YTD is on budget.
- Dental - $642k favourable YTD - The University of Otago Dental School contracts and invoicing are getting closer to being sorted and the alignment of where expenditure should lie is now better reflected across the "Funder" and "Provider" arms.
- Primary Health Care Services – Services are $728k unfavourable to budget YTD. The majority of this is due to First Contact services ($192k unfav) and Community Services Card ($353k unfav). This extra expenditure is offset by a favourable variance in GMS ($276k YTD) and matching revenue for CSC. First Contact services forecast to become favourable to budget later in 20/21.
- Pharmaceuticals – On budget for Feb and $1.0m favourable YTD. See previous comments.
- Travel & Accommodation - $70k favourable YTD. Demand driven.
- Immunisation – YTD expenditure $201k fav.
- Palliative care - $20k unfavourable YTD. Largely on budget.
- Medical Outpatients - $1.04m unfavourable YTD due to haemophilia national pool expenditure.
- Surgical Inpatients - $0.43m unfavourable YTD due to pass through of funding for recovery action plan.
- Price adjusters - $724k favourable YTD. Due to pool for NGO increases where the actual costs are incurred across various lines.
- IDF washup estimates are based on source files from SIAPO and then adjusted to reflect unapproved (but budgeted) service changes:
    - Reduction in Cardiology Outflows – CDHB
    - Increase in Neurosurgery Outflows – CDHB
    - Reduction in Neurosurgery Inflows – SCDHB

Mental Health

- Community Residential Beds ($197 k f YTD). Demand driven service.
- Other/Minor mental health ($1.74m u YTD) relates to 8 months of Primary Integrated MH & Addiction contract signed last in October. Offset by equivalent revenue.

Public Health

- The $222k unfavourable variance YTD is due to budgeted savings of $219k that have not been achieved within provider payments but have been achieved across Public Health in total.

Disability Support

- Pay Equity - $11k unfavourable to budget YTD, largely due to high utilisation in ARRC.
- ARRC - $70k for February and $1.89m unfavourable YTD.
    - Unfavourable Hospital level volumes are the most significant contributing factor to unfavourable variance.
    - The team continue to look to identify factors influencing increased Hospital level utilisation.
- Home Support - $213k unfavourable for February and $348k unfavourable YTD. Feb includes expenditure relating to Oct 20 of $126k

Maori Health

- No significant variances.

Expenditure Management Plans – current performance and future actions

Savings category	Savings Target		Variance to budget	Comment
	Annual	YTD		
Pharmaceuticals	1,300k	866k	198k u	YTD savings partially achieved
ARRC	1,386k	924k	1.89m u	YTD savings not achieved
Public Health[2]	331k	221k	926k f	YTD savings **fully** achieved
Mental Health[2]	3,419k	2,256k	755k f	YTD savings **fully** achieved
Total	**6,436k**	**4,267k**	**407k u**	

[2]includes both Funder and Provider

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 Feb 21					
	Month			YTD		
	Actual	Budget	variance	Actual	Budget	variance
Personal Health						
Labs	1,471	1,484	13	11,816	11,869	53
Pharms	5,362	5,364	2	49,518	50,522	1,004
Primary Care	6,761	6,798	37	54,372	53,644	(728)
Dental	1,260	1,332	72	10,581	11,223	642
Travel & Accommodation	414	305	(109)	3,496	3,565	69
IDF	3,475	3,109	(366)	25,703	24,877	(826)
Internal expenditure	44,567	43,266	(1,301)	348,540	346,126	(2,414)
Other	2,077	3,946	1,869	29,753	31,668	1,915
Total Personal Health	65,387	65,604	217	533,779	533,494	(285)
Change Initiative	0	0	0	0	0	0
Disability Support Services						
Pay Equity	1,448	1,447	(1)	12,452	12,441	(11)
Home & Community Support	2,588	2,375	(213)	19,807	19,459	(348)
Aged Residential Care	7,719	7,649	(70)	66,113	64,218	(1,895)
Respite	107	137	30	939	1,018	79
Carer Support	156	163	7	1,135	1,319	184
IDF	395	389	(6)	3,035	3,110	75
Internal expenditure	2,547	2,547	0	20,373	20,373	0
Other	537	552	15	4,153	4,420	267
Total Disability Support Services	15,497	15,259	(238)	128,007	126,358	(1,649)
Mental Health						
Alcohol & Drugs	468	470	2	3,745	3,770	25
Child & Youth	1,137	1,108	(29)	8,749	8,862	113
IDF	463	463	0	3,700	3,700	0
Internal expenditure	5,926	5,926	0	47,411	47,411	0
Other	683	530	(153)	5,788	4,235	(1,553)
Total Mental Health	8,677	8,497	(180)	69,393	67,978	(1,415)
Public Health	86	84	(2)	893	671	(222)
Maori Health	173	174	1	1,453	1,490	37
Total Funder	89,820	89,620	(202)	733,525	729,991	(3,534)

For Information:

Item: Maori Enrolment

Proposed by: Andrew Swanson-Dobbs

Meeting: CPHAC

Recommendation:

That the Board:

- **Notes** the background information on the issues with data collection
- **Notes** activity currently underway to increase enrolment

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Background:

Enrolment in a primary health organisation (PHO) is voluntary. Most New Zealanders are however enrolled with a PHO via their general practice and gain the benefits associated with belonging to a PHO, which can include cheaper doctors' visits, reduced costs of prescription medicines and access to screening and other clinical programmes to support health and wellbeing.

The national enrolment target is 90%.

WellSouth enrolment data shows Māori enrolments increased to 29,938 on 1 February 2021.

Ethnicity	Patients
Asian	17890
European	256110
Maori	29938
Other	5035
Pacific Island	7167
Unknown	531
Total	**316671**

MoH data estimates that only 79% of NZ Māori that are projected to live in the Southern region are enrolled in a PHO using population projections provided by stats NZ in December 2020.

This data includes people domiciled in the region but enrolled in a practice outside of the region.

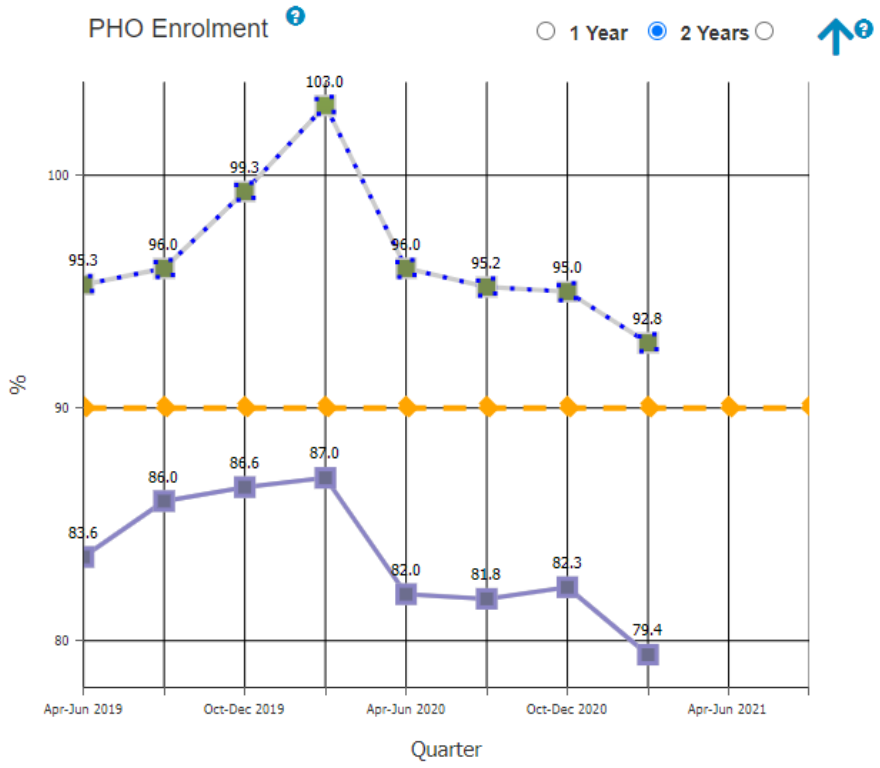
Access to Primary Care by Ethnicity (January 2021)

This report shows the number and estimated percentage of the New Zealand population (based on Stats NZ population projections) who are enrolled in a PHO by ethnicity.

	Total			Maori			Pacific			Other		
DHB of Domicile	Total Enrolled	Total Population	%	Total Enrolled	Total Population	%	Total Enrolled	Total Population	%	Total Enrolled	Total Population	%
Auckland	464,549	507,370	92%	33,566	41,330	81%	55,651	55,820	100%	375,332	410,220	91%
Bay of Plenty	248,395	265,110	94%	60,240	68,690	88%	4,383	4,890	90%	183,772	191,530	96%
Canterbury	547,664	585,000	94%	47,933	58,270	82%	15,958	17,170	93%	483,773	509,560	95%
Capital and Coast	302,067	325,540	93%	33,470	38,640	87%	22,648	23,490	96%	245,949	263,410	93%
Counties Manukau	568,896	598,520	95%	82,562	97,470	85%	143,041	132,020	108%	343,293	369,030	93%
Hawkes Bay	167,634	179,050	94%	43,650	49,990	87%	6,203	7,800	80%	117,781	121,260	97%
Hutt Valley	150,816	159,490	95%	24,574	28,690	86%	11,865	12,540	95%	114,377	118,260	97%
Lakes	109,631	118,000	93%	37,954	44,150	86%	2,758	2,970	93%	68,919	70,880	97%
MidCentral	174,112	187,840	93%	31,666	40,200	79%	5,446	6,160	88%	137,000	141,480	97%
Nelson Marlborough	152,712	161,610	94%	14,894	18,320	81%	2,454	3,320	74%	135,364	139,970	97%
Northland	186,947	195,290	96%	65,283	71,360	91%	3,668	4,100	89%	117,996	119,830	98%
South Canterbury	59,768	62,090	96%	4,653	5,790	80%	1,096	1,010	109%	54,019	55,290	98%
Southern	321,419	350,940	92%	30,341	38,190	79%	7,438	8,150	91%	283,640	304,600	93%
Tairawhiti	49,530	51,025	97%	24,869	27,800	89%	1,052	1,215	87%	23,609	22,010	107%
Taranaki	117,776	125,100	94%	20,949	26,050	80%	1,579	1,800	88%	95,248	97,250	98%
Waikato	415,856	440,240	94%	90,061	107,710	84%	13,052	13,500	97%	312,743	319,030	98%
Wairarapa	47,485	49,010	97%	8,396	9,050	93%	1,008	1,050	96%	38,081	38,910	98%
Waitemata	603,249	643,020	94%	53,045	64,910	82%	45,624	46,720	98%	504,580	531,390	95%
West Coast	31,408	32,395	97%	3,546	4,080	87%	343	375	91%	27,519	27,940	98%
Whanganui	65,455	68,740	95%	17,223	19,410	89%	1,695	1,990	85%	46,537	47,340	98%
National	**4,785,369**	**5,105,380**	**94%**	**728,875**	**860,100**	**85%**	**346,962**	**346,090**	**100%**	**3,709,532**	**3,899,190**	**95%**

Note: The estimated percentage of those who are enrolled in a PHO may exceed 100% as data is sourced from two different places (Ministry of Health & Stats NZ). Population is based on projections provided by Stats NZ in Dec 2020.

According to Trendly dataset (https://www.trendly.co.nz/Home/ViewReport) a further 4,030 Māori enrolments or an improvement of 10.6% is required to reach the national target of of 90%.



PHO Enrolment for Māori in Southern DHB reached 79.4% in the Jan-Mar 2021 period. This represents a -2.9% difference since Oct-Dec 2020.

An improvement of 10.6% is needed to reach the national target of 90.0% in Southern This would require enrolling an additional 4,030 Māori.

Wairarapa was the best performer for PHO Enrolment in the most recent period, reaching 92.8% for its Māori population.

Detailed Analysis of the Maori Population as of March 2021:

Ethnicity Data Challenges:

The ethnicity data in the general practice management system (PMS) may not reflect the ethnicity data in the Census data due to the way information is coded by clinicians in the PMS system.

- For Medtech PMS there are issues with Linktech that affect the transmission of ethnicity data from the PMS to the PHO for example the coding has the ability to acknowledge up to 3 separate Ethnicity groups for example within a PMS Ethnicity 1 may be recorded as European and Ethnicity 2 as Maori. When the LinkTech application in Medtech gathers the information from the PMS to upload it to the PHO it may only be picking up Ethnicity 1, leading to underreporting of Maori ethnicity data.
- Some practices admin staff may not fully aware in collecting and inputting ethnicity data leading to inaccuracies in General Practice this needs to be addressed in consistent coding.

Factors which reduce the projections in the district:

Factors	Numbers	Comments
SIT	Unknown	Unknown at this stage but there is a population here which would have been counted in the projections but are not enrolled in the district due to being enrolled elsewhere
University of Otago	1662	University of Otago Maori population not recognised in enrolment due to being enrolled elsewhere but counted in projections as they were in Otago studying at the time of census.
PMS and National Enrolment Service (NES) discrepancy	994	PMS shows this number as Maori in the PMS which hasn't updated the National Enrolment Service where stats gets there numbers from to use in the projection.
Enrolled elsewhere (Hawkes Bay, Canterbury etc)	1528	Maori actually enrolled elsewhere but domiciled in Southern (Note some of these wil be duplicates with the UNI and SIT data.)
TOTAL	**4,184**	Total of Maori accounted for in relation to projected data.
Previously projected Maori Population (denominator)	**38190**	
Current Enrolled in WellSouth (numerator)	**30341**	
New projected Maori Population based on contributing factors (new denominator)	**34006**	
Percentage of Maori enrolled after contributing factors	**89%**	

Figure 1 – District Averages

Numbers (Trendly NZ)
Displays the absolute number of cases making up the results for this indicator.

Average 2021 85%

Range	Apr-Jun 2020		Jul-Sep 2020		Oct-Dec 2020		Jan-Mar 2021	
Māori (Southern)								
Numerator	29920	82%	30070	82%	30361	82%	30341	79%
Denominator	36545		36740		36910		38190	
Māori (Northland)								
Numerator	64408	94%	64642	94%	64966	94%	65283	91%
Denominator	68355		68630		68895		71360	
Māori (Waitemata)								
Numerator	52719	84%	52856	83%	52976	83%	53045	82%
Denominator	63110		63390		63660		64910	
Māori (Auckland)								
Numerator	32995	82%	33050	82%	33336	83%	33566	81%
Denominator	40155		40250		40345		41330	
Māori (Counties Manukau)								
Numerator	83184	89%	83071	89%	82772	88%	82562	85%
Denominator	93180		93560		93905		97470	
Māori (Waikato)								
Numerator	89646	87%	89695	87%	89925	86%	90061	84%
Denominator	103035		103510		103965		107710	
Māori (Lakes)								
Numerator	37630	89%	37701	89%	37837	88%	37954	86%
Denominator	42405		42580		42755		44150	
Māori (Bay of Plenty)								
Numerator	59586	91%	59579	91%	59894	91%	60240	88%
Denominator	65485		65740		66000		68690	
Māori (Tairawhiti)								
Numerator	24728	94%	24706	93%	24760	93%	24869	89%
Denominator	26360		26430		26515		27800	
Māori (Taranaki)								
Numerator	20683	83%	20722	83%	20855	83%	20949	80%
Denominator	24835		24960		25055		26050	
Māori (Hawke's Bay)								
Numerator	43518	92%	43605	92%	43601	91%	43650	87%
Denominator	47395		47550		47690		49990	
Māori (Whanganui)								
Numerator	17107	92%	17101	92%	17168	92%	17223	89%
Denominator	18575		18640		18670		19410	
Māori (Mid Central)								
Numerator	31003	80%	31164	80%	31537	81%	31666	79%

Denominator	38515		38720		38895		40200	
Māori (Hutt Valley)								
Numerator	24483	88%	24460	88%	24515	88%	24574	86%
Denominator	27705		27810		27910		28690	
Māori (Capital & Coast)								
Numerator	33277	89%	33287	89%	33501	89%	33470	87%
Denominator	37415		37580		37715		38640	
Māori (Wairarapa)								
Numerator	8403	96%	8364	95%	8383	95%	8396	93%
Denominator	8745		8790		8825		9050	
Māori (Nelson Marlborough)								
Numerator	14569	83%	14714	84%	14808	84%	14894	81%
Denominator	17470		17550		17665		18320	
Māori (West Coast)								
Numerator	3447	89%	3482	90%	3519	90%	3546	87%
Denominator	3885		3890		3890		4080	
Māori (Canterbury)								
Numerator	46934	84%	47281	84%	47588	84%	47933	82%
Denominator	55665		56020		56365		58270	
Māori (South Canterbury)								
Numerator	4585	82%	4589	82%	4623	82%	4653	80%
Denominator	5565		5620		5665		5790	

Initiatives to increase Maori Enrolments

Maori Health Provider:
WellSouth will continue to fund all Māori health providers in the district to:

- Increase the number of Māori enrolled in primary care
- Increase the timely utilisation of primary health care service by Māori
- Work with key health care providers to enhance the effectiveness of referral pathways and models of care for Māori communities.
- Increase the ownership and capacity (skills and knowledge) of Māori communities to help improve and protect their wellbeing.

These services will target Māori either not enrolled in a Practice and/or not attending the Practice for regular health or screening programmes.

The providers:

- Identify Māori who are not enrolled with a primary care practice or not actively accessing appropriate health services.
- Educate and inform Māori about health services, health issues and general health matters
- Assist Māori to become familiar with, and become comfortable using, primary health services.
- Work with primary care and other health services to remove barriers to access for Māori.

- Assist Māori to attend appointments and to carry out advice from health professionals.

HAUORA MATUA KI TE TONGA (WELLSOUTH PRIMARY HEALTH NETWORK)

New Invercargill Primary Care Service
Supporting general practices, their patients and whānau in Invercargill, WellSouth is launching a new primary care service for unenrolled patients.

The new service is aimed at supporting patients who are not currently enrolled with a practice, providing access to care and the same funded programmes delivered at most other general practices. These include vaccinations, screening programmes, support for long-term conditions, such as diabetes, and other preventative care services. Other benefits of enrolment include lower fees for appointments and continuity of care – as providers will know more about patients, their health history and personal circumstances.

Very Low Cost Access Practices (VLCA)
WellSouth continues to provide some additional funding to support the ongoing success of the five VLCA practices across the region- Bluff Medical Centre, He Puna Waiora, Dunedin Community Support, Servants and Te Kaika.

Maintain current enrolments
WellSouth's practice network team continues to work to encourage general practice to ensure their existing Māori enrolments are maintained. Practices are encouraged to utilise the reports available to them, identifying Māori who will shortly become unenrolled, and to actively re-enrol them.

To assist with this, WellSouth will contact all Māori that have fallen off a practices enrolled population and support them to enrol whenever possible.

Data quality education
Assistance program for General Practice to ensure good quality coding for ethnicity in General Practice. Monitoring and spot checks of NES vs PMS data on a monthly basis. A consistent approach to data analysis to ensure all parties are referencing the correct data linkages.

Fund initial consultation
WellSouth will fund a 45 minute extended consultation for all new Māori (and Pacific) enrolments as well as those who have been actively re-enrolled to ensure their engagement/reengagement with the practice, and access to clinical and screening programmes.

Vouchers
The WellSouth voucher programme continues to target Māori, Pacific and other priority populations. The programme supports patients who are unable to pay, and without the voucher would not visit their GP/Practice Nurse or pharmacy.

Vouchers can be issued by a range of community providers including Māori and Pacific health providers, public health nurses, community mental health, community probation, corrections, MSD/WINZ and social sector agencies.

Vouchers can also be used to support enrolment and one of the conditions of use is that the issuer supports the person receiving the vouchers enrolment if necessary.

WellSouth will work with voucher issuers to ensure the ongoing focus on enrolment for anyone receiving a voucher.

Outreach Team
The WellSouth Outreach team will check the enrolment status of any whānau members in the household of clients they are working with and facilitate their enrolment when necessary.

Hauora Wellness Checks
Hauora wellness checks targeting Māori over 55 will check the enrolment status of others within the whānau household and facilitate their enrolment when necessary.

Call Centre/electronic enrolment form
An 0800 number (**0800 478 256**) has been launched for anyone in the community to call if they are having difficulty enrolling in a practice in the southern region.

An electronic enrolment form will also be added to the wellsouth website.

Cards and posters have been produced and are being distributed to advertise the call centre.

Social Sector and other agencies
WellSouth will work with social sector and other agencies who may be working with the unenrolled and encourage them to promote the benefits of enrolment to their clients and support them to become enrolled when necessary.

GEN2040
The Generation 2040 project (Gen2040) is leading the national rollout of a suite of electronic pregnancy assessment tools called the Best Start Kōwae. These tools facilitate significant improvements across health services, ensuring all pēpī, especially pēpī Māori, are given the best start in life. The tool provide financial incentives for pēpī Māori

WellSouth will support the roll out of the project across the southern region.

COVID-19 Vaccination Programme
The immunisation programme will provide an opportunity to check enrolment status of all Māori being immunised and to facilitate enrolment when needed.

PIKI TE ORA (SOUTHERN DISTRICT HEALTH BOARD)

A project to be initiated to data check the enrolment status of all Māori ED attendances, Outpatient attendances and Inpatient admissions, and facilitate enrolment when necessary.

In addition, Te Ara Hauora, Te Huinga Tahi, He Korowai Oranga and Te Oranga Tonu Tanga will also promote the benefits of enrolment to whānau thyey are working with and support them to become enrolled if necessary.

FOR INFORMATION

Item: Update on Primary Care in Invercargill

Proposed by: Andrew Swanson-Dobbs, CEO, WellSouth

Lisa Gestro, ED SPC

Meeting of: Community & Public Health Advisory Committee, 7 April 2021

Recommendation

That the Community & Public Health Advisory Committee (CPHAC) notes this report.

Purpose

1. The purpose of this report is to provide CPHAC with an update on where the primary care development in Invercargill has got to in line with the Action Sheet. Importantly, this stream of work sits within a multi stream programme of work, the other two streams being a closer examination of the resourcing issues in Southland ED, and the development of a medium term health hub comprising access to diagnostics and a range of other value-add services in Invercargill to enhance access to extended primary care services in Southland.

Specific Implication For Consideration

2. Financial

3. Quality and Patient Safety

4. Operational Efficiency

5. Workforce

6. Equity

7. Other

Discussion

WellSouth's board of trustees made the resolution at its February 2021 meeting, asking the WellSouth management team to introduce a primary care service, supplementing general practice capacity currently available in the community.

The new service is aimed at supporting patients who are not currently enrolled with a practice, providing access to care and the same funded programmes delivered at most other general practices. These include vaccinations, screening programmes, support for long-term conditions, such as diabetes, and other preventative care services. Other benefits of enrolment include lower fees for appointments and continuity of care – as providers will know more about patients, their health history and personal circumstances.

This is the first such service in the Southern region, but elsewhere in Aotearoa other primary health networks have established similar services and they have helped provide vital support to patients and general practice teams.

WellSouth will implement the new service in the following stages:

- Year one: We will deliver:
    - First level services (HCH model) for those that are unable to enroll
    - Urgent care and afterhours
    - Nurse-led clinics (e.g., LTC)
    - Technology-enhanced services
    - Mental health services (Health Practitioners)
    - Explore ACC Accident and Medical Contract
- Year two: We will:
    - Enter discussions with other health and social service agencies to join the planning for new model of care as part of a community health hub
    - Begin planning for a new purpose build facility.
- By 2025: We will be in a new, purpose-built facility that delivers comprehensive Tier 1 (primary health and social services) for the Invercargill community.

Service Aim

To continue to improve the health outcomes and reduce health inequities for communities in the South district by:

- Testing new models of care in an urban environment
- Assisting all patients to have access primary and preventative care
- Priority to support Maori, Pacific and high needs population groups
- Relieving the burden on highly skilled and often stressed primary care workforce.

Service Principles

- A response for those that cannot get enrolled at present and support to practices who don't have the capacity to enrol more patients at this time
- After Hour Service further reduces burden on general practice teams while ensuring access to care for residents
- Being collaborative and not competitive with other primary care providers in Invercargill
    - Fees on par with those charged by other providers in Invercargill
    - WellSouth will not be promoting the service to those enrolled in other practices
- Building relationships with secondary care
- A commitment to openness and transparency of operations

- We partner with Maori, Pacific and high needs population groups to deliver services
- Subject to the same requirements as any other contracted provider to ensure safe and sustainable services
- An excellent general practice in line with Health Care Home patient journey principles
- In keeping with the work outlined in Southern's Primary and Community Care Strategy and Action Plan.

Expected Benefits / Outcomes

For the Patient:

- Increasing the access to clinical care for the population of Invercargill
- Being enrolled; consistent care and follow up for more people in Invercargill
- Improving access to after hours care for population of Invercargill

For the System:

- Supports the Southern Health System
- Reduces unnecessary patient visits to ED
- Supports general practices in Invercargill
- Increases capacity and capability of Invercargill primary care workforce
- Surpluses are reinvested by WellSouth in primary care in Invercargill
- Obligation of back to back agreement is met
- Partnering with other services to support integration

For Clinicians:

- Opportunity for sharing knowledge about new models of care and telehealth options
- Training environment for our Southern workforce (clinical placements)
- Benefit from Reducing the burden on practice teams
- Sustainable solution to the afterhours

Model of Care

This model of care covers two components:

1. **WellSouth Primary Care Service** (including urgent and unplanned, proactive for those with complex needs, routine and preventative care). The target patient is the unenrolled community and the enrolled who can't get urgent appointments.

2. **After Hours service** delivered in collaboration with Invercargill general practices. The After Hours service will provide after hours care on behalf of those of the Invercargill practices that chose to participate.

While not a Health Care Home (HCH) for financial purposes, the Primary Care Service is fully aligned with Health Care Home as a best practice model. The following sections show how the Primary Care Service will apply principles of sustainability, urgent and unplanned care, proactive care for those with complex needs, and routine and preventative care.

Care delivery setting

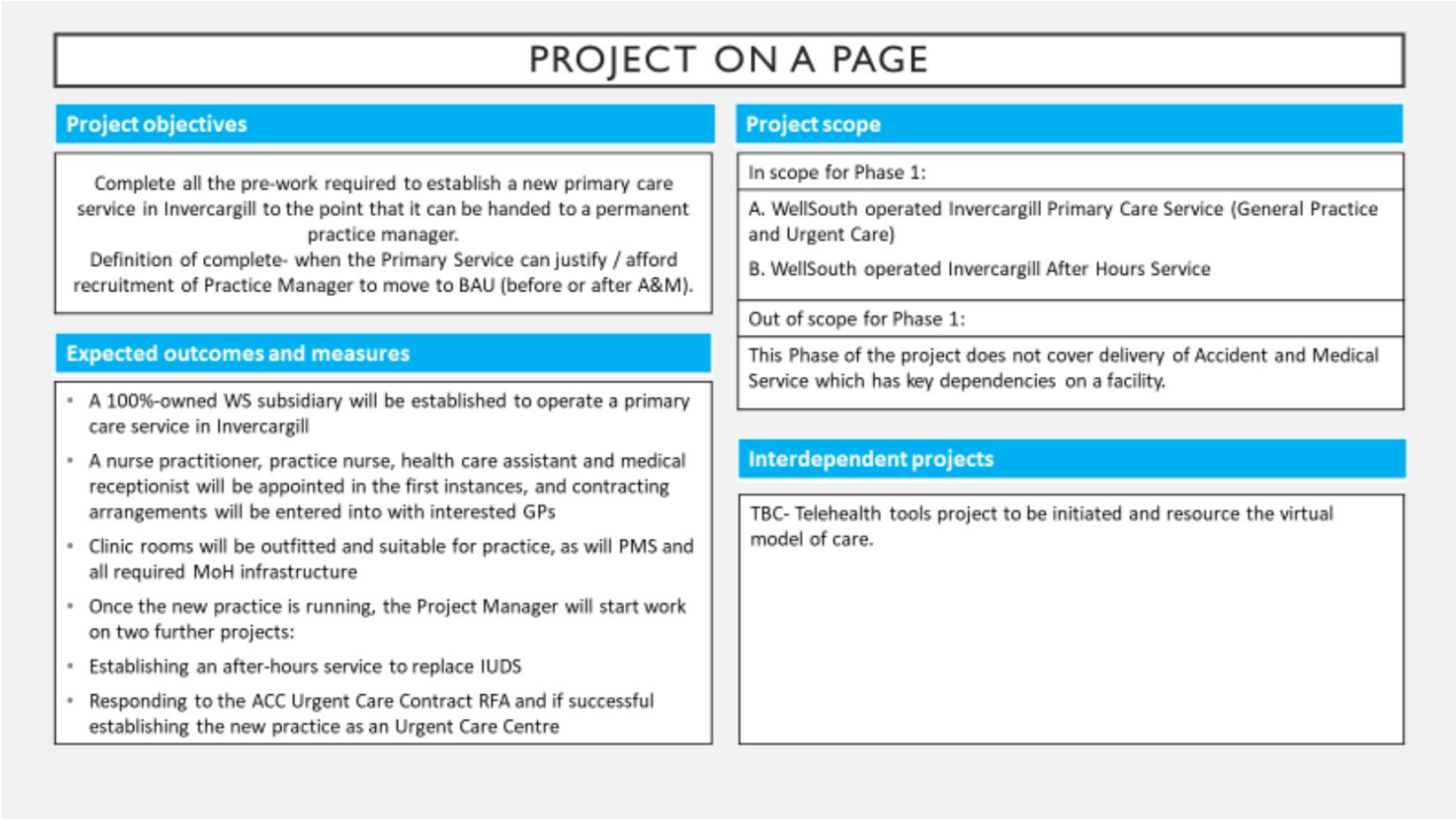
The WellSouth facility provides a good size clinic room alongside the main reception area and entrance. This room will be fitted out and equipped as a clinic room suitable for face to face and virtual appointments. Further modifications will occur when additional space is needed to free up two further clinic rooms in a second area to the right of main reception. See Appendix C- Clyde Street Floor Plan.

Workforce models

It is expected that the Primary Care Service will be a smaller service in the first instance with more roles added as demand increases. Three different workforce models can be run on Day-1 of operations depending on timing of recruitment to key positions; or in time, a combination of these models depending on level of service demand.

Model 1- Nurse Practitioner (NP); Model 2- General Practitioner (GP); Model 3- Virtual General Practitioner (GP).

Project on a Page



PROJECT ON A PAGE

Project objectives

Complete all the pre-work required to establish a new primary care service in Invercargill to the point that it can be handed to a permanent practice manager.
Definition of complete- when the Primary Service can justify / afford recruitment of Practice Manager to move to BAU (before or after A&M).

Expected outcomes and measures

- A 100%-owned WS subsidiary will be established to operate a primary care service in Invercargill
- A nurse practitioner, practice nurse, health care assistant and medical receptionist will be appointed in the first instances, and contracting arrangements will be entered into with interested GPs
- Clinic rooms will be outfitted and suitable for practice, as will PMS and all required MoH infrastructure
- Once the new practice is running, the Project Manager will start work on two further projects:
- Establishing an after-hours service to replace IUDS
- Responding to the ACC Urgent Care Contract RFA and if successful establishing the new practice as an Urgent Care Centre

Project scope

In scope for Phase 1:

A. WellSouth operated Invercargill Primary Care Service (General Practice and Urgent Care)

B. WellSouth operated Invercargill After Hours Service

Out of scope for Phase 1:

This Phase of the project does not cover delivery of Accident and Medical Service which has key dependencies on a facility.

Interdependent projects

TBC- Telehealth tools project to be initiated and resource the virtual model of care.

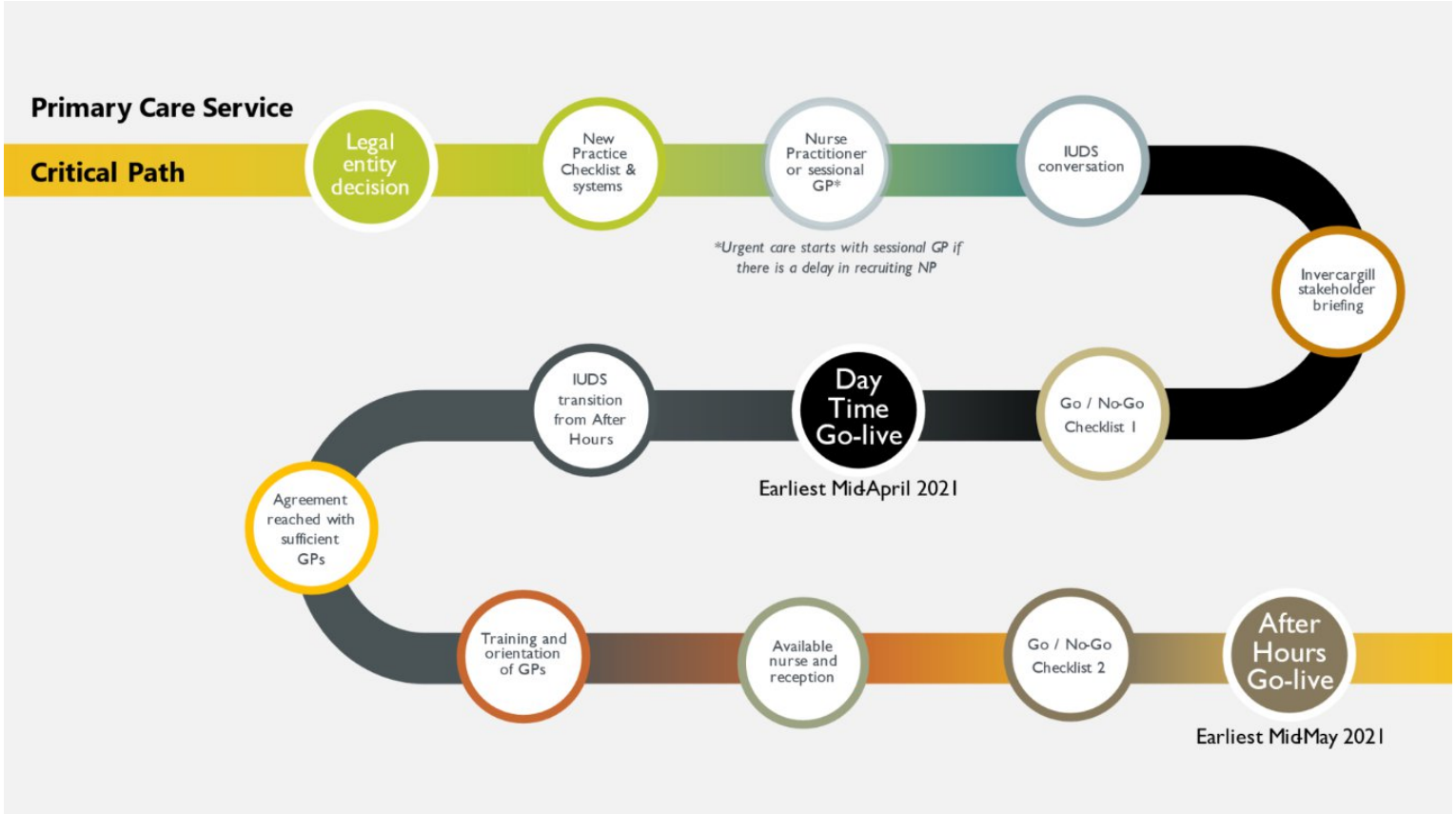
Stakeholder Engagement

Stakeholder Mapping - Based on IAP2 Spectrum of Public Participation, adapted by ACI				
Inform	Consult	Collaborate	Co-design	Empower
• Invercargill City Council • Members of Parliament • WellSouth Staff • Southern DHB Board • Dunedin School of Medicine • GPNZ • Royal New Zealand College of General Practice (RNZCGP) • Iwi Governance Committee • Invercargill community • Southland District Council	• All General Practices in WellSouth network • Māori health providers / Iwi • Southern DHB Executive • Community Health Council • Ministry of Health • Alliance Leadership Team • Community and Public Health Advisory Committee (CPHAC) • Disability Advisory Council (DAC)	• Invercargill General Practices x15 • Representative from Māori health providers / Iwi e.g., Awarua Whanau and Nga Kete • Invercargill Urgent Doctors Service (IUDS)	• WellSouth Staff- Invercargill • WellSouth Senior Management Team • WellSouth Board • Queenstown Medical Centre	• Patients (client) and whanau
We will keep you informed with relevant information in a timely manner	We will consult you and work with you to ensure that your thoughts, feelings, and aspirations are directly reflected in alternatives developed	We will provide feedback on how your input affected decisions made by the WellSouth Project Team	We will look to you for guidance and advice and will incorporate your recommendations and decisions to the greatest extent possible within the scope of the program	We will work and make decisions in your best interests

Key Partners

Key partners for WellSouth Primary Care Service	
Partner	**Opportunities that will be pursued**
General Practice	Collaborate with General Practices in Invercargill in delivery of After Hours Service as a joint venture service Cooperate with General Practices in Invercargill in increasing access for patients
Queenstown Medical Centre	Partner to deliver virtual GP options to patients as part of the service
Emergency Department	Develop alternative acute pathways to take pressure off Secondary Services Opportunity for Emergency Department staff to work in primary care setting as part of their learning environment
Disability providers	Support health care prevention and integration of broader primary health services e.g., allied health services
Invercargill community	Educate the public on new models of care, Nurse Practitioner-led services and virtual options Co-design services and physical spaces as the Primary Care Service grows
Runaka x3	*TBC- Peter Ellison and Odele Stehlin*
Pacific Islander Advisory and Cultural Trust, Pacific churches	Actively target Pacific people for enrolment
Community Health Council	Work together to respond to and address community need

Primary Care Service



Next Steps & Actions

[Insert date]

FOR INFORMATION

Item: Waikouaiti/Karitane/Hawksbury Village -Lead in Water Supply

Proposed by: Lynette Finnie, Acting General Public Health, Population Health, Oral Health and Women & Children

Meeting of: 8 April 2021

Recommendation

That the Community & Public Health Advisory Committee (CPHAC) notes the following update.

Purpose

1. To provide an update to CPHAC on the Waikouaiti/Karitane/Hawksbury Village -Lead in Water Supply

---

Specific Implication For Consideration

1. Financial
   - nil
2. Quality and Patient Safety
   - nil
3. Operational Efficiency
   - nil
4. Workforce
   - nil
5. Equity
   - nil
6. Other
   - Nil

Background

7. In mid-January Public Health was notified of results in lead exceedances in the drinking Waikouaiti/Karitane/Hawkesbury village water supply from 8 December 2020. These were in samples taken at the Waikouaiti golf course and Karitane bowls club.

8. A meeting with Wai Comply, DCC and Public Health was scheduled for later in January where the intermittent lead spikes in the water supply were discussed. Prior to this meeting, Public Health sought further information from DCC and consulted ESR for technical public health risk advice.

9. On the 1 February PHS was notified of a lead exceedance in the raw water reservoir from the 20 January, indicating that the whole reticulated supply may be affected. The Medical Officer of Health contacted the DCC on the same day, and a meeting was arranged for the 2 February, where the Medical Officer of Health advised DCC to issue a 'Do not Drink' notice on the whole Waikouaiti/Karitane/Hawksbury drinking water supply.

10. On the 4 February, a decision was made to offer free blood lead level (BLL) testing to all of the affected community residents, for the purposes of giving individuals assurance of their own BLLs; and to determine whether the community had BLLs higher than what would be expected compared to the general New Zealand population.

Discussion

11. A total of 1512 people were tested. This included 1326 at pop up community clinics and 186 at general Practices.

12. People in the Waikouaiti, Karitane and Hawksbury Village communities were found to generally have blood lead levels below notifiable levels and in line with national data. Long-term exposure to lead from the water supply seems unlikely.

13. Very few blood lead levels were above the new, lower threshold for notification (0.24 µmol/L).

14. There were two results for children and 36 for adults above the notifiable level. Assessments were carried out and found alternative explanations for these lead levels. Advice has been provided to the individuals/whanau involved.

15. No one had a blood lead level that caused acute harm.

16. Blood lead levels in adults and young people aged 10-17 were in line with baseline study. (See Appendix 1)

17. Blood levels for children aged between 5 – 9 years were slightly higher than baseline study. We were unable to determine the reason for this, but information suggests may be the environmental factors may be important.

18. There was no difference in blood lead levels based in where in the townships residents lived or whether people drank the water or not.

19. Elevated lead in blood can be from environmental and occupational sources. This includes lead-based paint and lead based paint dust in old houses especially houses built pre 1945, where renovations are occurring and or paint is flaking, drinking roof water, working with cars, ship/boat building, high risk occupations and eating shellfish.

20. Over the last 40 years, blood lead levels have decreased dramatically to about 10% of levels detected in the 1970's. This reduction is associated with the removal of lead from petrol and paint and from materials in contact with foods.

21. Advice has been provided to residents about ways to reduce lead exposure in general. This has included advice about renovating old houses especially when stripping or sanding old paint and fixing old houses with peeling paint.

22. Other precautions include:
    - Flushing your taps every morning for about 30 seconds before use
    - Washing your hands
    - Washing dummies and toys frequently especially if used outsider
        - Avoid drinking roof water that may have lead fixtures like lead-head nails.

23. A source for the intermittent elevated lead levels has not been confirmed and investigations are continuing with extensive additional sampling and monitoring. No further elevated lead levels have been detected since 20 January.

24. The Dunedin City Council is replacing pipes in the Edinburgh Street area to eliminate pipework as a possible cause of elevated lead levels. The completion date is estimated to be in June.

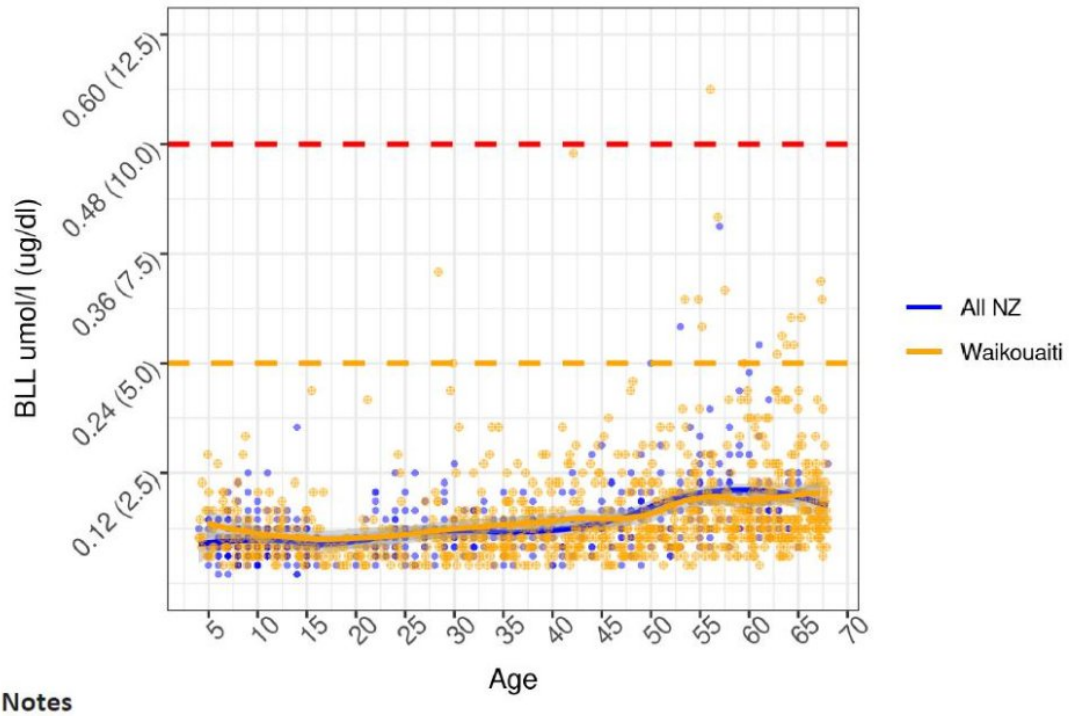
25. Public Health South is still advising residents to not drink the water while the investigation into the cause of the elevated lead readings is ongoing.

Next Steps & Actions

Public Health is continuing to work with Dunedin City Council to ensure the water is safe before allowing its use for drinking.

Appendices

Appendix 1 Waikouaiti/Karitane/Hawksbury Village blood lead level results (aged 5-65 years) compared with New Zealand national study 2014-2016



Notes

- Please note two high results for children have been removed for privacy reasons.
- The national study had approximately 600 participants; our study included over 1100.

FOR INFORMATION

Item: Mental Health Review Update

Proposed by: Lisa Gestro, Executive Director Strategy, Primary & Community

Meeting of: Community & Public Health Advisory Committee, 7 April 2021

Recommendation

That the Community & Public Health Advisory Committee (CPHAC) notes this update report.

Purpose

1. The purpose of this report is to provide CPHAC with visibility of the review and to provide confidence that the review is on track according to key milestones, and in line with steering group expectations.

Specific Implication For Consideration

2. Financial
    - Financial implications have not yet been considered but will need to be as part of the prioritisation of the final review report.
3. Quality and Patient Safety
    - The Committee should note that the Health and Safety review of services delivered on the Wakari site is now complete and a draft report is expected shortly, which will be submitted to the Executive. Any matters that are flagged for urgent attention will be acted upon, and any medium to longer term objectives will be fed into the broader review report.
4. Operational Efficiency
    - It is expected that recommendations on improvements in operational efficiency will feature strongly in the report.
5. Workforce
    - It is expected that recommendations on improvements regards to workforce will feature strongly in the report.
6. Equity
    - It is expected that recommendations on improvements in the way that we plan, fund and deliver services to Maori will feature strongly in the report.
7. Other
    - xxx

Discussion

Key activity undertaken in the last month by the review team is as follows:

MAORI HUI

- Planning going well. Co-facilitators organised. Locations agreed and venues being found. Structure of sessions developed and being reviewed by the team. Planning meeting to finalise details held on 19th March
- Invitations going out and direct communication by
- Matire Harwood organised to attend all Hui

ENGAGEMENT DURING WEEK OF 22nd MARCH

- Multiple sessions with clinical/medical staff organised. Clinical lead from the review team attending these sessions. Update on attendance across the main sessions attached
- We also have sessions organised with police, older persons, childrens teams and dedicated face to face meeting with SMOs in Dunedin.
- Meetings scheduled in Oamaru/Waitaki on 24th March, also has a number of meetings on the 23rd March in Dunedin (some carried over from the deference due to Auckland lock down earlier in the process)

SERVICE DEVELOPMENT WORKSHOPS IN APRIL

- Save the date flyer widely circulated via contacts review team have. To ensure the information is shared as widely as possible - we have made direct contact with a range of people/networks including:
    - Four local networks,
    - NGO networks
    - NLG
    - Nicole Mutch (DHB Comms) has provided support to get out via DHB comms channels, DHB intranet and direct to primary community providers.
    - Have ensured that ALL MHA staff should have received the information
    - Wellsouth to primary and community care
- In 3 days we have received over 100 registrations
- Agenda, venues and detailed plan for each workshop being developed

SURVEYS

- Provider survey circulated on 18th March – already over 30 responses.
    - As with service development flyer pushing this out as wide as possible
    - Survey closes on the 7th April so we will have material before April workshops
- Lived Experience Survey circulated 19th March
    - Online and paper process happening
    - As with service development flyer pushing this out as wide as possible
    - Survey closes on the 7th April so we will have material before April workshops

DATA

- MoH are progressing the data request – hoping to have this available soon. Synergia analysts are organised to analyse this data as soon as its available
- WellSouth have agreed to provide NHI level data relating to their MHA programs – this is great and will enable us to develop a rich picture of service usage across the district

ONGOING ENGAGEMENT AND OTHER ACTIONS

- Continue to organise meetings with people who are contacting us
- Sourcing the outputs of the previous co-design work led by Robert Ford. Many people have spoken positively about this. (some documentation has been provided to date)

Next Steps & Actions

As per below.

Appendix 1

Southern MHA Review Detailed Plan

Last updated 11th March 2021

Detailed plan

Week beginning	Activities	Notes
1/03/2021	Update communication out to sector (first Thursday of each month)	We draft, send to comms who circulate
8/03/2021	Continued interviews, stakeholder engagement, document review, data analysis, writing discussion document. Consultation included: - Lived Experience Group Meeting and continued development of survey - Maori Hui planning with Gilbert - Meeting with Dunedin SMOs - Connected with Helen Sadgrove re Health and Safety review - Meeting with Clive to keep up to date - Meeting with Claire Ramsay Planning for Maori Hui Planning for April service development workshops Data analysis continues	
15/03/2021	Continued interviews, stakeholder engagement, document review, data analysis, writing discussion document	
22/03/2021	**Further stakeholder engagement** 23rd, 24th, 25th March 22nd is Otago Anniversary Day **Clinical / medical engagement (David T and David C)** 23rd Dunedin (9am – 11, 1- 3pm) 24th Dunedin (9 am – 11, 1- 3pm) 25th Invercargill (9am – 11, 1- 3pm)	David Codyre available for some / all of this

	Number of other meetings have been set up across the 3 days. **Parallel engagement in Oamaru / Waitaki and Dunedin (Phillipa)** 23rd March - Dunedin 24th March – Oamaru/Waitaki (Lived experience, network, pacific stakeholders)	
29/03/2021	Continued interviews, stakeholder engagement, document review, data analysis, writing discussion document	
5/04/2021	Easter Monday 5th and Tuesday 6th April is Southland Anniversary Day	
12/04/2021	**Service Development Week x 1 & Māori Hui** <u>Monday 12th April:</u> • Dunedin Māori hui 1 <u>Tuesday 13th April:</u> • Invercargill Māori hui 2 • Queenstown Māori hui 3 • Waitaki/Oamaru – Service Development 1 – David T, Phillipa o Morning – 9am to 12pm o Afternoon – Lived Experience Session (1pm-4pm) <u>Wednesday 14th April:</u> • Dunedin – Service development 2 – David T, Phillipa, David C o Morning – 9am to 12pm o Afternoon – Lived Experience Session (1pm-4pm) <u>Thursday 15th April:</u> • Invercargill – Service development 3 – David T, Phillipa, David C o Morning – 9am to 12pm o Afternoon – Lived Experience Session (1pm-4pm) <u>Friday 16th April:</u> • Cromwell and Queenstown – David T, Phillipa o Morning – 9am to 12pm	

	○ Afternoon – Lived Experience Session (1.30pm-4pm) ▪ Phillipa has to leave at 3pm, David can stay on ▪ Ideally this session is in Queenstown Central	
19/04/2021	School holidays week 1 Lisa last day is 19th April Working on outputs, working with people on refining co-design elements	
26/04/2021	School holidays week 2 - Working on outputs, working with people on refining co-design elements	
3/05/2021		
10/05/2021	Working on outputs, working with people on refining co-design elements	
17/05/2021	Working on outputs, working with people on refining co-design elements	
24/05/2021	**Service Development Week x 2** 25th, 26th, 27th, 28th May – Co Design week Monday 24th May – fly to Dunedin (4.40pm) 25th Dunedin (9.30am – 12, 1- 3.30pm) 26th Invercargill (9.30am – 12, 1- 3.30pm) 27th Cromwell (9.30am – 12, 1- 3.30pm) 28th Waitaki / Oamaru (9.30am – 12, 1- 3.30pm)	Suggest we do same or reverse sequence to workshops
31/05/2021	Update communication out to sector (first Thursday of each month)	We draft, send to comms who circulate
7/06/2021	Provide final draft of report to steering group and to Māori (as agreed in partnership plan)	
14/06/2021	One week to provide comments, feedback to us	
21/06/2021	One week to incorporate edits and proof read	
28/06/2021	Submit all final documentation. Review complete	

Additional notes

- Need to engage with ELT to provide an update (be good to get schedule of meetings so we can lock in a time)

SYNERGIA

SDHB Mental Health & Addiction Review

The views of people with Lived Experience

Introduction

The Southern District Health Board has commissioned Synergia to undertake an independent review of the mental health and addiction (MH&A) system across the entire Southern district. The review will look to identify areas for improvement, including better access to mental health and addiction services.

In order to make sure that the review is focused on the right things, the review team would like to hear from people with Lived Experience. With this objective in mind, Synergia has developed this short anonymous survey.

Please note that we might choose one or two quotes to help emphasise an issue in the final report, but we will not identify anyone.

Please note that the responses to the survey will only be available to the Synergia review team and will in no way impact on your relationship with your service provider (if you have one) and/or Southern DHB.

Please complete and return your survey in the envelope provided by **Wednesday 7th April 2021.**

Thank you in advance for your input.

If you have any questions, please do not hesitate to contact the review lead David Todd on david.todd@synergia.co.nz

How to complete the survey

Where checkboxes are available, please indicate your response with a X or ✓.

For a written response, please write as much as you'd like but ensure your writing is able to be read by the review team.

Once you have completed your survey, please return the survey using the envelope provided.

Postal Address: Attn: David Todd

P.O. BOX 147 168
Ponsonby, Auckland 1144

SYNERGIA

About you:

1. Please indicate the geographical area where you currently live.

- ☐ Clutha
- ☐ Dunedin
- ☐ Central Lakes
- ☐ Gore
- ☐ Southland
- ☐ Waitaki
- ☐ Western Southland
- ☐ Other (please specify)

2. This question is about your age group.

- ☐ Up to 17 years of age
- ☐ 18 to 24 years of age
- ☐ 25 to 34 year of age
- ☐ 35 to 44 years of age
- ☐ 45 to 54 years of age
- ☐ 55 to 64 years of age
- ☐ 65 + years

3. What ethnic group(s) do you identify with? Note that you can tick more than one grouping if you want to.

- ☐ Māori *(go to question 4)*
- ☐ NZ European *(go to question 5)*
- ☐ Samoan *(go to question 5)*
- ☐ Cook Island Maori *(go to question 5)*
- ☐ Tongan *(go to question 5)*
- ☐ Niuen *(go to question 5)*
- ☐ Chinese *(go to question 5)*
- ☐ Indian *(go to question 5)*
- ☐ Other: _____ *(go to question 5)*

4. If you are Māori and you know the name(s) and regions of your iwi (tribe or tribes), then please provide this information in the space below.

_____

_____

_____

SYNERGIA

The following set of questions are about your use of Mental Health & Addiction services:

5. Have you accessed a service in the Southern district that supports mental health and wellbeing?

- ☐ Yes, in the last 5 years *(please go to question 7)*
- ☐ Yes, but it was over 5 years ago *(please go to question 7)*
- ☐ No, I have not accessed a MH&A service in the Southern district *(please go to question 6)*

6. Is there a reason why you haven't accessed a service that supports mental health & wellbeing?

- ☐ Yes (*please go to question 10)*
- ☐ No *(please go to question 10)*

If yes, please explain why you haven't access a service:

_____

_____

7. Which services have you or your family/whānau accessed over the last 5 years? (this question will be offered only to those people who respond 'yes' to question 5).

- ☐ Adult community mental health team
- ☐ Adult mental health inpatient service
- ☐ Emergency Department
- ☐ Crisis Mental Health Services
- ☐ General Practitioner/Doctor/Primary Care
- ☐ Non-Government Organisation (ie, community service/organisation)
- ☐ Addiction service
- ☐ Forensics
- ☐ Child and youth service
- ☐ Private provider
- ☐ Other (please specify)

_____

_____

SYNERGIA

8. What do you believe works well and/or what are the strengths of the current Mental Health & Addiction services for you and your family/whanau in the area you live?

_____
_____
_____
_____
_____

9. What do you believe does not work well and/or are the weaknesses of the current Mental Health & Addiction services for you and your family/whanau in the area you live?

_____
_____
_____
_____
_____

10. If you could, what are the top 3 things that you would change for you, your family/whanau and your local community?

1. _____
   _____
2. _____
   _____
3. _____
   _____

SYNERGIA

11. When making the above changes, what barriers or challenges are likely to get in the way?

_____
_____
_____
_____
_____

12. Any other comments that you'd like to add?

_____
_____
_____
_____
_____

If you are happy to be contacted to discuss your responses to the above, please provide your email address or phone number below.

Email address/phone number:_____

PO Box 5013
Wellington 6145
New Zealand
T+64 4 496 2000

25 March 2021

Ron Craft
Relationship Manager,
Mental Health, Addictions and Intellectual Disability Directorate
Southern DHB
Email: ron.craft@southerndhb.govt.nz

Cc: Wendy Findlay, DON and Andrew Swanson-Dobbs, CE, WellSouth

Kia ora Ron

Continuation and expansion of the Integrated Primary Mental Health and Addiction (IPMHA) Services – Southern District Health Board (Southern DHB)

Firstly, we would like to thank you and your collaborative partners for the successful introduction of the Integrated Primary Mental Health and Addiction Services (IPMHA) within the Southern district. The stories of positive change we are hearing from people who have used these services are a great testament to all the work that has gone into establishing and delivering IPMHA services in your area.

As you are aware, Tranche 3, beginning in July 2021 sees the continuation and expansion of all current IPMHA collaboratives as well as the initiation of this service in the remaining DHB areas. As with Tranches 1 and 2 we have continued to use the Mental Health Population-Based Funding Formula to allocate the available national funding equitably across DHB areas.

This letter signals a proposed variation of contract to continue and expand the delivery of IPMHA services in your DHB area until 30 June 2023. Following on from our meeting on 21 February 2021, this letter summarises all the remaining actions required to conclude our negotiations with your organisation for the continuation of the IPMHA services. Subject to our reaching agreement on the matters set out in this letter, we are looking to have the contract variation signed in the next few weeks.

1. FTE volume and costing

The total annual funding available for the ongoing service delivery for your DHB for this initiative at 30 June 2023 is $5,251,880.00 per annum. Table 1 below outlines the proposed allocation of additional FTE for the Southern area in 2021/22 and 2022/23 for IPMHA services within this funding envelope. This FTE allocation is based on the continuing requirement of 1 HIP:10,000 enrolled population. This allocation is also based on your wish to continue with a ratio of 1HIP:1.5 HC/SW

Table 1. Proposed FTE Allocation

Workforce role	Current FTE	Additional FTE 2021/22	Additional FTE 2022/23	Total FTE at end of 2022/23
HIP	10.1	5.1	4.0	19.2
HC /SW	15.2	7.7	6.0	28.9

The Ministry will fund these FTE at the following rates:

- $130,360 per annum per Health Improvement Practitioner (HIP) FTE
- $95,120 per annum per Health Coach (HC)/Community Support Worker (CSW) FTE.

These FTE prices are inclusive of all overheads and noting the HC/SW price has been adjusted to be fully inclusive of all scheduled pay equity requirements past and future. Payment will be based on FTE delivered and we will work with you to identify the timing and phasing of service expansion based on training availability.

2. FTE start date

We propose the following start dates for your additional FTE. Please note that as per your previous contract, the start date is considered to be the month preceding training for the new staff. This timing is based on our understanding that you have the capacity to train the additional staff in June 2021 without affecting Southern DHB commitments to the current national schedule and that you will ensure the training you deliver complies with the national curriculum.

Table 2. Start dates for additional FTEs

Workforce role	Start date May 2021	Start date July 2022
HIP	5.1	4.0
HC	3.85	3.0
SW	3.85	3.0

3. Implementation Funding Available

As discussed at our meeting, we have responded to the ongoing need for an additional phase of implementation funding during this contract period. This funding is additional to the service delivery funding outlined above and is to be used at your discretion for infrastructure costs, project management, recruitment costs, any additional training other than that being coordinated by Te Pou and separately funded by the Ministry of Health, and any other roles or infrastructure you deem necessary to specifically support establishment of the services.

The implementation funding for your service will include:

- Implementation support funding of $276,240.00 for 2021/22 to be paid in full on signing of contract
- Implementation support funding of $11,510.00 per month to be paid monthly during the 2022/23 year
- 0.3 clinical FTE for clinical leadership of $45,000 for 2021/22 to be paid in full on signing of contract (based on a clinical leadership FTE price of $150,000 per annum)
- 0.15 clinical FTE for clinical leadership to be paid at $1,875 per month during the 2022/23 year.

4. Underspend from existing contract

We have calculated an underspend of $459,376.33 to February 2021 based on your reported actual FTEs compared with contract FTE numbers. We will advise you of our revised calculation of your underspend at year end so that you can submit your plans for utilisation of the underspend for our approval.

Our expectation is that all underspend relating to this agreement will be applied to IPMHA related activities in the 2021/22 year. Approved options for utilisation of the underspend are outlined below:

- To pay for delivery of the IPMHA services for a specified number of months during 2021/22.
- To meet additional implementation costs such as: project management or governance costs; IT costs; practice engagement and onboarding; internal evaluation; lived experience or cultural leadership.
- To support workforce development to meet the needs of the enrolled population such as: supervision and mentoring, training needs i.e. specific training for supporting youth; cultural competency; talking therapy training or AOD training.
- To bring on additional FTE earlier than the Ministry-funded dates, subject to training availability.
- Where you have a HIP trainer supporting the national training calendar to backfill this role while they are absent from their place of work for the purposes of training.

If you wish to use any of your underspend to pay for service delivery in 2021/22, please can you advise us of the number of months so that we can adjust your payment schedule accordingly.

5. Training and workforce development

Te Pou is continuing to coordinate the delivery of the HIP and HC training. Implementation of the new services, including recruitment, will need to be phased to align with the availability of training once this has been determined. Indicative training months may change based on training availability.

Te Pou will be identifying the knowledge and skills required for other roles such as support workers. There will be opportunities for providers and key stakeholders to contribute to the development of these core skills in due course. Once these are completed, priorities will then be identified for any training which will be made available.

6. Reporting requirements and outcome measures

Reporting requirements and outcomes measures will remain the same as the current contracted requirements. These interim reporting requirements will remain in place until otherwise indicated by us.

7. Contract Term and Form

We propose a Contract term as follows:

- Initial Contract – from the date the contract is executed to 30 June 2023.
- Rights of Renewal – 1 right of renewal for 12 months at the Ministry's sole discretion. Services and volumes would be renewed prior to this contract renewal. As discussed, the expectation is that should you be meeting current volume requirement and all other contract obligations there will be a further small funding increase at 1 July 2023 aligned with your population share of the increased funding that will be made available at that time.

8. Actions to be undertaken to finalise contract specifications:

Please sign the table below and return to the Ministry to indicate acceptance of the terms of the contract variation as indicated within this letter. Please email your response to: Sonja.Eriksen@health.govt.nz

TASK	ACTION	Signature of acceptance	Comments
FTE Volume and Pricing	Please confirm your agreement and acceptance of the FTE volume and pricing being offered.		
FTE Start date	Please indicated acceptance of the FTE start date as indicated		
FTE Training for early start	Please confirm your ability to train the additional staff to the current curriculum while still meeting any national training commitments		
Implementation funding	Please confirm your agreement and acceptance of the Implementation funding being offered.		
Training	Please indicate your agreement to continue to work with Te Pou for the purposes of workforce training and development		
Reporting requirements (incl. outcome measurements	Please indicate your commitment to the continuation of the current reporting requirements		
Use of underspend for service delivery	If you wish to utilise any portion your underspend for service delivery, can you please confirm the number of months this will cover.		

Once we have confirmation from you of your agreement to the matters listed in this letter and any additional information requested, we will proceed immediately with developing and executing the contract variation.

In the meantime, please feel free to call me if you have any questions.

Yours sincerely

Jo Chiplin
Group Manager
Primary and Community Wellbeing
Mental Health and Addiction Directorate
Ministry of Health

Closed Session:

RESOLUTION:

That the Community and Public Health Advisory Committee move into committee to consider the agenda items listed below.

The general subject of each matter to be considered while the public is excluded, the reason for passing this resolution in relation to each matter, and the specific grounds under section 32, Schedule 3 of the NZ Public Health and Disability Act (NZPHDA) 2000* for the passing of this resolution are as follows.

General subject:	*Reason for passing this resolution:*	*Grounds for passing the resolution:*
Minutes of Previous Public Excluded Meeting	As set out in previous agenda.	As set out in previous agenda.
Health Hub Request for Proposal (RfP)	Commercial sensitivity and to allow activities and negotiations to be carried on without prejudice or disadvantage	Sections 9(2)(i) and 9(2)(j) of the Official Information Act.
2020-21 PHO Performance Summary	To allow activities to be carried on without prejudice or disadvantage	Section 9(2)(j) of the Official Information Act.

*S 32(a), Schedule 3, of the NZ Public Health and Disability Act 2000, allows the Board to exclude the public if the public conduct of this part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under sections 9(2)(a), 9(2)(f), 9(2)(i), 9(2)(j) of the Official Information Act 1982, that is withholding the information is necessary to: protect the privacy of natural persons; maintain the constitutional conventions which protect the confidentiality of advice tendered by Ministers of the Crown and officials; to enable a Minister of the Crown or any Department or organisation holding the information to carry on, without prejudice or disadvantage, commercial activities and negotiations.

The Committee may also exclude the public if disclosure of information is contrary to a specified enactment or constitute contempt of court or the House of Representatives, is to consider a recommendation from an Ombudsman, communication from the Privacy Commissioner, or to enable the Board to deliberate in private on whether any of the above grounds are established.