Community & Public Health Advisory Committee Meeting

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

Lead Director: Rory Dowding, Acting Executive Director Strategy, Primary & Community

02/08/2021 01:00 PM - 03:20 PM

APOLOGIES

An apology has been received from Dr Ben Pearson, Crown Monitor.

FOR INFORMATION/NOTING

Item: **Interests Registers**

Proposed by: Jeanette Kloosterman, Board Secretary

Meeting of: Community and Public Health Advisory Committee, 2 August 2021

Recommendation

That the Board 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:

- Moana Theodore - Royal Society Te Apārangi Council removed
- Doug Hill – Entry updated with additional detail

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).

Appendices

- Board, Executive Leadership Team, and external CPHAC members' 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.	
Peter Crampton (Deputy Board Chair)	16.04.2021	Employment: Professor, Kōhatu Centre for Hauora Māori, University of Otago (appointed July 2018)		
	16.04.2021	Member, Health Quality and Safety Commission Board (appointed April 2020)		
	16.04.2021	Member, Expert Advisory Group for WAI claimants related to historical underfunding of Māori PHOs (appointed September 2020)		
	16.04.2021	Honorary Fellow, Royal New Zealand College of General Practitioners		
	16.04.2021	Fellow, New Zealand College of Public Health Medicine		
	16.04.2021	Wife, Alison Douglass, is a member of the Health Practitioners Disciplinary Tribunal		
	25.06.2021	Director and Shareholder, Kiwood Limited	Nil (farm forestry plot).	
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	Member, Spokes Dunedin (cycling advocacy group)		
	15.01.2019	Paid member, Green Party		
	15.01.2019	Former employee of University of Otago (April 2012-February 2020)		
	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	

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	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.	
	14.01.2020	Trustee, Director/Secretary, Rotary Club of Invercargill South and Charitable Trust		
	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		
	25.06.2021	Trustee, New Zealand Brain Tumour Trust		
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	St John Volunteer, Lakes District Hospital	No involvement in any decision making.	
Tuari Potiki	09.12.2019	Employee, University of Otago		
	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		
	09.123.2019	*Shareholder in Te Kaika		
	24.06.2021	Te Rau Ora Directorship		
	24.06.2021	Needle Exchange Services Trust (NEST) member		
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		

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	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	Corporate Body for apartment, Wellington	
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~~	Removed 01.07.2021	
	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		
Andrew Connolly (Advisor)	21.01.2020 (updated 02.06.2021)	Employee, Counties Manukau DHB. Currently seconded to Ministry of Health as Acting Chief Medical Officer		
	21.01.2020 (updated 02.06.2021)	Clinical Advisor to the Board, Waikato DHB		
	21.01.2020	Health Quality and Safety Commission		
	21.01.2020	Health Workforce Advisory Board		
	21.01.2020	Fellow Royal Australasian College of Surgeons		
	21.01.2020	Member, NZ Association of General Surgeons		
	21.01.2020	Member, ASMS		
	05.05.2020	Member, Ministry of Health's Planned Care Advisory Group	Will be monitoring planned care recovery programmes.	
	06.05.2020	Nephew is married to a Paediatric Medicine Registrar employed by Southern DHB		
Roger Jarrold (Crown Monitor)	16.01.2020 (Updated 28.01.2021)	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)	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	
	05.04.2021	Financial Advisor, DHB Performance, Ministry of Health		
	18.06.2021	Treasury: Health Reform Challenge Panel		
Benjamin Pearson (Crown Monitor)	21.07.2021	Consultant Paediatrician, South Canterbury DHB		

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	25.02.2021	Portobello Maintenance Company	Nil, Body Corporate for residential area.
Kaye CHEETHAM		Nil	
Rory DOWDING	18.01.2021	Change Quest Ltd	Stepfather (Ross Hanson) and his trading entity (Change Quest Ltd) are at times employed as a contractor to SDHB HR Directorate
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 Health Services Ltd~~	Removed 28.06.2021.
	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.
	28.06.2021	Director, Te Kura Taka Pini Limited	100% owned by Te Rūnanga o Ngai Tahu.
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	

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE LEADERSHIP TEAM

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
	25.09.2016	Lead Chief Executive South Island Palliative Care Workstream	
	10.02.2017	Director, South Island Shared Service Agency	Shelf company owned by South Island DHBs
	10.02.2017	Director & Shareholder, Carlisle Hobson Properties Ltd	Nil
	26.10.2017	Nephew, Tax Advisor, Treasury	
	18.12.2017	Ex-officio Member, Southern Partnership Group	
	30.01.2018	CostPro (costing tool)	Developer is a personal friend.
	30.01.2018	Francis Group	Sister is a consultant with the Francis Group.
	20.02.2020	Member, Otago Aero Club	Shares space with rescue helicopter.
	23.09.2020	Arvida Group (aged residential care provider)	Sister works for Arvida Group (North Island only)
Hywel LLOYD	16.06.2021	GP, Mosgiel Health Centre	
	16.0.2021	Wife, Nurse, Paediatric Outpatients	
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
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.

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
Patrick NG	17.11.2017	Member, SI IS SLA	Nil
	27.01.2021	Daughter, is a junior doctor in Auckland and is involved in orthopaedic and general surgery research and occasionally publishes papers	
	23.07.2020	Wife, Chief Data Architect, Inde Technology	
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.
Nigel TRAINOR	17.05.2021	Daughter, Sonographer (works part-time for Dunstan Hospital)	
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
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 (Updated 17.04.2021)	Royal NZ College of GPs- accredited teacher		
	30.03.2021	SPHO – Minor surgery GPSI contract		
	30.03.2021	ACC- Orthopaedic GPSI contract		
	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 (includes Medical Funds Management Ltd, Medical Insurance Society Ltd and Medical Life Assurance Society Ltd)		
	30.03.2021	Wife employed with SDHB as a Psychiatric Registrar		
	30.03.2021	Contracted provider - Southern rehab for GPSI services		
	30.03.2021	Chair, WellSouth Primary Health Network		
	17.04.2021	Chair, Columba College Board of Proprietors (since 2018)		
	17.04.2021	Director/Shareholder, Toitu Investments Ltd	Owns medical commercial premises	
	28.06.2021	Director and Shareholder, D J Hill Medical Practitioner Ltd		
	28.06.2021	Shareholder, Medasoty Securities Ltd		

Southern District Health Board

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

Present:	Mr Tuari Potiki	Chair
	Ms Ilka Beekhuis	Deputy Chair
	Mrs Kaye Crowther	
	Dr Doug Hill	
	Dr Lyndell Kelly	
	Mr Terry King	
In Attendance:	Mr Pete Hodgson	Board Chair
	Dr John Chambers	Board Member
	Ms Lesley Soper	Board Member *(by Zoom)*
	Dr Moana Theodore	Board Member
	Mr Chris Fleming	Chief Executive Officer
	Mr Andrew Swanson-Dobbs	CEO, WellSouth Primary Health Network
	Mr Rory Dowding	Acting Executive Director Strategy, Primary and Community
	Ms Kaye Cheetham	Chief Allied Health, Scientific and Technical Officer
	Dr Nicola Mutch	Executive Director Communications
	Mr Gilbert Taurua	Chief Māori Health Strategy and Improvement Officer *(by Zoom)*
	Ms Jeanette Kloosterman	Board Secretary

1.0 WELCOME

The meeting was opened with a karakia. The Chair welcomed everyone, in particular Rory Dowding, who was attending his first meeting as Acting Executive Director Strategy, Primary and Community.

2.0 APOLOGIES

Apologies were received from Prof Peter Crampton, Committee Member, Dr Nigel Millar, Chief Medical Officer, and Mr Andrew Connolly, Board Advisor.

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 April 2021 be approved and adopted as a correct record."

T Potiki/T King

5.0 REVIEW OF ACTION SHEET

The Committee reviewed the action sheet (tab 7) and received the following updates from the Acting Executive Director Strategy, Primary and Community (EDSP&C).

- *B4 School Checks Programme and District Oral Health Services* – Substantive updates on these two services, which had been impacted by the COVID-19 response, would be submitted to the August meeting.
- *Breast Feeding* – Information was still being obtained on this issue.
- *Pēhea Tou Kāinga? How is Your Home? Central Otago Housing: The Human Story* – A report on Queenstown Lakes District Housing was included in the agenda (tab 16). Public Health would be bringing a co-ordinated housing report to a future CPHAC meeting.

6.0 STRATEGY, PRIMARY AND COMMUNITY REPORT

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

- *COVID-19 Vaccination Programme* - Staff had been heavily involved in the COVID-19 vaccination programme and had been transitioning back to their substantive roles over the last month. 41,000 vaccinations had been completed to date. A distributed model in primary care, involving GPs and pharmacies, to deliver vaccinations across the district would be implemented as vaccine supplies became available.

  With the Australian border opening, Public Health had been required to stand up another team in Queenstown to operationalise screening protocols.
- *Allied Health* – Physiotherapy staffing at Southland Hospital had reached a critical level. The team were proactively recruiting and trying to make use of private capacity in Southland.
- *Aged Residential Care Nursing Workforce* – The border closure had turned off the supply of Registered Nurses (RNs) for Aged Residential Care, resulting in bed closures in Southland and some people having to be kept in hospital.

Management responded to questions on the timeline for involving GPs in COVID-19 vaccination, physiotherapy staffing and facilities, primary maternity, and the MMR campaign.

The Acting EDSP&C informed the Committee that Public Health would be conducting a stocktake and an assessment of what needed to be done to recover services affected by the COVID-19 response and agreed to report back on whether the NGO sector would be engaged to assist with enhanced youth clinics in schools.

7.0 PHO PERFORMANCE UDPATE

The Committee received an overview of primary care metrics for quarter 3 2020/21 (tab 9)

Corrections:

- Reference to patients who had not had cervical screening in <5 years (page 2 of the report) should read >5 years;

- The percentage of patients who smoke and are seen by a health practitioner in primary care was 9% (not 19%) below target.

The Acting EDSP&C informed the Committee that he was working with the WellSouth CEO and his team to improve the report. It was agreed that national comparisons would be a useful addition to the reporting.

8.0 PRESENTATION – PUBLIC HEALTH

Business as Usual (BAU) Activities of Public Health South

Ms Lynette Finnie, Service Manager, and Dr Susan Jack, Clinical Director, Public Health, joined the meeting and gave a presentation on public health, which included an outline of what it is and how it is delivered, and the social determinants of health (tab 18.1).

Ms Finnie and Dr Jack then responded to questions on system level measures, capacity building, their influence on health determinants, and involvement in the Strategic Refresh.

In thanking Ms Finnie and Dr Jack for their presentation, the Chair acknowledged the need for strong public health initiatives and noted that a new public health entity would be created as part of the Health reforms.

9.0 COMMUNITY WATER SUPPLY FLUORIDATION

The Committee received a report on the fluoridation status of community water supplies in the Southern District and its link to child oral health status (tab 13).

Dr Susan Jack advised that fluoridation was a very effective public health measure.

Members expressed concern that only 58% of Southern DHB's population had access to fluoridated water and the adverse effect of that on child oral health, particularly from an equity perspective.

The Committee:

- Noted that legislation would soon be introduced to mandate the Director General of Health to require community water supplies to be fluoridated;
- Agreed that a letter be written to the Hon Dr Ayesha Verrall, Associate Minister of Health, advising that Southern DHB is willing to step forward to give direction on the fluoridation of drinking water supplies within its district.

Dr Jack and Ms Finnie left the meeting.

10.0 PRESENTATION - PRIMARY CARE IN INVERCARGILL

The Committee received a presentation from Mr Swanson-Dobbs, CEO, WellSouth Primary Health Network, and Helen Telford, Project Manager, on a partnered primary care service in Invercargill (tab 18.2).

Mr Swanson-Dobbs outlined the background leading to the partnership with the local Rūnanga/Rūnaka to open a primary care service in Southland and advised that this model had been developed in consultation with the Southern DHB.

Ms Telford informed the Committee that:

- The model of care aimed to address daytime primary care and after hours primary care issues, noting that it sat within a broader piece of work addressing the flow of patients from the Emergency Department to primary and community services.
- The future direction of travel included medical imaging and diagnostics to undertake ACC accident and medical work, a community health hub model of care and a purpose built facility.
- The original model of care would be refreshed now that Southern DHB's iwi partners had come on board.
- The initial location of the service would be within the WellSouth building but that would not be its long term home.
- GPs were keen to join the after-hours service in a paid capacity.
- The service was expected to produce many benefits and outcomes, including a truly partnered service with Rūnanga/Rūnaka that could be replicated in other parts of New Zealand should it be successful.

Mr Swanson-Dobbs and Ms Telford then responded to questions on clinical leadership, the timeframe for establishing the service, and the cost to patients.

Miss Soper left the meeting at 2.20 pm.

11.0 GENERAL PRACTICE NUMBERS/RATIOS WITHIN THE SOUTHERN DISTRICT

Mr Swanson-Dobbs, CEO, WellSouth Primary Health Network, presented a paper on the General Practice workforce in the Southern District (tab 11).

Dr Hill advised the Committee that Invercargill required more GPs and Dunedin appeared to be borderline. In theory, however, the healthcare home model of care would not be as reliant on GPs.

Mr Swanson-Dobbs and Dr Hill answered questions on the General Practice workforce, ownership, and charges.

12.0 MĀORI ENROLMENT IN THE SOUTHERN DISTRICT

A report on Māori enrolment in the PHO (tab 12) was taken as read and Mr Swanson-Dobbs, CEO, WellSouth Primary Health Network, took questions.

The Committee was informed that the opportunity was being taken to check people's primary care enrolment status during COVID-19 swabbing and vaccination. If they were not enrolled, WellSouth was assisting them to get enrolled.

Following a discussion on data integrity and access to care, it was agreed that this item would be kept on the agenda and the PHO would report enrolment data bi-monthly, so changes could be monitored.

Ms Beekhuis left the meeting at 2.45 pm.

13.0 FINANCE REPORT

A report on Strategy, Primary and Community financial performance to 30 April 2021 (tab 9) was taken as read and the Acting EDSP&C took questions.

14.0 REFERENCE ITEMS

Queenstown Lakes District Housing

The Committee received an update on housing pressures for vulnerable populations in the Queenstown-Lakes District (tab 16).

The Acting EDSP&C informed the Committee that Public Health intended to pull together the various reports on housing within the district and bring back a consolidated report in a few months' time.

Mr Swanson-Dobbs and Ms Telford left the meeting.

PUBLIC EXCLUDED SESSION

***At 2.55 pm it* was *resolved*:**

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

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.

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 at 23 July 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 9.0)	An overarching strategy to be developed prior to drafting an action plan.	EDSP&C	Public Health is engaged with Central Otago District Council in an ongoing way regarding housing. This includes working with them on the review of the district plan. A parallel piece of research – Pēhea Tou Kāinga? How's your home? Queenstown Lakes Housing: The Human Story has also occurred. This report was tabled at the June 2021 meeting. A full update on housing work in general will be presented at the October 2021 meeting.	October 2021
Oct 2020	**B4 School Checks Programme** (Minute 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	June Update: Agreed with Chair to present update at August meeting, incorporating Spatial Equity project – report attached.	Completed

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
October 2020	**Oral Health** (Minute 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	June Update: Agreed with Chair to present update at August meeting – report attached.	Completed
June 2021	**Oral Health – Water Supply Fluoridation** (Minute 9.0)	▪ Letter to be sent to Hon Dr Verrall, Associate Minister of Health, advising that SDHB is willing to step forward to give direction on fluoridation within its district.	EDSP&C	Completed	Completed
June 2021	(Board minute 7.0)	▪ Chair to contact mayors re MoH subsidy for drinking water fluoridation.	Chair/ EDSP&C	Completed	Completed
		▪ Dr Rob Beaglehole to be invited to a CPHAC meeting.	EDSP&C	Completed	Completed
February 2021	**Breast Feeding** (Minute 8.0)	Information to be provided on local feedback on Plunket's lactation consultancy service.	EDSP&C	Completed	Completed
May 2021	**Mental Health** (Board Minute 8.0)	CPHAC to be provided with updates on Mental Health and Addiction Services waiting times.	CMHSIO		Completed
June 2021	**Population Health Recovery** (Minute 6.0)	Committee to be advised whether NGO sector will be engaged to assist with enhanced youth clinics in schools.	EDSP&C		Completed
June 2021	**PHO Performance Update** (Minute 7.0)	Reporting to continue to be evolved, including the addition of national comparisons.	EDSP&C	National comparisons added where applicable.	Completed
June 2021	**Māori Enrolment** (Minute 12.0)	PHO to report enrolment data bi-monthly.	CEO WellSouth	Included in Māori Health update.	Completed

FOR INFORMATION

Item: Strategy, Primary & Community Report

Proposed by: Rory Dowding, Acting Executive Director Strategy, Primary & Community

Meeting of: Community and Public Health Advisory Committee, 2 August 2021

Recommendation

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

8

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.

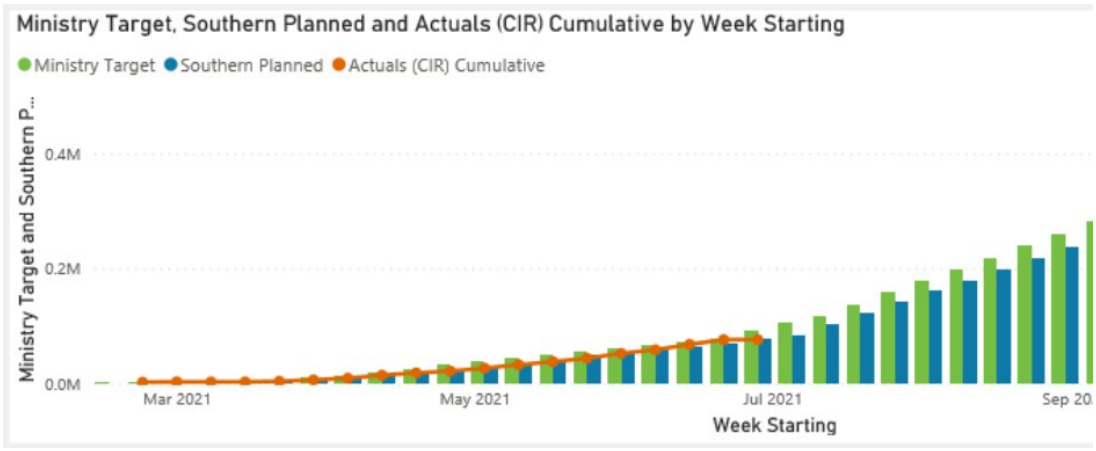
STRATEGIC HIGHLIGHTS

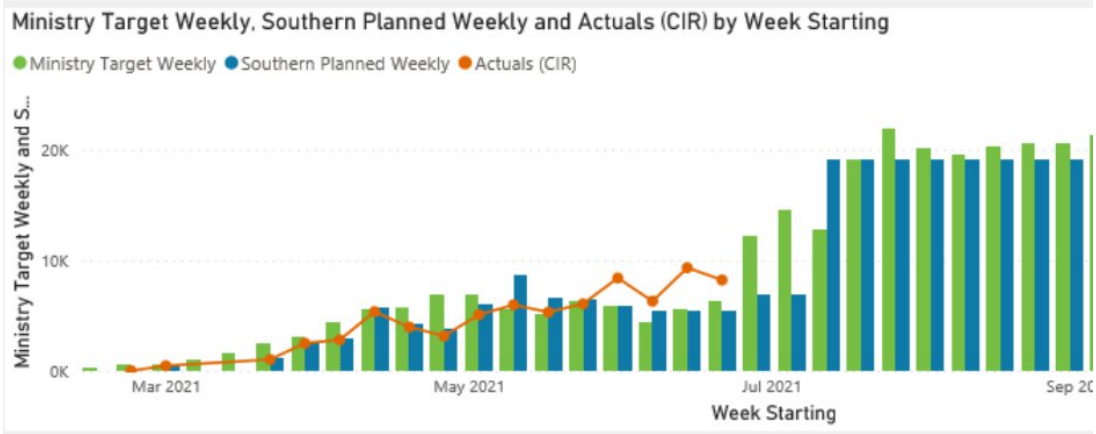
Our Ongoing Coronavirus Management Response

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

As at the 20th July, the Southern Health Vaccination programme reached a milestone of 101,775 vaccinations. Of these, 50% were completed in the large Southern DHB run clinics in Dunedin and Invercargill. 50% of this volume has been undertaken by primary care and other providers. Invites have gone our to our group 3 population in line with MoH expectations -a combined strategy of letter, text and email. Invites have gone out to Mental Health and disability clients. Local practices are also inviting their enrolled populations with rural areas. Despite managing a complex slow down during late June and most of July we have manged to be remain 6% ahead of our planned delivery. Vaccinations are ramping up across the coming weeks from 7000 per week to a target in excess of 30000 per week. This has required considerable on boarding of new sites (GP, Pharmacy) and we hope to have 120 sites open across the district by end of August. The programme is complete within Aged Residential Care will all homes receiving both doses; a plan is in place for new residents. 54,000 doses have been provided to the >65 age group. This represents approximately 60% of that cohort.





Māori and Pacific Population Rollout

Our Māori and pacific rollout is underway, with 1,275 vaccinations already completed by the providers. Two general practice-based clinics have been established, Mō Tātou Tipuna located in Caversham and He Puna Waiora in Invercargill. Our Māori health providers have collaborated to deliver successful

outreach clinics in Alexandra, Hokonui Rūnanga in Gore and the Pacific Island advisory and cultural trust in Invercargill.

Booking system

On July 7th we transferred to the National Booking System (NiBS) 29,000 booking where migrated. As of 22nd July, we have forward capacity for bookings within the Southern Vaccine programme of 82,300 with more capacity being added. 40,100 of that capacity has been booked.

Aged Residential Care

Vaccinations of our older populations in Aged Residential Care facilities is well underway. Our teams are vaccinating residents and staff onsite, with the vaccine delivery supported by General Practices, pharmacies and flying squads. Of the 65 facilities across the Southern district, all have received their first dose. Completion of all doses is expected in July.

Mental Health Residential

All mental health residential services in the Southern district have been contacted regarding their resident's eligibility for vaccination and booking information has been supplied. In some cases, we have arranged onsite vaccinations by pharmacists and General Practices, where attendance at the mass clinics was not appropriate for individuals.

Disability Residential Support Services

Of the almost 1,000 Disability Residential Support Services recipients in the Southern district, most are living in a residential facility. Their providers have all been contacted and a mixed delivery model will be used to suit each provider, including vaccination clinics at tailored community-based locations. The vaccine delivery will be supported by General Practices', pharmacies and flying squads. Arrangements are in place for 50% of this cohort, and good progress is being made on arrangements for the remainder.

Covid 19 Vaccination Workforce

The DHB's Maori / Pacifica teams have utilised candidates who identified as Maori and/or Pacifica to resource local services focussed on those same demographics in Dunedin, Oamaru, and Alexandra.

Additional Full Time Equivalent (FTE) requirements are forecast to handle the increased vaccination throughput expected towards the latter half of July. Candidates outside of Dunedin and Invercargill are being regularly referred to the Primary Health Organisation (PHO) for district utilisation.

The Ministry of Health has recently provided us with access to their Surge Database filled with additional expressions of interest, and work is underway to add those into our local database for screening.

Public Health Response

Stewart Island Case Investigation

The service led an investigation and contact tracing of an indeterminate Covid19 case on Stewart Island. The case had a weak positive result and then a negative result. Due to the fact that we had not had a false positive on the equipment used to analyse the sample, and we could not obtain a serology test for the case, a cautious approach was agreed with the Ministry of Health. In total we contact traced 47 people who were asked to stay at home and get tested. Contact tracing involved doing daily symptom checks, welfare checks, providing advice and information via letters and helping organise testing for those who could have been exposed or in the community. A testing station was established by WellSouth for contacts and anyone on the island who were symptomatic. Once negative test results were obtained from contacts, the situation was de-escalated, and people were released from isolation.

National Contact Tracing Solution (NCTS) Release 6 Training

A significant upgrade for NCTS is occurring in July. Three staff who are super-users attended a two-day workshop in Wellington for the NCTS Release 6 training. This was an opportunity to get three of our super-users trained in the changes and have them bring this knowledge back to our team. There is also a week of remote training sessions for our staff who use the system.

Covid19 Local Transportation Solution

Work is underway to find a solution for transporting people locally to one of the three main centres (Dunedin, Invercargill and Queenstown) for isolation requirements for Covid19. There are a number of situations that may require the use of transport, for example; this could be from one of our three ports where a crew member needs to disembark for non-urgent medical treatment, but they have not completed the required isolation requirements. These individuals would need to be transported to appropriate accommodation to complete isolation before getting the required medical assistance. Another scenario could be an unwell passenger who has come into Queenstown airport and needs to isolate until test results are returned. We could also have someone in the community who is unable to isolate appropriately in their own accommodation so need to be transported to appropriate local accommodation to see out their isolation requirements.

A plan is currently being developed to respond to the different scenarios that might occur and looking at the best way to address each of these through a local transport provider. Processes are being worked through with local ports to have appropriate plans in place to cover these situations. Requirements for infection prevention and control would need to be met by a transport provider to minimise the risk to drivers and the public when transporting people.

Development of the Health Needs Analysis

Phase one of project is largely complete. Eighty-three indicators, in four key domains (demography, health drivers, health status and health service) where selected. The majority of the data has been acquired and analysed. Narratives for each indicator are in draft form – eight indicators are in advanced stages and have been reviewed by a representative for the Maori Health Directorate for the prototype. Data quality assurance across the indicators is in progress.

Phase two is underway. The web-based prototype, using eight select indicators, is live on the Southern Health website. Consultation has occurred to gather feedback on the prototype via Community Health Council members, Runaka, primary care, allied Health, rural teams, the Maori Health Advisor and DHB staff. The feedback is being collated and the team are making updates. In general, the feedback was positive with constructive solutions to make improvements to navigation, content, the data portal and the overall experience.

Other Emerging Issues

Allied Health

Southland physiotherapy continues to have vacancies that are currently impacting on service delivery and staff wellbeing, especially for the inpatient team. Two Rehab Assistants have been put in place. There has been a lot of effort put into recruitment which is starting to show results. Two offers from overseas have been accepted, another candidate is at the stage of referee checks, and three further interviews scheduled in the next few weeks.

Staff from Dunedin continue to support their colleagues in Invercargill with a rotational roster with a senior physiotherapist travelling to Invercargill for 5 days each week. This interim solution has been extended to September but it should be noted this is now impacting on the Dunedin teams.

Aged Residential Care RN Workforce

Aged care facilities continue to struggle with RN staffing and continue to notify the DHB when contractual obligations cannot be met. Mitigations are put in place, but the stress on the staff is significant. Our ARC Nursing Workforce Steering Group has been actively seeking and following up on actions to address the issue including:

- Identifying internationally qualified nurses (IQNs)in Southern who might be interested in the Competency Assessment Programme (CAP) course
- Providing information for those IQNs about how to access the CAP course
- Assuring all DHB RN recruitment considers the flow on effects on the aged care sector
- Showcasing positive attribute of aged care to new RN grads
- Reviewing how new RNs are mentored in ARC

The ARC Nursing Workforce Steering Group has excellent participation from the ARC Sector, tertiary education, SDHB, and the Chief Nurse's Office.

Aged Residential Care Bed Availability

Bed availability in aged residential care continues to be problematic, exasperated by the RN Shortage.

Waiting Lists for Aged Residential Care as of 30 June 2021

	In Hospital	At Wrong Level in ARC	At Home in Community/ Hospice	Total
Psychogeriatric Care (D6) District	3	4	1	8
Hospital Level Care (Dunedin)	7	4	3	14
Hospital Level Care (Southland)	1	0	0	1
Secure Dementia Care (Southland)	7	1	2	10

Southern DHB and Canterbury DHB are collaborating to better understand drivers of high utilisation of psychogeriatric beds in both DHBs compared to other NZ DHBs.

Paid Family Carer/Family Funded Care

From April 2014 through 2020, DHBs including Southern DHB, had Paid Family Carer Policies drafted under advice from MOH, for high and very high needs clients assessed as needing Home & Community Support Services (HCSS). In September 2020, DHBs were advised to remove those policies as they did not comply with legislative changes to Part 4A of the Health and Disability Act 2000.

Over the past year, MOH has floated various Family Funded Care policies which are much more generous than the previous DHB Paid Family Carer Policy and have created increased expectations for DHB clients, who, understandably, find it difficult to distinguish between policies for MOH funded clients and DHB funded clients. MOH has since changed their communications in this area. Southern DHB has engaged in lengthy correspondence with some clients whose expectations have not been met in this area.

DHBs are now proposing a policy for Paying Family Carers for people with aged care needs, long term chronic health conditions and mental health and addictions needs, that both complies with the legislative changes and is consistent with the services received by clients cared for by contracted agency support workers. The goal of the policy is to allow for individuals assessed by the Needs Assessment and Service Coordination (NASC) Service as requiring supports, to have those supports (determined in the same way as those receiving supports from non-family members) delivered by a paid family member. These paid family carers would be employed by the DHB contracted agency if they meet with their usual employment processes or could be employed under Individualised Funding if the client meets the Individualised Funding criteria.

Potential implications are as follows:

- Paid Family Carers can blur the lines between informal and formal supports, especially in a restorative model: Family members providing supports may find it challenging to distinguish between formal and informal supports. HCSS are not intended to replace natural supports. One of the nine core components of the National Framework for Home and Community Support Services, requires the optimum use of natural supports, noting that, *HCSS provide one component of support, alongside a range of natural supports for an older person and their family and whānau. The public health system works within a capped envelope, and HCSS make one contribution to a package of care for an older person. Family, whānau, friends and communities, where possible, are a part of the care plan, alongside HCSS.* When family members become paid carers, the line between formal and informal supports provided by that family member can become blurred, creating tensions between the paid family carer, their employer (the DHB contracted agency) and the funder. Additionally, support workers and encouraged to work restoratively with clients, encouraging them to do as much as possible for themselves. The family relationship may make this expectation challenging.

- Paid Family Carers may have difficulty adhering to employment regulations. Paid Family Carers, as agency employees, must adhere to all employment regulation, including leave requirements, training, etc. This also applies to those employed under Individualised Funding. Family members often feel they are already qualified to provide the appropriate care and can feel employment requirements are unnecessary. Clients are often unhappy to receive supports from non-family members when family members are on leave.

- Potential increase in expenditure. Consistent with the National Framework for Home & Community Support Services, Southern DHB already bulk funds our HCSS agencies to provide supports to our older population. If and agency is already employing sufficient staff in an area to meet the needs of those clients (and most of those staff are legislatively required to have guaranteed hours) it would be additional expense for the agency to hire a family member to provide supports to that client. Similarly, if the DHB moved that client to Individualised Funding, they would be providing additional funding to Individualised Funding to support the client, in addition to the Bulk Fund already identified to provide supports for the entire population. So oftentimes, a Paid Family Carer will result in additional costs to the agency or the DHB.

STRATEGY AND PLANNING

Annual Plan 21/22

The full final draft plan will be submitted on 2 July. It is expected that this draft is as comprehensive and completed as possible. MoH will provide feedback on the final draft of the Annual Plan on 23 July. DHBs are expected to work towards Board approval processes from mid-July.

The Southern DHB Statement of Performance Expectations was published on our website on 29 June.

Timeframe for completion of Annual Plan

Activity	Date
Final draft plans and templates due to the Ministry for review and feedback	2 July
DHB Board signed SPE to be published on DHB websites	Before 30 June
Ministry provides feedback on final draft plans	23 July
Ministry approval of SLM Plan	31 July
DHB Board approved plans put forward for Ministerial approval	From mid July
20/21 SPEs tabled with 20/21 Annual Reports	December

Service Planning

The planning sessions previously established with Finance and also with Maori Health have been suspended as staff were prioritised turned to COVID vaccination. These will be re-established over the next month, in preparation for 2022/2023 planning guidance and facilitation for the services.

At the Clinical Directors annual meeting in Balclutha (27 May 2021) service planning was discussed; key points included understanding the process and the language of service planning, involving the team, alignment with the budget process and strategic goals, and regular checking in on how things were going.

The Strategic Refresh currently underway will provide guidance for service planning 22/23.

Operational Updates

Public Health Service

Communicable Disease

The Regulatory and Protection Team investigated and contact-traced a confirmed Meningococcal disease case in Dunedin in mid-June. Meningococcal disease is inflammation of the brain and spinal cord membranes, typically caused by a viral infection but can be bacterial or fungal. The team followed up with eleven close contacts, all of which were given antibiotics in addition to being offered the Menactra vaccination. A further eighteen low risk contacts were also contacted and sent information

Drinking water

Work continues with the Dunedin City Council (DCC) around the lead in water issue and bringing it to a conclusion. Despite an extensive investigation, they could not find a definitive cause. Based on all the work carried out, the likely cause of most of the lead getting into the water was from pipes and fittings in homes and businesses, not from the DCC network.

Alcohol

A controlled purchase operation was undertaken in Invercargill for six off-licence premises where under aged volunteers attempted to purchase alcohol. Of these six, one sale was made to the minor. Police will take the usual prosecution steps to suspend the duty manager's licence and address trading suspension.

There is evidence that links patterns of alcohol consumption with advertising. Because of the health and social impacts of alcohol use there is a specific code that intends to restrain its advertising and promotion. Public Health South and Alcohol Healthwatch have co-authored nine Code for Advertising and Promotion of Alcohol complaints to the Advertising Standards Authority regarding posts on the Facebook and Instagram accounts of a manufacturer of alcoholic energy drinks. These complaints include concerns regarding over 100 posts (one is a photo album containing over 200 individual posts/photos).

The issues raised include:

- Encouraging drinking games, fast consumption of alcohol, and alcohol consumption over a long period of time
- Associations with weapons, and social and sexual success
- Using under 25-year olds to market alcohol
- Emphasising the alcohol strength of the product
- A claim that the alcohol product is hydrating
- Implying that alcohol is being consumed while risky activities are being undertaken i.e. sandboarding
- Using student parties to market their product.

We are awaiting a decision from the Adverting Standards Authority.

Submissions

Staff submitted on the Queenstown Lakes District Council Te Pūtahi Ladies Mile Master Plan. This is a spatial plan that is developed with wide community and stakeholder input. Once the spatial plan is mandated by the relevant Council, it serves as a guide for developers. Often spatial plans are incorporated into District Plans that in turn gives them legal status. If there is good community and stakeholder buy-in into the process, there is a reduced risk of appeals to the Environment Court when the spatial plan serves to drive a plan change. Our submission focused on a healthy built environment and Smokefree policy for the Te Pūtahi Ladies Mile area.

Staff provided advice to Waka Kotahi (New Zealand Transport Agency) on their Speed Limit consultation. We emphasised the public health benefits of lower speed limits for public safety, especially for active transport users (walkers and cyclists) and around schools.

Staff submitted on the Queenstown Lakes Community Facilities consultation, noting the value of community facilities being accessible by active and public transport, and recommend that these facilities have policies in place that ensure they are free of smoking, vaping, and alcohol.

Southern DHB's submission and oral hearing presentation on the Otago Regional Public Transport Plan enabled us to follow up on the interest generated in our April oral presentation to the Combined Otago and Southland Regional Land Transport Plan which highlighted potential opportunities to work collaboratively to further 4 of the 17 United Nation's Sustainable Development Goals. We showcased additional methods the Otago Regional Council might use to widen its current public consultation by:

- Utilising existing data such as that from the Queenstown Lakes District Council's Quality of Life report relating to public transport to gain a wider picture of two of their identified challenges – to increase access to and make public transport more attractive for users
- Showcasing an initiative from Upper Hutt where a consultation with public transport users revealed they wanted a place to hang out when they got off the train to make a phone call or wait for a friend. A nearby small green space became a pop-up park which is proving popular.

The Chair acknowledged the need to broaden consultation to include "softer, less siloed" approaches and the Ministry of Transport's Outcome Framework which "emphasises that the purpose of a transport system is to improve people's wellbeing and the liveability of places." She appreciated our input and stated that in future, Public Health would be included as a key stakeholder in developing regional transport plans.

Kia Haumaru te Kāika - Update

Kia Haumaru te Kāika - a healthy home project is progressing, and we are up to the stage of trialling the process where clinical staff refer children who have illness (that is due to, or exacerbated by, their living conditions) into the programme. Public Health South will work with other agencies to complete an assessment and then identify how we could address the issues that are impacting on the health of the family and then look to address them. In Dunedin our partners are Aukaha and Habitat for Humanity, and our Southland partners are Awarua Whanau Services and Awarua Synergy. The plan is to improve health and wellbeing by offering to support some changes in their home, e.g, insulation, provision of warm bedding, curtains, etc. To check that the systems are working, a trial is being carried out in Dunedin where one family is currently going through the programme. When that is completed, we will repeat the trial of one referral in Invercargill before scaling up the project. This project involves Public Health working alongside other services to deliver a good outcome for families and their children.

Vaping Project

The Vaping Project is now live, with the pharmacies involved in the pilot able to access vaping kits. This project is aimed at providing vaping starter kits to long term mental health patients, and other long-term users of tobacco, so that they can use vapes instead of smoking tobacco when in our care. There are also two General Practices involved who are able to refer their patients to the pharmacies for their free vaping starter kits, and the Southern Stop Smoking Service also has stocks of the starter kits. The aim is to support long term patients and improve their health by reducing the use of tobacco.

Refugee Health

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

The refugee resettlement programme has resumed.

There is currently negotiation between Dunedin public sector agencies and MBIE to ensure there are ample sized cohorts of Afghan refugees resettling in Dunedin to establish community. This is due to the concern of an 'Auckland Drift' – refugees migrating to Auckland and other cities shortly after arriving in New Zealand.

WellSouth is exploring this issue, but factors include:

- Lack of perceived community in Dunedin
- Lack of access to timely secondary and tertiary level healthcare
- Unavailability of traditional food ingredients
- Cold, high-rent homes.

Meanwhile, in Auckland there is a well-established Afghan community. Members of this community apparently rent homes and/or rooms to refugees, while also offering them work.

These issues are not limited to Dunedin. There are concerns for the small resettlement cities on the South Island – Blenheim, Ashburton, and Timaru, as well.

Interpreter Certification Requirements

MBIE has announced new standards and certification requirements for interpreters. All interpreters working in the public sector will be required to have certification through the National Accreditation Authority for Translators and Interpreters (NAATI) of Australia. This will commence in 2024. And while a few years away, these requirements could have a profound impact on the Southern DHB interpreting service. Currently, no interpreters working for Southern DHB are NAATI certified and there is no tertiary interpreter training outside of Auckland.

This presents risks to migrant and refugee health engagement, while also presenting challenging implications on the prevalent view amongst Southern DHB clinicians that in-person interpreting is crucial. Ministry of Health (MoH) has asked the Southern DHB Refugee Programme Manager to attend an upcoming meeting with MBIE.

Quarter 4 and End-of-the-Year Reporting

To be provided in the July 2021 report.

Population Health Service

Highlights

The new Population Health Service Manager, Emma Wallace, continues her orientation into the Service. Current focus is resolving immediate deadline requirements but with a view to commence evaluating the service as a collective for opportunities for improvement. The view being to increase programme effectiveness and efficiencies and explore new innovative ways of working. Conversations have started around this with key stakeholders.

Southern DHB's new General Manager for Primary Care and Population Health, Clarissa Comerford, was welcomed on 31 May. Also Professor John Eastwood has joined Public Health South as a Public Health Physician/Medical Officer of Health. This has been welcome news to the Population Health teams.

Work is continuing with the Business Analyst to ensure that costs for staff in the service who have been supporting Covid19 efforts costed to the Covid19 vaccination programme. Underspend money needs to be appropriately identified to support the teams in the recovery of the programmes directly impacted by the staffing being diverted to support the vaccination efforts.

Measles Campaign 15 to 30 year olds

The Measles campaign is on hold until further notice, staff still use available platforms to promote Measles Mumps and Rubella (MMR) vaccine, for example, B4 School checks, Outreach appointments. The team is seeking Ministry of Health direction on recommencement dates. General Practices and pharmacies continue to vaccinate. This campaign may be further impacted due to recent changes to Covid19 vaccination age ranges.

Public Health Nurses

Work is in progress for the Invercargill office re-location, involving securing space fit for purpose.

Staff are settling back into business as usual (BAU), returning from setting up and running the Covid19 vaccination clinics. Nurses are re-engaging with community stakeholders and schools / preschools and learning support clusters.

All areas are noticing Vaping as a concern amongst young people in schools. Young people from the age of 12 years are taking up this habit and becoming addicted of which many have never smoked. Currently, the service is liaising with the Public Health Smokefree coordinator in relation to multiple requests from schools and the police school liaison for vaping education and support in schools.

School Based Human Papillomavirus Vaccination Programme (HPV) Otago

Round one vaccinations are now complete as scheduled, thanks to the efforts of the Oamaru and Balclutha rural Public Health Nurse teams supporting Dunedin to complete. Of note is that the HPV numbers in school-based program remain steady, however, numbers across the Southern district, inclusive of those HPV vaccinations given elsewhere, have declined. This requires a further review and is concerning as is likely to have been driven by Covid19 impacts.

School Based Services Contract

Staff are continuing to work on standardised paperwork across the service. After working in the covid clinic, staff have started their health assessments again with good outcomes.

Immunisation Outreach and Vaccine Preventable Disease (VPD) team

The VPD Immunisation team continue to provide support to the Covid19 vaccination clinic, specifically the Immunisation coordinators. In addition, the VPD team are supporting the Occupational Health team with the roll out of the staff influenza program, furthermore, some staff have been involved in helping with the influenza clinics. There continues to be high demand on our VPD Immunisation service, including Public Health Nurses. The Population Health Service Manager, General Manager, and Covid19 Vaccination Programme Manager are working on a process across areas to clarify requests and capacity moving forward.

Gateway

This month has seen 18 new referrals, an increase on previous months. Urban Dunedin is still having low referral numbers. Ongoing discussion and communication continue with the site around this issue. Multi-disciplinary meetings with Oranga Tamariki, education and primary level mental health providers continue to go well with all participants putting the Tamariki first and endeavouring to meet their and their family's needs – to optimise positive outcomes for the children.

Cervical Screening

Ministry of Health Colposcopy audit completed for Otago. Southland Colposcopy audit scheduled for July.

The Cervical Screening Steering group to join the Sexual and Reproductive Health Steering group.

Hearing and Vision Screening

Our Team Leader for Vision Hearing Screening finished her role in June . Teams are reporting to the Service Manager in the interim. Currently recruiting for vacancies both in Newborn and Vision Hearing screening positions.

Sexual Health

Work has begun to assess providing mail out Sexually Transmitted Infections (STI) testing to rural residents in Southern to reduce inequities in access. This is an exciting opportunity to explore increasing equitable access to STI testing for those in rural settings.

Child Health (0-5years)

Well Child Tamariki Ora

The Ministry of Health (MoH) have issued a Letter of Agreement for Funding of WCTO Technology and Reporting System Services. This funding is to support Maniototo Health Services transition to a new technical solution/data platform for recording and reporting WCTO services. The MoH funding is expected to be transferred to the provider to support the introduction of the new system. Information Technology (IT) are also providing support for this project.

Work is proceeding on getting new contracts in place for the four locally contracted WCTO providers. These contracts will introduce a funding formula and service coverage requirements. The MoH has also just advised of additional funding for the 2021/2022 year. Clarification is being sought from the MoH if this funding can be used to extend WCTO services, or if it is focussed on supporting the existing four providers to reduce volume pressures, which have been experienced over a period of years.

The South Island Alliance (SIAPO) has established a group to look at WCTO Indicator One as there are ongoing delays in WCTO providers receiving referrals from community based midwives. This may be due to a lack of an electronic system to make referrals. The MoH has indicated interest in this project especially if an electronic solution is to be developed.

The Power to Protect Programme needs to be refreshed in the Southern district. Contact has been made with the National Manager of the Programme based at Starship Hospital, and planning has begun for refresher training. Community providers will be included in any training held.

Safe Sleep Programme

The Safe Sleep Programme continues to be successfully delivered from the SUDI Crown Funding Agreement (CFA) funding. Wahakura are now being distributed to Maori and Pacific whanau since the launch in December 2020. This is very much appreciated by the community. Wahakura wānanga are being planned for hapu muma and their whanau – processes to identify and invite them are being established. These wānanga follow successful wānanga with local weavers to increase the number of weavers able to supply wahakura. Planning is occurring on how to distribute funding for the remaining two years of the SUDI CFA.

Change for our Children, who supply pēpi pods, are wanting to change the Participation Agreement to include the supply of anonymised programme data into the Pēpi-pod database. Currently the impact reporting data required is not collected by the Southern DHB and reporting of data is submitted to the MoH via quarterly reporting. The new Participation Agreement has been reviewed by the Corporate Solicitor who has highlighted a clause that the Participation Agreement can be amended by mutual consent of both parties.

Breast Feeding in the Southern district

The breast-feeding hui is now being planned for the end of August. Additional interviews are being undertaken with Maori and Pacific women across the district as they were underrepresented in the breast-feeding survey undertaken. Analysis of key documents is being undertaken by a Public Health South Registrar and will form a presentation for the Hui.

The South Island Alliance (SIAPO) has also established a group to look at breast feeding as rates across the South Island do not meet targets.

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 and as many pregnant women and their whanau as possible. An additional course has been added and a waiting list is being managed.

Pacific

Pacific Trust Otago has a new Chief Executive Officer (CEO). The Trust has indicated willingness to continue working together and developing services to meet Pacific needs

The community breast feeding service continues and is successfully supporting Pacific, Maori and other women. The Community Oral Health service also continues to hold sessions at the Trust premises.

Pacific Island Advisory and Cultural Trust (PIACT) have not been able to recruit a social worker to their vacancy. Further discussion needs to occur on what actions can be taken to resolve this gap as it impacts on their services and also on the Southern DHB nurses who hold weekly clinics at PIACT.

Green Prescription

The two Green Prescription contracts with Sport Otago and Sport Southland are being renewed for a two-year period.

Discussions are occurring with Sport Otago, Southern DHB and WellSouth Primary Health Organisation on the trial of a face-to-face service being delivered at the Cromwell Medical Centre. Previously only phone-based service was available due to funding limitations. There is a possibility that some funding may be available to continue and slightly expand this service in this rural area.

Oral Health Service

Southern DHB Community Oral Health Service (COHS) June Figures:

- New Enrolments for month = **398**
- Total Enrolments = **47,520**
- Patient contacts for month = **4,840**
- Doses of Fluoride Varnish given for month = **2,044**

The Oral Health Managers and the Central Otago COHS team gathered in Cromwell to discuss future planning for Full Time Equivalent (FTE) resource allocation in the area, potential increasing population, and the impact on the service. We sought team input for potential solutions to how best to provide Oral Health in the Central Otago area.

Attended New Graduates Support Programme presentations – Inter Professional Challenge, a combined multiservice approach to treating the same patient. Services involved were Oral Health Therapists, Health Promoters, Speech Therapists, Occupational Therapists, Pharmacy and Physiotherapists (we had three new Oral health staff in different teams).

Most staff have commenced or completed their Covid19 vaccinations.

Dr Mackay presented a submission to the Health Select Committee 'Inquiry into the Supplementary Order No.38 on the Health (Fluoridation of Drinking Water) Amendment Bill'.

The Southland Dental Unit's increasing General Anaesthetic list continues to grow with more than 200 Southland children on the list. This has occurred due to the impact in the Theatre/Endoscopy suite caused by Anaesthetic Technicians or staff off sick, or space being at a premium. Meetings between the District Oral Health Service Manager and the Theatre Manager have been undertaken to discuss the impact of this to the growing dental list. Competing service needs on the Operating Theatre are a major factor, however, the needs of the Dental Unit will be given more consideration moving forward.

Proposals to reduce the growing General Anaesthetic list have been put forward for consideration, these being; evening overtime, weekend overtime, and sharing the list with Southern Cross. Due to the pressure on space, not only in Theatre but also in Outpatients, with the need to support Ear, Nose and Throat Specialists, the Acting General Manager at Southland has approached the Southland Dental Unit service regarding the possibility of vacating the hospital space and moving off site.

Fluoride Varnish Programmes:

Best StartABC and Barnados in Oamaru had fluoride varnish programmes applied. The uptake numbers were low at Best StartABC with another date having been confirmed to complete the programme.

Health Targets:

Arrears – Continue to steadily improve overall. In January the service arrears sat at 33%, we are seeing a steady decline of our arrears and now we are at 19%.

The Ministry of Health now requires quarterly reporting on the Oral Health arrears status of each DHB which will commence this Quarter 4.

Rural Health

Primary Maternity Facilities

The Central Otago Maternity Unit in Alexandra, servicing Central Otago women will transition to a Southern DHB run facility from1 July 2021. The service will be staffed 24/7 as occupancy data indicates this is required to manage the clinical risk. The previously registered nurse dominated workforce is

changing to a midwifery led workforce, with some registered nurse employees. Greater opportunities for support of antenatal women who require close monitoring, is anticipated.

A Business Case is currently being drafted for submission to the Ministry of Health on 9 July 2021. The Business Case will detail the recommendation, endorsed by the Southern DHB Board, of a new Primary Birthing Unit in Wanaka, and the relocation of the Alexandra Primary Birthing Unit to be collocated alongside Dunstan Hospital in Clyde. After extensive consultation and planning, it is believed that this option provides the most sustainable, safe, and future proof option for the Central Otago population.

A new Project Manager for Primary Maternity, Hannah Gentile, has commenced work as of 16 June 2021.

Lakes District Hospital (LDH)

Additional medical shifts have been rostered to cover the evenings at Lakes District Hospital to manage the increase in presentations to the Emergency Department in winter.

Recruitment to a nursing position in Outpatients has commenced to enable patients who receive IV infusions to receive this service at Lakes. Patients have previously travelled to Invercargill, Dunedin and Clyde (Dunstan Hospital) for this treatment. Dunstan Hospital is at capacity and cannot accommodate Queenstown patients any more. The clinical demand for these treatments are increasing, which puts a strain on the system.

Lakes Maternity Midwifery Co-ordinator is supporting the development of the Primary Birthing Unit in Alexandra, by mentoring the Clinical Lead at Central Otago Maternity Unit. It is hoped opportunities to work more closely across Central Lakes will be enabled.

Lakes Midwives and local Lead Maternity Carer (LMC) midwives have started working with core midwives and midwifery and quality leaders in Southland and Dunedin to streamline the process of transfer of women to base hospital, when clinically indicated. Barriers to the process have been identified and a new pathway is being developed that will support a more straight forward and thus safer system for women.

Rural Hospitals

The Rural Trust Hospitals have been offered a new one year Heads of Agreement contract. Two of these have been signed and we await the return of the other two.

The Rural Trust Hospitals Chief Executives are working with Southern DHB, WellSouth and others, to plan a Summit to discuss the opportunities for the development of Localities in the region. An initial meeting involving the Transition Agency and Ministry of Health was held in Balclutha in early June.

Primary Care

Community pharmacies request for contracting or commissioning policy Southern DHB.

A letter was received on June 29 sent on behalf of 57 community pharmacies in Southern requesting that the DHB consider a policy and contracting or commissioning process around the approval of new pharmacies. The letter noted that a number of DHBs have a process for this.

The letter also asked that a moratorium be placed on new pharmacy contracts for the foreseeable future while a policy and process is developed. Local pharmacy owners are very keen to work with the DHB in this regard and have the opportunity to express their concerns with the current situation.

The GM Primary Care and Population Health is formulating a Board paper in response, with the intention of bringing it to the September Board meeting.

Pharmaceutical Utilisation

Pharmaceutical Data and Analytics

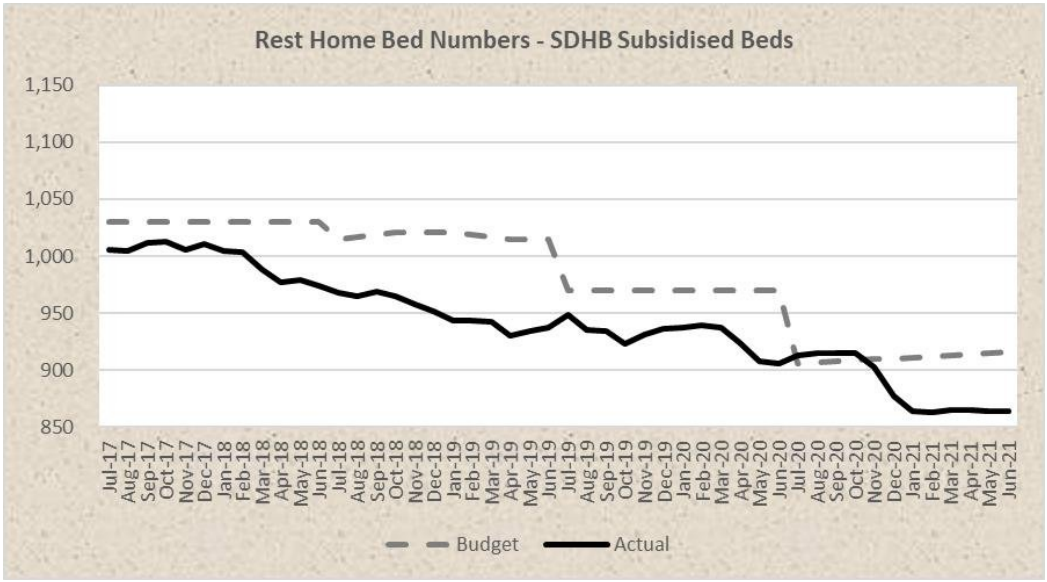
DHB Pharmacy advisor has been seconded to COVID Vaccine programme, with recruitment underway for backfill. Recruitment has been very challenging and alternative arrangements are being implemented with COVAX teams.

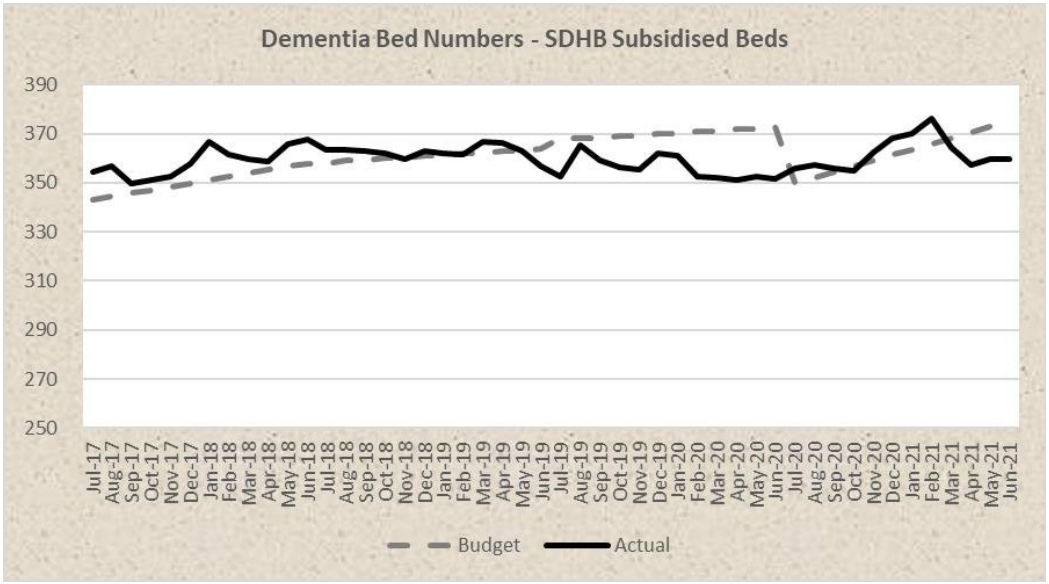
Older Persons Health and AT&R

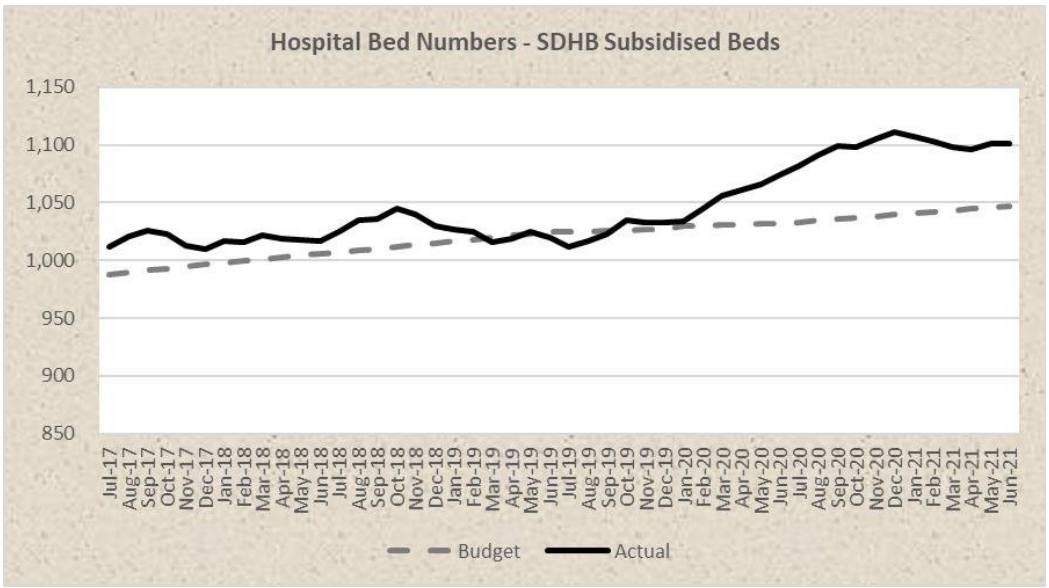
Aged Residential Care Occupancy/Volume Analysis

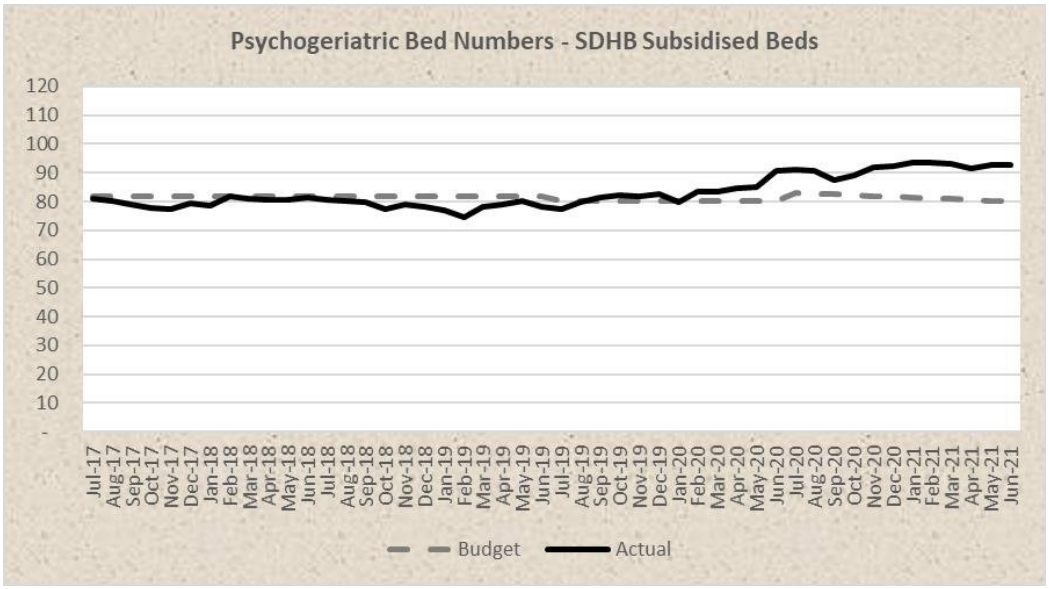
The levels of occupancy in Aged Related Residential Care (ARRC) have stabilised and we are seeing an overall decline in bed utilisation compared to six months ago. Total utilisation has reduced by 45 beds since December 2020, albeit with a slightly different mix. Rest Home level continues with a gradual reduction. Both Hospital Level Care (HLC) and Dementia utilisation have stabilised after growing in the first half of the financial year. 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.

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.




Dementia Bed Numbers - SDHB Subsidised Beds
390
370
350
330
310
290
270
250
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 Oct-18 Nov-18 Dec-18 Jan-19 Feb-19 Mar-19 Apr-19 May-19 Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20 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


Hospital 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 Sep-18 Oct-18 Nov-18 Dec-18 Jan-19 Feb-19 Mar-19 Apr-19 May-19 Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20 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


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 Oct-18 Nov-18 Dec-18 Jan-19 Feb-19 Mar-19 Apr-19 May-19 Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20 Apr-20 May-20 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

Allied Health

Work on the relocation of Dunedin Physiotherapy Outpatients continues and is evolving into two substantial projects involving a large number of teams and services. Progress on the physiotherapy outpatients planned relocation to the Fraser Building has stalled due the challenges and complexity of decanting the existing teams and services elsewhere.

The planned decant out of the Fraser Building is still a concept and has limited socialisation with the impacted services and teams. There are some significant risks emerging with all resources: people, facility options and fitouts, and budgets, stretched to enable the decant to happen successfully.

District Nursing

Sixteen Renasys Negative Pressure Wound Pumps have been swapped out by Smith & Nephew at no cost to the DHB. This donation of 16 pumps from Smith & Nephew has resulted in a $80,000 saving to the Southern DHB and is expected to result in further operational saving with only one type of pump in use across the DHB resulting in reduced inventory of cartridges and dressings.

Community Nursing Stoma Therapy and Oncology services continue to see increased referrals from inpatient services. This is both a volume and complexity issue that is putting extra pressure on already stretched and stressed staff.

Short Term Loan Equipment

Short Term Loan equipment is seeing a sharp increase in requests over the past 4-6 months, especially for hospital beds and bariatric equipment. This is putting pressure on equipment availability and staff. This growth is far greater than in the past and being driven by several reasons. Contributing factors include implementation of changes to models of care to get people home, availability of ARC beds, and an increasing number of bariatric patients requiring large packages to support in their home or in ARC.

The change in the pattern of equipment requests has occurred after the capex requests for 2021/22 were submitted, so careful management of inventory is required. It is anticipated that there may be increased utilisation of rental equipment for short gaps, but there may be a need to request additional equipment via contingency.

FOR INFORMATION

Item: PHO Performance Update

Proposed by: Rory Dowding, Acting Executive Director Strategy, Primary & Community

Meeting of: Community and Public Health Advisory Committee, 2 August 2021

Recommendation

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

Background

The purpose of this report is to provide CPHAC with an overview of Primary Care performance.

1. Measures for Quarter 3 2020-21 still largely in use as Q4 data not all finalised.
2. Benchmarks for comparison with national averages and other DHBs and PHOs have been added where available.
3. Activities under Primary Care Access updated.

SP&C Services – Primary Care report Aug 2020-21

EXECUTIVE SUMMARY *Lead Executive: Rory Dowding*

These health services and their associated measures below are noted as below targets. They are closely monitored by both Ministry of Health (MoH) and SDHB. For further comments and activities that are in place to address these issues, see page 2.

Service Measures	Quarter 3 2020-21	Target Nat Avg	Trend - Over 3 Reported Q's	Commentary
After-hours primary care initiatives	79% of ≤ 14 year old children within SDHB have access to zero fees for after-hours	100% National Not Published	↑	• MoH rates this performance as "B – Further work required" and has asked for a substantial plan on how this issue will be eliminated. • The lack of primary care access for ≤ 14 year old children is concentrated in Invercargill. Invercargill Urgent Doctor Service is the only after-hours provider that charges under-14s for services. All other parts of Southern District provide free care to under 14 patients after hours. • See p2 – Primary Care Access
Percentage of the eligible population who have had a CVD risk Assessment in the last 5 years	75% (Maori) 74% (Total Pop)	90% (Target) National Not Published	→ →	• Absolute CVD risk assessment is an integrated approach that estimates the cumulative risk of multiple risk factors to predict a heart attack or stroke event in the next five years. • 16% below target. • See p2 – Clinical Risk.
Percentage of the population identified with diabetes having good or acceptable glycaemic control.	49% (Maori) 55% (Total Pop)	60% National Not Published	↑ ↑	• 5% below target • Equity disparity. • See p2 – WellSouth Call Centre. • See p2 – Clinical Risk.

Continued

Service	Quarter 3 2020-21	Target Nat Avg	Trend - Over 3 Reported Q's	Commentary
Percentage of the diabetic population who have had at least one HbA1c measurement in the last year	77% (Maori) 79% (Total Pop)	90% National Not Published	↑ ↑	• HbA1c is a measure of how well controlled a patient's blood sugar has been over a period of about 3 months. It essentially gives a good idea how high or low, on average, blood glucose levels have been. • 11% below target. • See p2 – WellSouth Call Centre. • See p2 – Clinical Risk.
Percentage of enrolled patients who smoke and are seen by a health practitioner in primary care and offered brief advice and support to quit smoking.	79% (Maori) 81% (Total Pop)	74% (Maori) >90% Target 77% (Total)	↑ ↑	• 19% below target. • See p2 – WellSouth Call Centre. • PHO Position: Maori – 12/35; Total Pop – 13/35.
Percentage of people ≥ 65 having received a flu vaccine	59% (Maori, Q1 Data) 65% (Total, Q1 Data)	60% (Maori) >75% (Target) 68% (Total)	Q1 Data Only Q1 Data Only	• 10% below target. • Equity disparity. • See p2 – WellSouth Call Centre. • DHB Position: Maori – 14/20; Total Pop – 18/20.
Ambulatory sensitive hospitalisations (ASH) – Adults 45 to 64	4,472/100K (Maori) 2,905/100K (Total Pop)	6,777 (Maori) No Target 3,622 (Total)	→ →	• DHB Position: Maori – 6/20; Total – 2/20. • This Maori equity disparity is correlated with low rates of primary care enrolment for Maori (see below).
Improving Maori enrolment in PHOs to meet the national average of 90%	79% (Maori) 92% (Total Pop)	85% (Maori) 90% (Target) 94% (Total)	→ →	• Equity disparity that has significant flow-on effects (as above). • Second lowest performing rate nationally for both Maori and Total Population – 18/20. • See p2 – Service Delivery.

Trend Legend: ↑ Improving; → No Change; ↓ Deteriorating.

SP&C Services – Primary Care report Aug 2020-21 - page 2

EXECUTIVE SUMMARY *Lead Executive: Rory Dowding*

Activities and Services of Note

WellSouth Call Centre

In response to below target performance across indicators noted on page 1, the PHO has set up a call centre to support GP practices. Activities of the Call Centre include:

- Maori Wellness Checks, Covid Swabbing requests and Unenrolled support.
- In November WellSouth engaged its Call Centre to contact patients on practices' behalf to encourage relevant patients to stop smoking. Since December 2020, the Call Centre has contacted 2048 patients, of which 198 consumers were referred to the Southern Stop Smoking Service.
- Follow-ups for unredeemed GP consultation vouchers.

It is suggested that WellSouth utilise the Call Centre to:

- Follow-up with patients who have not had cervical screening in <5 years
- Follow-up ≥65 year-old patients who have not received a flu vaccine for Q4.

A quarterly update from the PHO advising of both measured effectiveness of the Call Centre and targets and services that are being addressed is suggested for consideration.

Clinical Risk Populations

A CVD risk assessment (CVDRA) tool has been developed and has now been implemented

- WellSouth has recently extended the eligibility for claiming CVDRA's to include all people with severe and enduring mental health and people of South Asian ethnicity as reflected in the guidelines. This has helped with an increase in the number of completed CVDRAs.

Glycaemic control (Diabetes)

- The Long-Term Care (LTC) Nurse will be rolling out an education package (on-line and in-person) on insulin initiation mentoring (insulin initiation is the term used for starting a new patient on prescribed insulin).
- As noted on p1, HbA1c results have not been achieved. In response to this, a new Local Diabetes Team has been established with PHO involvement. This group has supported a number of initiatives that support the wellbeing of patients with diabetes. PHO relevant initiatives include:
    - WellSouth PHO has created a Diabetes Strategic Working Group who have been analysing and reviewing our Annual Diabetes Review (DAR) data to highlight gaps in service delivery. We have taken a whole of organisation approach to supporting diabetes in primary care. The group has developed project objectives:
        - Every person with diabetes has an annual DAR
        - To understand why DARS have reduced at all levels: patients, practices and PHO
        - To support practices with a range of ideas to increase DARs.

Primary Care Access

- SDHB and WellSouth are preparing a brief business case for a cloud-based platform which provides real time reporting on wait times for Emergency Departments (ED), Urgent and Primary Care Facilities. This proven platform also allows the public access to wait times and allows them to determine which facility is best for their required medical intervention. Patients can also see the wait times while in ED waiting rooms. Most importantly this platform allows ED staff to digitally transfer appropriately clinically triaged patients to another service (e.g. urgent care facility or general practice) using a voucher for access to subsidised care. The intention of this service is to reduce the number patients receiving treatment in the ED by creating an opportunity to triage people to primary care providers.
- Invercargill After Hours Primary Care – Access challenges increase presentations to Southland Hospital Emergency Department (ED). To address, WellSouth is partnering with Oraka Aparima Rūnaka, Hokonui Rūnanga, Waihōpai Rūnaka and Awarua Rūnaka in its development of a new primary care service. These partnerships will provide an equity-based collaborative approach to integrated service plans and models of care that are whānau-centred.
- Rural Premium Service (SDHB funds $4.6M for this service, which is not tagged to specific activities)
    - PHO advises that providing after-hours services for rural practices that are isolated from hospitals is an ongoing challenge.
- Wanaka primary care providers have written to WellSouth indicating that their After-hours Service is not sustainable and are working with the PHO on a new model for sustainable after-hours and urgent care services.

Service Delivery – Total Enrolment, Very Low Cost Access

Service Delivery	Quarter 3	Quarter 2	Quarter 1
% of Pop enrolled w/ GP	91.76%	91.60%	91.34%
% of VLCA Practices	6%	6%	6.2%
% of Practices in CSC Prog.	93%	93%	92.6%

Refugee Primary Health Services

Following an underspend, WellSouth has fully recruited to roles. Other activities and issues of note:

- WellSouth Former Refugee Mental Health and Wellbeing Conference, May 2021:
- "Working Together, Learning from Each Other" – 80 attendees from multiple sectors within Southern and other districts.
- SDHB, WellSouth and Ministry of Ethnic Affairs organised community meeting with Colombian former refugees in Invercargill, June 2021.

FOR INFORMATION

Item: Maori Health Update

Proposed by: Gilbert Taurua, Chief Maori Health Strategy & Improvement Officer (CMHSIO)

Rory Dowding, Acting Executive Director Strategy Primary & Community

Meeting of: Community and Public Health Advisory Committee, 2 August 2021

Recommendation

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

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, including operational performance and key strategic deliverables as per the work programme of the Māori Health Directorate and an update on Māori primary care enrolment.

Specific Implication for Consideration

Financial

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

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

- This report outlines some of the key activity underway in Māori Health Directorate and within Strategy Primary & Community

Other

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

Māori Enrolment update

The below table shows Māori enrolment and is based of monthly files from the National Enrolment Service (register of national enrolment and health idendity/demographic data)

	Feb-21	Apr-21	Jun-21
Central Otago	1,877	1,893	1,881
Clutha	1,838	1,856	1,863
Dunedin	9,495	9,530	9,597
Gore	1,821	1,843	1,861
Invercargill	9,291	9,356	9,353
Queenstown Lakes	1,932	1,969	2,019
Southland	1,760	1,785	1,817
Waitaki	1,924	1,930	1,917
Total	**29,938**	**30,162**	**30,308**

Source: NES file from the MoH

Ethnicity - Maori (21111)

Files used are dated 1st of the month following except February which is dated February

Te Kaika update

SDHB and MSD are currently working alongside Te Kaika (Otakou Health Limited) to develop a Health and Wellness Hub within the current Te Kaika Medical Centre grounds. Through a collaborative partnership model, the Te Kaika Hub will support local whānau in the South Dunedin (Southern City Population based) using a holistic Nuka Model of Care approach that see resources directed by indigenous communities via Tikaka (Māori lens approach). This partnership will enable local whānau to access high priority Southern DHB and Ministry of Social Development (MSD) services in a seamless and integrated way, facilitated by the building design and co-design model of care.

The Community Hub project is currently in the Planning Phase (Building Design and Clinical Co-design). At this stage it is anticipated that a Southern DHB Mental Health Team will both co-locate and become part of the integrated model of Care within Te Kaika. In addition, visiting Southern DHB clinical paediatric and long-term condition specialists may become part of the integrated model of care alongside Te Kaika's current workforce and MSD Case Managers.

Review of Māori Health Provider Contracts

The Māori Leadership Team has engaged SIAPO to review our kaupapa Māori provider contracts. The relevant staff member at SIAPO has extensive Māori health experience and current contract knowledge responsible for the Canterbury DHB Māori health contracts. The contracts being reviewed are our mauri ora, tamariki ora, mental health and nurse practitioner contracts. A draft report is being prepared for our consideration in the context of an uplift in equity funding. The report will go to ELT in August with view to a discussion with the Māori Health Providers on implementing the report recommendations. This may result in a change to our contracting templates and service delivery.

Waitaki Family Violence

The CMHSIO is to present a plenary session at the upcoming Safer Waitaki Family Harm Conference 2021 being held in Oamaru 22-23 July. The plenary session will look at the Health and Disability System Review, the subsequent health reforms under the Department of the Prime Minister and Cabinet, Transition Unit and then will take a look at what are being called community wellbeing networks or localities. The presentation will then look at what this means for the Waitaki District, it will propose some key features for

a planned local wellbeing network and then consider the potential opportunities on how these networks could better response to family/whānau harm in the Waitaki.

Southern Locality Discussions

The CMHSIO has disengaged from discussions with the rural hospitals on their plans to run a summit to look at new opportunities with the proposed development of locality networks, as a result of the Health Reforms. Although a meeting in Balclutha on 4 June was attended and a further offer to support these discussions was extended, the IGC Co-Chairs have requested that we wait until they are ready to engage. Iwi have not had formal relationships with the rural hospitals, and they are in discussion with the transition office and TRONT. This opportunity is critical in a quickly unfolding landscape of health reforms and partnerships with iwi Māori are the preferred model moving forward.

Psycho-Social Te Anau, Milford and Queenstown Lakes District

The Māori Health Directorate is supporting Adell Cox - Director Of Allied Health, Mental Health on the development of the psychosocial support project which has recently negotiated a contract under MBIE. The Project will deliver psychosocial support to promote and protect the social and mental wellbeing of people within these targeted communities, to assist with addressing the ongoing negative effects of COVID-19 and the rest of the tourism sector more broadly. The package includes business advice and psychosocial support targeted to these communities. The contract agrees to deliver psychosocial support to the communities of Queenstown Lakes and Te Anau/Fiordland. The directorate is supporting by leading out a discussion with Paptipu Runaka around this project, which might include a role in the governance and service delivery aspects of this project. Matapura Ellison will support this Rūnaka engagement on behalf of the Southern DHB in his role as Kaumātua.

GPNZ Māori Leadership Group

The CMHSIO continues to support the national GPNZ Māori Leadership Group after our last meeting at Pegasus Health back in May. This GPNZ Māori Leadership Group is focusing on knowledge sharing, support and networking specific to general practice. The agreed purpose of this group is to:

- Promote knowledge sharing between PHOs on matters relating to health equity.
- Provide a knowledge sharing hub to share Māori health related material between PHOs and an understanding of the national health environment.
- Provide feedback to the GPNZ CEO Group on matters of importance to this group, or in response to a request from the CEOs.
- Provide collegial support and networking across PHO CIOs.
- Provide a consolidated view to enable GPNZ to advocate nationally on matters of health equity.

Māori Provider Development Scheme 2021/22

The Māori Provider Development Scheme (MPDS) opened on 30 June and closes 30 July 2021 for our Māori provider organisations. MPDS is an annual fund that provides grants to improve the capacity and capability of an organisation. MPDS aims to enable eligible Māori health and disability providers and National associations who represent Māori health or disability practitioners to participate equitably and effectively through strengthening key capacity areas within their organisations.

Equity Investment Funding

The Māori Health Directorate with the DHB contracts team have provided an uplift to our kaupapa Māori provider contracts at a total of $450,000 based on the IGC agreement for

the 2020/21 equity investment. As stated previously in this IGC report we are currently reviewing the Māori provider contracts and this will inform the future approach to these contracts.

The Southern DHB Board approved in principle the intent to appoint a Senior Manager Workforce Development position that will strengthen the future Māori workforce capacity across our health system. This will be considered as part of the IGC equity investment agenda item for the August meeting.

The Māori Health Directorate is currently in the process of recruiting two positions a Māori Clinical Nurse Specialist Child Health and a Māori Clinical Nurse Specialist Cancer. The Child Health role will provide specialist nursing care and expertise both in direct care delivery, cultural guidance, advice and support to other staff in the management of Māori patients and whānau who receive child health services. The role will work across the organisation within the clinical speciality of Māori Health, acting in the roles of practitioner, educator, consultant, researcher, leader/change agent and care coordinator/case manager in the pursuit of clinical excellence and improved Māori health outcomes. The Clinical Nurse Specialist practices both autonomously and in collaboration with the multi-disciplinary team to assess, treat and manage Māori patient health care needs.

The Specialist Cancer role will provide specialist nursing care and expertise both in direct care delivery, cultural guidance, advice and support to other staff in the management of Māori patients and whānau who receive cancer services. This Cancer role will work across the organisation within the clinical speciality of Māori Health, acting in the roles of practitioner, educator, consultant, researcher, leader/change agent and care coordinator/case manager in the pursuit of clinical excellence and improved Māori health outcomes. Deliverables and outcomes for these two positions will be consolidated in collaboration with clinical leads from each of these services and will provide an interface with the Māori community, providers and with general practice.

Southern District Health Board – Monthly Financial Report
For the month ended 30 June 2021

FOR INFORMATION

Item: Southern DHB –Financial Report for the month ended 30 June 2021

Proposed by: Rory Dowding, Acting Executive Director Strategy Primary & Community

Meeting of: Community and Public Health Advisory Committee, 2 August 2021

Recommendation

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

Purpose

To inform the Committee of the June 2021 Strategy Primary and Community financial performance

Specific Implications for Consideration

Financial

- As set out in the report.

Workforce

- No specific Implications

Equity

- N/A

Other

- N/A

Background

Strategy, Primary and Community report a provisional unfavourable bottom-line variance of $1.50m for June and $0.45m favourable YTD.

Discussion

- Pharmac's latest advice has a significant impact on pharmaceutical expenditure and DHB revenue, which results in an unfavourable bottom line impact of $2.5m.
- Discussion is required regarding the new revenue streams for Intensive Support Program and the Additional Immunisation Support.

Southern District Health Board – Monthly Financial Report
For the month ended 30 June 2021

Strategy,Primary & Community Core - Jun 21	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	95,557	91,930	3,627				1,113,879	1,103,159	10,720				1,103,159
IDF Revenue	2,573	1,983	590				26,577	23,790	2,787				23,790
Other Government	754	624	130				6,845	6,632	213				6,632
Total Government & Crown	**98,885**	**94,536**	**4,349**				**1,147,301**	**1,133,582**	**13,719**				**1,133,582**
Non Government & Crown Agency Revenue													
Patient related	16	21	-5				219	249	-30				249
Other Income	-144	80	-224				558	954	-396				954
Total Non Government	-129	100	-229				776	1,203	-427				1,203
Internal Revenue													
Internal Revenue													
Total Internal Revenue	**8,572**	**8,518**	**54**				**102,908**	**102,215**	**693**				**102,215**
TOTAL REVENUE	**107,328**	**103,154**	**4,174**				**1,250,985**	**1,237,000**	**13,985**				**1,237,000**
EXPENSES													
Workforce													
Senior Medical Officers (SMO's)													
SMO - Direct	1,690	1,593	-97	69.12	64.58	-4.54	18,048	18,259	211	64.13	65.13	1.00	18,259
SMO - Indirect	98	91	-7				1,146	1,095	-51				1,095
SMO - Outsourced	14	47	33				750	561	-189				561
Total SMO's	**1,802**	**1,731**	**-71**	**69.12**	**64.58**	**-4.54**	**19,943**	**19,915**	**-28**	**64.13**	**65.13**	**1.00**	**19,915**
Registrars / House Officers (RMOs)													
RMO - Direct	267	246	-21	22.68	19.95	-2.73	2,986	2,818	-168	21.15	19.65	-1.50	2,818
RMO - Indirect	13	17	4				118	198	80				198
RMO - Outsourced													
Total RMOs	**281**	**262**	**-19**	**22.68**	**19.95**	**-2.73**	**3,104**	**3,016**	**-88**	**21.15**	**19.65**	**-1.50**	**3,016**
Total Medical costs (incl outsourcing)	**2,083**	**1,993**	**-90**	**91.80**	**84.53**	**-7.27**	**23,047**	**22,931**	**-116**	**85.28**	**84.78**	**-0.50**	**22,931**
Nursing													
Nursing - Direct	4,915	4,642	-273	641.78	597.37	-44.41	57,160	54,904	-2,256	624.45	588.97	-35.48	54,904
Nursing - Indirect	7		-7				35	3	-32				3
Nursing - Outsourced	2		-2				80		-80				
Total Nursing	**4,924**	**4,642**	**-282**	**641.78**	**597.37**	**-44.41**	**57,275**	**54,907**	**-2,368**	**624.45**	**588.97**	**-35.48**	**54,907**
Allied Health													
Allied Health - Direct	2,836	3,026	190	427.81	452.07	24.26	33,245	34,505	1,260	424.80	438.86	14.05	34,505
Allied Health - Indirect	-59	29	88				420	633	213				633
Allied Health - Outsourced	28	16	-12				317	192	-125				192
Total Allied Health	**2,805**	**3,071**	**266**	**427.81**	**452.07**	**24.26**	**33,982**	**35,330**	**1,348**	**424.80**	**438.86**	**14.05**	**35,330**
Support													
Support - Direct	2	14	12	0.46	3.34	2.88	38	151	113	0.93	3.21	2.28	151
Support - Indirect													
Support - Outsourced	35		-35				45		-45				
Total Support	**37**	**14**	**-23**	**0.46**	**3.34**	**2.88**	**83**	**151**	**68**	**0.93**	**3.21**	**2.28**	**151**
Management / Admin													
Management & Administration - Direct	1,306	1,189	-117	189.30	184.30	-5.00	14,081	13,764	-317	179.16	179.42	0.26	13,764
Management & Administration - Indirect	1	6	5				51	66	15				66
Management & Administration - Outsourced	1	1					76	13	-63				13
Total Management / Admin	**1,308**	**1,196**	**-112**	**189.30**	**184.30**	**-5.00**	**14,208**	**13,844**	**-364**	**179.16**	**179.42**	**0.26**	**13,844**
Total Workforce Expenses	**11,157**	**10,916**	**-241**	**1,351.15**	**1,321.61**	**-29.54**	**128,595**	**127,162**	**-1,433**	**1,314.62**	**1,295.24**	**-19.39**	**127,162**
Non Personnel													
Outsourced Clinical Services	47	100	53				1,008	1,185	177				1,185
Outsourced Corporate / Governance Services													
Outsourced Funder Services	1,200	1,206	6				14,397	14,470	73				14,470
Clinical Supplies	1,395	968	-427				16,812	11,937	-4,875				11,937
Infrastructure & Non-Clinical Supplies	765	706	-59				8,593	8,410	-183				8,410
Provider Payments													
Personal Health	71,359	67,139	-4,220				802,761	800,836	-1,925				800,836
Change Initiative Fund													
Mental Health	8,763	8,497	-266				104,261	101,967	-2,294				101,967
Public Health	305	84	-221				1,556	1,007	-549				1,007
Disability Support	16,180	15,803	-377				192,336	189,737	-2,599				189,737
Maori Health	98	174	76				2,146	2,220	74				2,220
Non Operating Expenses													
Total Non Personnel Expenses	**100,113**	**94,677**	**-5,436**				**1,143,871**	**1,131,769**	**-12,102**				**1,131,769**
TOTAL EXPENSES	**111,270**	**105,594**	**-5,676**				**1,272,466**	**1,258,931**	**-13,535**				**1,258,931**
Net Surplus / (Deficit)	**-3,942**	**-2,439**	**-1,503**				**-21,481**	**-21,931**	**450**				**-21,931**

Requests awaiting approval - Items on Register.

Southern District Health Board – Monthly Financial Report
For the month ended 30 June 2021

Covid-19 Vaccination Programme - Jun21

	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	1,084	1,084					2,651	2,651					
IDF Revenue													
Other Government													
Total Government & Crown	**1,084**	**1,084**					**2,651**	**2,651**					
Total Internal Revenue	**1,357**	**1,357**					**2,587**	**2,587**					
TOTAL REVENUE	**2,440**	**2,440**					**5,238**	**5,238**					
EXPENSES													
Workforce													
Senior Medical Officers (SMO's)													
SMO - Direct	1	(1)	**0**	**(0)**	6	(6)	**0**	**(0)**					
Total SMO's	**1**	**(1)**	**0**	**(0)**	**6**	**(6)**	**0**	**(0)**					
Total Medical costs (incl outsourcing)	**1**	**(1)**	**0**	**(0)**	**6**	**(6)**	**0**	**(0)**					
Nursing													
Nursing - Direct	413	(413)	**56**	**(56)**	941	(941)	**9**	**(9)**					
Nursing - Indirect					7	(7)							
Total Nursing	**413**	**(413)**	**56**	**(56)**	**948**	**(948)**	**9**	**(9)**					
Management / Admin													
Management & Administration - Direct	382	(382)	**63**	**(63)**	917	(917)	**11**	**(11)**					
Management & Administration - Indirect	6	(6)			6	(6)							
Management & Administration - Outsourced	5	(5)			79	(79)							
Total Management / Admin	**393**	**(393)**	**63**	**(63)**	**1,003**	**(1,003)**	**11**	**(11)**					
Total Workforce Expenses	**807**	**(807)**	**119**	**(119)**	**1,957**	**(1,957)**	**20**	**(20)**					
Non Personnel													
Outsourced Clinical Services	70	(70)			70	(70)							
Clinical Supplies	7	(7)			15	(15)							
Infrastructure & Non-Clinical Supplies	199	(199)			459	(459)							
Provider Payments													
Personal Health													
Mental Health													
Public Health	1,357	(1,357)			2,736	(2,736)							
Disability Support													
Maori Health													
Total Non Personnel Expenses	**1,632**	**(1,632)**			**3,280**	**(3,280)**							
TOTAL EXPENSES	**2,440**	**(2,440)**			**5,237**	**(5,237)**							
Net Surplus / (Deficit)	**1**	**1**			**2**	**2**							

Summary

Strategy, Primary and Community report a provisional unfavourable bottom-line variance of $1.50m for June and $0.45m favourable YTD.

Comments for discussion

- Pharmac's latest advice has a significant impact on pharmaceutical expenditure and DHB revenue, which results in an unfavourable bottom line impact of $2.5m.
- Discussion is required regarding the new revenue streams for Intensive Support Program and the Additional Immunisation Support.

Southern District Health Board – Monthly Financial Report
For the month ended 30 June 2021

Revenue

External Revenue –

Category	Jun Variance	YTD variance	Comment
IBT	$90k f	$955k f	Expenditure offset
CSC	$44k f	$561k f	Expenditure offset
Primary integrated MH & Addictions	$373k f	$3.29m f	112 months revenue with expense offset
MH Addictions Crisis Support	$20k u	$213k f	Programme development – new contract
Alcohol & Other Drugs	$144k u	$195k f	One off on signing
Forensic Services	$85k f	$761k f	New programme
Youth Forensic services	$45k f	$317k f	
Measles Immunisation Campaign	$83k u	$354k F	
Pharmaceutical funding (tranche 1)	$56k f	$675k f	Additional Covid funding
Pharmaceutical funding (tranche 2)	$1.46m u	$1.05m f	Additional Covid funding.
Capital Charge	$171k u	$2.06m u	Reduction from 6% to 5%. Expense offset
Planned Care	$2.65m f		
Covid 19 Vaccination Funding	$1.08m f	$2.65m f	
Covid 19 Public Health	$137k f	$137k f	
Covid 19 Quarantine Free	$66k f	$66k f	
Reduce Pressure on Fees	$9k f	$110k f	
Pay Equity	$104k f	$751k f	
Hospice Palliative Care	$27 f	$322k f	New contract from Oct 20
DSS side contracts	$89k f	$632k f	
Improvement Action Plan	$1.46m f	$1.92m f	
Other	$273k f	$381k f	
Total	**$4.71m f**	**$ 13.18m f**	

IDF Revenue

$590k favourable for the month and $2.78m YTD.

Southern District Health Board – Monthly Financial Report
For the month ended 30 June 2021

Pharmaceuticals

The SDHB Consolidated Pharmaceutical expenditure (including funder Haemophilia) is unfavourable to budget for June with a $1.84m unfavourable variance to budget (YTD $10.11m).

After factoring additional revenue and the expenditure previously transferred to COVID, we see a $6.93m unfavourable variance to budget. Additional revenue was adjusted down to align to MOH advice reducing the total to be received for the year by $3.3m. $1.7m of this reduction was advised in June 21. This was due to "Pharmac 's latest assessment that the increased costs being driven by global supply issues through the Covid-19 pandemic have been revised down".

Advice from Pharmac re the 20/21 rebate was received in June 21. The impact on the accrual for the rebate payable to the DHB is a reduction of $844k when compared to the accrual calculation using the previous rebate advice. The adjustments include 19/20 final washup ($1.1m reduction), gst to be claimed ($752k increase) and Discretionary Pharmaceutical Fund payment ($873k increase).

Revenue for Covid expenditure was also reduced by a further $1.7m on top of the previous $1.65m reduction impacting on the bottom line in the table below.

	$000 YTD 2019/20	$000 YTD Actual	$000 YTD Budget	$000 Variance YTD
Clinical Supplies - Pharmaceuticals	$ 29,059.0	$ 32,246.3	$ 25,438.0	-$ 6,808.3
Provider Payments - Pharms	$ 70,058.5	$ 76,573.6	$ 74,824.2	-$ 1,749.4
Haemophillia (medical outpatients)	$ 3,439.1	$ 3,825.6	$ 2,271.3	-$ 1,554.3
Total	**$ 102,556.6**	**$ 112,645.4**	**$ 102,533.4**	**-$ 10,112.0**
Variance is made up of the following (estimate)				
Pharms YTD		$000 YTD Actual	$000 YTD Budget	$000 Variance YTD
PCT	$ 12,823.6	$ 14,067.2	$ 9,752.0	-$ 4,315.2
Community Pharms (DHB Outpatients)	$ 5,594.6	$ 7,599.0	$ 4,792.1	-$ 2,806.8
Hospital Inpatients	$ 10,640.8	$ 10,580.1	$ 10,893.9	$ 313.8
Community Pharms (excl DHB)	$ 70,058.5	$ 76,573.6	$ 74,824.2	-$ 1,749.4
Haemophillia (medical outpatients)	$ 3,439.1	$ 3,825.6	$ 2,271.3	-$ 1,554.3
Total	**$ 102,556.6**	**$ 112,645.4**	**$ 102,533.4**	**-$ 10,112.0**
Additional Unbudgeted Revenue - Tranche 1		$ 675.0	$ -	-$ 675.0
Additional Unbudgeted Revenue - Tranche 2		$ 1,053.0	$ -	-$ 1,053.0
Expenditure coded to Covid		$ 1,456.4	$ -	-$ 1,456.4
Adjusted Total (adjusting for unbudgeted revenue	**$ 102,556.6**	**$ 109,461.0**	**$ 102,533.4**	**-$ 6,927.6**

Southern District Health Board – Monthly Financial Report
For the month ended 30 June 2021

Workforce Costs

	YTD Variance - FTE				
Workforce	Community Services	Primary Care & Population Health	Mental Health	Strategy Primary & Community Other	Total
Medical	-0.8	0.8	-1.1	0.5	-0.6
Nursing	4.2	-23.2	-25.3	-0.2	-44.5
Allied Health	5.9	9.9	-2.7	0.9	14.0
Support	2.3	0.0	0.0	0.0	2.3
Mgt/Admin	1.5	-10.9	0	-1.2	-10.6
Total	13.1	-23.4	-29.1	0	-39.3

Medical SMO –

- SMO ordinary time was 4.5 FTE over budget as a result of only 59% of annual leave taken to budget (2.9 FTE favourable) Lakes SMO's are 1.65FTE u for June. Secondment in this service is a contributing factor.
- 1 FTE favourable YTD. Dental Surgery cost centre favourable variance offset in RMO's
- Overall, training is the main driver offset by overtime.
- $82k YTD relocation costs impacting indirect costs.

Medical RMO –

- 1.5 FTE unfavourable to budget YTD. Dental Surgery unfavourable variance offset in SMO's
- Ordinary time unfavourable by 2 FTE partially offset by training (0.5 fav)

Nursing –

- The 100FTE unfavourable impact in June was mainly due to Covid cost centres which account for 57 FTE. Mental Health cost centres 29 FTE (budget includes 35 FTE of savings and vacancy factor) and Lakes cost centres 8 FTE
- YTD unfavourable variance of 44 FTE is mainly due to Mental Health 25 FTE u, Covid 9FTE u and Lakes 7 FTE u.
- June FTE variance mainly driven by Registered nurses (64 FTE u) mainly Ordinary time (40FTE) and training (11 FTE). Health Care assistants are 27 FTE unfavourable mainly due to Ordinary time (24 FTE).
- June $696k unfavourable variance is due to unpaid days accrual ($82ku),Ordinary time ($275k u), backpays ($92k u), training ($54k u) & overtime ($37k u) .
- YTD FTE variance (44 u) mainly driven by Ordinary (19 FTE), Accident leave (9 FTE) sick leave (4FTE) and overtime (5FTE) unfavourable.
- YTD $3.2m unfavourable variance is mainly due to Accident leave ($654k u), overtime ($685k u), back pays ($921k u), AL accrued ($409k u), Statutory ($144k u), allowances ($141k u) and unpaid days accrual ($178k u)offset by other leave ($272k f).
- Skill mix and Annual leave revaluation favourable to budget is contributing to low $ per FTE variance.

Allied Health –

- 14 FTE favourable YTD. YTD expenditure is $1.36m favourable.
- YTD FTE variance is mainly driven by Ordinary (18 FTE f) offset by overtime (1.6 FTE u) and sick leave (0.7 FTE u) and Long Service leave (0.9 FTE u)
- YTD expenditure is $1.36m favourable and is mainly due to ordinary time ($2.06m fav) and Statutory (time in lieu) ($71k fav), offset by overtime ($240k unfav), backpays ($505k unfav) and allowances ($86k unfav).

Southern District Health Board – Monthly Financial Report
For the month ended 30 June 2021

Management/Admin –

- June expenditure is $499k u. Ordinary time ($421k) and annual leave accrued ($42k)
- YTD expenditure is $1.37m u. Mainly due to Ordinary ($746k u), Backpays ($175k u), overtime ($143k u) and Annual leave accrued ($54k u).
- Covax and Implementation cost centres account for 10 unbudgeted FTE and $916k unbudgeted expenditure YTD.

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	303	268	-35	3,479	3,204	-275	3,204
Diagnostic Supplies & Other Clinical Sup	7	6	-1	75	74	-1	74
Instruments & Equipment	94	68	-26	804	807	3	807
Patient Appliances	157	130	-27	1,980	1,817	-163	1,817
Implants & Prostheses	1		-1	10	6	-4	6
Other Clinical & Client Costs	35	28	-7	349	338	-11	338
Total	597	500	-97	6,697	6,246	-451	6,246

- Clinical Supplies – Dressings ($202k u), Ostomy ($167k u) and Continence ($130k u) offset by Clinical equipment operating leases ($87k f) are the main drivers of the unfavourable YTD variance.
- As forecast Negative Pressure Wound Injury Therapy investment has reduced consumables.

Infrastructure & Non-Clinical Supplies

YTD expenditure $681k unfavourable with the main variances being:

- Consultants Fees $80k favourable
- Patient meals $182k favourable
- Electricity $51k favourable
- Accommodation & meals $162k unfavourable
- Domestic travel $82k unfavourable
- Security services $187k unfavourable. Mental Health component of $130k offset by extra revenue.
- Uniforms $59k unfavourable
- Cleaning $51k unfavourable
- Rents $96k unfavourable
- Other Equipment $85k unfavourable

$460k of the YTD overspend relates to Covid cost centres.

Southern District Health Board – Monthly Financial Report
For the month ended 30 June 2021

Provider Payments (NGO's)

Personal Health

- Dental - $670k favourable YTD - Contract and invoicing process issues 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 – Favourable to budget YTD ($892k). Community Services Card ($560k unfav) and Careplus $76k unfavourable. This extra expenditure is offset by a favourable variance in Health Care Homes of $633k and a reduction of POAC expenditure of $754k along with matching revenue for CSC.
- Pharmaceuticals – See previous comments.
- Travel & Accommodation - $275k favourable YTD. Demand driven.
- Immunisation – YTD expenditure $90k unfav.
- Palliative care - $217k unfavourable YTD.
- Medical Outpatients - $1.32m unfavourable YTD due to haemophilia national pool expenditure.
- Surgical Inpatients - $1.91m unfavourable YTD. June unfavourable due to Improvement Action Plan expenditure of $1.92m (revenue offset).
- Price adjusters - $670k favourable YTD. Due to pool for NGO increases where the actual costs are incurred across various lines.
- The IDF yearend washup is calculated on extrapolated files and includes Pharmaceuticals, bariatric surgery and Pet Scan washups 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 ($381 k f YTD). Demand driven service.
- Other/Minor mental health ($3.24m u YTD) relates to 12 months of Primary Integrated MH & Addiction contract signed last in October. Offset by equivalent revenue.

Public Health

- YTD expenditure is $3.3m unfavourable.
- Covid Vaccination Programme cost centre accounts for $2.7m of the unfavourable variance.
- Public Health Covid revenue relating to expenditure incurred within Public Health cost centres is transferred to the cost centre through an internal transfer. Provider payments therefore show an unfavourable variance which is offset with matching revenue. The method of transfer was corrected in June and therefore Public Health providers include a $137k unfavourable variance relating to this.
- Budgeted savings of $330k that have not been achieved within provider payments but have been achieved across Public Health in total. Able Mental Health Charitable Trust payments $47k unfavourable due to budget currently in Mental Health directorate. Tobacco control unfavourable due to unbudgeted Vape Quit contract (signed off after budget completed). Total tobacco expenditure across the Funder and Provider Arms is less than the actual revenue received from MOH.

Disability Support

- Pay Equity - $212k unfavourable to budget YTD, largely due to high utilisation in ARRC.

Southern District Health Board – Monthly Financial Report
For the month ended 30 June 2021

- ARRC - $293k unfavourable for June and $2.31m unfavourable YTD.
  - Hospital level beds are on the increase again but at a slower rate than late last year.
  - Dementia bed nights are trending up again after a slow down post February.
  - Rest Home beds continue to be significantly down on budget, but as per above, being offset by Hospital and Dementia beds.
  - The team continue to look to identify factors influencing increased Hospital level utilisation.
- Home Support - $121k unfavourable for June and $916k unfavourable YTD.
  - YTD IBT is driving unfavourable variance (noting favourable revenue).
  - All outstanding 2019/2020 FFS washups have been paid in line with the accrual.

Maori Health

- Whanau Ora Services $87k f YTD. Mainly due to Maori Service Development expenditure being $50k f

Expenditure Management Plans – current performance and future actions

	Savings Target		Variance to budget	
Savings category	**Annual**	**YTD**		**Comment**
Pharmaceuticals	1,300k	1,300k	6,927k u	YTD savings not achieved
ARRC	1,386k	1,386k	2,308k u	YTD savings not achieved
Public Health[2]	331k	331k	867k f	YTD savings **fully** achieved
Mental Health[2]	3,419k	3,419k	1,312k f	YTD savings **fully** achieved
Total	**6,436k**	**6,436k**	**7,056k u**	

[2]includes both Funder and Provider

Southern District Health Board – Monthly Financial Report
For the month ended 30 June 2021

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 Jun 21					
	Month			YTD		
	Actual	Budget	variance	Actual	Budget	variance
Personal Health						
Labs	1,514	1,484	(30)	17,774	17,804	30
Pharms	7,341	6,468	(873)	75,156	74,824	(332)
Primary Care	5,558	6,883	1,325	80,167	81,059	892
Dental	1,348	1,407	59	15,973	16,650	677
Travel & Accommodation	389	411	22	5,139	5,414	275
IDF	3,780	3,110	(670)	38,357	37,317	(1,040)
Internal expenditure	46,562	44,359	(2,203)	449,504	533,733	84,229
Other	4,867	3,017	(1,850)	120,691	34,035	(86,656)
Total Personal Health	71,359	67,139	(4,220)	802,761	800,836	(1,925)
Change Initiative	0	0	0	0	0	0
Disability Support Services						
Pay Equity	1,634	1,653	19	18,988	18,776	(212)
Home & Community Support	2,603	2,437	(166)	30,185	29,224	(961)
Aged Residential Care	8,210	7,927	(283)	98,741	96,433	(2,308)
Respite	85	139	54	1,316	1,532	216
Carer Support	174	160	(14)	1,729	1,918	189
IDF	404	389	(15)	4,594	4,664	70
Internal expenditure	2,547	2,547	0	30,560	30,560	0
Other	523	551	28	6,223	6,630	407
Total Disability Support Services	16,180	15,803	(377)	192,336	189,737	(2,599)
Mental Health						
Alcohol & Drugs	468	470	2	5,618	5,654	36

Southern District Health Board – Monthly Financial Report
For the month ended 30 June 2021

Child & Youth	1,099	1,108	9	13,155	13,293	138
IDF	463	463	0	5,550	5,550	0
Internal expenditure	5,926	5,926	0	71,117	71,117	0
Other	807	530	(277)	8,821	6,353	(2,468)
Total Mental Health	8,763	8,497	(266)	104,261	101,967	(2,294)
Public Health	1,662	84	(1,578)	4,292	1,007	(3,285)
Maori Health	98	174	76	2,146	2,220	74
Total Funder	96,563	91,697	(4,866)	1,104,298	1,095,767	(8,531)

13

FOR INFORMATION

Item: **Improving the number of children enrolled and accessing the Community Oral Health Service, and Update of Oral Health Spatial Equity Project**

Proposed by: Toni McKillop, Oral Health Service Manager

Meeting of: 2 August 2021

Recommendation

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

Purpose

To provide an update to the Community and Public Health Advisory Committee of the recovery process from the impact of COVID 19 for children overdue for their scheduled examinations, and update the Committee on plans moving forward from recovery which include population need and access to services.

Specific Implication for Consideration

1. Financial
    - Impact on the service of redeploying staff and mobiles away from scheduled sites. (Accommodation)
2. Quality and Patient Safety
    - More appropriately targeted resource allocation.
3. Operational Efficiency
    - Impact from redeployment of mobiles to address arrears, to the original scheduled site they were allocated to.
4. Workforce
    - Redeployment of staff and mobile for a set timeframe in significantly affected areas, impact on plan if decrease in staffing numbers due to resignation, retirement.
5. Equity
    - Redirecting the service focus from, 'everyone receives the same care', to prioritising.
    - Supporting and promoting an equitable distribution of services in the future.
6. Other
    - Nil

Background

As a result of the COVID 19 pandemic and New Zealand's response to COVID, Oral Health's ability to deliver care was impacted by the Ministry of Health's and Dental Council's setting strict criteria work related to the production of aerosols. As a result of that, Oral Health was unable to provide care to their patients in the community from Alert Level 3. The overall period of down time for the service was greater than the initial 4 weeks, we had to wait to return to Alert level 2.

The national acceptable arrears rate nationally was 10% pre-COVID, Southern DHB prior to the time of lockdown, arrears rate sat at 14% and I am informed that this had been like that for a while due to staffing issues, e.g., injury, prolonged sickness, inability to recruit, and a national shortage of Dental Therapists. Post-COVID Southern DHB arrears rates shot up to 33%.

As we reduce the arrears rate, as set out by the strategies below, the service is also planning for community oral health needs moving forward through the Oral Spacial Equity project.

Discussion

1. Arrears

   In-services with staff were held to discuss and gain ideas and potential opportunities as to how we could deliver the service in an equitable way which also would help reduce the current service arrears. A multi-pronged approach was favoured which involved rearranging parts of the Community Oral Health Service (COHS).

   - Rationalise and reassign the Dental Mobile Units - identifying those areas which held the highest number of arrears, redeploying two Dental Mobile Units and associated staff, that ran concurrent between February and June 2021, treating 880 children in Central Otago, which has cleared the overdue recall back to normal operation levels in that area.

   - Eighteen month recall criteria – a risk-based assessment moving low-risk patients to 18 months rather than 12 month recalls. Guidelines and scripts were developed for the Therapist to help explain to parents the rationale for those children assessed as low risk, while still ensuring open access for relief of pain patients, or parents with concerns. This allows the service to allocate greater resource to medium to high-risk patients by bringing them back for 12 month, or 6 month recalls dependant on the degree of disease.

   - Completion of the fourth chair at South Dunedin Clinic. This replaced 1 of 2 chairs lost at the Dental School due to the development of the new facilities, therefore ensuring coverage for 1,500 of the 3,000 children that were affected by loss of those chairs.

2. Spatial Equity Project

   The initial meetings have been about laying the foundations for the project going forward, establishing indicators, accessible information for those indicators, e.g., map locations, FTE locations, days open and enrolled populations in each area.

   Once the potential indicators highlighted by the service were assessed by a Ministry of Social Development criteria (Criteria for Selecting Health Need indicators in a Primary Care setting), a short list of four indicators were chosen.

   Currently this is a work in progress.

Next Steps & Actions 2021-2022

1. Arrears

    - Replacement of the final chair lost at the Dental School, business case to be developed.
    - Tele-Dentistry – guidelines being developed, ongoing.
    - Oral Health Portal – providing public access to oral health educational resources for care of your children's teeth at home, working with Information Technologies (IT) around feasibility.
    - Fluoride vanishing programmes – we have trained the Dental Assistants to apply fluoride vanish to which temporarily inhibits the disease process.

2. Spatial Equity

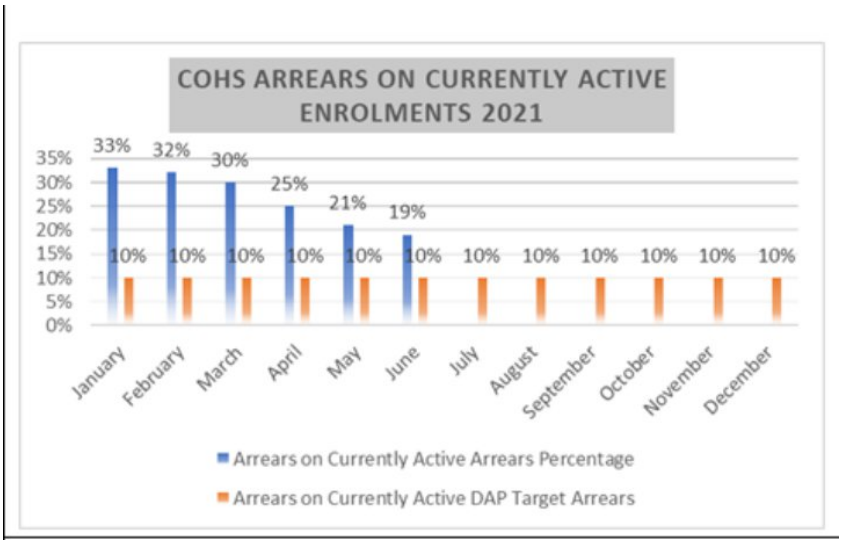
    - Next meeting 8 July 2021.
    - Topics for discussion:

      Update on Geographic Information Systems (GIS) progress.

        - Spatial accessibility analysis for Community Oral Health (COH) and Combined Dental Adolescents (CDA) services completed (supply, demand, distance for each Adolescent User (AU)).
        - Used different pop denominators.
        - Spatial autocorrelation also complete.
        - Can provide more technical details if needed.
        - Maps of initial results.
        - Will link these outputs to other datasets via Domicile Code.

Appendices

Appendix 1


COHS ARREARS ON CURRENTLY ACTIVE ENROLMENTS 2021
35%
30%
25%
20%
15%
10%
5%
0%
33%
32%
30%
25%
21%
19%
10%
January
February
March
April
May
June
July
August
September
October
November
December
Arrears on Currently Active Arrears Percentage
Arrears on Currently Active DAP Target Arrears

Appendix 2

SDHB COHS Dental Caries Pathway based on a Childs Risk assessment

To ensure a more equitable delivery of care within the COHS we will be exploring the recall intervals of children enrolled in our service. The discussion so far has been on focussing on the children within our service who need us the most and this means we need to focus our risk assessment.

With the mostly universal use of radiographs and the fact that two thirds of our children do not have decay means we can focus the use of resource to those that need us most.

We are particularly interested in the following:

- Early enrolment and preventative appointments.
- We will continue to enrol children from birth and aim to see them prior to age 1.
- Fissure sealants.
- Children will be seen at, or around, age 6 to ensure 6's are sealed.
- Checking permanent canines, this is very important, and a child must have this done at age 9.
- Year 8 – final check.

We want to continue with this as a focus:

Example of a child's pathway through our service:

- Enrol at birth – letter sent and first visit at 6 months ⟹ **Low risk - 18month recall**
- Visit around age 2
- Visit around age 4-5
- Visit around 6-7 ⟹ **Sealants placed**
- Visit around 8
- Visit between 9-10 years ⟹ **Canines checked**
- Visit Year 8 ⟹ **Transfer out of service**

Our proposed Care Pathway for those within our service is as below – medium and high-risk children will receive fluoride varnish 6 monthly. Our training of Dental Assistants will help with this.

We are seeking your feedback on this and welcome any comments.

We have also attached an article by the International Association Paediatric Dentists (IAPD) which is what the below table is based on.

Appendix 2 (cont.)

SDHB Dental Caries Pathways based on a child's risk assessment			
	Low Risk	**Moderate/Medium Risk**	**High Risk**
Caries Risk Indicator	• Child has no caries • No new lesions in 1 year • No white spot lesions • High SES • School Decile 7-10	• Child has / had 1 or more lesions • 1 or more lesions / year • Infrequent white spot lesions • Middle SES • Maori / Pacific	• Child has / had 1 or more proximal lesion • More than 2 new lesions / year • Enamel defects, or white spot lesions • Mother / caregiver has active caries • Low SES • Appliances in mouth • High frequency sugar consumption
Diagnostic Procedures	• Exam interval 18 months • Radiographic interval 18 months	• Exam interval 12 months • Radiograph interval 12 months	• Review interval 6 months • Radiograph interval 12 months • Diet analysis
Preventative Therapy	• Brushing with Fluoride toothpaste twice daily • Sealants	• Brushing with Fluoride toothpaste twice daily • Topical fluoride application 6 monthly • Sealants	• Brushing with Fluoride toothpaste twice daily • Professional topical fluoride 3 monthly • Sealants • Brushing with 1450ppm toothpaste
Restorative Therapy		• Active surveillance of white spot and enamel proximal lesions • Restoration or NaF of progressing lesions • Restoration or NaF cavitated lesions	• Active surveillance white spot lesions • Restoration of enamel proximal lesions • Restoration or NaF of progressing lesions • Restoration or NaF of cavitated lesions

** SES = Social economic status*

** NaF = Fluoride*

Appendix 3

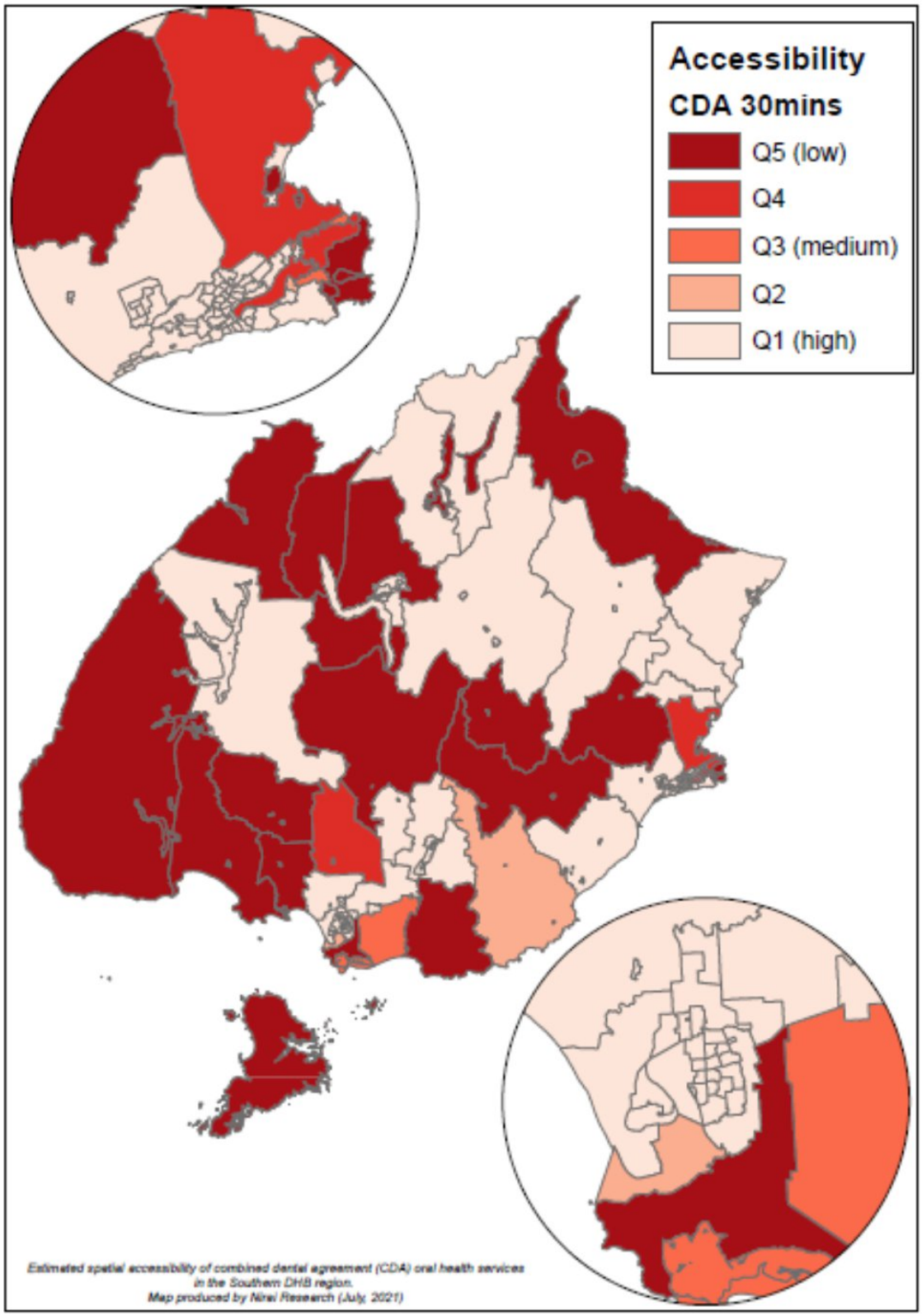
Other indicators from the original list have been excluded from this final shortlist.

Indicator	Data source	Age group	Score	Limitations	Priority
1) Domicile ASH rates for dental admissions	National Minimum Dataset	00 -18	10		**Prioritise – 1st level indicator**
2) % of domicile with Caries (DMF >0) by age/ethnicity	Titanium	00-12/13 (Year 8)	9 (Private data available?)	Private data (adolescents) potentially unavailable. Will not capture individuals who require treatment for carries but have not had an appointment	**1st level indicator**
3) % of domicile where time from enrolment to first visit is > 12 months	Titanium	00-12/13 (Year 8)	9 (Private data?)	Not strictly a need indicator – more an indicator of under supply of services.	**2nd level indicator**
4) % of domicile where time since last appointment > 12months	Titanium	00-12/13 (Year 8)	9 (Private data?)	Not strictly a need indicator – more an indicator of under supply of services.	**2nd level indicator**

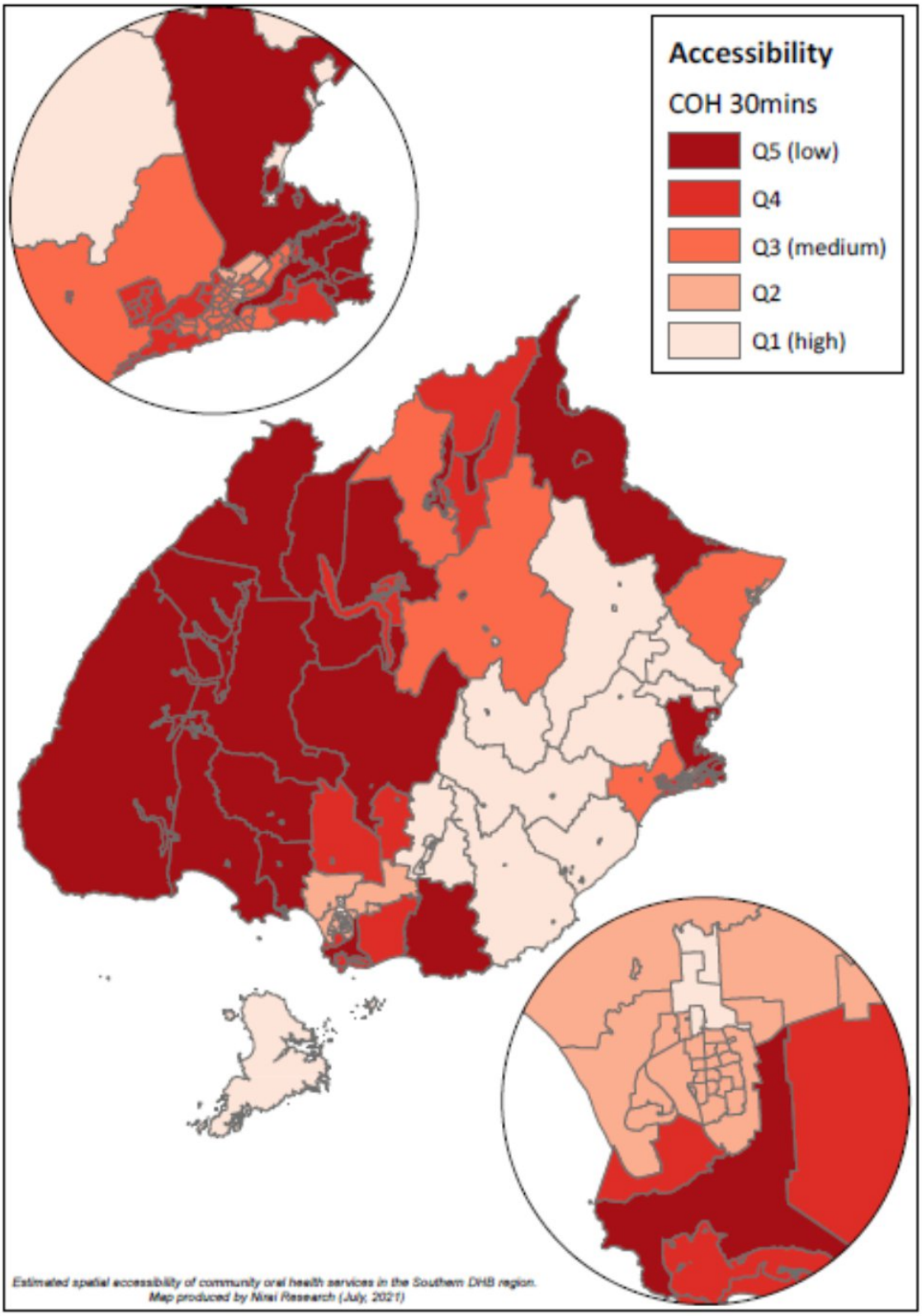
* *ASH = Ambulatory sensitive admissions*

* *DMF – Adult decayed missing and filled*

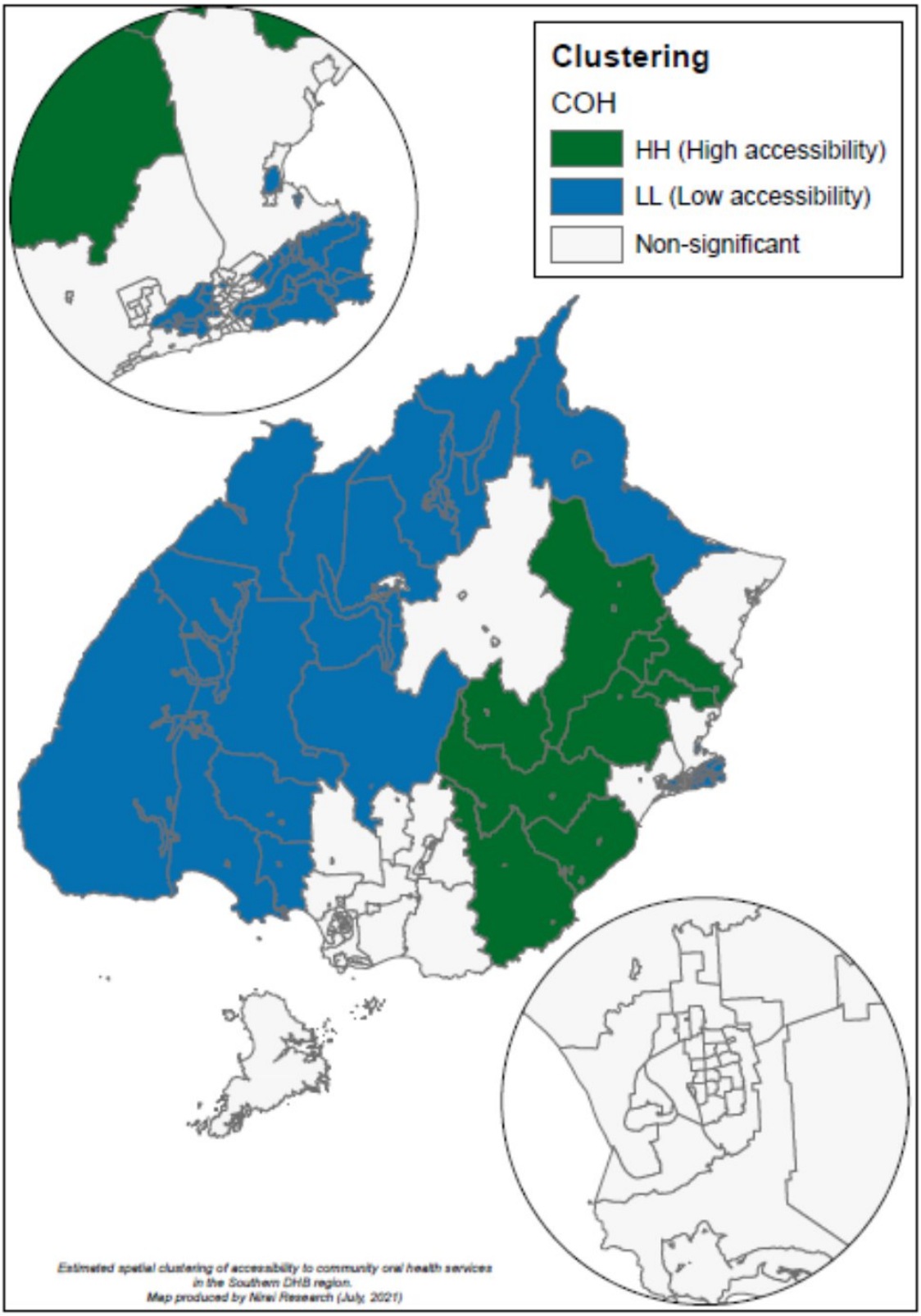
Appendix 3 (cont.)



Appendix 3 (cont.)



Appendix 3 (cont.)



FOR APPROVAL

Item: **Population Health Update – Impact of COVID-19 and current state**

Proposed by: Emma Wallace, Service Manager, Population Health

Meeting of: 2 August 2021

Recommendation

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

Purpose

To provide an update on the impacts of COVID-19 to Population Health Service Provision 2020/2021 and current work being undertaken.

Specific Implication for Consideration

Financial

- Nil

Quality and Patient Safety

- Nil

Operational Efficiency

- The update highlights disruption to Population Health services due to COVID-19, work to mitigate disruption going forward and continued support to the COVID-19 organisational efforts.

Workforce

- Nil

Equity

- Te Tiriti o Waitangi and equity are overarching principles in Population Health. As this update highlights disruption to Population Health services, it includes disruption to services that targets cohorts such as Māori and Pacific populations.

Other

- Nil

Background

Population Health comprises proactive community healthcare work to improve the wellbeing of people in the Southern Region.

Services include: Public Health Nursing, Universal New Born Screening, Vision Hearing Service, Cervical Screening, National Immunisation Register (NIR) Sexual Health, Sexual Assault and Treatment Service (SAATS), Gateway Assessment, Puketai (Oranga Tamariki Child Protection

Residence facility) health assessments, Immunisation Outreach and Vaccine Preventable Disease (VPD), B4 School Checks (B4SC), School Based Services, Measles Campaign and Child Youth Mortality. The FTE (Full Time Equivalent) staffing listed below:

Te Punaka Oraka - Public Health Nursing	**50.1 FTE**
Note a number of services within Te Punaka Oraka: * Public Health Nursing * Gateway * Puketai (Oranga Tamariki Child Protection Facility health assessments) * Immunisation Outreach * Vaccine Preventable Disease * School Based Services * Measles Campaign * B4 School Checks	

Vision Hearing Screening	**8.5 FTE**
* Vision Hearing Technicians * Universal Newborn Screeners	

Sexual Health	**6.1 FTE**

National Immunisation Register	**4.6 FTE**

Cervical Screening	**3.1 FTE**

SAATS	**0.3 FTE**
* Note - A number of sub-contracted staff rostered	

Child Youth Mortality Review	**0.4 FTE**

This update is to inform CPHAC on the impacts of COVID-19 to Population Health Services in 2020 and 2021 but specifically to B4 School Checks (as requested) and Measles Campaign (still on hold).

Population Health Services were significantly disrupted as COVID-19 developed in New Zealand in 2020. Staff were redeployed to support organisational response to this including contract tracing and case management. In 2021, staff were redeployed to support the setup of COVID-19 Vaccination clinics. Ongoing, staff have continued to be requested to support the COVID-19 vaccination programme. It is pleasing to note that Population Health Services have now fully resumed except for the Measles Campaign which is on hold at the direction of MOH (Ministry of Health). At the time of writing this report Population Health is awaiting an update from MOH as to when to resume this campaign.

Many staff being requested to support COVID-19 work are those in the Public Health Nursing area of Immunisation Outreach and Vaccine Preventable Disease (VPD) team. This is due to their expertise in vaccine Cold-Chain management. Although this reinforces the expertise and respect of the staff both internally and externally to support community clinics, it is putting pressure on staff to maintain service delivery and to manage wellbeing of staff. To mitigate this pressure, additional Immunisation coordinator resource has been recruited into the COVID-19 workforce. Public Health Nursing staff are supporting these new recruits in getting up to speed with protocol requirements.

Ongoing, the priority for staff is to maintain their service delivery and achieve MOH targets. Services have resumed and are progressing well. Quarter 4 results will demonstrate how well Population Health has resumed Business as Usual (BAU) work and will inform Service Planning for 2021/2022. These results are due late July and can be further reported to CPHAC.

Discussion

- ***Population Health Service Disruption, General -*** Majority of services have resumed fully with all staff resuming BAU work. Quarter 4 reporting to be completed later in July will indicate how well the service has resumed. At the time of compiling this report, the data has not been released by MOH.

Proactive planning is underway to ensure BAU work meets MOH targets whilst continuing to support the COVID vaccination programme rollout and COVID outbreak contingency planning (contract tracing and case management if the need arose). Recently there have been a number of requests for Population Health to support community COVID vaccination clinics. This demonstrates the respect of Population Health expertise within the community. Staff are working collectively across the district to ensure support can be provided whilst continuing core work.

- ***B4 School Checks Programme (B4SC), School Based services*** – These services had been disrupted by COVID due to education centres closing in lock down and cessation to support COVID vaccination clinics. The service explored options of providing some of the lower priority checks via TeleHealth. This commenced during Level 3 however has not continued at lower levels as the service returned to normal provision. This is due to challenges with some measures such as height and weight. TeleHealth remains an option to complete lower priority checks if there are future outbreaks. Once centres and schools reopened staff recommenced checks and prioritised low-decile schools, and education centres with higher cohorts of Māori learners.

  B4SC offered catch up services to 5 year olds based on need and majority of children have been caught up this way. Indicative data for Quarter 4 suggests MOH targets met or exceeded except Maori cohort. Once data is confirmed, this will inform priority work going forward with a focus of equitable access.

- ***Measles Campaign 15-30 year olds*** - In 2020 a planned Measles catch up campaign for 15 to 29 year olds was planned to run July 2020 – August 2021 to support the National Campaign within the Public Health Nursing component of Population Health. In March 2021 Measles clinics have been suspended with direction from MOH to enable the prioritisation of the COVID-19 vaccination clinics. General Practices are continuing with the MMR vaccinations. MOH have yet to advise when this campaign should recommence, and it is presumed the delay in this is being driven by COVID-19 priorities. Work will be undertaken in preparation for the programme to recommence with a priority to refocus this work in collaboration with the PHO.

Next Steps & Actions

Service planning will commence post Quarter 4 reporting to ensure review of outcomes and improvement actions identified with priority on equitable access.

Proactive work to be scheduled to ensure continued service delivery is met, wellbeing of staff is being managed whilst maintaining COVID-19 Case Management and Contract Tracing currency if the need arises to deploy staff to support a local outbreak. This is a delicate balance with finite resource, ensuring Population Health service commitments are delivered whilst supporting colleagues in COVID-19 priority work. There is constant collaboration across services and refinement in practice to ensure we meet the needs of the community as best we can.

Follow up with MOH on the Measles Campaign.

Appendices

Nil