Community & Public Health Advisory Committee Meeting

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

Lead Director: Andrew Lesperance, Executive Director Planning, Funding and Population/Public Health

02/05/2022 01:00 PM - 03:10 PM

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APOLOGIES

An apology has been received from Mr Tuari Potiki, CPHAC Chair.

FOR INFORMATION/NOTING

Item:	**Interests Registers**
Proposed by:	Jeanette Kloosterman, Board Secretary
Meeting of:	Community and Public Health Advisory Committee, 2 May 2022

Recommendation

That the Committee receive and note the Interests Registers.

Purpose

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

Changes to Interests Registers since the last Board meeting:

- Chris Fleming – minor change re nephew's employment

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, Committee and Executive Leadership Team Interests Registers

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
Pete Hodgson (Board Chair)	22.12.2020	Trustee, Koputai Lodge Trust (unpaid)	Mental Health Provider	
	22.12.2020	Chair, Callaghan Innovation Board (paid)		
	22.12.2020	Chair, Local Advisory Group, New Dunedin Hospital		
	22.12.2020 (updated 26.08.2021)	Ex-officio Member, Executive 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)~~	Removed 09.12.2021	
	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		
	02.11.2021	Wife, Alison Douglass, Barrister	Has had involvement with SDHB when representing patients.	
	25.06.2021	Director and Shareholder, Kiwood Limited	Nil (farm forestry plot).	
	09.12.2021	Member, Transition Unit's Funding Flows and Incentives Expert Panel (appointed December 2021)		
	09.12.2021	Member: Transition Unit's Primary and Community Expert Panel (appointed October 2021)		
	09.12.2021	Member: Transition Unit's Review of the Primary Care Capitation Formula Expert Panel (appointed October 2021)		
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.	

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SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	09.12.2019	Elected Vice President, Otago Branch, Association of Salaried Medical Specialists	Union (ASMS) role involves representing members (salaried senior doctors and dentists employed in the Otago region including by SDHB) on matters concerning their employment and, at a national level, contributing to strategies to assist the recruitment and retention of specialists in New Zealand public hospitals.	
	09.12.2019	Wife is employed as Co-ordinator, National Immunisation Register for Southern DHB		
	09.12.2019	Daughter is employed as MRT, Dunedin Hospital		
Kaye Crowther	09.12.2019	Life Member, Plunket Trust	Nil	
	09.12.2019	Trustee, No 10 Youth One Stop Shop	Possible conflict with funding requests.	
	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.	
	24.02.2022	Representative, Southland Inter-Agency Forum	No foreseeable conflict apart from advocacy.	
Lyndell Kelly	09.12.2019 Updated 04.12.2021	~~Employed as Specialist, Radiation Oncology~~, Locum SMO, Southern DHB	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~~	Updated 29/10/2021	
	25.06.2021	~~Trustee, New Zealand Brain Tumour Trust~~	Updated 29/10/2021 (Resigned as Trustee)	
	04.12.2021	Trustee, Healthcare Otago Charitable 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		

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER

Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	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.	
	26.08.2021	Idea Services Board of IHC	Possible conflict with contracts and service delivery models.	
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		
	09.12.2019	*Shareholder in Te Kaika		
	24.06.2021	Te Rau Ora Directorship		
	24.06.2021	Needle Exchange Services Trust (NEST) member		
	28.08.2021 (Updated 23.02.2022)	Chair, NZ Drug Foundation		
	23.02.2022	Chair, Needle Exchange Services Trust (NEST)		
	23.02.2022	Board Member, Mental Health and Wellbeing Commission		
Lesley Soper	09.12.2019	Elected Member, Invercargill City Council		
	09.12.2019	Board Member, Southland Warm Homes Trust		
	09.12.2019	Employee, Southland ACC Advocacy Trust		
	16.01.2020	Chair, Breathing Space Southland (Emergency Housing)		
	16.01.2020	Trust Secretary/Treasurer, Omaui Tracks Trust		
	19.03.2020	Niece, Civil Engineer, Holmes Consulting	Holmes Consulting may do some work on new Dunedin Hospital.	
	21.07.2020	Trustee, Food Rescue Trust		
	21.07.2020	Shareholder 1%, Piermont Holdings Ltd	Corporate Body for apartment, Wellington	
Moana Theodore	15.01.2019	Employment: Associate Professor, University of Otago	Updated 08.12.2021	
	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)~~	Removed 08.12.2021	
	17.08.2020	Health Research Council Fellow		
	14.01.2022	Sister-in-law, Charge Nurse Manager, Wakari, SDHB		
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		

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER

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Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB	Management Approach
	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		
	26.08.2021	Advisor to Health Transition Unit on Finance/Procurement		
Benjamin Pearson (Crown Monitor)	21.07.2021	Consultant Paediatrician, South Canterbury DHB		
	13.01.2022	Chief Medical Officer, 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	
Mata CHERRINGTON	18.03.2022	Chair, Community Trust South	Nil
		Associate, Centre for Social Impact	Nil
		Director, Hiringa Oranga o Awarua Ltd	Possible conflict when contracts with Southern DHB come up for renewal.
		Director, MATA Consultancy Ltd	Nil
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 Māori 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	
	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

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE LEADERSHIP TEAM

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
	10.02.2017	Director & Shareholder, Carlisle Hobson Properties Ltd	Nil
	26.10.2017 (updated 21.04.2022)	Nephew, ~~Tax Advisor, Treasury~~, Senior Treasury Official in Grant Robertson's office.	
	18.12.2017 (updated 26.08.2021)	Ex-officio Member, Executive Steering Group, New Dunedin Hospital	
	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)
	19.02.2022	Helix Enterprises Limited (Director and Shareholder)	Nil. Family owned investment entity.
John EASTWOOD	19.01.2022	Clinical Director Localities, Interim Health New Zealand	Conflict with matters related to establishment of Localities. Possible conflict with matters related to the Health Reforms and the establishment of Māori Health Authority and Health New Zealand
	19.01.2022	Clinical Professor Department of Preventative and Social Medicine, University of Otago	Conflict with matters related to Department of Preventative and Social Medicine, and possible conflict with matters related to the three UoO Clinical Schools and the University of Otago
	19.01.2022	Adjunct Professor University of New South Wales	Nil
	19.01.2022	Clinical Professor University of Sydney, Sydney, Australia	Nil
	19.01.2022	Executive Clinical Advisor Sydney Local Health District, Sydney, Australia	Nil
	19.01.2022	Director Early Years Research Group, Ingham Institute of Applied Medical Science, Liverpool, New South Wales, Australia	Nil
	19.01.2022	Director of Centre of Research Excellence for Health and Social Care Integration, Sydney, Australia	Nil
	19.01.2022	Co-Chair Sydney Institute for Women Children and their Families, Sydney Local Health District	Nil
	19.01.2022	Co-Chair International Foundation of Integrated Care - Australia	Nil
	19.01.2022	Co-Chair International Foundation of Integrated Care - Aotearoa Steering Committee	Nil
	19.01.2022	Member Royal Australasian College of Physicians Policy and Advocacy Committee (CPAC)	Nil
	19.01.2022	Executive Member of the International Society of Social Paediatrics and Child Health (ISSOP)	Nil
	19.01.2022	Consultant to the World Health Organization, Geneva	Nil

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE LEADERSHIP TEAM

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
	19.01.2022	Fellow of the New Zealand College of Public Health Medicine	Nil
	19.01.2022	Fellow of the Australasian Faculty of Public Health Medicine	Nil
	19.01.2022	Fellow of the Royal Australasian College of Physicians	Nil
	19.01.2022	Fellow of the Royal Australasian College of Medical Administrators	Nil
	19.01.2022	Fellow and Certified Health Executive of the Australasian College of Health Services Managers	Nil
	19.01.2022	Wife - General Practitioner at Mosgiel Health Centre, Mosgiel	Possible conflict with any SDHB contract negotiations with the General Practice
	19.01.2022	Wife - Contracted medical educator for the Royal New Zealand College of General Practice	Nil
	19.01.2022	Member of the Medical Assurance Society (MAS)	Nil
David GOW	07.12.2021	Private Clinic, Mercy Hospital	
	07.12.2021	Wife employed by SDHB as Nurse Consultant for Quality Improvement	
Andrew LESPERANCE	20.12.2021	Son, employee, HR Department, Ministry of Health (working with IT team recruitment)	
	20.12.2021	Director, Secretan Family Trust	
	20.12.2021	Former Director, North Island PHO (resigned when appointed to SDHB)	
	20.12.2021	Daughter, Project Co-ordinator, Ministry of Education	
	20.12.2021	Son, student, University of Otago (accounting major)	
Hywel LLOYD	16.06.2021	GP, Mosgiel Health Centre	
	16.0.2021	Wife, Nurse, Paediatric Outpatients	
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~~	Removed 10.03.2022
	10.03.2022	Daughter is a junior doctor at Middlemore Hospital and is undertaking a PhD.	PhD is in the field of general surgery and may involve engagement with general surgeons at SDHB in coming years.
	23.07.2020	~~Wife, Chief Data Architect, Inde Technology~~ - resigned (updated 10.03.2022)	Inde is part of WSP's Digital Health Collective, the consultancy service supporting the NDH Digital Infrastructure and Digital Facility Services

SOUTHERN DISTRICT HEALTH BOARD
INTERESTS REGISTER
EXECUTIVE LEADERSHIP TEAM

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
	10.03.2022	50% shareholder in wife's company *Ava Technology Solutions Limited*	Will avoid engaging with Southern Health system and the only health businesses that will be pursued will be private entities. No approach to public health will be made without the express pre-approval of the future HNZ and with the potential for conflicts noted. She will also expressly avoid recruiting from the Southern Health System.
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

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 March 2022, commencing at 1.00 pm, by Zoom

Present:	Mr Tuari Potiki	Chair
	Dr Moana Theodore	Deputy Chair
	Prof Peter Crampton	
	Mrs Kaye Crowther	
	Dr Doug Hill	
	Dr Lyndell Kelly	
	Mr Terry King	
In Attendance:	Mr Pete Hodgson	Board Chair
	Dr John Chambers	Board Member
	Mrs Jean O'Callaghan	Board Member
	Ms Lesley Soper	Board Member
	Mr Roger Jarrold	Crown Monitor *(from 1.13 pm)*
	Mr Chris Fleming	Chief Executive Officer
	Mr Andrew Lesperance	Executive Director Planning, Funding and Population/Public Health
	Ms Mata Cherrington	Chief Māori Health Strategy and Improvement Officer
	Prof John Eastwood	Chief Medical Officer
	Ms Toni Gutschlag	Executive Director Mental Health, Addictions and Intellectual Disability
	Mr Andrew Swanson-Dobbs	Chief Executive, WellSouth Primary Health Network
	Mr Gilbert Taurua	Chief Māori Health Strategy and Improvement Officer/Acting ED MHAID
	Ms Jeanette Kloosterman	Board Secretary

1.0 WELCOME

The Chair welcomed everyone, and the meeting was opened with a karakia.

A special welcome was extended to Mr Andrew Lesperance, Executive Director Planning, Funding and Population/Public Health, who was attending his first CPHAC meeting.

2.0 APOLOGIES

Apologies were received from Dr Ben Pearson, Crown Monitor, Ms Kaye Cheetham, Chief Allied Health, Scientific and Technical Officer, and Ms Jane Wilson, Chief Nursing and Midwifery Officer.

An apology for intermittent departures during the meeting was received from the Chief Executive Officer.

3.0 DECLARATION OF INTERESTS

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

Unconfirmed

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 6 December 2021 be approved and adopted as a correct record."**

T Potiki/L Kelly

5.0 MATTERS ARISING

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

6.0 REVIEW OF ACTION SHEET

The Committee reviewed the action sheet (tab 6).

Opioid Substitution Treatment

The Acting Executive Director Mental Health, Addictions and Intellectual Disability (MHAID) reported that the Board had supported additional investment in MHAID services. As part of that, the recently appointed Executive Director MHAID was having discussions with the sector to strengthen community based addiction services and the referral base of the Specialist Addiction Service was being restructured.

The Executive Director MHAID reported that she had engaged with the Specialist Addiction Service and other AOD service providers in Dunedin, and an opportunity to establish a new service in the community was being explored.

It was agreed that this matter could be removed from the action sheet, as updates on AOD would be included in Mental Health *Time for Change* reports to each CPHAC meeting.

Autism Spectrum Disorder (ASD)

The Acting Executive Director MHAID reported that he had asked the team to drill down into the data supplied for ASD, as it did not appear to be accurate, and a report would be submitted to the next meeting.

The Chief Medical Officer (CMO) advised that ASD was predominantly diagnosed by Paediatricians. The South Island Alliance, Ministry of Education, and University of Otago were also suggested as useful sources of information.

Mr Roger Jarrold, Crown Monitor, joined the meeting at 1.13 pm.

It was suggested that data on the prevalence of all developmental and behavioural disorders, including AHD and alcohol spectrum disorder, would also be useful in assessing whether the needs of whānau were being met.

Unconfirmed

Dental General Anaesthetic Waiting List

The Executive Director, Planning, Funding and Population/Public Health (EDPF&P/PH) presented an update on the recommended process to manage children overdue for their scheduled examinations on the Paediatric General Anaesthetic Sedation Waiting List, currently managed by the Faculty of Dentistry (FoD), University of Otago (tab 6), and advised that a full report would be submitted to the May 2022 meeting.

In response to questions about consultation on the dental contract and provision of information to referrers, the CEO advised that:

- Renewal of the contract would probably come to the Board for approval, as it was likely to be outside his delegated authority to approve, and would include an explanation of how the position was arrived at and who had been involved;
- He would ask the Chief Digital Officer to investigate whether it was possible for SDHB clinicians to receive information on patients they refer to the Faculty of Dentistry via HealthConnect South.

  The Chief Medical Officer (CMO) also advised that he would consider including this matter in the Discharge Summary Project.

The Chair highlighted the importance of consulting the people who interact with the FoD service early in the contract renewal process.

7.0 PLANNING, FUNDING AND POPULATION/PUBLIC HEALTH REPORT

The Planning, Funding and Population/Public Health Report (tab 7) was taken as read and the Executive Director, Planning, Funding and Population/Public Health (EDPF&P/PH) highlighted the following items.

- *COVID Management* – So far, the Omicron outbreak was being managed reasonably well, with the PHO and Māori providers doing a great job.
- *Vaccination Programme* – The Ministry of Health was pushing to have measles, mumps and rubella (MMR) vaccinations boosted over the next couple of months.

  The EDPF&P/PH commended Nancy Todd's efforts to increase Māori vaccination rates.

Dr Hill reported that the change to Rapid Antigen Tests (RATs) had been a beneficial change for primary care, as it allowed them to focus more on treating their unwell patients, instead of routine testing. There was widespread COVID amongst students and he suspected the numbers were higher than being reported. The concern was when COVID moved into the older population, however general practices were coping for now.

The Chair reported that the University of Otago had just under 1,000 active COVID cases in its colleges. A plan was in place to manage this, and a network of volunteers were delivering kai and supplies to affected students.

Mr Swanson-Dobbs, CEO, WellSouth, informed the Committee that WellSouth was in constant contact with general practices and were surveying them twice a week to ensure they had capacity to cope. The PHO, DHB and Public Health were working well together to ensure a joined up response to the COVID outbreak and a lot of work had been undertaken with Māori health providers to increase capacity for swabbing.

Unconfirmed

Mr Swanson-Dobbs reported that the COVID Care in the Community Clinical Network had at least 3,500 people in its system, with the majority opting for self-management.

In response to questions about the Ministry of Social Development's welfare assistance, Mr Swanson-Dobbs and the EDPF&P/PH advised that there had been no issues reported within the district.

Mr Swanson-Dobbs noted the impact of COVID on the Pacifika community and recommended that the CPHAC agenda include a standing item on Pacifika health.

Management then responded to questions on COVID vaccination status reporting, immunisation, access to N95 masks for the Home and Community Support Services (HCSS) workforce, Māori PHO enrolment rates, service planning, aged residential care bed numbers, and the location of CT scanners within the district.

8.0 MĀORI HEALTH UPDATE

An update on the Māori Health Directorate work programme and Māori primary care enrolment (tab 8) was taken as read.

Mr Gilbert Taurua, Chief Māori Health Strategy and Improvement Officer (CMHS&IO) and Acting Executive Director Mental Health and Intellectual Disability (MHAID), introduced Mata Cherrington, who was taking on the Māori Health part of his role. Mr Taurua also expressed his gratitude to Toni Gutschlag, who had come on board as the Executive Director MHAID.

The CMHS&SIO reported that a very positive Iwi Governance Committee meeting had been held that morning, with full representation from the seven Rūnaka in attendance. He then highlighted the appointments that had been made as part of addressing Māori amenable mortality and endorsed the WellSouth CEO's comments about Pacifika health.

The CEO WellSouth reported that WellSouth:

- Had been working closely with the Māori Health Directorate and held weekly meetings with Pasifika leaders within the district;
- Had employed a number of young Māori and Pasifika who were phoning people to encourage them to get vaccinated;
- In collaboration with Public Health, they had a number of Māori and Pasifika navigators to ensure COVID positive people in the community were connected and their needs were being met.

On behalf of CPHAC, the Chair acknowledged Mr Taurua's incredible work across the DHB and PHO during his time as Chief Māori Health Strategy and Improvement Officer and the progress that had been made under his leadership when he took on the Acting Executive Director Mental Health and Intellectual Disability role. The Chair also expressed the Committee's gratitude to Mr Taurua for the arrangements he had put in place to carry the organisation forward.

The Chair acknowledged the work that had gone into achieving a 90% COVID vaccination rate for Māori across the district.

The Board Chair commended the PHO on employing Māori and Pasifika staff. He noted that the tertiary institutions within the district trained a lot of Māori students but the DHB had not been good at recruiting them.

Unconfirmed

9.0 PHO PERFORMANCE UPDATE

A report on primary care performance (tab 9) was taken as read and the EDPF&P/PH highlighted that Invercargill doctors were now providing free after-hours primary care for under 14 year-olds. The role of the PHO and Community Health Council in achieving this significant milestone was acknowledged.

The EDPF&P/PH and CEO, WellSouth, responded to questions on ambulatory sensitive hospitalisations and the percentage of the diabetic population who had a HbA1c measurement in the past year.

The Committee requested information on the number of Invercargill GP practices that still had a surcharge for under 14 year-olds.

GP Recruitment and Sustainability

The Committee received a verbal update from the Chief Executive, WellSouth Primary Health Network on GP recruitment within the district, during which he reported that:

- An Auckland GP had been recruited to work for the partnered primary care service in Invercargill, however when the borders opened he decided to go overseas.
- During 2021 General Practice in the Southern district did 1.1 million consults, which was 45,000 more than the previous year.
- There was a shortage of GPs and a report produced by the Royal College of General Practitioners late last year show a burnout rate of up to 30%.
- GPs intending to retire in the next five years was 31% and in the next ten years 49%.
- This highlighted the need to review the General Practice model of care and structures, and to incentivise doctors to work in primary care.

10.0 HEALTH NEEDS ASSESSMENT

Mr Talis Liepins, Planning and Accountability Manager, and Dr Anu Shinnamon, Public Health Registrar, joined the meeting and presented the Southern Health Needs Assessment to the Committee.

The presentation included an overview of the background and purpose of the Health Needs Assessment (HNA), the scope of the project and its current state, and an illustration of the information that could be found on the HNA website https://www.southernhealth.nz/about-us/health-profile (tab 10).

Mr Liepins and Dr Shinnamon responded to member's questions on the HNA and were congratulated on their work.

11.0 EVALUATION OF THE IMPLEMENTATION OF THE PRIMARY AND COMMUNITY CARE STRATEGY

Dr Carol Atmore, Medical Director, WellSouth, and Dr Patti Napier, Strategy Evaluation Lead, Quality and Performance, Southern DHB, presented a report on the findings from a mid-point evaluation of the following projects that form part of the Primary and Community Care Strategy implementation: Consumer Led

Unconfirmed

Integrated Care (CLIC), Home Team, Health Care Homes, Locality Networks, and Community Health Hubs (tab 11).

Drs Atmore and Napier responded to questions on the 'Ko Awatea of the South' concept, the future direction of primary care, the Central Otago Locality Network, and CLIC programme.

Dr Atmore extended an invitation to Committee members to attend the next colloquium, scheduled for 10 May 2022, presenting the findings from the projects included in the evaluation of the implementation of the Primary and Community Care Strategy.

Drs Atmore and Napier were thanked for their presentation.

12.0 FINANCE REPORT

A report on Planning, Funding and Population/Public Health financial performance to 31 January 2022 (tab 12) was taken as read. The EDPF&P/PH commented on the variances, then responded to questions.

The Crown Monitor requested that the EDPF&P/PH liaise with the Executive Director Corporate Services (EDCS) to improve the coherency of the CPHAC financial report.

PUBLIC EXCLUDED SESSION

It was agreed that confirmation of the 'in committee' minutes of the previous meeting be carried over to the May 2022 meeting.

The meeting closed at 3.30 pm.

Confirmed as a true and correct record:

Chair: ______________________________

Date: ___________________

Unconfirmed

Southern District Health Board

COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE MEETING

ACTION SHEET

As at 1 March 2022

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DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
Sept 2021	**Dental General Anaesthetic Waiting List** (HAC minute 6.0)	The report being prepared for CPHAC is to include the possibility of the Dental School providing dental chairs further south.	EDPFP/PH	Will be factored into future service planning regarding the Dental School.	
March 2021	(Minute 6.0)	▪ SDHB clinicians who interact with the FoD dental service to be consulted during the contract renewal process.	EDPFP/PH	At this early stage we are ensuring that the contract with the FoD aligns with the National Service Matrix for Tier 2 Hospital Services. This will then allow us to have reporting that reflects the services they are providing on our behalf.	Completed
		▪ When renewal of contract with FoD is submitted to the Board, it is to include an explanation of how the position was arrived at and who was involved.	EDPFP/PH	As above the position arrived at will reflect the Tier 2 Hospital service specifications that will ensure aligned with other Hospital dental services. At this stage we are consulting with Dr Juliet Gray at Canterbury DHB about the best way to move forward with the FoD.	Completed
		Possibility of SDHB clinicians receiving information on patients they refer to the FoD via HealthConnect South to be investigated. Consideration to be given to including this in the Discharge Summary Project.	CDO	Titanium is quite capable to generate letters at the end of a course of treatment. These would just need to be uploaded into HCS.	

DATE	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
December 2021 March 2022	**Autism Spectrum Disorder (ASD)** (Minute 13.0) (Minute 6.0)	Information to be provided on access to ASD treatment within the district. Data on the prevalence of all developmental and behavioural disorders, incl. AHD and alcohol spectrum disorder, to be supplied if available.	ED MHAID EDPFP/PH	Attached. Data has not been able to be sourced.	Completed
March 2022	**Primary Care Access** (Minute 9.0)	Information to be provided on the number of Invercargill GP practices who still have a surcharge for under 14's.	WellSouth CEO	There are now no Invercargill GPs who have a surcharge for U14's. The Invercargill Urgent Doctors has now waived this surcharge, so 100% of primary care services are free for those under 14 yrs in Invercargill.	Completed
March 2022	**Finance Report** (Minute 12.0)	Coherency of CPHAC finance report to be improved.	EDPFP/PH EDCS	Finance report has been updated to provide more emphasis on the factors influencing the financial performance on a monthly basis. It is hoped that this will improve the coherency of the report.	Completed

Memo to: Community and Public Health Advisory Committee

From: Toni Gutschlag, Hamish Brown and Andrew Swanson-Dobbs

This memo provides a summary of how assessment for Autistic Spectrum Disorder occurs across the Southern district.

Health Pathways guides general practices on how to make a referral to secondary care and the criteria for access. Children are referred as non-acute referrals to paediatric.

There are approximately 3.9 FTE across the Southern DHB for Disability Specialist Services work, and ASD assessments make up approximately half of that work.

In Dunedin the Child Development Service undertake weekly multidisciplinary assessments for Autism Spectrum Disorder for children under five years. These assessments involve a psychologist conducting a pre-school observation visit prior, and then a 90 min assessment (psychologist, paediatrician, occupational therapist, speech language therapist).

There are two community/developmental paediatricians in Dunedin Public Hospital who work in this area (1.5 FTE). They aid with diagnosis, ruling out other diagnoses, co-morbidities and ongoing follow-up and management. General paediatricians go to outreach clinics for rural patients. In Southland general paediatricians undertake assessment and provide ongoing follow up and management.

61 people were diagnosed with ASD in the 12 month period 1 April 2021- 9 April2022, the diagnosis can be confirmed in either the public or the private sector.

There is a dedicated Autistic Spectrum Disorder coordinator who works with whānau through the diagnosis process and then helps provide supports following diagnosis. The ASD coordinator works with children and young people aged 18 months to 19 years. There are approximately 209 children and young people being supported by the ASD coordinator across the Southern district.

Another ASD coordinator (0.5FTE) is being established for Southland to provide more support closer to home for Southland people, this will enable the existing coordinator to focus on Central Otago, Oamaru and Balclutha.

FOR INFORMATION

Item: Planning, Funding & Population/Public Health Report

Proposed by: Andrew Lesperance, Executive Director Planning, Funding & Population/Public Health

Meeting of: Community and Public Health Advisory Committee, 2 May 2022

7

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, with a focus on operational performance and key strategic deliverables as per the work programme of the Planning, Funding & Population/Public Health 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

At the time of writing, the DHB is in the process of being impacted by Covid. There is now a daily EEO/EOC response which is being significantly supported by the staff in this division.

Covid-19 Vaccination Programme

The Month of March 2022 saw a significant drop in the number of daily Covid-19 vaccinations across all areas, mirroring the national vaccination uptake rates. The Southern District Health Board (Southern DHB) remains above the national average for the proportion of booster doses and paediatric doses administered. Over 91.9% of Māori are double-dosed[1]. As of 30 March 2022, 74.8% of the eligible population have been boosted, and 55.0% of the paediatric population have been partially vaccinated [1]. The chart (Figure 1) below shows the breakdown of Covid-19 vaccinations for 5–11-year-olds by ethnicity across the District from 13 February 2022 through to 31 March 2022.

Overall 5-11 Vaccinations by ethnicity

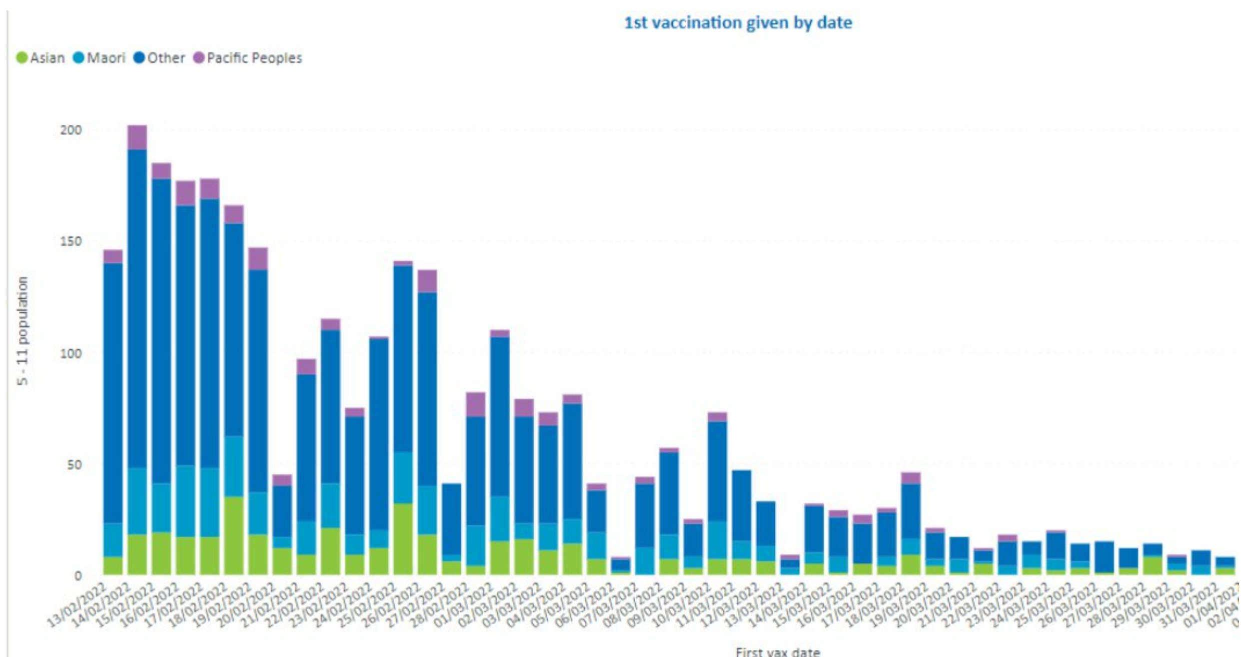


Figure 1 – 5-11yr Covid vaccinations per day by ethnicity.

Cold Chain Breach

On Wednesday, 2 March, a Southern District Health Board Immunisation Coordinator, during a Cold-chain accreditation visit, identified data-logging excursions occurring in December through to February 2022 that will have compromised the vaccine.

On 3 March 2022 the Programme supplied IMAC with records from data logger traces, delivery dates for vaccine batches and information about recent Provider activity. IMAC reviewed all the information provided and, on 4 March, confirmed a Cold-chain failure and the number of affected doses.

Monday, 7 March 2022, the SDHB Covid-19 Vaccination Programme began contacting 1,571 individuals affected by a cold-chain failure incident impacting a subset of vaccinations delivered by an occupational health provider (Engage Safety) in the Queenstown Lakes and Central Otago area. Initial investigations

have identified 1601 doses given to 1571 people at Queenstown Lakes and Central Otago locations between 1 December 2021 and 28 January 2022. The affected patients have been advised to receive a replacement vaccination to ensure that they benefit from a high level of immunity against Covid-19.

Follow-up

- 964 (62%) of the replacement doses have been completed
- A team from the Meridian are actively contacting the remaining 240 people who have not had a replacement dose yet

Independent review

- The independent review commenced during the last week of March, including a documentation review and interviewing of relevant SDHB staff members. SDHB staff interviews are scheduled to continue the review team will be located in Queenstown from 29 March to 31 March.

Pharmacies

Two new pharmacies (1 in Riverton and 1 in Wanaka) are being onboarded to deliver Covid-19 vaccinations. They are only now coming on board as a need for more vaccinating providers was identified to meet demand in these areas. When approached a second time, they were interested in starting vaccinations. Aspiring Pharmacy in Wanaka will be doing both adult and paediatric vaccinations, and Riverton Pharmacy will begin with only adults, but they hope to progress into delivering paediatric vaccines.

One more pharmacy in Invercargill has come on board to offer 5–11-year-old vaccinations this month. As a result, vaccinations in the 5-11 year age range are more accessible.

Māori and Pacific providers
There have been multiple clinics held by Māori and Pacific providers this month to respond to community needs. These have been in Oamaru, Balclutha and Southland, and all have reached a number of people for boosters and 5–11-year-olds.

Disability Residential Facilities and Aged Residential Care
Onsite booster clinics at Disability Residential Facilities were completed in February 2022. In addition, processes and relationships are in place to support vaccinations for new arrivals as required.

Mental Health & Addictions
Onsite booster clinics at Mental Health & Addictions Residential Facilities were completed in February 2022. As required, processes and relationships are in place to support vaccinations for new arrivals. In addition, the Ministry of Health has released funding this month to enable organisations to provide peer support to those who may benefit from additional support to access vaccinations. The Covid-19 Vaccination Programme will work in partnership with any organisation that is successful in applying for this funding from the Ministry of Health.

5-11 Vaccinations
Demand continued to decrease in line with a national trend, and the vaccination programme is ensuring capacity is maintained across the Southern District.

Low sensory clinics were held in Queenstown with the support of Five Mile Pharmacy and the Pivotal Point trust. These clinics offered a low sensory environment for 5–11-year-olds as an alternative to their families travelling to Dunedin or Invercargill for hospital-based clinics.

Specialist Paediatric Covid-19 Vaccination Clinics have been organised at Dunedin Hospital and Southland Hospital to assist tamariki unable to receive their Covid-19 vaccination through community clinics or home visits. This may be due to extreme needle phobia, neurodevelopmental needs such as intellectual disability / Autism Spectrum Disorder or other complex health needs. Play Specialists, Paediatricians (for sedation where necessary) and Psychologists are available for input alongside the Covid-19 vaccinators.

MMR vaccination in mass vaccination clinics
The two mass vaccination clinics have begun vaccinating against MMR. The Dunedin site has so far administered ten and the Invercargill site 4.

Flu vaccination in mass vaccination clinics
Work is underway to ensure flu vaccinations will be able to be administered at the mass vaccination clinics for both staff and eligible members of the public.

Covid-19 Vaccination Outreach Service
The Covid-19 Vaccination Outreach Service continues home visits throughout the Omicron outbreak with additional safety precautions. Since the launch of the Outreach Service, the service has administered 6272 vaccinations to hard-to-reach individuals and health care workers.

Novavax
There are three Novavax vaccination clinics across the Southern district: Dunedin, Invercargill, and Cromwell. In addition, to ensure service equity, the Covid-19 Vaccination Outreach Service is also delivering Novavax to individuals unable to access a Novavax clinic.

Public Health Response

Public Health South continues to have two Covid-19 response teams working over a 7-day roster. There are still high numbers of cases across the district in particular in Southland. We are now working under phase 3 of the Covid-19 Protection Framework which has seen a significant shift in where we focus our work. This has meant that our response teams have now moved away from the case and contact investigation and management to now predominantly focusing on outbreak management of the following high-risk settings:

- Aged Residential Care Facilities
- Faith based places of worship
- Marae and Tangihanga
- Residential housing.

The majority of our work has been in the aged residential care space; however, we are still receiving exposure events to investigate in the faith-based places of worship as well as residential housing settings. We are moving towards a lighter touch response for faith-based places of worship due to the cases coming from the community rather than the setting itself causing an outbreak. This setting is being provided advice on what public health measures they need to follow to reduce further risk to their community. There are some additional settings where we offer support if required.

Our Public Health South cultural liaisons continue to proactively reach out to our Māori and Pasifika cases across the Southern district to make sure that any manaaki and welfare needs are addressed appropriately. This team is also supported by a small team at WellSouth to make sure that everyone is being reached. This also ensures that they are connected in with a General Practice for clinical support.

Work is underway to start looking at what beyond Phase 3 means and looks like for the teams. In addition, we have been advised that Covid-19 funding will continue into the 2022-23 year.

Quarantine Free Travel

The Queenstown Airport Health Team continue to be utilised in the Case and Contact Management Teams and as a vaccinator at the vaccination clinics.

From 11:59 on 12 April the borders will be opening up further to allow the return of Australian and then other tourists. There is still an expectation from the Ministry of Health that there is a health presence at the border, but potentially not to the same extent as what previously has been required. This will involve Public Health staffing to assist with completing health assessments of those who arrive symptomatic, or those who arrive on specific quarantine free travel pathways from certain countries.

This will have implications for our Covid-19 response workforce as we balance staffing to support both Covid-19 response and the airport border response work.

Community Supported Isolation/Quarantine (SIQ)

There has been a steady demand for supported isolation/quarantine through March and April in Dunedin, Invercargill and Queenstown. The National Contact Tracing System (NCTS) has been updated to include questions on whether cases require support with accommodation. These questions continue to be revised but it is expected that this will cause additional work for the Community Care Hub team who must navigate this new component and the added pressures that this will put on SIQ in the Southern district.

The future of supported isolation/quarantine with the borders reopening to tourists is yet to be determined and the expectations of whether we are to assume responsibility for travellers is unknown at this stage.

Covid Resiliency

Public Health South have had a Covid resiliency project in operation since October 2021. At that time the aim was to reach underserved populations with a view to try to encourage processes aimed at managing Covid-19 in their communities, including access to services and limiting the spread of infection. Our work involved aligning with high-risk premises where these populations are located e.g., boarding houses, camping grounds, other specialist residential services (e.g., intellectual disability, mental health, older persons) as well as collaborating with organisations serving the needs of these populations.

Given that multiple staff are interacting with these organisations, as well as an expectation that future Public Health services will be focused on these underserved populations, a relationship management system has been developed and tested. We are currently in the process of identifying how it will need to be applied and what business rules need to be developed so that we can maximise the benefits offered by this application. This will all come under the Covid-19 Response Team that in effect joins the approaches of the resilience function and the reactive response function.

Clinical Project Management

Emergency Q (Emergency Department patient Triage / Transfer digital platform)

The Emergency Q contract and service specifications with WellSouth are agreed and in place.

For Invercargill, Southern DHB, WellSouth, and relevant services and practices within these agencies are intent on proceeding. Southland Hospital Emergency Department (ED) is positioned and keen to proceed with Emergency Q. WellSouth is now organising Primary Care practices which are able to accept day-time referrals from Southland Hospital ED. Meanwhile, Emergency Q is working with WellSouth and the Primary Care practices that will be receiving patient referrals from the Emergency Department. In this area, the main work to be done is integration of Emergency Q software with Primary Care's patient management systems.

Dunedin Hospital Emergency Department (ED) Leadership Team have advised that, due to the Omicron Covid response, ED is currently not positioned to implement Emergency Q. They are also of the view that that the patients most eligible for Emergency Q referral (triage 4/5 patients) are not the predominate issue for Dunedin ED, rather hospital admissions remain key to their flow.

Frailty Pathway

This project's objective is to develop a best practice pathway for our frail older population accessing supports from the Southern DHB. Initially the scope of this project was centred on people living in the community. However, a recent evaluation by the Frailty Steering Committee (both community and hospital based) indicated that a change in governance approach is now needed. This is to enable a streamlined 'whole of system' based approach to Frailty.

A Frailty Council has now been created which has unified other frailty steering groups within the Southern DHB (community and hospital based). Key work streams include maximising system wide communication through the use of electronic Shared Care Plans (within Health Connect South) and reducing fractures and falls in our frail population. The Frailty Council will report to the Clinical Council on direction and

outcomes. The Frailty Council has now met twice, including a session on priorities. This will inform the workplan that is currently under development.

Te Kāika Wellbeing Hub

The DHB continues its work in partnering with Te Kaika to lease space in their new development based in Caversham. We have reached a stage, in which more consultation and input from Building and Property Services would be of benefit. Consequently, Building and Property is organising the delegation of some resource to this programme of work.

Southern DHB has agreed in principle on the funding proposal for a co-design programme. Contract and Service Specifications are in the draft stages.

Next steps include confirmation of a leasing arrangement by the DHB.

Other Emerging Issues

Aged Residential Care (ARC) Workforce Shortages and Omicron Readiness

Relationships across the ARC sector and teamwork paid off in March as the Omicron outbreak rapidly evolved.

The DHB was providing guidance and support to as many as a dozen ARC facilities simultaneously. Support included site visits from Infection prevention and Control (IPC) team to assess the situation and provide guidance, recommendations, education, and training. The DHB has also provided Registered Nurses and HCAs to several facilities where there were significant clinical risks due to increased clinical requirements or extreme workforce shortages.

There is now a team of five working to support ARC 7 days a week. As the Omicron outbreak now appears to have a long tail, this will be a challenge to sustain.

Workforce Shortages continue to plague aged residential care, often resulting in staffing that does not meet requirements. It is a credit to the remaining staff how they are managing to, in most cases, continue to provide services to residents seamlessly. Pay parity for RNs and pathways for internationally qualified nurses and their families to enter NZ must be addressed urgently.

Home & Community Support Services (HCSS) Workforce and Service Delivery

Regular constructive communication within our HCSS Alliance has been critical to good outcomes during extremely challenging times. Agencies are experiencing unprecedented staff shortages but continue to provide essential supports to clients and manage new referrals. It will be some time before the HCSS Sector returns to business as usual.

SDHB audits of our three HCSS Alliance agencies were scheduled to occur during this fiscal year, with RDNS and Access being audited. HCNZ's audit was delayed due to their restructure, then the current Outbreak. SDHB has requested the HCNZ audit proceed in July or August of 2022.

Service Planning

There are two roles currently vacant in the service planning space which will be advertised shortly.

Health Needs Assessment

The team are building momentum on finalising outstanding indicators and narratives, with a 3-month workplan, weekly progress meetings and a deadline of the end of June. Four new indicators from last month are now on the portal (meaning there are 59 now).

Operational Updates

Public Health Service

Review of Speed Limits

Several local authorities are reviewing the maximum speeds applicable to roads under their control. The proposals generally aim to reduce these maximum speeds.

In March we commented on speed limit proposals for local roads in respect to both Invercargill City and the Central Otago district. We are strong advocates of reclaiming urban streets for people and we promote the Healthy Streets model that was developed by Public Health Physician Dr Lucy Saunders for London. We also promote low speed school zones as well lowering limits on rural roads to encourage drivers to drive to the conditions. Low speed city centres (e.g., Dunedin Central Business District) are also actively promoted.

As well as reducing death and injury through accidents, lowering speed limits also promotes an environment where active transport options become an easier (and healthier) choice. We participate in speed reviews as they are proposed by Local Authorities and have participated at several hearings for Dunedin City and Queenstown-Lakes District Council.

Upper Clutha Shuttle Trial Programme

We provided an advisory role to Queenstown-Lakes District Council on the Upper Clutha shuttle trial programme. This included working with a Queenstown-Lakes District Council transport engineer and a Wanaka Ward Councillor. This programme is being piloted by LINK Upper Clutha/Community Networks Wānaka. We contributed advice on equitable access; noting that the mark of a successful programme is not just how many people use the service but who uses it: is it serving our older people, our rural isolated people, our community members in wheelchairs, and/or our young people? The trial is ongoing.

Breastfeeding

Pacific Trust Otago (PTO) hold a contract to improve breastfeeding knowledge in the Pacific community. Recently Public Health staff, The Breast Room® and the Southern DHB Portfolio Manager for Child and Youth met with PTO to discuss how they might meet the requirements of their contract. We agreed that an integrated and intergenerational approach to the first 1,000 days, in a Pacific setting works best for Pacific whanau when delivering health messages and services. The ideal is having hapū mamas and their whanau working together with PTO and others, before and after birth, to increase health knowledge and how to access services. The meeting decided to start with a plan to assist PTO staff members to gain the knowledge they need to support breastfeeding across a range of community settings. The Breast Room® will continue to provide support and ongoing supervision, guidance and advice to Pacific Trust Otago.

Drive Smokefree for Tamariki Campaign

Due to Covid-19 restrictions we were unable to do everything we were funded to do for this campaign. We had planned four community events, partnering with Plunket and the Police to hold car seat checks. Instead, we used the funding to purchase four booster seats and held two virtual giveaway events on our social media (for South Otago and North Otago). The community was asked why the Smokefree Cars legislation was good and we received over 60 positive comments (no negative comments).

Comments included:

- 'We love our babies more than we love the ciggies so we should protect them the best we can, especially against second-hand smoke!
- 'Because our babies deserve to be able to breathe in fresh clean air, not poisonous toxins! Especially in a confined space!'

This campaign was delivered across the region with our Smokefree coalition partners, and the response has been exceptionally positive.

Refugee Health

Ministry of Health Contract

Contract negotiations with Ministry of Health were conducted through March 2022. The most significant issue involved the fact that the Population Based Funding Formula has never been applied to the resettling refugees of Dunedin and Invercargill. That is, the most recent Population Based Funding Formula Review was done in 2015, which is prior to the arrival of all refugees in both cities noted above.

Following negotiations, it is now anticipated that Ministry of Health will be carrying over the same terms of the current contract for another year however have signalled the intention to make changes going forward.

WellSouth Operations

There was a significant spread of Covid-19 across the refugee community of Dunedin. In response, Southern DHB and WellSouth collaborated in the deployment of interpreters and cross-cultural navigators to support the community seven days per week. In further response, WellSouth set-up an 0800 free call centre in Arabic for the refugees. The peak of this wave now appears to have passed and the augmented services will be scaled back when deemed appropriate.

In Invercargill, the Colombian refugees also experienced a significant wave of Covid-19. A weekend service has also been set-up for Spanish speaking resources. The situation, likewise, is being monitored and when appropriate the weekend service will cease.

Population Health Service

Highlights

Measles Mumps Rubella (MMR) campaign is going well with the launch in partnership with Southern DHB Communications team. This has seen positive coverage in media.

Preliminary Southern DHB Quarterly results for quarter ending 31/03/2022 demonstrates Southern's commitment to Childhood immunisations. Southern performs consistently above the National trend with some equity focus required to ensure equitable outcomes are achieved within the region. As per data 26/03/2022 Southern outperforms the National average in the Ministry of Health (MoH) milestones with:

- 8-months: 1st Overall (848 in cohort), 1st Māori (152 in cohort) and 9th Pacific (31 in cohort)
- 24-months: 2nd Overall (776 in cohort), 2nd Māori (151 in cohort) and 1st equal Pacific (33 in cohort)
- 5-years: 1st Overall (856 in cohort), 1st Māori (167 in cohort) and 5th Pacific (46 in cohort).

There is still an underachievement of the 95% MoH target for all childhood immunisations and the need to ensure an equity focus is fully embedded. A Southern-wide Immunisation strategy is being developed for short-term prioritisation with core stakeholders (Southern DHB Population Health, Covid-19 Vaccination Programme, Well South, Māori and Pacific Providers) and is included in your pack for reference.

Measles Mumps Rubella Campaign 15 to 30 year olds

As above, Measles Mumps Rubella (MMR) campaign – is going well, Feedback has been positive with some pharmacies now delivering MMR. Covid-19 mass clinics have commenced delivery and Māori and Pacific providers are gearing up to deliver to their communities. Southern Immunisation Strategy meetings with all key Southern stakeholders will support prioritisation.

Public Health Nurses – Te Punaka Oraka

Staffing
The service has had several staff affected by Covid-19 which has impacted on service delivery.

The Safety in Community document is under review in response to some anti-vaccination protesting in schools and a new security health and safety plan has been developed alongside the Southern DHB Security Services Manager. Staff continue to work on an all-in vaccine approach when talking to whānau for missed opportunities.

Covid-19 Preparedness and response

Now that Covid-19 is in our community, staff are working differently by contacting schools, early childhood centres and families/whānau via zoom, teams and or phone consultations and meetings. Also require rescheduling and rebooking more appointments, for example the B4 School program which is receiving more cancellations and postponements. Some community clinics and venue changes have been made due to client vaccine mandate requirements. We are trialling working differently, utilising a mixed method approach - online/phone consultations followed by visit, less than 15 minutes in person assessments for children, tamariki and whānau.

School Based Human Papillomavirus (HPV) Vaccination Programme - Otago

Nurses in Otago are actively involved in HPV education, delivering, and collecting of consents and following through with consent checking processes. HPV vaccination started in Central Otago in March and progressively each of the other offices will start delivering this in schools over the next three weeks.

School Based Services Contract

Staff are completing the checks. We have had a resignation in Southland that will impact on the numbers for one of the schools. Plans will be developed to catch this up in the year.

Immunisation Outreach, Vaccine Preventable Disease (VPD), National Immunisation Register teams.

Cold Chain Breach
Due to the impact of the Covid Immunisation Cold Chain breach in Queenstown, deployment of three FTE equivalent staff from the outreach vaccinator's team had been deployed to support the Immunisation Coordinator audit of the Cold Chain Accreditation (CCA) process, practice fridge monitoring, immediate containment measures and follow ups. A report has been submitted to the Southern DHB Executive on the breach, audit outcomes and corrective actions are in place to support vaccination programs and practices meet either CCA or Cold Chain Compliance (CCC). To meet current referral rates and community child and youth health work we have needed to stand up our triage referral team and two nurses are now covering this for the district service.

Puketai

All young people over 12 have had two doses of Covid-19 immunisation at the residence. All young people under 12 have had one dose of Covid-19 Immunisation which is a positive outcome for these tamariki.

Public Health Nurses (PHN's) have continued to complete Personal Protective Equipment (PPE) training with Puketai staff. PHN's also spent time with young people showing them the PPE gear and teaching them to put it on. This helped to reduce any anxiety that young people had seeing staff in the future wearing PPE and the reason they would have to wear it. PHNs continue to complete medication training for staff that need to be updated.

Gateway

Gateway Multi-disciplinary meetings have started to occur, and referrals are starting to increase again for the year. Gateway staff will be facilitating education workshops about the service for new Social Workers and as reorientation for existing.

The workload is being planned between both Clinical Nurse Coordinator and Gateway Coordinator with assistance across locations as required. Both coordinators have completed their Griffiths pre-workshop education of 12 hours and spent some time with a Dunedin Paediatrician to go over the Griffiths developmental kit and how this is used. Ongoing discussions are occurring regarding paediatric support for the Southland gateway programme.

Ongoing work is occurring regarding the running of the Gateway programme with the emergence of Omicron in the community. Both co-coordinators are constantly reviewing the running of the programme with the ability to adapt as required.

Cervical Screening

Cervical screening working in partnership with Occupational Health teams to pilot Cervical Screening to Southern DHB staff. Presentation to Executive scheduled for end June 2022 (Occupational Health to lead).

Southern DHB staff have continued to contribute to the Register Guideline Redevelopment Project led by the National Cervical Screening Programme.

Hearing and Vision Screening

The Vision Hearing Service continues to work with Team Leader vacancy with teams reporting to the Service Manager. This is being worked through with Human Resources for sustainable solution going forward.

The Vision Hearing Service is continuing visiting centres, however, has been disrupted due to high early childhood centre absenteeism and some staff having too self-isolate. This service is continuing to monitor this, and catch-up plans are in place for later in 2022. Additional clinics have been scheduled.

Newborn Hearing Screening is continuing to work in Queen Mary and Southland Maternity Departments with minimal disruption.

Sexual Health

Dunedin site not part of New Hospital build and relocation solution required to align with future -focussed Model of Care. Sexual Abuse and Treatment Service (SAATS) will be part of the Sexual Health model of care.

Covid-19 vaccination mandate continues to impact on Sexual Health FTE, discussions to mitigate service delivery continue. Strategy to be developed as an opportunity to assess ways of working as part of the Model of Care. Telehealth rolled out February 2022.

Work has begun to align internal Standing Orders to Ministry of Health guidelines.

Telehealth consultations have increased with electronic lab requests being used to reduce the number of people entering the hospital. Telehealth consultations are mostly being managed by Invercargill staff, but any treatment must be managed by the Clinical Lead in Dunedin due to the extreme shortage of authorised prescribers in the service.

Drop-in clinics are not happening due to Covid-19 restrictions.

Child Health (0-5years)

Well Child Tamariki Ora (WCTO)

Note - delivery of WCTO services is an essential service with nurses classified as critical workers.

Meetings have been held with the three locally contracted WCTO providers to discuss their plans for recruiting additional WCTO nursing staff. Two providers need to recruit staff to existing vacancies and all need to recruit to support additional clinics into Balclutha, Mataura and Oamaru. They have all indicated willingness to work with both Māori and Pacific whānau in all of their clinics. Plunket have also been advised of this additional resource being added into these communities.

Awarua Whanau Services have already scheduled three clinics to occur in Mataura. Whānau who requested these clinics would probably not have otherwise connected with existing Well Child Services. This is an exciting opportunity, requested by the community whilst attending Covid-19 vaccination clinics i.e., they asked if other services could be delivered to support them. Fortunately, due to some additional Ministry of Health (MoH) WCTO funding, we have been able to respond.

Pacific Trust Otago have confirmed that they will deliver WCTO services into Balclutha one day a week with the first clinic commencing within the next month. They are aware of 54 Pacific families in the area some of which are Regional Seasonal Employees (RSE). They are currently seeking premises to work from and will also be connected with local churches.

Ōtākou Health Ltd have recently purchased a General Practice in Oamaru and it is anticipated the WCTO nurse will work from this facility. At this stage it is not known when this will begin.

The Maniototo WCTO Information Technology (IT) project has been delayed but remains on track to be completed by the end of June 2022. Information Technology (IT) equipment has been purchased and configured but is yet to be distributed to Maniototo.

Remaining MoH WCTO IT funding needs to be allocated. Some requests for equipment relevant to WCTO services have been received and need to be processed once budget issues are resolved.

Discussions have occurred regarding delivering more culturally appropriate pregnancy and parenting sessions for Māori and Pacific whānau in the Southern district. Plunket, who holds the contract for delivery of sessions, are very interested to support this. Establishing how to do it is being investigated.

Sudden Unexplained Death in Infants (SUDI) - Safe Sleep Programme

SUDI prevention is also an essential service.

We have identified that distribution of safe sleep spaces is down by 25% on the same time last year. We have identified some reasons for this, but it remains a concern, so it has been communicated to all Safe Sleep programme distributors and key leaders across the district. They have been asked to continue supporting the Safe Sleep programme by ensuring consistent messages are routinely given to whānau. This recognises that parental anxiety and stress increases in times of crises. Parenting in early years can be difficult in normal times but with a global pandemic, difficulties increase. There are things that cannot be controlled but there are things that can be done to keep pepe safe, for example, 'safe sleep' and 'shaken baby' messaging, maintaining the immunisation schedule, breast feeding, keeping pepe away from drugs, alcohol and tobacco.

A draft 2022/2023 SUDI Plan has been developed along with a draft budget. There are challenges trying to supply 500 wahakura per annum within the budget. Work is occurring on reducing costs of mattresses and bedding packs and Glowing Sky in Invercargill may be able to supply merino blankets thus removing freight costs. This also increase local community engagement with the SUDI prevention programme and supports a local business.

Discussions have occurred with our weavers on working with some Māori providers to deliver wahakura wānanga in different locations. There is willingness for this to occur as it is mutually beneficial and ensures quality standards are maintained in wahakura production and delivery of harm reduction messages. The first two connections made are with Awarua Whanau Services in Invercargill and Uruuruwhenua in Alexandra. They will work together to establish what the community wants and needs in terms of weaving, wānanga and cultural support for pēpē in the early years.

Pacific Trust Otago (PTO) – Dunedin

Discussions have continued between PTO, the Breast Room representative and the Southern DHB. PTO's preference is to empower their staff and other Pacific women to deliver breast feeding messages across their different communities of interest. A key meeting has been delayed due to PTO staff availability, so the training plan has not been finalised. PTO have indicated a desire to include local churches in delivery of key messaging.

Pacific Island Advisory and Cultural Trust (PIACT) - Invercargill

Completion of the Memorandum of Understanding remains outstanding. Some meetings are being cancelled due to lack of staff availability. There is also a lack of Social Workers in Invercargill impacting on the service.

Young People

The Child and Youth Network met and had a presentation on tobacco and youth vaping. The most recent Year 10 survey indicates that tobacco consumption is decreasing but vaping is increasing. Two young people from the Dunedin City Council's (DCC) Youth Council attended the meeting and were very active participants detailing what is happening in relation to vaping in their schools. It was identified that schools and whānau are particularly challenged in how to respond to vaping despite having tobacco and vaping policies in place. It is also difficult to find services to help young people stop vaping. The Southern Stop Smoking Service only focusses on supporting people stop tobacco smoking.

The DCC, the Ministry of Education, and Southern DHB will establish a small working group to investigate what can be done to respond to this community need. The two Youth Council representatives will also be asked to join the working group. Discussions will occur with the Community Health Council on how to facilitate engagement with the youth representatives.

Oral Health

Southern DHB Community Oral Health Service (COHS) March 2022 Figures

- New Enrolments for month = **687**
- Total Enrolments = **46,162**
- Patient contacts for month = **3,065**
- Doses of Fluoride Varnish given for month = **1,374**

Oral Health Summary

The Oral health Service continues to provide a full service to the community regardless of some staff having to isolate due to Covid-19 related issues or a noticeable increase in upper respiratory infections within the service.

All contracts under the Faculty of Dentistry, Heads Agreement have been finalised along with the Board memorandum seeking approval for the new contracts. Once completed both Oral Health and the Faculty of Dentistry are requesting a 12 month transition period to ensure all supports and mechanisms are in place to promote a successful transition from the old contracts into the new ones.

Oral Health Service update

An oral health service update will be provided by the service manager at the next board meeting.
Rapid Antigen Test (RAT) kits have been ordered, received, and dispatched for all staff to have at home.

Appointments - A significant number of appointments are being cancelled for screening , and others are cancelling on the day due to Covid-19 like symptoms. The Dental Unit outpatient appointments are lower than the historical average due to staff leave over December and January period and the current impact of Covid. A reduction in General Anaesthetic (GA) waitlist numbers have occurred as a result of securing some spots on the Mobile Surgical Services during January and February 2022.

Planning - Increased staff meetings have been held to address and reassure any concerns expressed by staff around Omicron in our communities as there are some staff isolating with either with Covid-19 or as household contacts.

First Aid and Cardiopulmonary Resuscitation (CPR) refresher courses are being booked for all Therapists and Assistants over the next few weeks.

Projects:
Fluoride - No Fluoride programmes again this month This is due to access restrictions into pre-schools and kindergartens with rising numbers of Covid-19 in our region. Staff are working with a number of centres to secure future dates. Training for assistants continues although this has been hampered by current the Covid-19 situation.

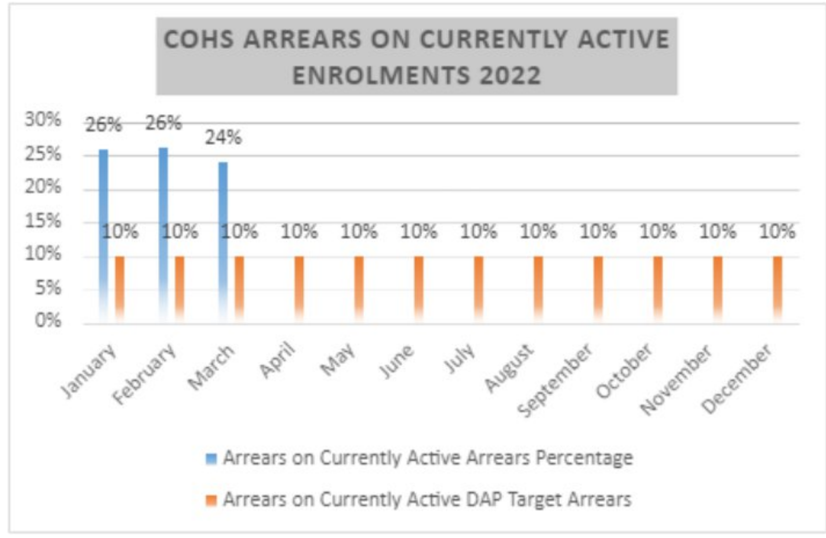
Tele-Dentistry Project continues but with difficulty seeing staff accessing Microsoft Teams to deliver this. Work is ongoing with Information Technology (IT), who have been working across the region supporting staff with the increased need and numbers working from home. This is a continued way of reaching our community as part of our endemic delivery for our Oral Health care population.

Drop-In Clinic Pilot Project for drop-in clinic is planned for Invercargill with ongoing work still in the planning stage and identification of pilot site underway.

7

PERFORMANCE

Health Targets: Arrears – National target 10%, Southern Oral Health currently sitting at 24% and stable for now.



Rural Health

Primary Maternity

Overview

- Lead Maternity Carer coverage in Central Otago is suboptimal
- Covid-19 response across our Primary Maternity facilities going well. All units are so far managing with staff isolation
- Work being done currently on Quality Improvement Framework, reporting templates, and gearing up for the switch over in patient management systems
- A verbal update will be provided on the Central Otago Primary Birthing Units during the board meeting.

Emerging Issues

- Lead Maternity Carer coverage in Central Otago is of key concern. All Lead Maternity Carers are finishing up, on maternity leave, or reducing their hours by the end of 2022. This puts significant pressure on the Southern District Health Board for service coverage in the area. An internal meeting is being held Tuesday 5 April to discuss options ahead of a stakeholder workshop, with midwives, to go through possible solutions.

Lakes District Hospital

Activity data

- There were 1,037 Emergency Department (ED) presentations in March, up from 939 in February.
- Social work had a high number of community referrals with complex issues and needs.
- The general ward had a total of 87 patients with average Length of Stay (LOS) of 1.38 days.

COVID-19

- Covid-19 resurgence activity continues. Screening of the public is occurring at the new ED entrance at the back of the hospital and also the Main Entrance to Lakes District Hospital.
- Work continues to ensure the facility is fit for purpose and flexible enough to meet the changing demands this virus creates.
- Staffing availability remains challenging due to covid and recruitment requirements
- Patient Transfer Service: the provision of a service that effectively provides one inter-hospital transfer per day remains insufficient for Queenstown. This is currently being reviewed along with transport across the district.
- A review of the SMO roster at lakes continues

Rural Hospitals

Most Rural Hospitals have been assessed by Southern DHB Building and Property staff to ascertain their requirements for virus reduction equipment such as UV-C lights and hepa filters. This work is required to ensure the facilities are equipped to care for Covid positive patients. The hospitals have also been supported by Infection Prevention and Control (IPC) and when possible, the Infectious Diseases physician has made valuable suggestions.

Regular meetings involving key clinical and management staff of all Rural Trust Hospitals have been established, that provide an opportunity for information sharing about Covid-19 response. Each Rural Trust Hospital has established its Emergency Operations Centre. They provide daily Situation Reports to the Population and Public Health Directorate who collate and submit the reports to the Emergency Coordination Centre (ECC).

Staff shortages in several Rural Trust Hospitals have resulted in challenges keeping services running. Waitaki District Health Services Limited have reduced their inpatient beds to 12, in order to maintain safe staffing ratios. Clutha Health First has a shortage of medical staff, however, some of their General Practitioners have provided welcome support. Midwifery staff are limited. This is impacting Clutha Health First and also Lakes District Hospital.

A meeting to progress the single contract proposal was held with Southern DHB managers from the Directorate and the Rural Chief Executives on 4 March. A pathway forward was identified. It is hoped the process will enable a genuine partnership approach to commissioning and delivery of health services that maintains the uniqueness of the different areas, whilst improving the transparency of service delivery across the District.

Debi Lawry, Service Manager for Rural Trust Hospitals retired on March 11. Debi did a wonderful job ensuring good communication and support between the trusts, helping them to prepare for Covid patients in their facilities, and her experience and hard work is very much missed. The GM Population and Public Health is currently overseeing this space and supporting the Rural Trust Hospitals while recruitment gets underway.

Primary Care

Work in the Covid-19 response continues to dominate the Primary Care space. The peak of our response is only just being felt so we can expect the high case numbers to plateau and then slowly decline. This will also mean many of our more complex patients may be getting Covid-19 in the coming weeks which will increase the workload of our teams.

Planning activities still continue with WellSouth and the wider Southern District Health Board clinical group. Work has started on progressing from System Level Measures (SLM) to Health Service Indicators (HIS) with assistance from the Ministry of Health. The focus on this is building a comprehensive plan on how these will be integrated into local health plans and identifying what aspects of the HIS's are important to monitor and measure from a Southern regions perspective.

At a higher strategic point, the discussion on Localities and the framework in which this concept is planned around has begun. This has been a very preliminary discussion in determining the best way forward from here to ensure we are making meaningful progress in the development of the Localities concept for the Southern region.

Pharmacy

The Influenza vaccination program has been launched with over 50 pharmacies in the region taking part. The major change within the program is the recording of vaccinations in the National Immunisation Solution which is where the Covid-19 vaccinations were captured. This will mean that the future data on vaccination rates will be as good as the data for Covid-19 vaccinations and will solve a long standing problem associated with the influenza data across multiple systems.

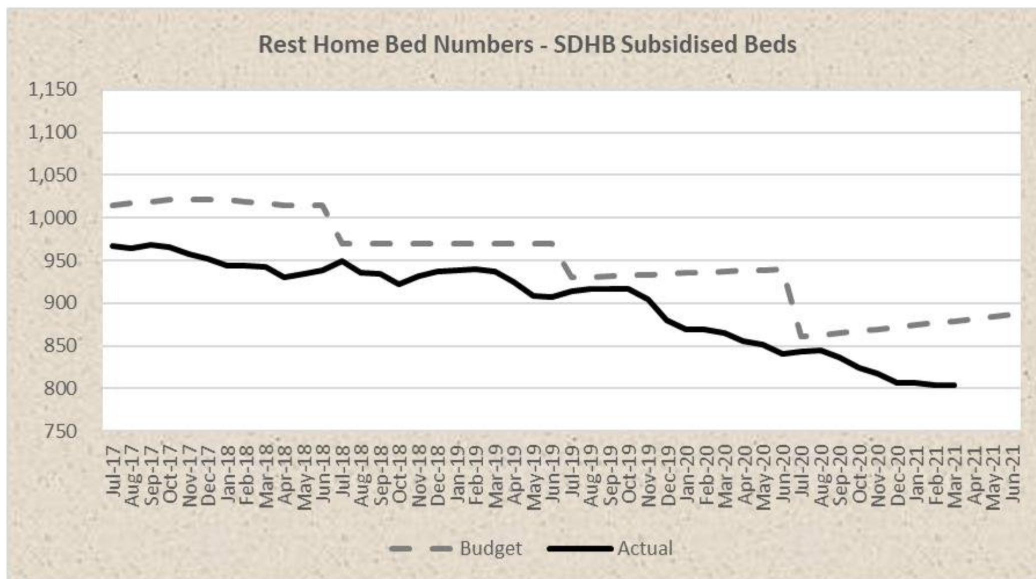
Select pharmacies have also been asked to stock a small supply of Paxlovid across the region after the Ministry of Health secured 9,600 courses for the whole country. The criteria for selecting the pharmacies were to favour rural/remote regions and where there are a high number of at risk population for poor outcomes through contracting Covid-19. There are 27 pharmacies that will share in 437 courses of the anti-viral drug with Health Pathways reflecting this list so all General Practitioners (GPs) can access this should their patients fit the Pharmac criteria.

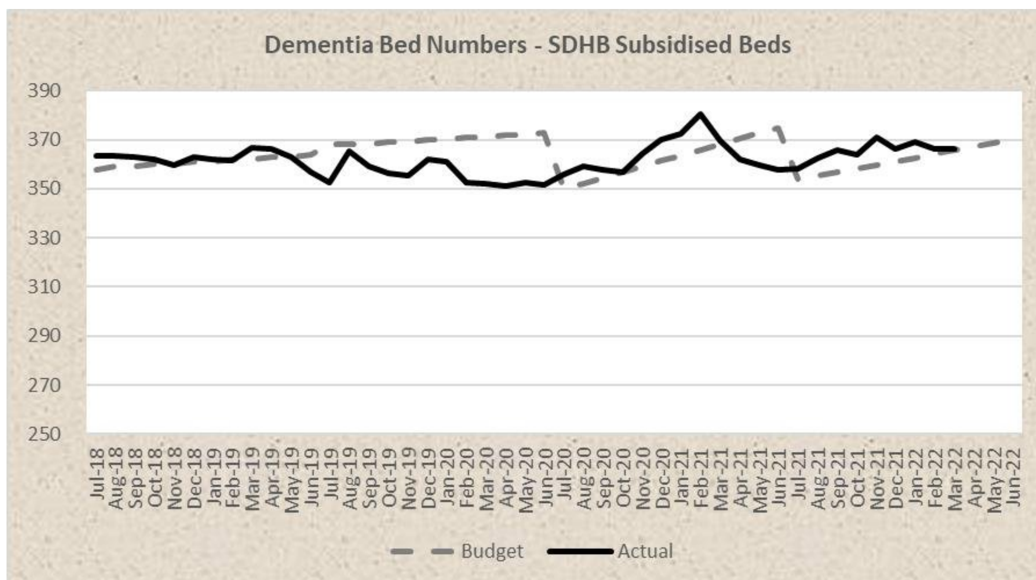
Older Persons Health and AT&R

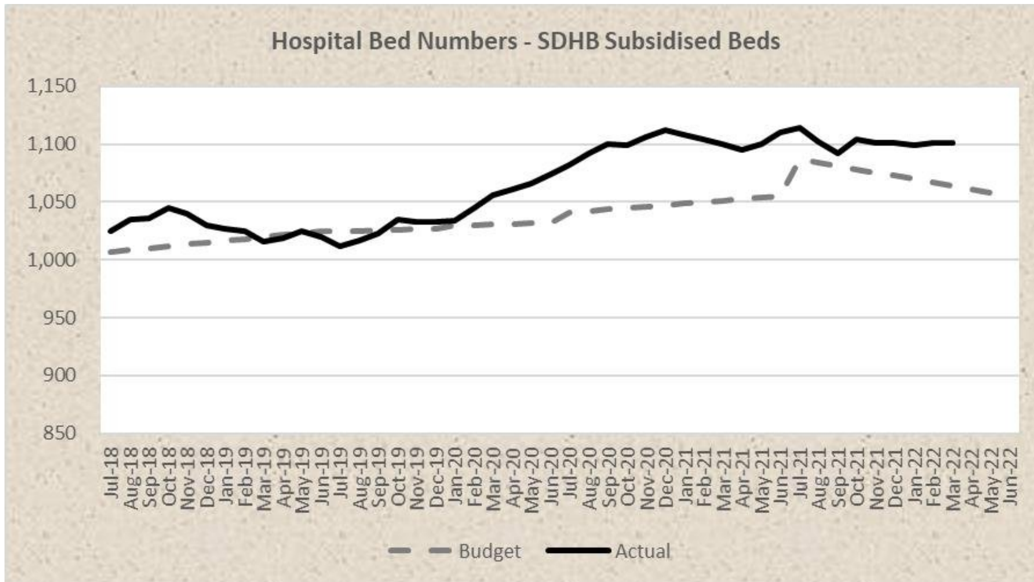
Aged Residential Care Occupancy/Volume Analysis

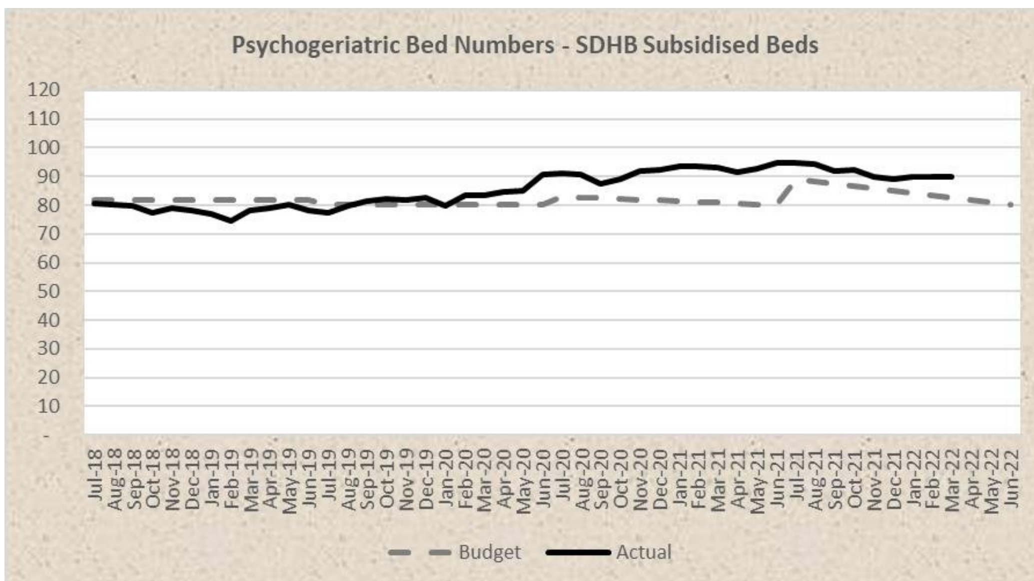
The levels of occupancy in Aged Related Residential Care (ARRC) continue to decline. Reduction is available beds due to staffing shortages is now potentially influencing bed utilisation is some areas, especially with changes to levels of care.

Total bed numbers are down since July by over 50 beds, but the mix of bed utilisation doesn't align to the budget. There has been a greater reduction in Rest home level care than forecast (budgeted to increase), and Hospital level care has plateaued (forecast to decrease). So while bed numbers have reduced, the different bed mix hasn't resulted in the financial gains budgeted.









Allied Health

The Fraser Building Outpatient redevelopment and Hanover St relocation have been stalled due to Omicron.

Workforce, vacancies and recruitment across Allied Health continues to be challenging. Physiotherapy vacancies in Southland are still an ongoing concern.

Dunedin is also having challenges with physiotherapy recruitment, especially into senior roles. Occupational Therapy, Social Work, Dietitians, and Speech Language Therapists are also being actively recruited in a very constrained workforce market.

Adoption of Telehealth in physio outpatients has remained low despite encouraging staff to utilise this mode of care delivery. One key issue we are grappling with is the lack adequate and appropriate space to conduct Telehealth.

Dunedin AT&R

Ward 6AT&R moved to Ward 6C on Thursday, 24 March 2022 to allow for COVID Ward 2 to prepare for the growing number of Covid hospitalisations. There was an issue identified with the patient call bell system that has mean bed numbers for 6AT&R will be 12 (slightly lower than planned initially).

The 6th floor staff have continued to work in an interprofessional model to enable us to meet the patient needs effectively. This has also enabled the community deployment of nurses to Aged Residential Care facilities and the impact of Covid-19 positive staff is forcing a new way of working to be developed to retain service provision. This has been going well but will need to be reviewed if this is going to be an ongoing model.

Southland AT&R

The decision has been made to open an additional 12 beds in the AT&R ward in Southland however recruitment to enable opening of the beds continues to be a challenge. The students with the SIT supervisors commenced on the AT&R ward 8 February and are being incorporated in the ward in the interim until the additional beds can be opened.

The new Charge Nurse Manager has introduced daily huddles, with positive team feedback regarding communication. The AT&R ward has supported wider hospital during Omicron with flexing up to 22 beds for medical outliers due to number of covid patients in medical ward. The rear area of the ward with external access has also been used for community patients requiring anti-viral infusions for Covid.

Community Services Dunedin

Although the Community teams have experienced some impact from COVID-19 related sickness we have for the most part been able to continue delivering services with some challenges. All of the teams have adapted to what is the new normal in relation to working with and supporting COVID-19 positive patients. District Nursing are having to Rapid Antigen test prior to entering residential facilities, therefore adding additional time onto visits while they wait for results.

We have successfully recruited an acting Unit Manager as a replacement for Kristen Dickson while she is on maternity leave. Ina brings a wealth of leadership experience with her and will start on the 19 April 2022.

Recruitment remains challenging for some of our smaller teams (Speech Language Therapy and Dietetics) and this situation is expected to become more difficult as the borders open up. We are working closely with those teams and their professional leaders to keep them updated and also to look at new ways of working to support some efficiencies.

Challenges with procurement and timely supply of clinical products is creating disruption and increasing workload. Availability of nutritional's is impacting on the Dietetic team, with more time being spent sourcing and identifying suitable alternatives. Stoma Therapy is spending a lot of time sourcing alternative products. USL have also had delays getting supplies out to patients and that combined with courier delays mean we are hearing from pateints who are running low on gear. This is also having an impact on our budget with the vast majority of the alternative products being more expensive.

Community Services Southland

Community REACH, Home Team and Older Persons Nurse Practitioners have now moved into their new Community Team space (in the old library). Feedback from team members is very positive regarding their new location. The team is focusing on a new community team model of care meeting and team building.

Supporting remote rural communities during Covid has been challenging, especially when staff are unavailable as rostered. Tokanui, Wyndham and Stewart Island Clinics are set up as RAT Distribution Centres which is meeting their local requirements

Respectfully submitted

Andrew Lesperance

Executive Director Planning & Funding, Public and Population Health

For Information

Item: Planning, Funding & Population/Public Health Report

Proposed by: Andrew Swanson-Dobbs, CEO, WellSouth

Meeting of: Community and Public Health Advisory Committee, 2 May 2022

Recommendation

That the Community & Public Health Advisory Committee (CPHAC) notes the attached report on the Vaccination Strategy for the next 9 months.

Vaccination Strategy

– the next 9 months

Background

Southern Health has historically achieved high immunisation coverage across the Early Childhood Programme. Via the many additional immunisation providers, Southern also achieves good coverage across all programmes across the lifespan.

Vaccination programmes have traditionally been delivered through Practice Nurses, Public Health Nurses, Immunisation Outreach Services, WellSouth Nurses, Occupational Health Nurses and Pharmacists in settings including general practice, Māori providers, workplaces, schools, and community pharmacies.

The Southern Covid-19 immunisation programme has seen the delivery of more than 778,000 vaccinations across the entire Southern District to the population of 5 years and older. In order to achieve these high vaccination numbers across our communities, multiple delivery streams including pharmacy providers and DHB mass vaccination centres (including outreach arms) have been required to assist general practice workstreams which have been significantly interrupted.

The collaborative effort of these delivery streams has seen a reduction in disparity across the district. The New Zealand Government is likely to announce additional booster Covid-19 vaccinations, therefore we need to retain these collaborative delivery streams to see consistent uptake. With IMAC removing the spacing requirements, all the vaccines on the National Immunisation Schedule can now be given concurrently with the Covid-19 vaccination. There is an excellent opportunity to review, plan and prioritise immunisation programmes and utilise these alternative delivery streams to provide all vaccinations e.g., Covid-19, influenza, and MMR.

Due to the impact of Covid-19 community transmission and the significant role primary care plays in the Covid response, the next four to six months will be pivotal for alternative delivery streams to provide support to the primary care sector.

Current Data

Childhood Immunisation

Preliminary Southern DHB Quarterly results for quarter ending 31/03/2022 demonstrates Southern's commitment to Childhood immunisations (Refer Figure One). Southern performs consistently above the National trend with some equity focus required to ensure equitable outcomes are achieved within the region. It is pleasing to note that as per data 02/04/2022 Southern outperforms the National average in the MoH milestones:

- ***8-months:*** *1st Overall (848 in cohort), 1st Māori (152 in cohort) and 9th Pacific (31 in cohort).*
- ***24-months:*** *2nd Overall (776 in cohort), 2nd Māori (151 in cohort) and 1st equal Pacific (33 in cohort).*
- ***5-years:*** *1st Overall (856 in cohort), 1st Māori (167 in cohort) and 5th Pacific (46 in cohort).*

However, there is still an underachievement of the 95% MoH target for all childhood immunisations. It is also worthy to note that due to the Pacific smaller childhood cohort, there is some fluctuation in results.

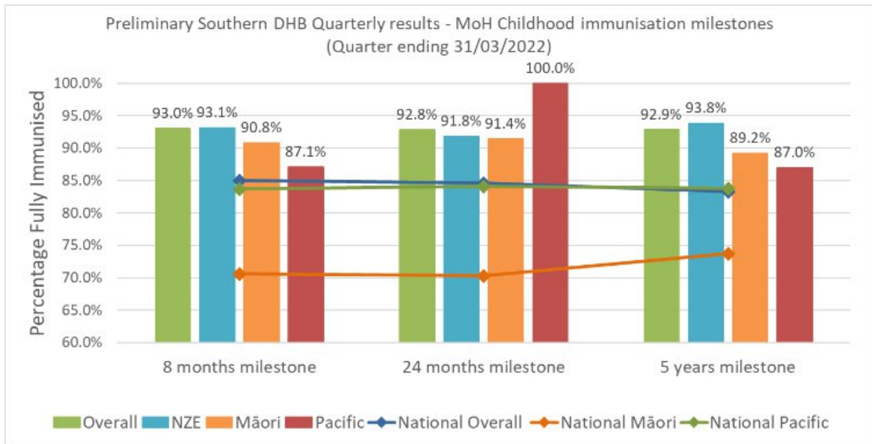


Figure One: Preliminary Southern DHB Quarterly Results (Quarter ending 31/03/2022)

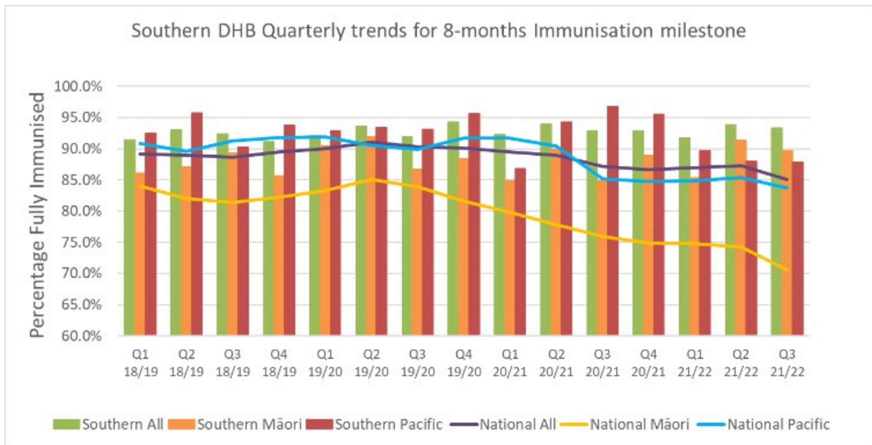


Figure Two: Southern DHB Quarterly trends for 8-months Immunisation milestone

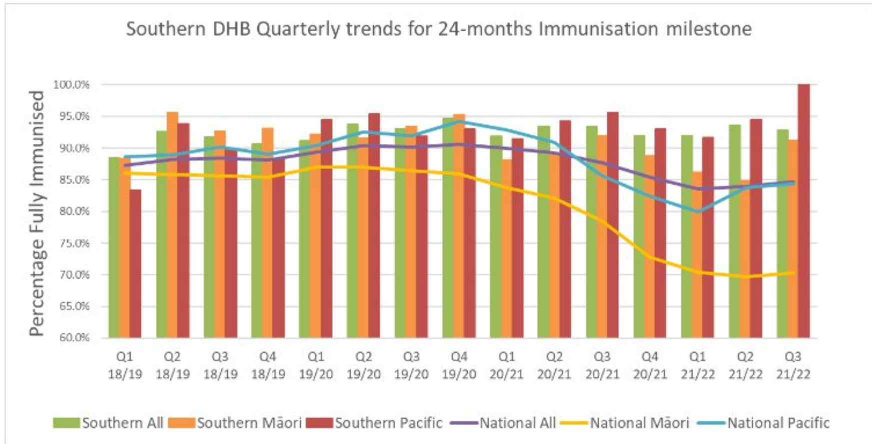


Figure Three: Southern DHB Quarterly trends for 24-months Immunisation milestone

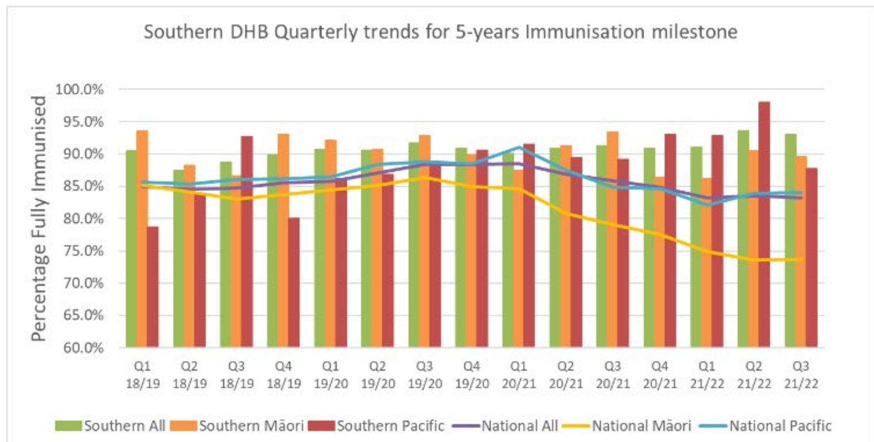


Figure Four: Southern DHB Quarterly trends for 5-years Immunisation milestone

Southern DHB has consistently performed above the national average for 5-11 years Covid-19 vaccination rates (figure five). However, there continues to be a disproportion of rates between our urban and rural counterparts. Our current demand continues to decrease in line with a national trend.

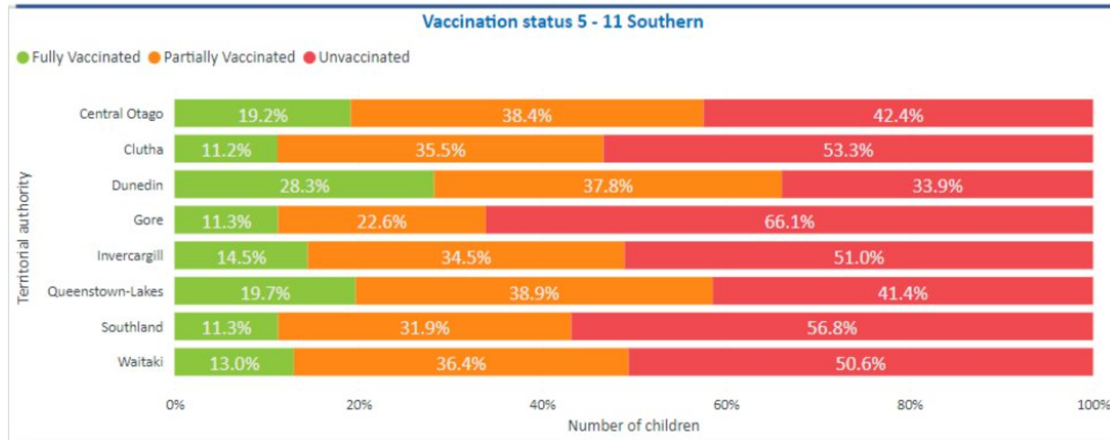


Figure Five: Southern's 5-11 years covid-19 vaccination rates as of 06/04/2022

Flu Vaccination data

As for the flu vaccines, last year we gave 70.71% of our 65+ a flu vaccine, and 6.58% declined or were contraindicated. Our Māori and Pasifika rates are lower at 65% given and 62% given respectively (Thalamus data). MOH Qlik data reports 61.9 % 65+, Māori 52.0% and Pacific 48.2% 65+ total population. Qlik enrolled WellSouth Overall 65.1%, Māori 65.1% Pacific 62.5%

There has been ongoing issues with Flu Programme data integrity from the Ministry of Health / National Immunisation Register (NIR) however with Practice PMS Upgrades and evolution of wider Provide use of the National Immunisation Solution (NIS) it is anticipated that this data will become much more reliable in 2022.

MMR Data

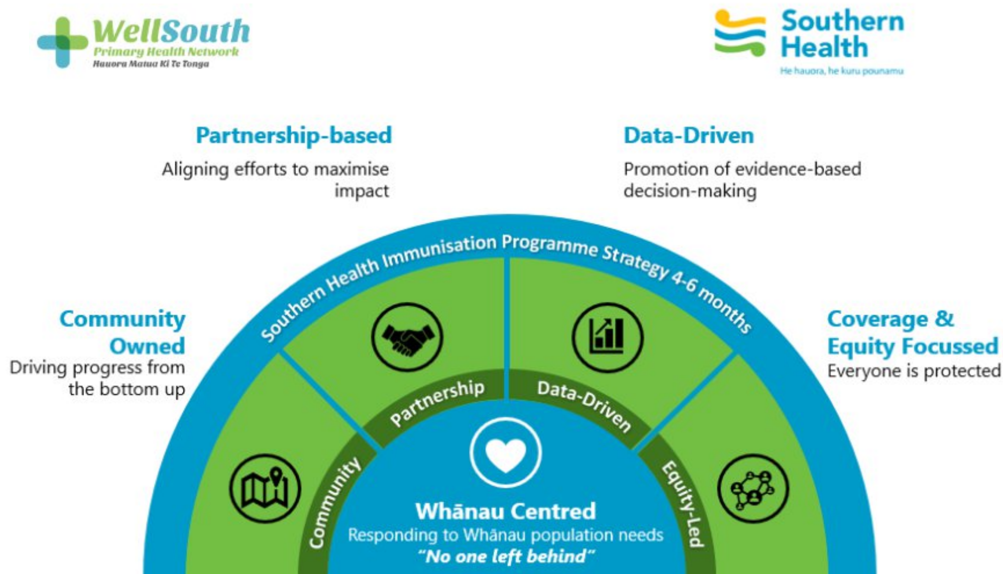
WellSouth via Thalamus data only have records for 64.27% of our 15-29 year old with 1 dose of MMR, however this could be due to many of this cohort simply having these vaccinations recorded on paper forms rather than in their General Practice, Practice Management Systems (PMS), and/or vaccinations

being given overseas. Māori rates are currently 67.87% for this cohort with Pasifika rates lower at 55%.

- NB Records for those born from 2006 should be most accurate via the NIR (Birth Cohort)

Strategic Direction

The proposed direction for the next period is to ensure alignment and prioritisation of Southern-wide efforts that is underpinned by four key principles: Partnership-Based, Data-Driven, Community-Owned, Coverage & Equity Focussed. This will enable Immunisation Services that are Whānau centred, and agile to changing needs.



The Southern Vaccination Strategy incorporating the COVID-19 Vaccine Programme and Immunisation Schedule Programmes will assist to mitigate the impact of severe illness for our general population inclusive of whānau, hapū, iwi, hapori Māori across the Southern district. The Southern Vaccination Strategy response will focus on protecting people from the potential harm of contracting severe illness including Covid-19; reducing the risk of transmission in the community; and supporting the health and disability systems in their readiness and resilience for potential outbreaks.

The Southern Vaccination Programme is committed to upholding Te Tiriti o Waitangi and Whakamaua: the Māori Health Action Plan 2020-2025. Honouring Te Tiriti o Waitangi and ensuring equitable outcomes is key to the success of the programme and its delivery to Māori. To ensure the voices of Māori are captured in this programme, over the next 4-6 months, Māori consultation will occur with whānau, hapū, iwi, hapori Māori in the Southern district. Māori will discuss and determine key principles and initiatives underpinned by the five principles of Tino rangatiratanga; Equity; Active Protection; Options; Partnership to reduce barriers, improve equity and Māori health outcomes.

The introduction of the Covid-19 Vaccination Programme has welcomed a significant shift in how the sector has worked collaboratively. This has resulted in the success of the most extensive vaccination programme in New Zealand's history – 95.1% fully vaccinated (two doses). Over the next 6 months, we will continue with the proven model of multiple delivery streams to ensure vaccination rates across

Southern remain high. These delivery streams provide the opportunity to reach vulnerable populations and at-risk communities.

Māori Health:

The Southern Vaccination Strategy and programme will ensure Te Tiriti o Waitangi and Māori health equity remain at the centre of the vaccination programme. Over the next 4-6 months, Māori consultation will occur with whānau, hapū, iwi, hapori Māori in the Southern district. Māori will discuss and determine a pathway forward underpinned by the five principles of Tino rangatiratanga; Equity; Active Protection; Options; Partnership to ensure that the voices of Māori are captured in this programme, to reduce barriers, improve equity and Māori health outcomes. Within the consultation process, initiatives may include governance and partnership, a targeted approach to vaccinations, Māori health and disability providers and support, clear and tailored communications lead by Māori and workforce development, capability and capacity.

Pacific Health:

The Southern Vaccination Strategy and programme will ensure consultation occurs with Pacific Providers, communities and leaders across the Southern district, to Pacific Peoples to determine their pathways to improving health outcomes and reduce barriers for Pacific peoples in Aotearoa.

Southern Vaccination Services:

When reviewing data around community uptake and risk areas, we will continue to engage with local providers and communities and in responding, support local capacity as a first principle and engage with the local Māori and Pacific providers or provide outreach teams to assist.

The SDHB combination of Mass Vaccination Centres and outreach have been successful models that allow for a great deal of dedicated capacity whilst general practice is stretched caring for Covid positive patients in the community. As a result, they will be required to continue for at least the next 6 months to ensure that the Southern District maintains the current vaccination capacity.

The SDHB centres, through mass vaccination centres and outreach activity, will be renamed Immunisations Centres and pivot to offer Covid vaccinations and support other providers by offering influenza and MMR vaccinations to eligible populations to support a combined immunisation programme.

As the general practice workforce becomes stretched with COVID response, there may need to be some prioritisation of immunisations or a case-by-case review to ensure we maintain high levels of vaccinations across our various immunisation programmes. A case-by-case review would likely involve looking at the data in each immunisation stream across the TLAs and identifying where the gaps/risk areas are and focusing more effort there for a period of time. This method has proved very successful in the Southern COVID vaccination programme, as TLAs in need have been targeted to ensure they reach a certain percentage of the population (e.g. 90%) at the same time as another TLA.

If using a prioritisation model, it may look like the below:

Provider	1st Priority	2nd Priority	3rd Priority	4th Priority
General Practice	National Immunisation Schedule: including	Flu vaccination	Covid vaccination	MMR

	Childhood vaccinations			
Pharmacy	MMR	Flu vaccination	Covid vaccination	
Māori/Pacific Providers	Covid vaccination	Flu vaccination	MMR	
Mass Vaccination Centres	Covid vaccination	MMR	Flu vaccination	
SDHB Immunisation Outreach Services	Childhood vaccinations	MMR	Covid	Flu
Occupational Health	Flu vaccination			

NB: Vaccinators, where able should look at concomitant vaccination opportunities e.g., Covid Booster with Flu Vaccine, MMR opportunity at Covid Clinic

National Immunisation Solution

The National Immunisation Solution (NIS) has been progressing and the Ministry of Health released the first phase of the NIS to support the start of influenza (flu) vaccinations on 01 April 2022. The NIS will be available for all providers that would like to onboard and will be developed and enhanced throughout the year. Initially the NIS will operate alongside the current National Immunisation Register (NIR).

All flu vaccinations will be collected in the NIS, this will be achieved through:

- Providers that have an electronic Patient Management System (PMS) that already integrates into the National Immunisation Register (NIR) will continue to record flu vaccinations into their electronic PMS. The NIS will capture these records direct from the NIR.
- All other providers can start using direct entry into the NIS via the 'Flu form' which will be hosted in the COVID-19 Immunisation Register (CIR). The NIS will capture these records from the CIR.

The NIS Flu form will be hosted inside the COVID-19 Immunisation Register (CIR), to support the delivery of the flu vaccination this year.

Workforce

General Practice Teams are currently the only workforce undertaking routine childhood vaccinations at scale. Practice Nurses are highly skilled and experienced in delivering across all scheduled vaccinations.

Community Pharmacy within the Southern district have been key players in the Covid-19 vaccine roll-out, serving populations 5 years and older to help meet the demand for vaccinations. This workforce has been able to pivot to accommodate the many introductions and changes to the programme, including vaccine pass support and RAT testing, while also providing a service that helps take the load off general practice. Pharmacies traditionally operate a walk-in business model, and with more pharmacies this year opting to provide MMR, flu, and Covid vaccinations there is ample opportunity to permanently diversify the provider streams.

Covid Vaccination DHB Workforce: DHBs have been asked by the Ministry of Health to maintain an appropriate level of infrastructure in order to support the ongoing delivery of vaccines to New Zealanders.

Māori and Pacific Providers delivering the Covid-19 vaccination programme have contributed significantly to the positive uptake of the programme. They determined their model of care and delivery using a whanau centred approach in partnership and in consulting with communities. Māori and Pacific Providers adapted quickly to change and were able to pivot and flex with the health system to address Māori health outcomes and improve equity for all populations in the Southern district. Over the next 4-6 months, there will be consultation with Māori and Pacific communities to determine their approach to vaccinations in the future.

Mass Vaccination Clinics are a new resource to our district, set up to support the Covid Vaccination Programme by adding capacity to the system. They are currently set up to deliver Covid vaccination but will also be able to offer MMR and flu vaccination. These clinics offer a walk-in model to support access. This workforce has also been vital to support pop up clinics, home vaccination service and rural mobile service to increase vaccination uptake across the district.

Occupation health services currently undertake the delivery of flu vaccinations within workplaces.

SDHB staff provide some scheduled vaccinations such as Tetanus and MMR but are more heavily involved in supporting the workplace flu vaccination programme in SDHB. SDHB Staff Influenza Vaccination Programme (Target 80% Coverage)

Public Health Nurses have been involved in the delivery of mass vaccination programmes over the years including the covid vaccination programme. They also support HPV School Based Programme in Otago.

WellSouth Staff are involved in HPV School Based Programme, staff and workplace flu vaccination and delivering COVID vaccinations in vulnerable communities, rest homes and alongside General Practice Teams.

Immunisation Outreach Team provide outreach childhood vaccinations on referral from General Practice

Education and Training

Provisional Vaccinators

The MoH has recently reinstated the Provisional Vaccinator Foundation Course (PVFC)

The (PVFC) supports the development of an expanded immunisation workforce for the MMR campaign, influenza seasons and the COVID 19 vaccine programmes, as part of New Zealand's pandemic response. Completing the PVFC, including the assessment and peer review component will enable a vaccinator to apply for provisional authorisation to administer the identified vaccines to adults and children from age 3 years. All qualified/authorised and provisional vaccinators need to complete an additional module specifically about COVID vaccines to administer the COVID vaccines.

Enrolled Nurses as Authorised Vaccinators

Following consultation with the Nursing Council of New Zealand, the Ministry of Health developed the following position statement which supports Enrolled Nurses (EN) to become fully authorised vaccinators.

The Ministry of Health recognises the invaluable contribution that Enrolled Nurses make to the health and disability workforce, and to national immunisation programmes. The Ministry supports Medical Officers of Health approving Enrolled Nurses as fully authorised vaccinators, when they fulfil the criteria outlined in the Medicines Regulations 1984 and the Immunisation Handbook.

The Ministry notes the circumstances in which an Enrolled Nurse can work as an authorised vaccinator should align with the scope of practice for Enrolled Nurses set by the Nursing Council of New Zealand. Enrolled Nurses will complete the training and assessment to be an (independent) authorised vaccinator. However, in practice their role as a vaccinator must fit within the Enrolled Nurse legal scope of practice which is set under the HPCA Act by the Nursing Council. The scope statement requires Enrolled Nurse to work 'under direction' of a registered health practitioner. The Council has indicated the scope may change in the future but this will not affect their authorisation as a vaccinator.

Supporting ENs to become fully authorised vaccinators supports the Ministry's immunisation equity objectives by enabling a broader range of skilled people to vaccinate against all vaccine preventable diseases across the lifespan.

ENs who are currently provisional vaccinators and wish to become fully authorised vaccinators need to undertake the relevant training and apply for authorisation as such. A bridging course is expected to be available from the Immunisation Advisory Centre (IMAC) in May.

Unregulated workforce

The vaccinating workforce has increased significantly across multiple delivery streams to cover the demand of vaccinating Southern's entire population aged 5 years and older. To achieve this, many vaccinators have returned from retirement, and the Ministry of Health introduced the vaccinating workforce. The vaccinating workforce is made up of an unregulated workforce supervised by an authorised vaccinator.

The vaccinating workforce has previously been approved to deliver the COVID-19 vaccine in age groups and is also in the process of being approved to deliver MMR, Influenza and HPV vaccines. Both our Māori and Pasifika providers have recruited a vaccinating workforce who will be able to pivot into these spaces.

Other delivery streams have also implemented additional vaccinators, such as Public Health nurses offering COVID vaccinations during outreach home visits to vulnerable populations and community pharmacy offering MMR and flu vaccinations with COVID vaccinations.

It will be imperative that as a district we are able to retain and continue to strengthen our vaccinator workforce to enable Southern DHB to achieve our vaccination targets, especially for our Māori and Pacific communities.

Communications Plan

Immunisation programmes are placing more demand on general practice and other providers than in previous years. But the new systems and capacity in place (Southern integrated Covid-19 vaccination programme), as well as general practices and community pharmacies existing experience, will help ensure the concurrent immunisation programmes can be managed and delivered effectively.

Objective:

- Make optimal use of healthcare resources to ensure high immunisation rates for vaccination preventable diseases – including Covid-19 vaccinations and boosters, the seasonal influenza programme, childhood vaccinations and MMR.
- Ensure awareness of the programmes (their availability and safety) amongst targeted populations.
- Ensure equity of access
- Support providers and ensure the most vulnerable populations have access to vaccinations.

Key messages:

General Practices:

- Equity is a priority.
- Deliver vaccines and immunisations as you would ordinarily and as is most suitable to your enrolled populations. (You know your patients' needs best.)
- If you need to prioritise, we recommend childhood vaccinations, flu vaccinations, Covid vaccinations and then MMR.
- Opportunistic vaccinations. Use other clinical opportunities to ask patients and whānau about their vaccinations.
- There are good supplies of vaccines here.
- Additional providers/workforce in place to help deliver concurrent vaccination programmes
- We can help. Ask if you need our assistance.
- Unprecedented demand on your time and resources – thank you!

Public + Stakeholders:

- Don't be complacent. With borders opening, influenza and other vaccine preventable diseases will increasingly be present in our communities.
- Vaccinations are available through general practice, Māori, Pacific Island and other community health providers.
- Getting the seasonal influenza vaccine is one
- The vaccine is safe and free for those meeting criteria include
- It is safe to have the influenza vaccine the same time as

Channels:

- Regular WellSouth communications + MD Updates
- Practice network team/outreach/other teams
- Webinar
- Media/Social media
- Partners and stakeholders and their channels

Seasonal Eligibility criteria 2022:

- People aged 65 years and older
- Māori and Pacific peoples aged 55 to 64 years
- Pregnant women (any trimester)
- Children aged 4 years or under who have been hospitalised for respiratory illness or have a history of significant respiratory illness

- People aged under 65 years with some medical conditions

Clinical Governance

Clinical governance is defined as a framework through which organisations are accountable for continuously improving the quality of their services and safe-guarding high standards of care by creating an environment in which excellence in clinical care will flourish. It is especially important that as a district we have clinical oversight of all our vaccination programmes over the coming months to ensure that we can respond quickly to any vaccination programme that appears to be not reaching the target population especially our Māori and Pacific communities. There is currently no clinical oversight of the childhood vaccinations in Southern DHB, the original Immunisation Steering Group and an HPV Steering Group going into Recess a few years ago. However, there is a Covid Immunisation Clinical Group and an Influenza Steering Group, bringing all this under one Governance structure would have benefits.

7

Actions to be worked through

- Ensure all providers of Flu vaccinations are utilising either PMS, CIR or NIS to input data, especially Occupational Health Providers
- Support Māori / Pacifika providers to work in the MMR delivery alongside their current vaccination programmes targeting rural locations.
- Target industries employing migrant workers and seize opportunity to outreach MMR into workplace.
- Utilise data to target and focus efforts to support the specific campaigns e.g MMR, Covid
- Set up and resource Clinical Governance Group for Southern's Vaccination Programmes and develop a longer-term strategic direction
    - Include involvement of Maternity Representatives
    - May include review of the 11 yr Boostrix Delivery
- Implement the communications plan
- Continue to strengthen and support the workforce, building new capacity and ensuring current workforce remains authorised appropriately
- Be reactive to changes in Immunisation Schedules as they are updated eg additional Covid boosters

2.00 pm

Presentation:

Pacifika Health Update on COVID Response and Other Matters

9.1

- Dr Losa Moata’ane of Pacific Trust Otago, Dr George Ngaei of Pacific Island Advisory Charitable Trust, and Cr Hana Halalele of Oamaru Pacific Island Community Group

The opportunity to make a difference for Pasifika health and wellbeing

CPHAC

2 May 2022

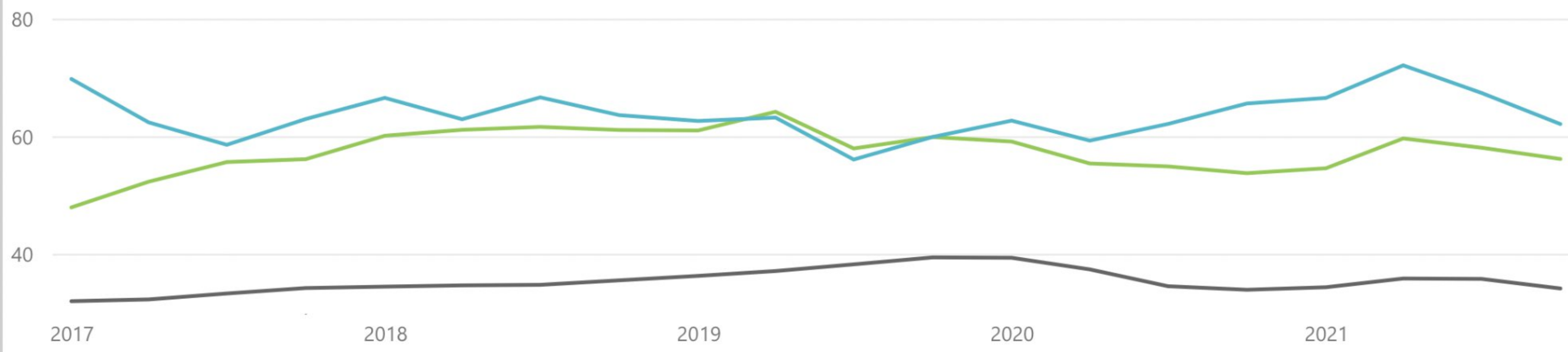
Who we are

- Pacific Island Advisory Charitable Trust (Invercargill)
- Pacific Trust Otago
- Oamaru Pacific Island Community Group

- Decades of experience
- Governed by our Pasifika ethnic groups' community representatives
- Formed to improve the holistic wellbeing of our local communities
- Providing culturally appropriate health, education, social and community services

Overview

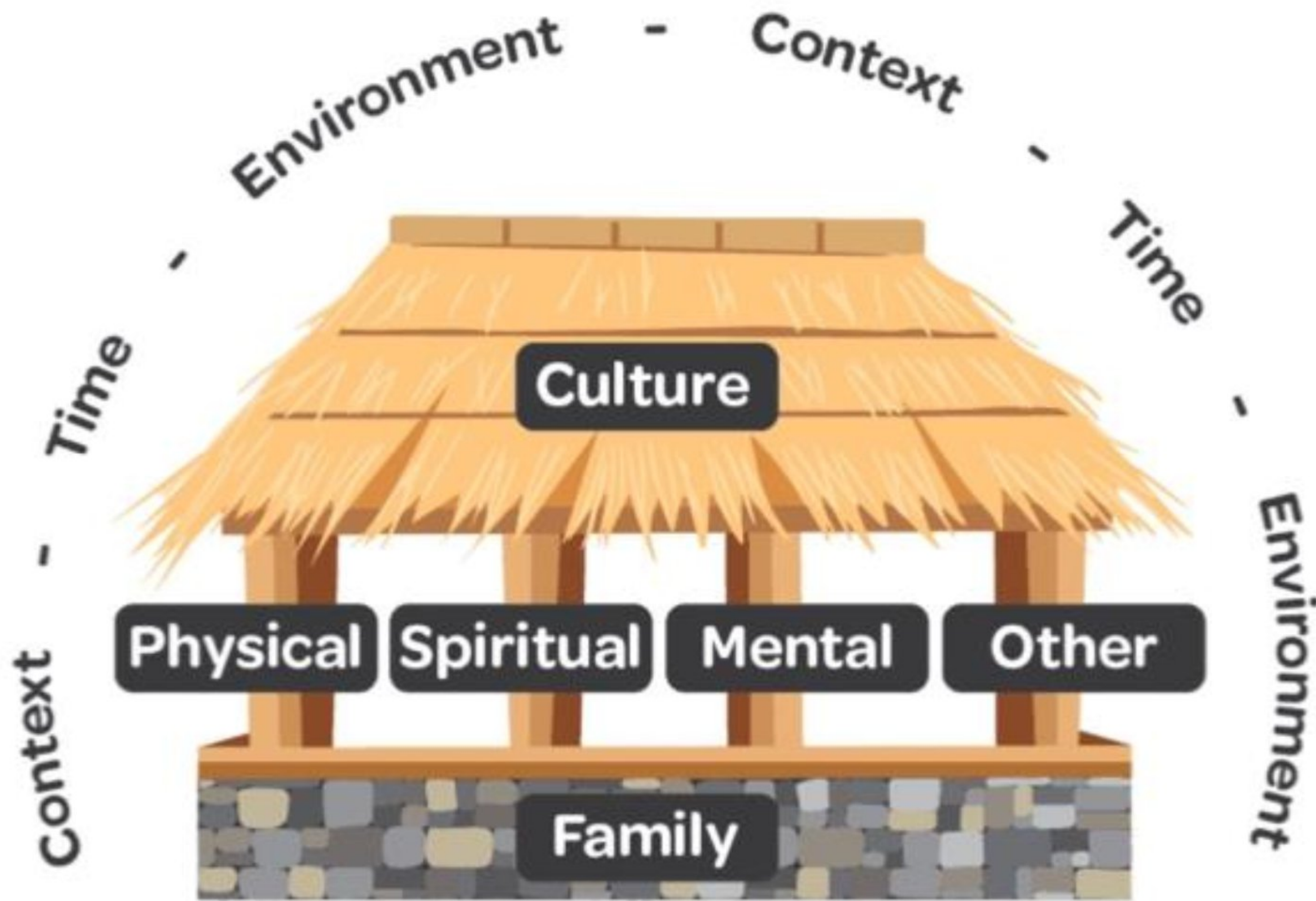
- Our community is currently around 12,000
- Very little Pasifika representation in local health system governance or senior management; historically inequitably funded and serviced
- The Pasifika mortality rate from COVID is the highest of all ethnic groups
- Pasifika people have worse health outcomes
    - eg: 6 years’ less life expectancy; worse/later access to services (31% DNA rate at FSA diabetology at Dunedin Hospital)



9.1

Overview

- Many strengths:
  - Resilient community
  - Strong community engagement
  - Excellent Pasifika provider network
  - Has Government support (MoH, MPP, MSD) – supported through legislation
  - Strong nationally-connected local Pasifika leadership
- Strong community and provider desire for Pasifika-specific run health services (medical clinic), operating in a locality along a Fonofale model
  - Ministry of Health/Health NZ support for this


Context - Time - Environment - Context - Time - Environment
Culture
Physical
Spiritual
Mental
Other
Family

What we are doing

- COVID welfare across the District, including Central + Lakes
- Weekly Monday talanoa and working more closely together, eg:
  - WellSouth & provider submission to HQSC on *Code of Expectations for Consumer Engagement*
  - WellSouth & provider submission in preparation on MoH *Diabetes Action Plan 2022-2027*
  - Pasifika rep on SDHB/WellSouth Clinical Council
  - WellSouth Pasifika Health Plan
- Building new services/models internally and externally: primary care services, navigators, WellSouth clinical pharmacist, MSD
- MoH/HNZ Interim Pacific Health Plan – Priorities
  - LTCs (diabetes, gout, cancer); maternity; child/youth (immunisation, oral); mental health (Pasifika models, youth focus); COVID response; older people; disability
- MoH/HNZ Interim Pacific Health Plan – Enablers
  - Provider & workforce development; commissioning; health intelligence; community voice

We ask…

9.1

- Pasifika people, aiga and communities experience better health
- For a seat at the decision-making table in the new system
- That we all commit to working together. This requires
    - resourced co-production of sustainable services by Pasifika providers
    - raising expectations of all providers and agencies to be responsive to Pasifika

"As community providers we are the mechanism to help produce the outcomes that we want to see in our communities on the ground."

FOR INFORMATION

Item: Southern DHB –Financial Report For the month ended 31st March 2022

Proposed by: Andrew Lesperance, Executive Director Planning, Funding & Population/Public Health

Meeting of: Community and Public Health Advisory Committee, 2 May 2022

Recommendation

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

Purpose

To inform the Committee of the 31 March 2022 Planning, Funding & Population/Public Health financial performance

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Specific Implications for Consideration

Financial

- As set out in the report.

Workforce

- No specific Implications

Equity

- N/A

Other

- N/A

10

Southern District Health Board – Monthly Financial Report
For the month ended 31 March 2022

Executive Director Planning, Funding, Population/Public Health

Statement of Financial Performance as at 31 March 2022 excl Covid Vaccine

Group3	Group2	Group1	Payroll	$000 Monthly Actual	$000 Monthly Budget	$000 Monthly Variance	Monthly Actual FTE	Monthly Budget FTE	Monthly FTE Variance	$000 YTD Actual	$000 YTD Budget	$000 Variance YTD	YTD Actual FTE	YTD Budget FTE	YTD FTE Variance	$000 Full Year Budget	Full Year Budget FTE
Revenue	Government & Crown Agency Sourced			94,709	90,949	3,759				843,769	818,675	25,094				1,091,666	
	Non Government & Crown Agency Revenue	Patient/ Consumer sourced	0	10	21	(11)				94	190	(96)				253	
		Other Income	0	12	36	(25)				115	328	(213)				437	
	Non Government & Crown Agency Revenue Total			**22**	**57**	**(36)**				**209**	**517**	**(308)**				**690**	
	Internal Revenue	Internal Revenue	0	2,835	2,630	204				27,577	23,673	3,904				31,564	
	Internal Revenue Total			**2,835**	**2,630**	**204**				**27,577**	**23,673**	**3,904**				**31,564**	
Revenue Total				**97,565**	**93,637**	**3,928**				**871,555**	**842,865**	**28,689**				**1,123,920**	
Workforce Expenses	Medical - SMO	Medical - SMO	Direct	(775)	(737)	(39)	32.67	32.04	(0.63)	(6,514)	(6,172)	(341)	32.37	31.67	(0.70)	(8,247)	31.61
			Indirect	(42)	(41)	(1)				(340)	(367)	27				(489)	
			Outsourced	(25)	(29)	4				(130)	(255)	125				(336)	
	Medical - SMO Total			**(843)**	**(807)**	**(36)**	**32.67**	**32.04**	**(0.63)**	**(6,984)**	**(6,794)**	**(189)**	**32.37**	**31.67**	**(0.70)**	**(9,072)**	**31.61**
	Medical - RMO	Medical - RMO	Direct	(71)	(41)	(30)	4.83	3.24	(1.59)	(670)	(348)	(322)	5.64	3.23	(2.41)	(472)	3.25
			Indirect	(7)	(2)	(6)				(18)	(17)	(1)				(23)	
			Outsourced		0	0				(0)		(0)				0	
	Medical - RMO Total			**(78)**	**(42)**	**(36)**	**4.83**	**3.24**	**(1.59)**	**(688)**	**(365)**	**(323)**	**5.64**	**3.23**	**(2.41)**	**(494)**	**3.25**
	Nursing	Nursing	Direct	(2,481)	(2,019)	(462)	273.88	249.11	(24.77)	(20,951)	(17,575)	(3,375)	266.85	248.36	(18.48)	(23,602)	250.00
			Indirect	(3)	0	(3)				(45)		(45)				0	
			Outsourced	(83)	0	(83)				(116)		(116)				0	
	Nursing Total			**(2,567)**	**(2,019)**	**(547)**	**273.88**	**249.11**	**(24.77)**	**(21,111)**	**(17,575)**	**(3,536)**	**266.85**	**248.36**	**(18.48)**	**(23,602)**	**250.00**
	Allied Health	Allied Health	Direct	(2,160)	(2,327)	167	300.02	338.43	38.41	(17,435)	(19,198)	1,762	298.95	330.28	31.33	(25,750)	332.02
			Indirect	(151)	(190)	38				(273)	(321)	47				(370)	
			Outsourced	(52)	(16)	(35)				(359)	(145)	(214)				(193)	
	Allied Health Total			**(2,363)**	**(2,534)**	**170**	**300.02**	**338.43**	**38.41**	**(18,067)**	**(19,663)**	**1,596**	**298.95**	**330.28**	**31.33**	**(26,312)**	**332.02**
	Support	Support	Direct	(3)	(1)	(2)	0.84	0.21	(0.63)	(31)	(8)	(23)	0.82	0.20	(0.61)	(10)	0.20
			Indirect	(0)	(0)	0				(0)	(0)	0				(0)	
			Outsourced	(57)	0	(57)				(338)		(338)				0	
	Support Total			**(60)**	**(1)**	**(60)**	**0.84**	**0.21**	**(0.63)**	**(369)**	**(8)**	**(361)**	**0.82**	**0.20**	**(0.61)**	**(11)**	**0.20**
	Management & Admin	Management & Admin	Direct	(980)	(875)	(105)	131.13	123.21	(7.92)	(7,422)	(7,189)	(233)	120.34	119.50	(0.84)	(9,611)	120.10
			Indirect	(8)	(3)	(6)				(184)	(24)	(160)				(32)	
			Outsourced	(20)	(1)	(18)				(105)	(10)	(95)				(13)	
	Management & Admin Total			**(1,008)**	**(879)**	**(129)**	**131.13**	**123.21**	**(7.92)**	**(7,711)**	**(7,223)**	**(488)**	**120.34**	**119.50**	**(0.84)**	**(9,656)**	**120.10**
Workforce Expenses Total				**(6,919)**	**(6,282)**	**(637)**	**743.37**	**746.24**	**2.87**	**(54,931)**	**(51,629)**	**(3,301)**	**724.96**	**733.25**	**8.29**	**(69,147)**	**737.18**
Non Personnel Expend	Outsourced Services			(1,494)	(1,388)	(106)				(13,563)	(12,452)	(1,111)				(16,613)	
	Clinical Supplies			(1,372)	(1,043)	(329)				(11,067)	(8,749)	(2,318)				(11,769)	
	Infrastructure & Non-Clinical Supplies			(467)	(448)	(19)				(4,289)	(3,939)	(350)				(5,275)	
	Non Operating Expenses	Depreciation	0		0	0				(0)		(0)				0	
	Non Operating Expenses Total				**0**	**0**				**(0)**		**(0)**				**0**	
	Provider Payments	Payments to Providers - Personal Health	0	(72,377)	(68,946)	(3,431)				(647,278)	(623,666)	(23,611)				(832,193)	
		Payments to Providers - Public Health	0	(211)	(90)	(122)				(2,150)	(808)	(1,343)				(1,077)	
		Payments to Providers - Disability Support	0	(17,123)	(16,973)	(150)				(152,493)	(151,479)	(1,014)				(202,188)	
	Provider Payments Total			**(89,711)**	**(86,009)**	**(3,702)**				**(801,921)**	**(775,953)**	**(25,968)**				**(1,035,457)**	
Non Personnel Expenditure Total				**(93,044)**	**(88,888)**	**(4,156)**				**(830,840)**	**(801,092)**	**(29,748)**				**(1,069,114)**	
Net Surplus / (Deficit)				**(2,398)**	**(1,533)**	**(865)**	**743.37**	**746.24**	**2.87**	**(14,216)**	**(9,856)**	**(4,360)**	**724.96**	**733.25**	**8.29**	**(14,341)**	**737.18**

COVID Vaccination, Transtasman (excludes Public Health MIQ & contact tracing)

Group3	Group2	Group1	Payroll	$000 Monthly Actual	$000 Monthly Budget	$000 Monthly Variance	Monthly Actual FTE	Monthly Budget FTE	Monthly FTE Variance	$000 YTD Actual	$000 YTD Budget	$000 Variance YTD	YTD Actual FTE	YTD Budget FTE	YTD FTE Variance	$000 Full Year Budget	Full Year Budget FTE
⊟Revenue	⊞Government & Crown Agency Sourced			4,250	0	4,250				34,987		34,987				0	
	⊟Non Government & Crown Agency Reve	⊟Other Income			0	0				1		1				0	
	Non Government & Crown Agency Revenue Total				**0**	**0**				**1**		**1**				**0**	
	⊟Internal Revenue	⊟Internal Revenue		773	0	773				8,966		8,966				0	
	Internal Revenue Total			**773**	**0**	**773**				**8,966**		**8,966**				**0**	
Revenue Total				**5,023**	**0**	**5,023**				**43,954**		**43,954**				**0**	
⊟Workforce Expenses	⊟Medical - SMO	⊟Medical - SMO	Direct		0	0				(1)		(1)	0.01		(0.01)	0	
	Medical - SMO Total				**0**	**0**				**(1)**		**(1)**	**0.01**		**(0.01)**	**0**	
	⊟Medical - RMO	⊟Medical - RMO	Direct	(8)	0	(8)	0.65		(0.65)	(47)		(47)	0.37		(0.37)	0	
			Indirect	(4)	0	(4)				(6)		(6)				0	
	Medical - RMO Total			**(13)**	**0**	**(13)**	**0.65**		**(0.65)**	**(52)**		**(52)**	**0.37**		**(0.37)**	**0**	
	⊟Nursing	⊟Nursing	Direct	(215)	0	(215)	32.39		(32.39)	(3,568)		(3,568)	51.94		(51.94)	0	
			Indirect	(1)	0	(1)				(2)		(2)				0	
	Nursing Total			**(216)**	**0**	**(216)**	**32.39**		**(32.39)**	**(3,570)**		**(3,570)**	**51.94**		**(51.94)**	**0**	
	⊟Allied Health	⊟Allied Health	Direct	(2)	0	(2)	0.31		(0.31)	(10)		(10)	0.16		(0.16)	0	
			Indirect		0	0				(0)		(0)				0	
	Allied Health Total			**(2)**	**0**	**(2)**	**0.31**		**(0.31)**	**(11)**		**(11)**	**0.16**		**(0.16)**	**0**	
	⊟Support	⊟Support	Indirect		0	0				(4)		(4)				0	
					0	0				(26)		(26)				0	
	Support Total				**0**	**0**				**(30)**		**(30)**				**0**	
	⊟Management & Admin	⊟Management & Admin	Direct	(306)	0	(306)	49.63		(49.63)	(3,219)		(3,219)	64.64		(64.64)	0	
			Indirect	(0)	0	(0)				(2)		(2)				0	
				(6)	0	(6)				(47)		(47)				0	
	Management & Admin Total			**(312)**	**0**	**(312)**	**49.63**		**(49.63)**	**(3,268)**		**(3,268)**	**64.64**		**(64.64)**	**0**	
Workforce Expenses Total				**(542)**	**0**	**(542)**	**82.98**		**(82.98)**	**(6,932)**		**(6,932)**	**117.11**		**(117.11)**	**0**	
⊟Non Personnel Expenditure	⊞Outsourced Services			(17)	0	(17)				(518)		(518)				0	
	⊞Clinical Supplies			(10)	0	(10)				(103)		(103)				0	
	⊞Infrastructure & Non-Clinical Supplies			(197)	(0)	(196)				(1,552)	(3)	(1,549)				(4)	
	⊟Provider Payments	⊟Payments to Providers - Public Health		(4,250)	0	(4,250)				(34,840)		(34,840)				0	
		⊟Payments to Providers - Disability Support		(9)	0	(9)				(9)		(9)				0	
		⊟Payments to Providers - Hauora Maori Services			0	0										0	
	Provider Payments Total			**(4,259)**	**0**	**(4,259)**				**(34,849)**		**(34,849)**				**0**	
Non Personnel Expenditure Total				**(4,482)**	**(0)**	**(4,482)**				**(37,022)**	**(3)**	**(37,019)**				**(4)**	
Net Surplus / (Deficit)				(1)	(0)	(0)	82.98		(82.98)	(0)	(3)	3	117.11		(117.11)	(4)	

Requests awaiting approval - Items on Register

Summary

The Planning, Funding & Population/Public Health directorate has an unfavourable variance to budget for the month of $0.86m and $4.36m unfavourable YTD.

Significant contributors to the unfavourable bottom-line variance for the month are:

- Pharms Revenue reduction of $154k
- Pharms Expenditure unfavourable by $1.65m
- IDF (personal health) unfavourable $490k – Extreme outlier event
- SAATs revenue of $318k note, currently included as credit in expenditure line. To be transferred to revenue.
- Demand Driven Personal Health $380k favourable (largely Dental and NTA).
- Allied Health workforce $170k favourable.
- Prior year refugee balance sheet adjustment $638k favourable.

Significant contributors to YTD variance are largely unchanged from previous months, with Pharms ($7.6m u) continuing to be a significant factor.

An extreme outlier IDF inpatient event, where the total event cost was over $1m has also contributed significantly to the monthly variance.

Comments for discussion

- Total workforce is favourable by 45FTE and $220k unfavourable when excluding Public Health COVID & MIQ workforce of $423k, 39.6 FTE, which have generated revenue.
- Refer Pharms section for discussion and information around the impact of COVID on dispensing fees.

Revenue

External Revenue – $3.8m favourable for the month

Pharms	$154k u	Reduction in PBF - COVID
IBT travel cost	$96k f	Expenditure Offset
Nursing MECA	$824k f	Expenditure Offset
Public Health COVID	$194k f	Expenditure Offset
Non Devolved Primary Care	$156k f	Expenditure Offset
Inter-District Flows	$240k u	Lower inflows
NAR revenue	$230k f	Additional revenue
Planned Care & IAP funding	$1.6m f	Expenditure offset

Internal Revenue – $204k f for the month

Nursing MECA and Public Health COVID funding from Funder Arm Cost Centres to Provider Cost Centres make up this variance.

Workforce Costs

The below workforce commentary excludes COVAX but includes Public Health COVID & MIQ

Medical SMO – $36k u, 0.63FTE u for the month

- Cost centres with greater than 0.5 FTE variance are:
  - COVID – Public Health 1.1 FTE u
  - GM Community Services 1.0 FTE u (vacancy factor)
  - Exec Director Planning and Funding 0.7 FTE f
  - Public Health Dunedin 0.7 FTE u

Medical RMO – $36k u, 1.6 FTE u for the month

- Lakes 1.3 FTE, unbudgeted but approved fixed term RMO cover.

Nursing – $547k u, 24.8 FTE u for the month. Sick and accident leave still at elevated levels (2.4 FTE u) but improving compared to prior months (YTD 3.8 FTE u). YTD unfavourable $ variance is exaggerated by 3 nursing pay periods which is inflating per FTE variances.

- Cost centres with material variance include:
  - COVID Public Health 8.9 FTE u (revenue offset)
  - Puawai Rehab unit 7.2 FTE u unfavourable variance.
    - 24/7 watches for highly complex patients during the month contributing to 5.07 FTE u variance in HCA's
    - Note offsetting ACC TBI revenue.
  - Rehab Ward (Southland) 4.5 FTE u reflects recruitment for Board approved additional beds in Southland
  - Lakes General 1.2 FTE u. FTE in-line with prior months (YTD 2.4 FTE u)
    - On-call utilisation higher than budget assumptions.
  - Te Punaka Oraka 3 FTE of nursing is budgeted in Outsourced Clinical.
  - Central Otago Maternity Services 1.3 FTE of 1.5 FTE variance is unbudgeted but approved, resulting from shift from NGO provider.
- $80k Outsourced reflects delayed invoicing for Locum Community Midwifes for Central Otago over summer period. Effectively DHB acting as provider of last resort.

Allied Health - $170k f, 38.4 FTE f for the month.

- Recruitment challenges are ongoing, with higher levels of vacancies in Dental Therapists & Therapist aids, Occupational Therapy, Physio and Rehab Assistants
- Significantly lower Sick Leave utilisation (7.3FTE f) than budget.

Management/Admin – $129k u, 7.9 FTE u for the month

- Cost centres with material variance include:
  - COVID Public Health and COVID MIQ 12.3 FTE u (Revenue Offset)

Pharmaceuticals

Pharms continues to track unfavourably to budget with an overall unfavourable expenditure variance for the month of $1.84m of which approximately $500k is due to an under accrual in Feb and $85k due to revised Pharmac rebate as per latest Pharmac forecast received in March.

YTD	$000 YTD 2020/21	$000 YTD Actual	$000 YTD Budget	$000 Variance YTD
Clinical Supplies - Pharmaceuticals	$ 24,019.8	$ 25,581.0	$ 22,089.0	-$ 3,492.0
Provider Payments - Pharms	$ 56,949.5	$ 62,141.0	$ 58,003.0	-$ 4,138.0
Haemophillia (medical outpatients)	$ 2,869.7	$ 2,962.8	$ 2,455.5	-$ 507.3
Total	**$ 83,839.0**	**$ 90,684.8**	**$ 82,547.5**	**-$ 8,137.3**

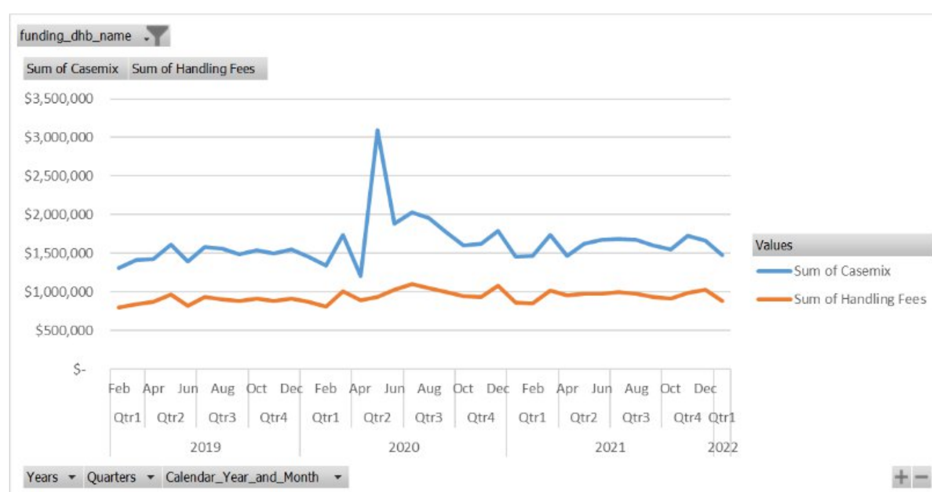
Variance is made up of the following (estimate)

Month	$000 Month 2020/21	$000 Month Actual	$000 Month Budget	$000 Variance Month
Clinical Supplies - Pharmaceuticals	$ 3,022.8	$ 3,059.0	$ 2,640.0	-$ 419.0
Provider Payments - Pharms	$ 6,732.7	$ 7,421.0	$ 6,054.0	-$ 1,367.0
Haemophillia (medical outpatients)	$ 3,188.5	$ 329.9	$ 272.8	-$ 57.0
Total	$ 12,943.9	$ 10,809.9	$ 8,966.8	-$ 1,843.0

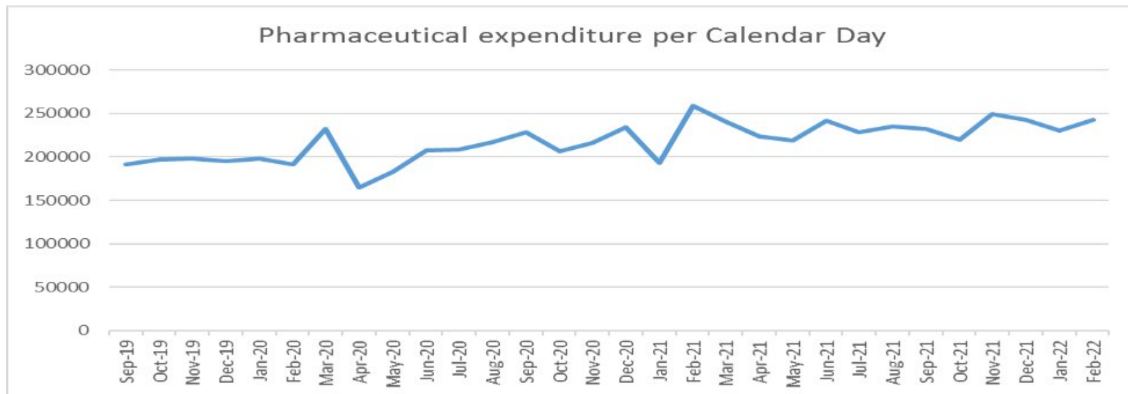
Additional funding was made available to DHB's to recognise the COVID impact on Pharmaceuticals, largely price and supply impacts. This funding excluded dispensing fees, as these sit outside of the Combined Pharmaceutical Budget. Analysis has now been completed to quantify any impact in FY22.

Based on the calculations performed, the Annualised impact on dispensing fees (after factoring in BAU demographic growth) is approximately $1m. Consideration should be given to transferring this expenditure to the COVID cost centre, which is in-line with the approach taken immediately after the initial COVID outbreak. Further work will be completed in the coming month to validate this approach.

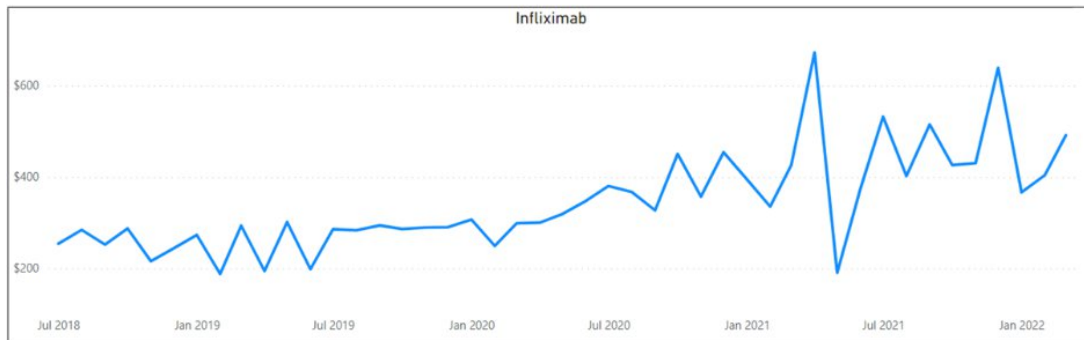
	CASEMIX	Handling Fee	Total
Ave Casemix Fee 12m Prior to COVID	$ 1,488,640	$ 883,863	$ 2,372,503
Allow for Demo Growth 20-21 (Funding Envelope)		1.92%	
Allow for Demo Growth 21-22 (Funding Envelope)		1.72%	
Derived Casemix Fee	$ 1,543,319	$ 916,327	$ 2,459,646
Current Average (Mar 21- Feb 22)	$ 1,612,286	$ 958,181	$ 2,570,467
Variance per Month	$ 68,968	$ 41,854	$ 110,822
YTD Derived Impact of COVID on Dispensing Fees	$ 620,708	$ 376,687	$ 997,396



Dispensing per calendar day over financial years is increasing.

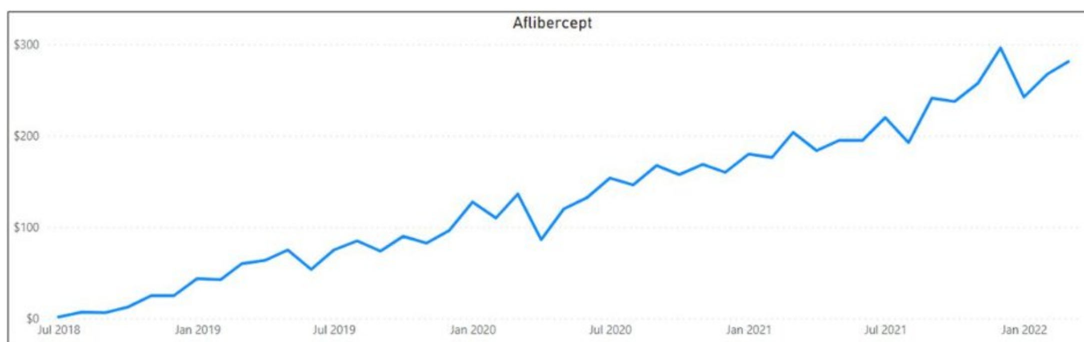


DHB Clinical Supplies is experiencing significant cost growth in two high cost chemicals in particular.



Utilisation characteristics Infliximab

	Sept 20 - Mar 21	Sept 21 - Mar 22	Variance
Patients	109	130	20%
Patient Visits	116	140	20%
mg issues	26,453	34,845	32%
Dollars	**390,705**	**471,666**	**21%**



Some clinical insight will be provided before this report is finalised.

Outsourced Clinical Services

- Unfavourable NAR ACC subcontract with Rural Hospitals (revenue offset).
- Favourable variance in Te Punaka Oraka cost centre (offset in Nursing).
- Favourable variance in SAAT's due to revenue invoices of $334k. Coding of these to be checked.

Clinical Supplies

- Bandages and dressings $49k u is high compared to YTD $80k u
- Pharms variance of $280k u has been discussed in Pharms Section.

Infrastructure & Non-Clinical Supplies

- Travel and Accommodation variance for the month of $41k u is largely made up of COVID MIQ (revenue offset)

Provider Payments (NGO's)

Personal Health

- Pharms variance for the month of $1.37m u has been discussed in Pharms Section.
- Primary Care - Capitation variance for the month of $500k f is due to a transfer of $638k (refugee adjustment) from the Balance Sheet. The balance represents savings target against this line of $125k. Fundamentally the Capitation expenditure is tracking in-line with population forecast created for the budget.
- Per the revenue section, non-devolved primary care funding of $156k was received for the month. This expenditure is passed through and contributes to the Primary Health Care Strategy variances.
- Primary Health Care Other -Savings of $167k per month are budgeted against this line. YTD variance of $449k u reflects the majority (but not all) of the savings being made.
- Medical Outpatients variance for the month of $75k u is due to NHMG expenditure that is greater than budget.
- Surgical Inpatients $1.57m u is due to Planned Care & IAP expenditure (revenue offset)
- Price adjuster's variance for the month of $834k is due to Nursing MECA internal expenditure.
- IDF Variance for the month of $490k is largely due to inpatient outflows.
    - Inpatient OFLs – Paediatric patient who was in Starship has been discharged. The patient had a LOS of 300 days+ and attracted a caseweight of 175.78 or $1.07m. $240k had been accrued based on a best estimate taking into account the patients' previous presentations to Southern (LOS used for the calculation was 240 days and we estimated conservatively 40 CWD – so less than double the LOS but more than four times the caseweight was the outcome). Confirmed as SDHB domiciled at time of admission.
    - An outstanding Inpatient OFL washup with CDHB for $61k f from 2020/2021 was signed off in March and will be paid in April but is in the financials.
    - We continue to reduce our Outpatient IFL variance by one third due to outstanding extract issues.

Public Health

- Public Health COVID expenditure (internal Expenditure) of $122k makes up this variance.

Disability Support

- ARRC variance for the month is $62k u
    - Favourable Rest Home volumes are being offset by unfavourable Hospital and Psychogeriatric level.
    - A number of beds remain closed due to staffing, which is providing some financial benefit.
- Home Support variance for the month is $186k u is offset by $96k IBT travel cost revenue recognised in March.

Closed Session:

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

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

General subject:	*Reason for passing this resolution:*	*Grounds for passing the resolution:*
Minutes of December 2021 Public Excluded Meeting *(Held over from previous meeting)*	As set out in previous agenda.	As set out in previous agenda.

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*S 34(a), Schedule 4, of the NZ Public Health and Disability Act 2000, allows the Committee to exclude the public if the public conduct of this part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under sections 9(2)(a), 9(2)(f), 9(2)(i), 9(2)(j) of the Official Information Act 1982, that is withholding the information is necessary to: protect the privacy of natural persons; maintain the constitutional conventions which protect the confidentiality of advice tendered by Ministers of the Crown and officials; to enable a Minister of the Crown or any Department or organisation holding the information to carry on, without prejudice or disadvantage, commercial activities and negotiations.

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