

DISABILITY SUPPORT ADVISORY COMMITTEE AND
COMMUNITY & PUBLIC HEALTH
ADVISORY COMMITTEE

Wednesday, 5 November 2014, 10.00 am
Community Services Building, Southland Hospital,
Invercargill

A G E N D A

Tab

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2. [Apologies](#)
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Closed Session:

RESOLUTION:

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

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

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

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

PRESENTATION: PUBLIC AND POPULATION HEALTH

- Thelma Brown, Portfolio Manager

DSAC/CPHAC Meeting - Interests Registers

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

DSAC/CPHAC Meeting - Interests Registers

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

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

SOUTHERN DISTRICT HEALTH BOARD

INTERESTS REGISTER FOR THE EXECUTIVE MANAGEMENT TEAM

As at August 2014

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

DSAC/CPHAC Meeting - Interests Registers

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

SOUTHERN DISTRICT HEALTH BOARD
 DISABILITY SUPPORT ADVISORY COMMITTEE
 COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE
 APPOINTED MEMBERS
 INTERESTS REGISTER

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

Southern District Health Board

Minutes of the Joint Meeting of the Disability Support Advisory Committee and Community & Public Health Advisory Committee held on Wednesday, 1 October 2014, commencing at 9.00 am, in the Board Room, Wakari Hospital Campus, Dunedin

| | | |
|----------------|---|---|
| Present: | Ms Sandra Cook Mrs Kaye Crowther Dr Branko Sijnja Mr Tim Ward | Chair |
| In Attendance: | Dr John Chambers Mr Tony Hill Dr Jan White Mrs Sandra Boardman Mr Peter Beirne Ms Carole Heatly Mrs Lexie O'Shea Ms Jeanette Kloosterman | Board Member Board Member Crown Monitor Executive Director, Planning & Funding Executive Director Finance Chief Executive Officer Deputy CEO/Executive Director Patient Services Board Secretary |

1.0 WELCOME

The Chairperson welcomed everyone to the meeting.

2.0 APOLOGIES

Apologies were received from Mr Neville Cook and Mr Stuart Heal.

It was also noted that Mr David Tulloch, Chief Medical Officer, and Dr Keith Reid, Medical Officer of Health, had advised they were unable to be in attendance.

3.0 MEMBERS' DECLARATION OF INTEREST

Mr Ward informed the Committees that he had a client who was involved with the Winton aged care provider who had recently closed.

It was resolved:

"That the Interests Register be noted."

4.0 PREVIOUS MINUTES

It was resolved:

"That the minutes of the joint meeting of the Disability Support Advisory Committee and Community & Public Health Advisory Committee held on 3 September 2014 be approved and adopted as a true and correct record."

5.0 MATTERS ARISING

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

6.0 PRESENTATION – PRIMARY CARE

The Committees received an update from Ian Macara, Chief Executive, Dr Keith Abbott, Clinical Advisor, and Wendy Findlay, Nursing Director, Southern Primary Health Organisation (PHO), and Bridget-Mary McGown, Manager, Alliance South, on the Southern PHO's:

- Operational activities and priorities
- Clinical governance
- Computer tools
- Patient dashboard
- Programmes and support
- Alliance South primary care work programme priorities
- Māori Health
- Integrated performance and incentive framework (IPIF)

7.0 ACTION SHEET

The Committees reviewed the action sheet (tab 7) and:

- Requested that the status of the pharmaceutical expenditure action be updated;
- Noted that the Alliance South work plan timeline had been omitted from the agenda and requested that it be circulated to members;
- Noted advice from the Executive Director Planning & Funding that between 1 January 2013 and 30 August 2014 there had been 13 gastro-intestinal disease outbreaks in early child care centres.

8.0 PLANNING & FUNDING REPORT

The Planning and Funding report and appendices (tab 8) were taken as read.

The Committees:

- Received an update from the Executive Director Planning & Funding informing them that advice had been received that the 5% increase to rest home subsidies would be funded on modelled actual expenditure for the current year, then would move to population based funding (PBF) over the following two years;
- Received a briefing from the Executive Director Planning & Funding on the action taken following notice of closure from the Winton aged residential care provider;
- Requested the actual number of children affected by general practices charging for after-hours care for under six year-olds.

9.0 FINANCIAL REPORT

The Executive Director Planning & Funding presented the Funder Financial Report for the period ended 31 August 2014 (tab 9) and outlined the steps that were being taken to mitigate the negative variance, then took questions from members.

10.0 WORK PLAN

The Committees reviewed the DSAC/CPHAC work plan for 2014 (tab 10) and noted that the focus of the next meeting would be child and youth services and the first quarterly report against the Annual Plan.

CONFIDENTIAL SESSION

At 10.15 am it was resolved that the public be excluded for the following agenda items.

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

The meeting closed at 10.20 am.

Confirmed as a correct record:

Chairperson

Date

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

As at 24 October 2014

| MEETING | SUBJECT | ACTION REQUIRED | BY | STATUS | EXPECTED COMPLETION DATE |
|---------|---|--|-------|---|--------------------------|
| July 14 | Southern Health Alliance (Minute item 7.0) | Update on SHALT work plan and timelines to be provided. | EDP&F | Uploaded to BoardBooks 1.10.14. | Completed |
| Oct 14 | Under 6s (Minute item 8.0) | Actual number (not %) of children affected by general practices charging for after-hours care for under six year-olds. | EDP&F | As at 1 Oct 2014, the number of enrolled patients aged Under 6 yrs affected by charging for after-hours services: 5,192 (22 general practices via Invercargill After-hours Doctors: 5,174; 1 general practice at Queenstown: 18). Total SPHO U6yrs enrolled: 21,847 | Completed |

SOUTHERN DISTRICT HEALTH BOARD

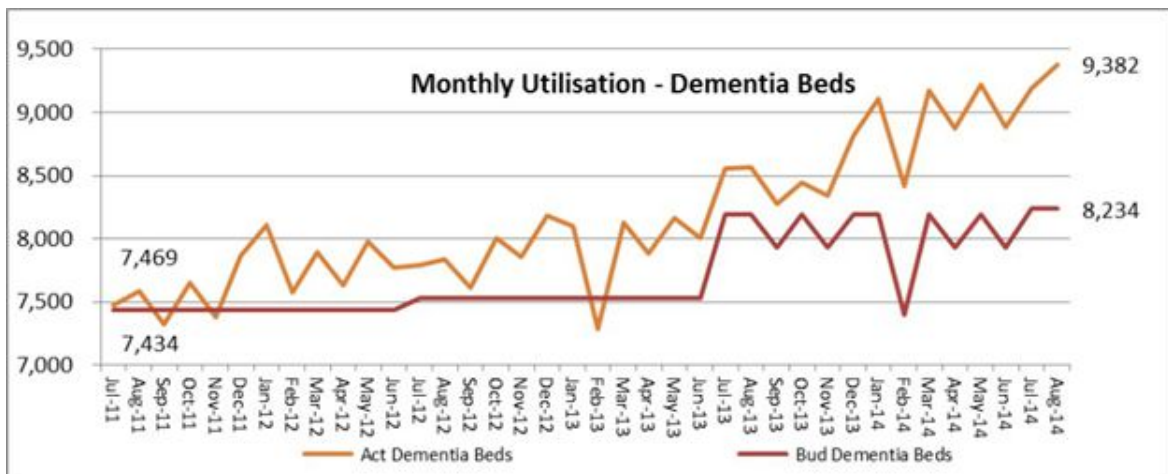
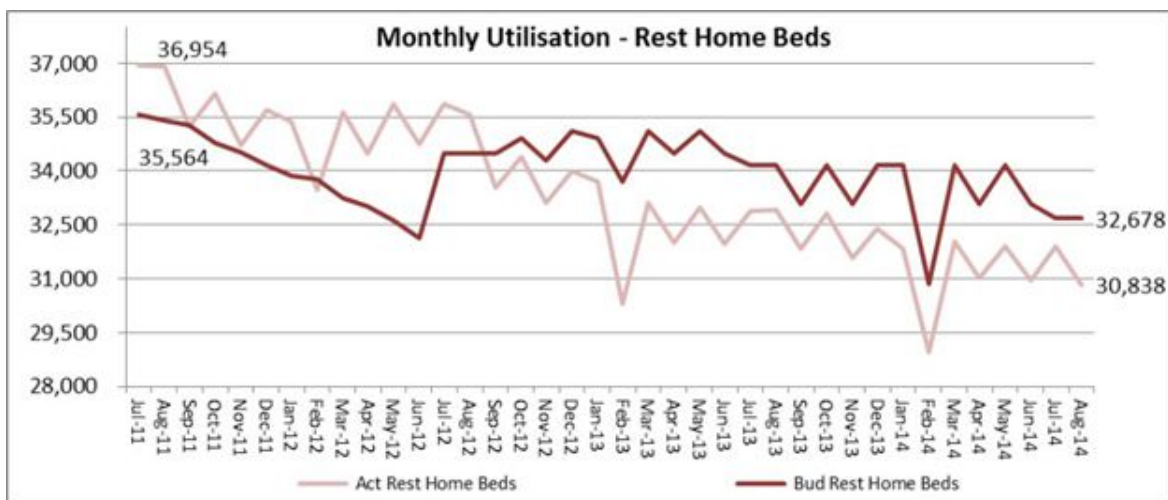
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|---|---|--|-------|
| Title: | Planning and Funding Report | | |
| Report to: | Disability Support and Community & Public Health Advisory Committees | | |
| Date of Meeting: | 5 November 2014 | | |
| Summary: | Monthly report on the Planning and Funding activities and progress to date. | | |
| Specific implications for consideration (financial/workforce/risk/legal etc): | | | |
| Financial: | N/A | | |
| Workforce: | N/A | | |
| Other: | N/A | | |
| Document previously submitted to: | N/A | | Date: |
| Approved by Chief Executive Officer: | N/A | | Date: |
| Prepared by: | Presented by: | | |
| Planning & Funding Team | Sandra Boardman Executive Director Planning & Funding | | |
| Date: 23 October 2014 | | | |
| RECOMMENDATION: | | | |
| That CPHAC/DSAC note the content of this paper. | | | |

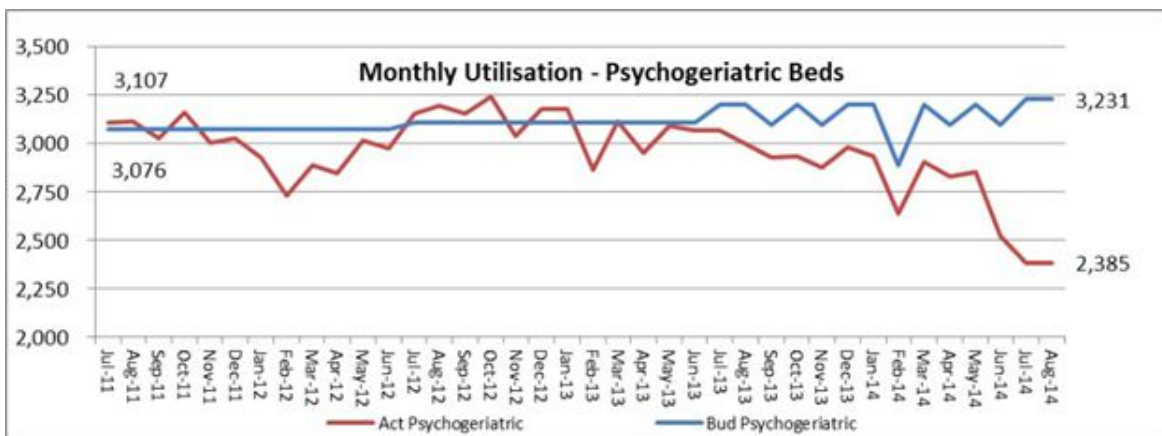
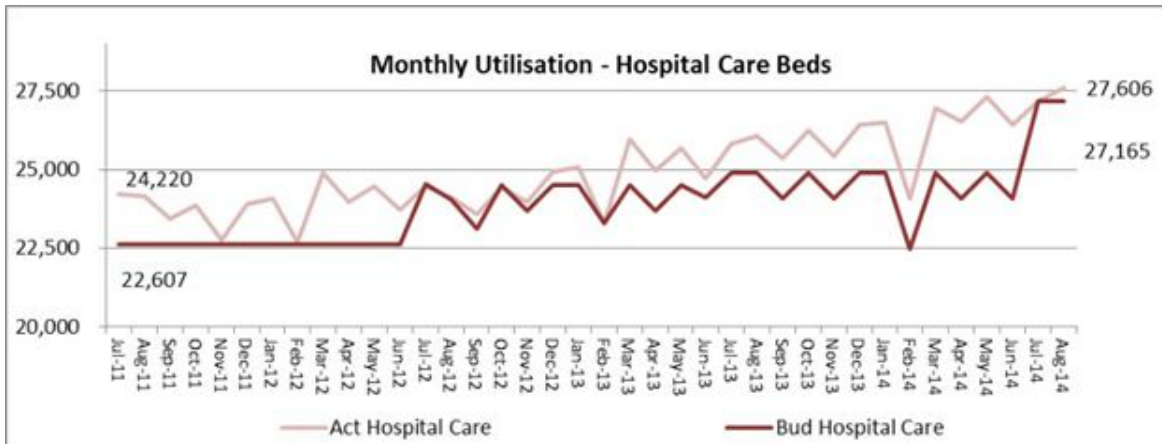
PLANNING AND FUNDING REPORT TO THE DISABILITY SUPPORT ADVISORY COMMITTEE AND COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE
November 2014

Health of Older People Portfolio

Bed day utilisation for Age Related Residential Care

The following graphs show the monthly bed utilisation rates for each category of age related residential care against the budget assumptions. The data is drawn from Sector Operations. It should be noted that the data is one month behind that shown in the September financials, which also reflect the impact of 2013/14 expenditure carried forward into the current financial year.





Aged Residential Care expenditure shows in two separate cost centres.

Residential Care: Rest Homes (6640) includes both Rest Home Level and Secure Dementia Levels of Care.

Residential Care: Hospitals (6650) includes Hospital Level Care and Psychogeriatric (Aged Continuing Care—Special) Care

This year, Long Term Support/Chronic Health Conditions clients requiring residential care have been included in these General Ledger lines (both the expense and the budget).

However, the graphs and utilisation figures show only the Aged Related Residential Clients.

For Residential Care: Rest Homes, the graphs show that Rest Home utilisation continues to decrease, faster than anticipated by the budget. This is due to the use of interRAI as a Comprehensive Clinical Assessment Tool, the Ageing in Place Strategy and the community supports available through our Home & Community Support Services (HCSS) Alliance. Utilisation of beds in Secure Dementia Units continues to increase at a rate higher than anticipated in the budget. Overall these two areas combined are tracking under budget.

For Residential Care: Hospitals, the graphs show that utilisation of Residential Hospital Care Beds is tracking just above budget. Utilisation of beds in Secure Psychogeriatric Units is tracking significantly below budget (note that this is a relatively small volume). Overall these two areas are tracking under budget.

Aged Related Residential Care (ARRC)

Issues discussed at recent forums with Aged Residential Care Providers include access to primary care in ARRCs, interRAI training for ARRC staff, dementia education, End of Life Care, and Infectious Outbreaks including Ebola updates. A number of facilities are planning to reconfigure rest home level beds to hospital level, or add hospital level beds to adjust to current demand in these areas.

Ranui Home & Hospital, run by Presbyterian Support Otago, celebrated a second four year certification. This is the longest certification period awarded which requires no audit findings and evidence of continuous improvement. Ranui is one of only six aged care facilities in Southern to hold a four year certification.

Home & Community Support Services (HCSS)

At a face to face meeting with the HCSS Alliance Management Team on 9 October, agreement was reached on funding for the 14/15 year. Contracts are to be finalised shortly. Operationally, the Alliance has agreed on and implemented a Review Schedule for all existing clients. As of the end of September, 97% of HCSS clients have had a Comprehensive Clinical Assessment (InterRAI). Work is currently being developed on case management for these clients.

HCSS In Between Travel

The Health Minister announced that a settlement has been agreed that will lead to home support workers getting paid for the time they spend travelling between clients. If ratified by all parties, this will take effect from 1 July 2015. Southern DHB has been assured that no party is to be materially disadvantaged by this settlement – and this includes each DHB.

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| Mental Health, Addiction & Intellectual Disability Portfolio |
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Hapai te Tumanako - Raise HOPE Implementation

The Hapai te Tumanako - Raise HOPE Implementation Plan, including the new District Wide Network Model for the Mental Health and Addiction Sector has now been communicated with the sector. The nomination process for membership of the District Networks "Network Leadership Group (NLG)" is under way, with appointees expected to be announced during November and a first meeting of the new NLG in December.

In the interim the Hapai te Tumanako - Raise HOPE implementation advisory group continues to support the Planning and Funding team to advance the milestone "What does success look like?" outlined in the Implementation Plan. A working group has developed an initial set of KPIs to measure success against the identified outcomes of Hapai te Tumanako - Raise HOPE and this will be further developed once the NLG is operational.

One-off Funding for Youth Alcohol and Drug Services in Social Sector Trial Communities in South Dunedin and Gore and Youth One Stop Shop Service Invercargill

With the support of the cross sector agencies involved in youth alcohol and drug issues, a comprehensive action plan has been developed for the utilisation of the one-off funding recently allocated by the Ministry of Health to SDHB. The Ministry of Health has now approved the action plan and a range of initiatives will be rolling out in the respective targeted locations as the 2015 school year commences. These initiatives include an interactive tool to support young people to seek help; and training workshops for teachers, primary healthcare staff etc on the use of a youth alcohol and drug screening tool.

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| Public and Population Health Portfolio |
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Family Violence Intervention Programme

The New Zealand Ministry of Health Violence Intervention Programme, (VIP) seeks to reduce and prevent health impacts of violence and abuse through early identification, assessment and referral of victims presenting to health services. The programme is premised on standardised system models of organisational change and reflects an indigenous whanau ora approach. Programme components include national guidelines, coordinators, technical advice, national networking, training, resources and evaluation.

A Southern district wide VIP Steering Group meeting was held for the first time in October. The purpose of the meeting was to provide a platform for communication and engagement across the district, enabling key stakeholders across sectors and the community to contribute to the development and implementation of violence intervention programme activities and outputs. Initial membership of the Steering Group includes representatives from relevant services within the Southern DHB staff, NZ Police and Child Youth and Family.

Needle Exchanges

There are dedicated needle exchanges throughout New Zealand funded by the Ministry of Health. Two of these exchanges exist within the Southern district - DIVO in Dunedin and SHRP in Invercargill. Both exchanges come under the governance of the Rodger Wright Centre in Christchurch.

Needle exchanges aim to reduce the harmful effects on health which result from injecting drug use. In addition to exchanging injection equipment, they offer free help and advice to injecting drug users about health issues. Needle exchanges do not condone the use of illegal drugs, but accept that drug use continues to exist despite its legal prohibition.

The rationale behind needle exchanges recognises that:

- Despite drug education and treatment programmes many individuals will choose to inject illicit and licit drugs for varying periods of time.
- People must be provided with knowledge and skills necessary to make informed choices about risk behaviours.
- The wider, non-drug using community faces a greater danger from the wider spread of HIV and hepatitis infections than it does from the effects of drug use itself.
- The harm reduction model accepts that in the absence of a vaccine or an effective cure, behavioural change is the only device to minimise the spread of HIV and other blood-borne diseases.
- Needle exchanges offer an opportunity to educate people who inject drugs on an individual basis. Through regular contact the safer injecting/safer sex message can be reinforced.

Needle exchanges usually do not offer treatment for addiction problems but they are able to give an overview of services available in various regions of the country. They can also help people find assistance that is most appropriate to them, particularly in relation to community based services. DIVO and SHRP carry a wide range of printed booklets and leaflets relating to various aspects of health and safety in respect of injecting drug use. They also have a multitude of reference literature, most of which are based on the self-empowerment principles of the Ottawa Charter model of health promotion.

Southern DHB Medical Officers of Health have responsibility under the Health (Needle and Syringes) Regulations 1998 to authorise the local sale or exchange of needles and syringes

(other than from pharmacies). The National Needle Exchange Programme is currently reviewing the authorisation documents and pathways and Dr Derek Bell, one of the SDHB Medical Officers of Health, is assisting with this process at a national level.

Children's Action Plan

- Governance arrangements and engagement processes have commenced within the DHB and with primary and community partners regarding implementation of the Children's Action Plan (CAP). A Child and Youth Health Steering Group has been established, to lead successful implementation of new programmes as required by the Ministry of Health and the Ministry of Social Development. The Group is chaired by Dr David Barker, Pediatrician and Clinical Leader for Child Health. Southern DHB plans for delivering on the Children's Action Plan and other government commitments are incorporated into the Southern DHB Annual Plan (2014-15).
 - Progress is currently under way on the implementation of the Child Protection Alert System (CPAS) and a working group has been established to work closely alongside the national VIP manager.
 - The Violence Intervention Programme is in place in all designated services, with the final service roll out being maternity in Otago November 2014. A district wide Violence Intervention Programme Steering Group has just been established with the first meeting held on 17 October 2014.
 - Consultation has begun with the Emergency Department regarding the Child Injury Flowcharts and progress continues.
 - A stocktake of services for vulnerable pregnant women, children and parents across the care continuum be reviewed to identify service coverage, wait times, capacity issues and gaps.
 - Southern DHB has a Child Protection Policy as well as a district overarching Violence Intervention Policy in place in accordance with the Vulnerable Children's Act requirements.

Compass

- The Child and Youth Health Compass provides specific direction for DHB approaches to improving the quality of health services for children and young people.

A number of DHB staff participated in a Compass evaluation process in 2013 which assessed SDHB as an emerging DHB across all the Compass domains, although the DHB has demonstrated strengths in specific areas. The Child and Youth Health Steering Group is prioritising Compass initiatives where there is potential for improvements in health and well-being. Proposed areas for initial attention include:

- ASH rates: Southern DHB has high rates of Ambulatory Sensitive Hospitalisations (ASH - hospital admissions that could potentially be avoidable).
- Youth Health: Areas for attention include enabling consumer voice, development of youth groups, sexual health and access to contraception.

Other sectors, such as Ministry of Education, identified that they may be able to support or lead on some of the Compass initiatives, for example 'Severe Conduct Problems in Children and Young People'. On-going cross sector collaboration continues to progress improvement in key priority areas as identified through the Compass tool evaluation.

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| Primary and Community Portfolio |
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COMMUNITY PHARMACY

Stage 4 Roll out Consultation

With the introduction of Stage 4 of the Community Pharmacy Service Agreement (CPSA) the focus is now on the establishment of a new CPSA on the expiration of the current agreement on 30 June 2015.

There are concerns that the current CPSA and its four stages has deviated from the original intent of the introduction of the CPSA in July 2012. The intent was a move away from a medication dispensing model to one that was more focused on the patient and funding would follow patient-centred activities.

Accordingly, DHBs wish to review the current model to make changes prior to the introduction of the new agreement on 1 July 2015. However, due to the time to consult and potential software changes it would not be possible to achieve this by 30 June 2015.

DHB Shared Services is to conduct roadshows to consult with community pharmacists on designated issues including a delay in the introduction of the new CPSA. That is, a roll-over of the current agreement until 1 July 2016.

PRIMARY CARE

SOUTHERN PHO:

Information Systems (IS)

SPHO completed the final four locality meetings with general practices' staff at Alexandra, Cromwell, Wanaka and Queenstown on 7 and 8 October 2014 in preparation for the transition of IS and associated management services in-house by SPHO. The contract with SPHOs current IT provider finishes on 31 December 2014.

Progress with this significant service change is on schedule, with the specified timeframes and tasks in the Transition and Implementation Plan. SPHO has seven general practices (Mornington, Clutha First, Wanaka, Lumsden, Gardens, Junction and Aspiring) who are working with the implementation team as test sites to ensure the Web Portal, Patient Dashboard and Dr Info. systems and modules are effective operationally. At the locality meetings these products have been very positively received.

SDHB Strategic Health Services Plan

SPHO is actively helping and supporting Dr Pim Allen and her team to distribute the key documentation, especially to general practice and SPHO accredited providers. SPHO is strongly encouraging detailed feedback from the sector for this critical Plan.

Under 6s

Five SPHO practices across the district remain outside the scheme: four at Invercargill (Dr Terpstra; Vercoe, Brown and Associates; Victoria Avenue MC and Waihopai MC), one at Queenstown (Mountain Lakes Medical Practice).

SPHO is working closely with one of the Invercargill practices to facilitate their decision to join.

A total of 5 practices out of 89 practices represents a 94% overall coverage for the scheme, based on total U6 yrs enrolled patients.

The business rules and framework for the government's extension of the scheme to under 13 yrs are awaited. Once available SPHO will engage with practices with the funding and operational details for their decision.

AGM and Election of Trustees

SPHO's AGM is set for 26 November 2014. This year two trustee positions come up for rotation in accordance with the Constitution. SDHB have nominated Mr Paul Menzies as their representative and an election process for a nurses' representative has commenced. There are four candidates. The process is being conducted by Goldsmith Law as the independent electoral body appointed by the SPHO Board.

ALLIANCE SOUTH

Problem Solving Methodology

Alliance South have agreed to use the A3 Problem Solving Framework for all Service Level Alliance work and as the basis of reporting. An initial briefing and introduction to the methodology was given to the Alliance Leadership Team by Allan Cummings. A3 is a structured problem-solving approach that ensures thorough understanding of the problem before coming to the solutions. Allan will work alongside all the SLATs as they are formed to support them to implement the A3 process. The Status A3 is a one-page reporting format for progress reporting which the Alliance will transition to as all SLATs implement the A3 methodology.

Rural Health

The Rural SLAT has now met twice. At its second meeting, the group considered whether focusing initially just on the four rural funding streams (which is a potentially negative and very challenging starting point) might present a risk to the group being able to make progress on wider rural health issues.

It was acknowledged that there is a range of broader rural health issues that could usefully be addressed, however a broader focus may require the group's membership to be changed. An overall strategic plan would be needed to inform which issues were the priorities to address, and this plan is currently under development for the Southern Region. One advantage of focusing on rural funding as a first priority is that it would allow the group to build credibility and to develop the range of skills that would be needed to address broader issues in the future.

After some discussion, the group agreed to continue with rural funding as the priority piece of work in the short term. Concurrently the group will provide input to the Strategic Health

Services Plan from a rural primary care perspective. Once rural funding is completed, a broader focus on rural health will be discussed.

Since the second meeting, group members have been busy meeting with rural practices throughout the region to discuss how their rural funding is used currently, and how they would like to see it used in the future. The group is aiming for all rural practices to be consulted prior to the next meeting. An objective for the next Rural SLAT meeting (scheduled for 30 October) is for the group to reach agreement on exactly what problem it is that they are trying to solve, and therefore to be clear on what they are trying to achieve. The feedback gathered from rural practices will be important information to help the group decide these two points.

A second item for discussion at the upcoming meeting will be the Strategic Health Services Plan, currently out for consultation. The group has expressed an interest in reviewing this document and providing a rural primary care perspective.

Respiratory

A data stratification exercise was completed using the patient profile of having had =>1 ED presentation/admission in the last 12 months for a respiratory episode and aged >40 years. There were 119 patients who have been identified, with COPD. The SPHO Long Term Conditions Team is working with identified General Practices to implement care planning, by enrolling patients onto Care Plus if they qualify, using the COPD Blue Card and recommended clinical guidelines to ensure this group of patients remain well at home.

To date, patients have had intensive care management that includes home visits to assess what happens within the home environment. Referrals to allied health services, discussion with pharmacies and hospital respiratory nurses specialists and close coordination with the patient’s General Practice will work towards reducing any risk of further re-admission/presentation to hospital. Some General Practices have chosen to contact and invite patients into the practice, enrol onto Care Plus and complete the COPD Blue Card. Southland commencing within the next week.

InterRAI is being installed for the SPHO Long Term Conditions Nurses to assist with understanding the Clinical Needs Assessment process and which Home and Community Support Services provider is working alongside the patient.

| Population | Otago & North Otago | Southland | Central & South Otago |
|---|---------------------|-----------|-----------------------|
| Patients visited, enrolled on Care Plus, with Blue COPD card in place | 18 | 0 | 6 |
| Patients visited, enrolled on care plus, declined Blue COPD | 3 | | 0 |
| Total new enrolment onto Care Plus | 21 | | 6 |
| Patient deceased | 1 | | 0 |
| Remaining number of patients to contact | 31 | 58 | 3 |
| Total number of patients | 52 | 58 | 9 |

A workshop of key stakeholders is being planned for November to prioritise the key activity required to develop a system solution for respiratory services across the district.

Community and Hospital Pharmaceuticals

Following on from the activity occurring in the primary setting, a personalised introductory letter has now been sent to 101 vocationally registered doctors working in secondary care in the Southern DHB region. Secondary care visits have now commenced beginning with Neurology, Cardiology and Older Person's Health.

Guidelines and supporting publications have been detailed and distributed to GPs, Practice Nurses and Pharmacists during September around five of the priority pharmaceuticals to support activity in this area.

137 visits were completed during September in the Dunedin, Central Otago and Invercargill localities. This brings the total number of visits to date to 247. Visits have continued to focus on primary care and the prescribing of risedronate, oxycodone and amino acid formula and have been targeted to prescribers and practices on the basis of their prescribing behaviour. The next round of visits will focus on statins, omeprazole and prescribing for chronic pain.

A survey to gauge the effectiveness of the campaign to date is planned for mid-October.

Discussions have occurred with SPHO to progress the Disposing of Unwanted Medicines through Pharmacies (DUMP) campaign with the implementation plan being finalised for approval by the Community and Hospital Pharmaceutical SLAT at their next meeting.

Late October will see the introduction of the polypharmacy campaign.

Attachments:

1. PHS Report

SOUTHERN DISTRICT HEALTH BOARD

| | | |
|---|--|----------------|
| Title: | PUBLIC HEALTH SERVICE REPORT | |
| Report to: | Community & Public Health Advisory Committee | |
| Date of Meeting: | 5 November 2014 | |
| Summary: The issues considered in this paper are: <ul style="list-style-type: none"> ▪ Public Health Service activity | | |
| Specific implications for consideration (financial/workforce/risk/legal etc): | | |
| Financial: | Nil | |
| Workforce: | Nil | |
| Other: | Nil | |
| Document previously submitted to: | N/A | Date: dd/mm/yy |
| Approved by Chief Executive Officer: | No | Date: dd/mm/yy |
| Prepared by: Lynette Finnie Date: 15/10/14 | Presented by: Dr Keith Reid | |
| RECOMMENDATIONS: 1. That CPHAC accept this report. | | |

8.1

**PUBLIC HEALTH SERVICE REPORT TO THE SOUTHERN DHB
COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE
5 November 2014**

RECOMMENDATION:

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

Settings and Lifestyles

- | | |
|-----------|--|
| Outcome 1 | Reduce the impact and incidence of smoking related disease |
| Outcome 2 | Reduce the impact and incident of obesity and overweight |
| Outcome 3 | Reduce the impact and incidence of harm from alcohol and other drugs |

Alcohol Health Promotion Workshop

On 26 September Public Health South hosted an alcohol health promotion workshop for the South Island Public Health Partnership. The workshop, funded by the Health Promotion Agency, brought together staff from the South Island public health units to build evidence based strategic focus for alcohol health promotion in the South Island.

Professor Sally Casswell and Sally Liggins (both of the SHORE research team at Massey University) updated the group on the context for alcohol health promotion in New Zealand and the current evidence for effective strategies to reduce alcohol related harm. The afternoon was spent developing two ideas for work flows for South Island wide work. The conclusion was that the group will focus on:

- Strengthening and supporting regulatory work as we are in a critical timeframe with the relatively recent introduction of the Sale and Supply of Alcohol Act 2012.
- Social supply of alcohol to minors.

Each Public Health Unit will develop these ideas to fit within their current resourcing.

Smokefree Non-Governmental Agencies Training

Smokefree 2025 is a Government goal with the aim of less than 5% of the adult population smoking by the year 2025. There are many different projects supporting this goal and one is the requirement by Southern DHB for health contract holders to ensure their premises have a smokefree policy. There have been on-going requests for support for the staff in these organisations to assist in transitioning to a smokefree site.

Training was organised in Dunedin and 21 people from 11 different organisations attended the sessions aimed at supporting change within non-Government organisations. The training was facilitated by Mark Wallace-Bell from the National Heart Foundation. There has been challenges experienced by the services that are now required to update their smokefree policy, and the aim was to provide participants with the 2025 context and enable them to discuss the issues they were currently experiencing in terms of moving towards smokefree sites.

Evaluations were positive with 11 or 20 respondents highlighting a need to further up-skill in order to maintain supportive conversations with clients who are trying to stop smoking. A plan is now being developed to explore delivering a series of trainings in motivational interviewing.

| |
|---|
| Communicable Disease and Food Safety |
|---|

| |
|--|
| Outcome 4 Reduce the impact and incidence of communicable disease |
|--|

National Yersinia Pseudotuberculosis Outbreak

An increase in notifications of *Yersinia pseudotuberculosis* has been seen in New Zealand since 1 September 2014, with the Enteric Reference Laboratory (at the Institute of Environmental Science and Research) reporting 141 cases (101 confirmed, 41 presumptive). This compares with 0–4 cases notified during September for the years 2010–2013. Forty cases have reported to have been hospitalised.

Cases have been reported from 10 District Health Boards across the country including Canterbury, Capital and Coast, Waitemata, Hutt Valley, Southern, Lakes, Auckland, Bay of Plenty and Hawke's Bay. The majority of cases have however occurred in the three main regions - Auckland, Christchurch, and Wellington.

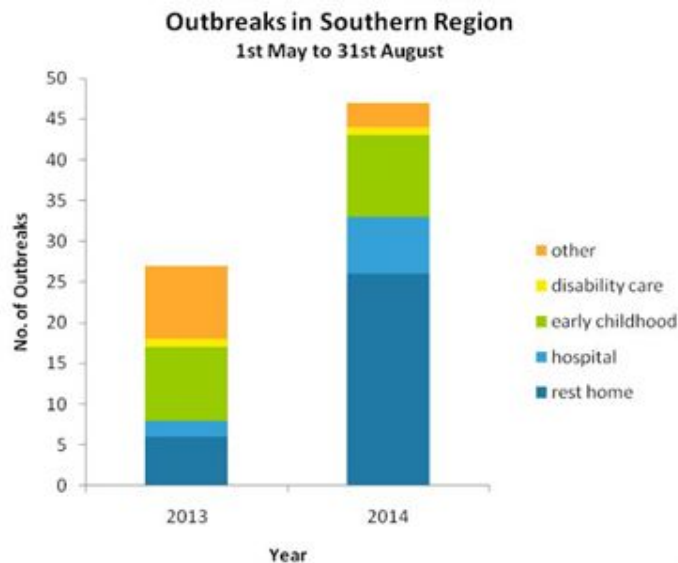
Typical symptoms of a *Yersinia pseudotuberculosis* infection include fever, abdominal pain and symptoms that can mimic appendicitis. The incubation period is three to ten days with symptoms usually lasting 2 to 3 days but it can be up to 2 to 3 weeks. *Yersinia pseudotuberculosis* has many potential animal reservoirs, and person to person spread is uncommon. Transmission via food is a primary route for infection mainly from the consumption of fresh produce such as raw vegetables. Outbreaks of *Yersinia pseudotuberculosis* are not common, and have been associated with the consumption of fresh vegetable produce in previous outbreaks.

As of 6 October, there have been eight confirmed and two presumptive positive cases in the Southern region including cases from Dunedin, Queenstown, and the Waitaki and Clutha areas. One case in the Southern region was admitted to hospital. Further investigation into the cases nationally has been initiated by the Ministry of Health, the Institute of Environmental Science and Research and the Ministry of Primary Industries. Public Health Units have been following up cases with a generic questionnaire followed by a more targeted questionnaire to identify possible sources. To date no specific sources have been identified and investigations are ongoing.

Outbreaks Associated with Elderly and Acute Care Facilities in the Southern Region

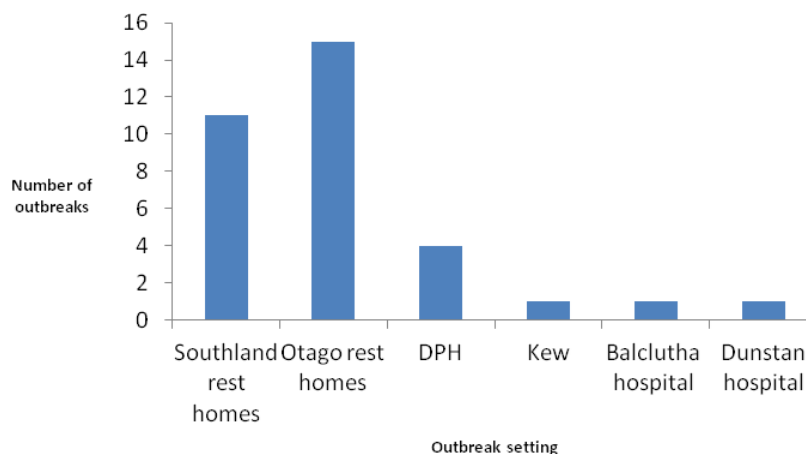
During the period 1 May to 31 August 2014 there were 47 outbreaks notified in the Southern region in comparison to 27 reported in the same period in 2013. Of the 47 outbreaks reported, 33 (70%) occurred in elderly care or acute care facilities compared to only 8 (30%) in the previous year.

Figure 1: Comparison of outbreak settings



Of the 33 outbreaks in the elderly or acute care setting, 26 occurred in elderly care facilities with the remaining seven occurring in a hospital setting. The breakdown is further shown in the following graph:

Figure 2: Breakdown of elderly and acute care outbreak settings for period May to August 2014



The causative agent was identified in 23 of the outbreaks, with Norovirus the cause in 22 and Sapovirus in one. In several of the outbreaks at Dunedin Public Hospital (DPH) multiple causative agents were identified, with *Clostridium difficile* present in addition to Norovirus. The cause could not be identified in ten of the outbreaks.

The predominant type of Norovirus remains the GII.4 genotype. In New Zealand, the GII.4 genotype has been the predominant cause of outbreaks for the last decade and has been responsible for 74% of outbreaks in the year to date. The most common strain is the Sydney 2012 variant, which has been the cause of 99% of GII.4 outbreaks in New Zealand in the year to date.

In total, there are 952 cases¹ attributed to the 33 outbreaks. In the smallest outbreak, there were three cases. In the largest, there were 125 cases.

In the course of investigating the outbreaks, a number of issues and areas for improvement around outbreak management were identified, one of which includes communication procedures. In response to the outbreaks there has been a series of meetings involving Public Health South, Infection Prevention and Control, and Planning and Funding to form an action plan to address the issues identified.

It is not possible to predict when outbreaks will occur, however, it is expected that Norovirus will play an increasing role in outbreaks of gastroenteritis due to the aging population and their susceptibility to illness. It is therefore important that learning opportunities are made use of to improve outbreak management systems.

¹ This includes patients, residents, and staff.

SOUTHERN DISTRICT HEALTH BOARD

| | | | |
|---|--|--|-------|
| Title: | Progress on Delivering Priorities and Targets - DHB Annual Plan 2014/15 | | |
| Report to: | Disability Support and Community & Public Health Advisory Committees | | |
| Date of Meeting: | 5 November 2014 | | |
| Summary: | <p>This report shows the progress in Quarter One on delivering on the plans, actions and commitments in the Southern DHB 2014/15 Annual Plan. It highlights completed actions and achievements. Where activity is still to be completed, a brief narrative is provided on planned action and any issues affecting delivery and potentially impacting on the timing or ability to complete.</p> | | |
| Specific implications for consideration (financial/workforce/risk/legal etc): | | | |
| Financial: | N/A | | |
| Workforce: | N/A | | |
| Other: | N/A | | |
| Document previously submitted to: | n/a | | Date: |
| Approved by Chief Executive Officer: | | | Date: |
| Prepared by: | Presented by: | | |
| Planning & Funding | Sandra Boardman | | |
| Date: 28.10.2014 | Executive Director Planning & Funding | | |
| RECOMMENDATIONS: | | | |
| That the Committees note the progress in Quarter One on delivering the Annual Plan 2014/15 and the intended actions where activity is incomplete. | | | |

Progress Report on Delivering the Southern DHB Annual Plan 2014/15

Quarter One - Progress Report

Planning & Funding

DELIVERING ON PRIORITIES AND TARGETS

PROGRESS ON THE ANNUAL PLAN 2014/15

This template outlines how Planning and Funding is to monitor progress on delivering on the plans, actions and commitments in the Southern DHB 2014/15 Annual Plan.

A report will be produced at the end of each quarter that will contain an indication of progress against plan, and where necessary a brief narrative if activity is behind plan. This will highlight achievements and also flag any issues affecting delivery and potentially impacting on the timing or ability to complete.

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1 Immunisation

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

| Immunisation | | | | | |
|---------------------|--|--|------------|----------|--------------------|
| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative |
| 1.1 Immunisation | 1.1.1 Continue the Southern DHB Vaccine Preventable Disease (VPD) Steering Group | VPD Steering Group meets 3 times per year | | ● | |
| | 1.1.2 All babies entered onto NIR are followed up to ensure a Practice of Enrolment | | | ● | |
| | 1.1.3 NIR contact General Practice regarding any babies not 'Accepted' for Enrolment | % of babies enrolled at 3 months of age | | ● | |
| | 1.1.4 Monthly internal audit of babies about to reach 8 Month target to ensure correct data entry, assess 'Decline' rate | Monthly review of Datamart Reports to regularly measure coverage | | ● | |
| | 1.1.5 'Week day' review of Inpatient and weekly review of Outpatient Birth Cohort children to identify unvaccinated children. Where clinically appropriate, immunisations are delivered by paediatric nurses | | | ● | |
| | 1.1.6 Maintain positive working relationships between VPD Team; especially the Immunisation Coordinators with NGOs and introductory visits with government agencies. | | | ● | |
| | 1.1.7 Maintain active involvement with locality based Well Child Groups and Southern DHB Well Child Forum | | | ● | |
| | 1.1.8 Maternity providers/LMCs provide birth notification to NIR to a check list on registration | | | ● | |
| | 1.1.9 Regular 'as needed' communication with General Practice to ensure early engagement | % of newborn registered with a GP | | ● | |
| 1.2 Rheumatic Fever | 1.2.1 The Public Health Unit will undertake a review of each new identified case involving rheumatic fever | Report to Ministry of Health on actions taken and lessons learned | | ● | |
| | 1.2.2 Multi-stakeholder review of the implementation of rheumatic fever prevention and management plan | Multi-stakeholder meeting(s) held | Q4 | ● | |
| | 1.2.3 Implement the South Island Rheumatic Fever Prevention Plan | All members of the Public Health partnership provide a surveillance function for rheumatic fever | Q2,Q4 | ● | |

● Completed
 ● Underway according to plan
 ● Underway but progress is not as planned
 ● Not started and behind plan

2 Vulnerable Children and the Children's Action Plan

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

| Vulnerable Children and the Children's Action Plan | | | | | | |
|--|---|--|------------|----------|---|---|
| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative | |
| 2.1 Reducing Assaults on Children | 2.1.1 Maintain performance of current VIP programme | Conduct an independent Self audit of Southern DHB VIP using the AUT VIP audit tool | Q1 | ● | | |
| | | Participate in the AUT snapshot audit of children's and maternity wards | | ● | | |
| | 2.1.2 Inclusion of VIP in Southern DHB Orientation and clinical staff mandatory training days | | | ● | | |
| | 2.1.3 Provide Ministry-accredited training for health professionals to recognise signs of abuse and maltreatment in designated services | Stock take to establish health professional VIP training levels in designated areas Q4 | | | ● | |
| | 2.1.4 Implement the Child Injury Flow chart in the Emergency Departments (ED) | Child Injury Flow chart available in ED | Q3 | ● | To be started in Q2 | |
| 2.2 Implementing the Children's Action Plan | 2.2.1 Recently established Child and Youth Steering Group to guide implementation of the Children's Action Plan (CAP) | CAP is a standing agenda item on bi-monthly C&Y Steering Group meetings | | ● | Child and Youth Steering Group will evolve into the Child and Youth SLAT. Meeting frequency still to be determined. | |
| | 2.2.2 Support pregnant women with complex needs through the establishment of a pilot site for the national Maternity Care Wellbeing and Child Protection Interagency groups | Work closely with the national VIP manager and the Office of the Privacy Commissioner in establishing pilot | Q4 | ● | | |
| | 2.2.3 Gateway Health Assessments for children referred from Child, Youth and Family strengthening interagency collaboration and access for children and young people to improved health and educational support | 100% of Gateway Assessments for children aged 0-4 years completed within 4 weeks; aged over 5 years completed within 6 weeks | | | ● | The service is reaching the new targets 80% of the time. |
| | 2.2.4 Establish weekly patient focused multi-disciplinary meetings (Mental health & addictions, Paediatrics, Ministry of Education and other providers as required) | | | | ● | Gateway service has fortnightly meeting with the multi-disciplinary team. |
| | 2.2.5 Introduce a standard screening tool to identify parental status of mental health and addiction community clients | Screening tool implemented | Q3 | | ● | |
| 2.3 Child Protection | 2.3.1 Implement the National Child Protection Alert System (NCPAS) | Implement NCPAS by June 2015 | Q4 | ● | To be started in Q2 | |
| | 2.3.2 Develop a process to monitor the application and implementation of loading alerts into NCPAS | Policy on the application, use and removal of national child protection alert system (NCPAS) endorsed by DHB | | | ● | To be started in Q2 |
| | | Standardised documentation is in use | | | ● | To be started in Q2 |
| | 2.3.3 Collaborate with other agencies to plan, test and monitor assessment processes to support early response systems, assessment processes and delivery of coordinated services for vulnerable children | Establish protocols for NCPAS implementation by June 2015 | Q4 | ● | To be started in Q2 | |

● Completed
 ● Underway according to plan
 ● Underway but progress is not as planned
 ● Not started and behind plan

3 Prime Minister's Youth Mental Health Project

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

| Prime Minister's Youth Mental Health Project | | | | | |
|---|--|--|------------|--|--|
| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative |
| 3.1 Primary Care Services for Youth | 3.1.1 Establish a youth services Service Level Alliance Team (SLAT) | Youth services SLAT established | Q1 | ● | Investigating the feasibility of utilising and evolving the current child and youth steering group. |
| | 3.1.2 Review and update existing youth services stock take information | Youth services stocktake update | Q2 | ● | |
| | | Identify potential service issues - gaps and duplication | Q3 | ● | |
| | 3.1.3 Develop a Youth Services SLAT action plan | Youth Services SLAT action plan developed | Q4 | ● | |
| 3.1.4 Continue HEADSSS assessments to vulnerable youth in Decile 1-3 schools, teen parent units and alternative education | - | | | ● | HEADSSS assessments are provided to this cohort with the exception of the Te Wharekura O Arowhenua school (based in Invercargill). This is being worked through with the support of the Maori Directorate Manager and the appointment of a Maori nurse in the well child team. |
| 3.2 Youth Mental Health & Addiction | 3.2.1 New district-wide services established as part of the Southern DHB youth exemplar initiative | Agreed protocols in place to deliver follow-up care plans to primary care providers | Q1 | ● | Services have now implemented transition plans for primary care providers on discharge, with the agencies involved in review/discharge planning. |
| | | Link youth exemplar initiative into the Youth Services SLAT | | ● | |
| | 3.2.2 Provide increased access to Youth Mental Health and AOD services in North Otago and Southland utilising new capacity provided by the youth exemplar initiative | Youth exemplar initiative delivering services in North Otago | Q1 | ● | |
| | | Youth exemplar initiative delivering services in Southland | Q1 | ● | |
| | 3.2.3 Review transfer of care between CAFS and YSS secondary and primary and NGO services with a focus of ensuring safe transfer of care between providers | Review current processes | Q1 | ● | |
| | | Trial a process of follow up calls with the primary provider to encourage prompt follow up | Q2 | ● | Transfer of care between CAFMHS and YSS occurs with meetings and phone/e-mail. |
| Trial a process of follow up calls with the patient/carer to ensure follow up by the primary service has commenced | | Q2 | ● | Transfer of care from YSS/CAFMHS between secondary services -Paediatrics, EPS, ward 9c occurs with, phone, e-mail Transfer of care between YSS and NGO partners occurs with meetings, e-mail, phone. | |
| 3.2.4 Introduce a navigator role to support Pacific People around mental health and addiction services | Navigator commences in Invercargill | Q1 | ● | | |
| | Navigator supports cultural assessments for MHA clients | | ● | | |
| 3.3 Social Sector Trials | 3.3.1 Develop and implement a health promotion package | Health promotion package implemented | Q2 | ● | |
| | 3.3.2 Develop and pilot a community resources "whanau pack" | Pilot completed | Q2 | ● | |
| | | Completion of three campaigns aimed at parents by Dec 15 | | ● | |
| | 3.3.3 Utilising a multi-agency planning group develop a package of education initiatives | Development and implement plan for rolling out package | Q2 | ● | |
| | 3.3.4 Develop an AOD clinical pathway | Youth AOD Pathway implemented | Q2 | ● | |
| 3.3.5 Youth provider network to lead the development of an integrated referral processes | Integrated referral process implemented | Q4 | ● | Investigating the feasibility of utilising and evolving the current child and youth steering group. | |

● Completed
 ● Underway according to plan
 ● Underway but progress is not as planned
 ● Not started and behind plan

4 Whānau Ora

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

| Whānau Ora | | | | | |
|-----------------------------------|--|---|------------|----------|--|
| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative |
| 4.1 Developing Mature Providers | 4.1.1 Improved access to primary health care services, more comprehensive whānau centred assessments by Kaiāwhina/navigators* and practitioners (identifying and responding to chronic conditions that previously wouldn't have been picked up) | % of whānau accessing primary care services | Q4 | ● | |
| | 4.1.2 Develop a referral pathway to navigators around follow-up support for Māori patients transitioning from hospital to home | Number of referrals to navigators | Q3 | ● | |
| | 4.1.3 Support where possible career pathways and professional development for navigators | Number of Māori workforce enrol into tertiary education | | ● | |
| 4.2 Supporting Strategic Planning | 4.2.1 Model an integrated approach through relationship, back room support, best practice and delivery of services that respond to whānau needs (Iwi Governance, Management Advisory Group Māori Health, Māori Provider/Whānau Ora Collective participation) | Māori Provider/Whānau Ora Collective develop a strategic or operational plan | Q2 | ● | |
| | 4.2.2 Establish a Māori provider forum to progress Whānau Ora initiatives | Māori provider forum established | Q1 | ● | Forum has been established. Now incorporated into the consultation process for the draft Southern Strategic Health Services Plan |
| | 4.2.3 Develop a working relationship with South Island Whānau Ora Commissioning Agency Te Puhahitanga o Te Waipōunamu | Meeting attendance and participation | Q1 | ● | Te Puhahitanga o Te Waipōunamu have presented at both Te Herenga Hauora and Tumu Whakarae in regards to their primary focus which is whānau driven innovations/investment and integration of working relationships/services. The CEO of Te Puhahitanga has been invited to attend the next Te Herenga Hauora meeting in November to provide an up-date on their direction/investments as well as discuss how best we can support each other. |
| 4.3 Provider Development | 4.3.1 Work alongside Māori Providers and Whānau Ora Collectives to support initiatives | Number of hui to support initiatives | | ● | |
| | 4.3.2 Building on existing service approaches by supporting navigators to reduce barriers to access by linking whānau into clinics and services that best respond to their needs (Tamariki Ora checks, general health checks, CVD and diabetes risk assessments) | % of whānau that have received health checks | Q3 | ● | |
| | 4.3.3 Support Māori Providers and Whānau Ora Collectives in the establishment of Nurse-Led Clinics within designated rural high need areas | Number of Māori Providers with nurse-led clinics established in rural high needs areas Number of whānau engaged in nurse-led clinics in rural high needs areas | Q1 | ● ● | Nurse-led clinics established. Monitor over next 2 years |

● Completed
 ● Underway according to plan
 ● Underway but progress is not as planned
 ● Not started and behind plan

5 Improved Access to Diagnostics

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

| Improved Access to Diagnostics | | | | | | |
|---|--|--|------------|----------|---|--|
| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative | |
| 5.1 Community Referred Diagnostic Imaging | 5.1.1 Continue development of clinical pathways that facilitate or improve quality of direct access to plain film x-rays and ultrasound | Implement Community Acquired Pneumonia (CAP) pathway with clear criteria for urgent same day chest x-ray | | ● | | |
| | 5.1.2 Implement the Community and Primary Radiology Referral Guidelines once released | Develop and implement radiology e-referral (ERMS) templates with criteria | | ● | Part of ERMs rollout. | |
| | 5.1.3 Participate in the development and implementation of the National Patient Flow System | Submit data to the collection as required | Q1 | ● | | |
| | 5.1.4 Work with regional (South Island) and national clinical groups to contribute to the development of improvement programmes | | | ● | Rollout of National Radiology Service improvement programme | |
| 5.2 High Tech Imaging | 5.2.1 Establish a district diagnostic imaging service delivery model that maximises utilisation of current resources | New service model established | Q4 | ● | | |
| | | Increase MRI scanner operational time to 12 hours per day | Q1 | ● | MRTs being recruited for the additional hours and date being established based on availability of MRTs. | |
| | 5.2.2 Develop a workforce and recruitment strategy for SMOs and other key roles to support diagnostic imaging service model | Workforce and recruitment strategy developed | Q2 | ● | | |
| | 5.2.3 Workshops to educate and raise awareness of appropriateness and over-use of imaging | Workshops completed | Q2 | ● | | |
| | 5.2.4 Implement new single IT platform with radiology information system (RIS) and Pictorial Archiving Computer System (PACS) applications | RIS and PACS implemented | Q3 | ● | | |
| 5.3 Cardiac Diagnostics | 5.3.1 Commit to maintain performance of coronary angiography service | 90% of accepted referrals for elective coronary angiography will receive their procedure within 3 months (90 days) | | ● | | |
| | 5.3.2 Improve the data capture across multiple sites for echocardiograms exercise tolerance tests | Establish the baseline for performance | Q2 | ● | Working through issues – no clear way to capture data. Continue to progress. | |
| | | Identify issues and set up quality improvement initiatives to achieve targets | Q4 | ● | | |

● Completed
 ● Underway according to plan
 ● Underway but progress is not as planned
 ● Not started and behind plan

6 More Heart and Diabetes Checks

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

| More Heart and Diabetes Checks | | | | | |
|--------------------------------|---|---|------------|----------|--|
| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative |
| 6.1 Identification | 6.1.1 Increase the utilisation of existing IT software tools (BPI and Dr Info) to increase the number of patients at being risk identified and assessed | 90% of practices utilising BPI or Dr Info | Q2 | ● | |
| | 6.1.2 Practices utilise DRINFO to establish list of patients sorted by low, med, high and very high CVD risk for follow-up as appropriate | | | ● | |
| | 6.1.3 PHO establish a database to identify patients at risk of developing a long term condition and stratify enrolled service users (ESU) at practice and PHO level | Risk stratification database implemented | Q3 | ● | SPHO is changing IT providers from 1 January, 2015 and this project will be a priority for the PHO under the new arrangement. |
| 6.2 Management | 6.2.1 Long Term Conditions Quality Improvement Teams established to improve long term conditions (particularly CVD and diabetes) services within general practice | Long Term Conditions Quality Improvement Teams established | Q1 | ● | Registered Nurses and Community Dieticians have been appointed in Southland and Otago. Dieticians are providing 11 consultations with patients as well as health eating group education across the district. The RN's are working alongside General Practice to support patients with LTCs, focusing on patients with Diabetes and COPD. Self-Management Group Education for Type 2 Diabetes (DESMOND) is also being rolled out across the district. |
| | 6.2.2 Individualised practice reports with progress and achievement against CVDRA provided monthly | 80% of practices receive monthly reports | Q2 | ● | |
| 6.3 Enablers | 6.3.1 Employ GP and nurse clinical champions to provide guidance to practices and other providers | | | ● | |
| | 6.3.2 Roll out of MoH sponsored online health toolkit providing advice, guidance and resources | Toolkit available to practices | Q2 | ● | |
| | 6.3.3 DRINFO train the trainer sessions provided through visiting practices | Number of practice staff trained to use DRINFO | | ● | |
| | 6.3.4 DHB funding for CVDRA and PHO Performance Programme funding will be used to support CVDRA achievement | Electronic decision support tools (DRINFO & BPI) are available for general practice | Q1 | ● | |
| | 6.3.5 Maintain ongoing CME programme for Cardiovascular Risk Assessment | | | ● | |

● Completed ● Underway according to plan ● Underway but progress is not as planned ● Not started and behind plan

7 Diabetes and Long Term Conditions

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

| Diabetes and Long Term Conditions | | | | | | |
|-----------------------------------|--|--|------------|----------|--|--|
| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative | |
| 7.1 Prevention & Identification | 7.1.1 Develop a Green Prescription pathway | Green Prescription pathway implemented | Q1 | ● | | |
| | 7.1.2 Increase the utilisation of existing IT software tools (BPI and Dr Info) to increase the number of patients at being risk identified and assessed | 90% of practices utilising BPI or Dr Info | Q2 | ● | | |
| | 7.1.3 PHO establish a database to identify patients at risk of developing a long term condition and stratify enrolled service users (ESU) at practice and PHO level | Risk stratification database implemented | Q3 | ● | SPHO is changing IT providers from 1 January, 2015 and this project will be a priority for the PHO under the new arrangement. | |
| | 7.1.4 PHO and DHB share information to identify high health users for inclusion in the PHO Integrated Primary Care (IPC) Programme | | | ● | | |
| 7.2 Management | 7.2.1 Continue implementation of the Diabetes Care Improvement Package (DCIP) | 80% of eligible people complete DCIP | | ● | | |
| | 7.2.2 Increase the capacity and capability in primary care through referrals to funded services, e.g. podiatry, dietetics, green prescriptions and specialist nursing services | Podiatry and dietetics services available from utilisation of Budget 2013 funding of \$197k pa | | ● | Dietetics services have been implemented. A Podiatry service stocktake has been completed. Information will be provided to PHO to increase access. | |
| | | Number of referrals to accredited providers | | ● | | |
| | 7.2.3 Establishment in areas of high need multi-disciplinary teams (MDT) - clinical pharmacists, dieticians, podiatrist and specialist long-term conditions nurses - to support management of LTCs | MDT established in Mataura and Invercargill | Q1 | ● | Occurring as a pilot in 4 practices in Southland. | |
| | | MDT established in Otago | Q4 | ● | To be reviewed as the PHO only has funding available to support roll-out of this project in Southland. | |
| | 7.2.4 Review the DCIP including the parameters of the diabetes HBA1c management indicators, incentive model and reporting system | DCIP review completed | Q3 | ● | | |
| 7.3 Enablers | 7.3.1 Employ GP and nurse clinical champions to provide guidance to practices and other providers | | | ● | | |
| | 7.3.2 Roll out of MoH sponsored online health toolkit providing advice, guidance and resources | Toolkit available to practices | Q2 | ● | | |
| | 7.3.3 Implement GP CME and Practice Nurse education in support of identification, assessment and management of patients with diabetes and pre-diabetes | CME available | Q2 | ● | | |
| | 7.3.4 Develop a long-term conditions strategy that incorporates care in all settings | Strategy adopted by DHB and PHO | Q4 | ● | | |
| | 7.3.5 PHO to run regular meetings & workshops to connect practices with other community providers including Maori and Pacific health groups | | | ● | | |
| | 7.3.6 Investigate IT solutions to integrate the work undertaken by clinicians working outside of general practice with general practice | Options identified | Q4 | ● | Developing a community CVRDA tool for other health providers to use that feeds information back into General Practice | |

● Completed ● Underway according to plan ● Underway but progress is not as planned ● Not started and behind plan

8 Cardiac Services

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

| Cardiac Services | | | | | | |
|---|--|---|------------|----------|--|-----------------------|
| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative | |
| 8.1 Acute Coronary Syndrome (ACS) | 8.1.1 Phased introduction of Common Accelerated Chest Pain Pathways (ACCPs) in emergency departments (localised from the regionally developed pathway) | ACCP is developed and implemented | Q4 | ● | | |
| | 8.1.2 Heart failure pathway is developed to assist management in the community and reduce acute admissions/readmissions | Heart failure pathway implemented | Q1 | ● | Completed but not operational | |
| | 8.1.3 Complete implementation of ANZAC QI and Dendrite databases (including staff training) | Reporting to ANZACS | Q1 | ● | | |
| | | Staff are trained | Q1 | ● | | |
| | | Verify data and report accuracy | Q3 | ● | | |
| 8.1.4 Use data from ANZAC QI to review equity in access for rural patients and establish levels of compliance to high risk ACS patients | | | | ● | | |
| 8.2 Cardiac Surgery | 8.2.1 As a cardiac surgery provider, sustain performance against cardiac surgery waiting list expectations | ≥170 cardiac surgery discharges delivered | Q4 | ● | The total year target is 208 (MOH spread sheet). Target 65 (at week 15) – achieved 62. Behind due to high number of postponements due to ICU capacity, currently on track to achieve target. | |
| | 8.2.2 Monitor ESPIs and intervention rates to ensure equity of access and continued compliance with wait times | No patient waits more than 5 months for FSA or treatment during 2014, and no more than 4 months from January 2015 | | ● | | |
| | | Cardiac surgery intervention rates (per 10,000) are achieved; Cardiac Surgery 6.5; Coronary Angiography 34.7; Percutaneous revascularisation 12.5 | | | ● | |
| 8.2.3 Maintain consistency of clinical prioritisation for cardiac surgery patients, by using the national cardiac CPAC tool, and treating patients in accordance with assigned priority and urgency timeframe | | | | ● | | |
| 8.3 Work with the South Island Cardiac Alliance Work stream and National Cardiac Network | 8.3.1 Continue implementation of regionally agreed protocols and pathways for patients with Acute Coronary Syndrome (ACS) to ensure prompt risk stratification, stabilisation and appropriate transfer of ACS patients | | | ● | | |
| | 8.3.2 Continue participation in the provision and collection of data for the national Cardiac (ANZACS QI) and Cath/PCI Registers to enable monitoring of intervention rates and quality of service delivery | | | ● | | |
| | 8.3.3 Support development of a regional Common Accelerated Acute Chest Pathway and Percutaneous Coronary Intervention Pathway | | | ● | | |
| | 8.3.4 Support a regional approach to the storage/sharing of ECGs | | | ● | Awaiting CAPEX approval | |
| | 8.3.5 Support development of a regional approach to cardiology nurse training through the Regional Training Hub | | | | ● | Not required for SDHB |

● Completed ● Underway according to plan ● Underway but progress is not as planned ● Not started and behind plan

9 Stroke Services

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

| Stroke Services | | | | | |
|--|--|---|------------------------------------|----------|---|
| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative |
| 9.1 Stroke Services Clinical Leadership | 9.1.1 SDHB multi-disciplinary Stroke Governance Group continues the lead in development of stroke services across the DHB | Stroke Governance Group meets monthly | | ● | |
| | | Stroke Governance Group supports education and staff development | | ● | |
| | 9.1.2 Nursing and medical stroke leaders at each DHB hospital | Allied Health stroke leaders appointed | Q2 | ● | |
| 9.2 Hyper Acute Stroke | 9.2.1 Maintain stroke thrombolysis service across the district | 24/7 stroke thrombolysis service at Dunedin Hospital including providing backup for district | | ● | Complete |
| | | 24/7 stroke thrombolysis service at Oamaru Hospital | | ● | |
| | | 8am-10pm stroke thrombolysis service at Invercargill Hospital | | ● | Complete |
| | 9.2.2 Establish stroke thrombolysis service at Dunstan Hospital | Staff education plan in place | Q2 | ● | Lead Stroke Physician Dunedin Hospital continues to work with Dunstan medical team |
| | 9.2.3 All stroke thrombolysis services use agreed thrombolysis pathway and audit tool | All thrombolysis patients are audited | | ● | |
| | 9.2.4 Ongoing training and education on the management of TIA and thrombolysis | | | ● | |
| 9.3 Acute Stroke | 9.3.1 DHB wide use an evidence based acute stroke pathway, guidelines and audit tool | All hospitals use a dedicated acute stroke pathway | | ● | |
| | | All hospitals begin rehabilitation at the time of admission to acute service to provide improved patient outcomes | | ● | |
| | 9.3.2 DHB maintain dedicated acute stroke inpatient beds at Dunedin and Invercargill Hospitals | | | ● | |
| | | 9.3.3 Establish nurse lead swallow screening | Established in Dunedin Stroke Unit | Q2 | ● |
| | | Established across district | Q4 | ● | Further work required to consolidate timeline action plan to ensure this is completed on target |
| 9.3.4 Participate in the national acute stroke audit | | | ● | | |
| 9.4 TIA Services | 9.4.1 Develop stroke and TIA pathways for primary care (HealthPathways) which includes fast tracking to the vascular surgery team for carotid endarterectomy | Stroke pathway for primary care available on HealthPathways | Q3 | ● | |
| | | TIA pathway for primary care available on HealthPathways | Q4 | ● | |
| | 9.4.2 Outpatient TIA clinics are offered in Dunedin and Invercargill | | | ● | |
| 9.5 Stroke Rehabilitation | 9.5.1 Review and monitor implementation of stroke pathways across ED, medical wards, rural hospitals and stroke units | | | ● | Significant piece of work to establish. |
| | 9.5.2 Interdisciplinary team assesses all patients in stroke unit for rehabilitation | Proportion of people with acute stroke who are transferred to in-patient rehabilitation service | | ● | |

● Completed ● Underway according to plan ● Underway but progress is not as planned ● Not started and behind plan

Progress on Delivering Southern DHB Annual Plan 2014/15 – Quarter One

| Stroke Services | | | | | |
|-----------------|---|--|------------|----------|--------------------|
| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative |
| | | 60% of people with acute stroke are transferred to in-patient rehabilitation service and are transferred within 10 days of acute stroke admission. | | ● | |
| | 9.5.3 Establish sustainable community based rehabilitation services | Establishment commenced | Q4 | ● | |

● Completed
 ● Underway according to plan
 ● Underway but progress is not as planned
 ● Not started and behind plan

10 Shorter Stays in Emergency Departments

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

| Shorter Stays in Emergency Departments | | | | | |
|--|---|---|------------|----------|--|
| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative |
| 10.1 Emergency Departments | 10.1.1 Implement ED Suite of Quality Measures | All continuously (C) monitored measures | Q2 | ● | Being driven by Quality Team |
| | | All regularly (R) reported measures | Q4 | ● | Continuing according to plan |
| | 10.1.2 Provide targeted data to speciality services to increase visibility of issues and potential solutions | New reporting implemented | Q3 | ● | Continuing as expected |
| | 10.1.3 Review and standardise reporting across the District; daily reporting of breaches, and weekly analysis of breach information | Agree new suite of standardised reporting measures | Q1 | ● | Continues daily |
| | | Agree standardised trend analysis for dissemination | Q2 | ● | Daily information disseminated |
| | 10.1.4 Examine potential to reconfigure models of care within the ED | Complete scoping work | Q2 | ● | CNS model in Dunedin reviewed. Work continues on other areas. |
| | 10.1.5 Phased introduction of Accelerated Chest Pain Pathways (ACCPs) in emergency departments | ACCP is developed and implemented | | ● | On track. |
| | 10.1.6 Review ED clinical staffing models and numbers in Dunedin and Invercargill to ensure appropriate staffing | Review completed | Q2 | ● | Complete for both departments and FTE adjustments. |
| | | Review implemented | Q4 | ● | Complete for Dunedin |
| | 10.1.7 Alignment of senior nursing roles in Dunedin and Invercargill | Role alignment completed | Q2 | ● | Regional senior nurse scoping underway. Progressing towards closer alignment with CNS roles. |
| 10.1.8 Continue implementation of rapid rounds to prompt earlier discharge and free up beds | All medical areas to be undertaking daily rapid rounds | Q4 | ● | Complete | |
| 10.1.9 Explore opportunities for an automated delivery system for laboratory results in Invercargill to improve turnaround times | Options are identified | Q1 | ● | | |

● Completed
 ● Underway according to plan
 ● Underway but progress is not as planned
 ● Not started and behind plan

11 Acute Care and Demand

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

| Acute Care and Demand | | | | | |
|--|---|--|------------|--|--|
| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative |
| 11.1 Sustainable After-Hours Services | 11.1.1 Promote general practice uptake of phone triage for after-hours services | 75% of general practices utilising phone triage services | | ● | |
| | 1.1.1 SPHO to utilise data on ED attendances to assist practices in providing a more responsive service | Identify frequent attenders to ED | | ● | |
| | | Patients able to access primary care as required | | ● | SPHO continues to work with practices and other potential providers to improve capacity, to provide more timely consultations |
| 11.1.2 DHB and PHO to continue exploring opportunities for improved access to out-of-hours primary care coverage in Invercargill | Assess feasibility of nurse led clinics | Q1 | ● | The PHO has developed a proposal for a nurse led solution for consideration by the GP Committee overseeing after hours care in Invercargill. | |
| 11.2 Primary Options to Acute Care | 11.2.1 Develop pathways that provide primary care access to telephone advice from specialist services | Pathways developed for acute respiratory and frail elderly | Q1 | ● | |
| | 11.2.2 Alliance commits flexible funding to POAC services | \$200k invested in POAC services for 2014/15 | | ● | |
| | 11.2.3 Introduce rapid response teams that are able to see people in the community | Rapid response team implemented in Invercargill | Q1 | ● | Still being piloted |
| | | Rapid response team implemented in Dunedin | Q2 | ● | As above |
| | 11.2.4 Implement 7 day a week respiratory POAC service to initially target acute exacerbations of COPD | Respiratory POAC service implemented | Q1 | ● | Working Group has been established. |
| | 11.2.5 For eligible at risk patients explore writing off bad debt with general practice to enable access to necessary acute care | Options for writing off bad debts identified | Q1 | ● | Not started – However Southern PHO voucher programme is available to ensure all high needs patients have necessary access to acute care, if they cannot afford to pay. |
| 11.2.6 Explore voucher system for GP follow up of discharged patients | Options for GP voucher system for discharged patients identified | Q1 | ● | Southern PHO voucher programme is available for high needs patients for GP follow up as necessary, if they cannot afford to pay. | |
| 11.3 Frequent Attenders | 11.3.1 Continued roll-out of the SPHO Integrated Primary Care (IPC) programme providing a wraparound service for people with complex needs | Number of practices with IPC | | ● | |
| | 11.3.2 Implementation of fully operational Early Supported Discharge (ESD) Southland service | Business case approved | Q2 | ● | |
| | | Southland ESD operational | Q4 | ● | Maybe integrated into the Rapid Response Service |
| | 11.3.3 Work with St John to develop a new service delivery model for the ambulance service with sector wide Patient Care Plans for those with high health needs, and who need a consistent approach from health | | | ● | Future project – plan and timeframe to be developed. |
| | 11.3.4 PHO and DHB share information to identify high health users for inclusion in the PHO Integrated Primary Care (IPC) Programme | | | ● | Work has been underway re COPD and Frail Elderly. Plan and timeframe to be developed. |
| 11.3.5 Develop clinical pathways for common conditions that may lead to ED or hospital admission | Develop pathways for CHF, COPD, and respiratory infections | | ● | | |

● Completed ● Underway according to plan ● Underway but progress is not as planned ● Not started and behind plan


12 Better Help for Smokers to Quit

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

| Better Help for Smokers to Quit | | | | | |
|---------------------------------|--|--|------------|----------|--|
| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative |
| 12.1 Hospitals | 12.1.1 All Provider Arm directorates have the ABC target embedded in their quality plans with regular on-going monitoring | ABC question is embedded in nursing admission documentation; medical & surgical assessment | | ● | |
| | 12.1.2 Include mandatory field on completing ABC in the hospital electronic discharge summary | Update electronic discharge summary when available | | ● | Awaiting implementation of new patient administration system |
| | 12.1.3 Smokefree coordinators provide ABC training to nursing, midwifery and allied health staff on mandatory training days | 1000 staff receive ABC training in 2014/15 | | ● | |
| | 12.1.4 All new ward staff receive ABC training from online tool with support from ward champions | 100% of new ward staff complete ABC online training module | | ● | |
| | 12.1.5 Investigate feasibility of including ABC in the Emergency Department Information System (EDIS) | Feasibility study completed | Q1 | ● | Feasibility has been explored and due to the age of the EDIS system is not able to be completed. |
| 12.2 Primary | 12.2.1 Increase the utilisation of existing IT software tools (BPI and Dr Info) to increase the number of patients identified as smokers and provided with ABC | 90% of practices utilising BPI or Dr Info | Q2 | ● | |
| | 12.2.2 Employ GP and nurse clinical champions to provide guidance to practices and other providers | | | ● | |
| | 12.2.3 Smokefree Coordinators and Outreach Nurses provide support and resources to general practice and community providers with high numbers of current smokers | | | ● | |
| | 12.2.4 SPHO to continue text to remind services | | | ● | |
| | 12.2.5 SPHO undertake audits of practice patient management systems | | | ● | |
| | 12.2.6 SPHO supports and collates ABC data from community providers | ABC data from community providers is reported to the Ministry of Health | | ● | SPHO has initiated discussion with some community providers (pharmacists), particularly in relation to IT data transfer possibilities into SPHO IT system. |
| 12.3 Community | 12.3.1 Provide feedback to LMCs on the better help for smokers to quit maternity Health Target | Publish maternity Health Target results in LMC newsletters | | ● | |
| | 12.3.2 Facilitate ABC training for LMCs not achieving the "better help for smokers to quit" maternity Health Target | | | ● | It is not possible to get down to individual LMC level information not available |
| | 12.3.3 Health promotion staff work with councils and local NGO's via smoke free networks to engage in smoke free 2025 initiatives | | | ● | |
| | 12.3.4 Assist workplaces to develop a smoke free 2025 approach to their interactions with both staff and clients. | | | ● | |
| | 12.3.5 Support providers contracted for DHB funded services to implement the new requirements around smoke free | | | ● | |
| | 12.3.6 Smoking cessation providers are promoted and referral pathways strengthened | Facilitate improved referral pathways between LMCs and smoking cessation providers | | ● | |

● Completed
 ● Underway according to plan
 ● Underway but progress is not as planned
 ● Not started and behind plan

Progress on Delivering Southern DHB Annual Plan 2014/15 – Quarter One

| Better Help for Smokers to Quit | | | | | |
|---------------------------------|--|--------------------------------------|------------|---|--------------------|
| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative |
| 12.4 Sector | 12.4.1 Sector-wide refresh of the Tobacco Control Plan | Revised Tobacco Control Plan adopted | Q2 |  | |

-  Completed
-  Underway according to plan
-  Underway but progress is not as planned
-  Not started and behind plan

13 Elective Surgery

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

| Elective Surgery | | | | | |
|--|---|---|------------|----------|--|
| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative |
| 13.1 Elective Surgery | 13.1.1 Delivery on the agreed electives volume schedule to meet the Electives Health Target | Monitor performance against the elective surgery production plan | | ● | |
| | 13.1.2 Production plans are developed, monitored, and where necessary modified, based on achieving (or working towards) performance requirements and equity of access | Elective standardised intervention rates - SI4 | | ● | |
| | 13.1.3 Participate in the development and implementation of the National Patient Flow System | Submit data to the collection as required | Q1 | ● | |
| | 13.1.4 Orthopaedic Pathway Programme (OPP) integrated into business as usual | Performance against KPIs maintained | | ● | |
| | 13.1.5 Enhanced Day Surgery and Ambulatory Care (EDSAC) project | Increased proportion of elective and arranged surgeries are day of surgery admission - base 89% - | Q4 | ● | |
| | 13.1.6 Maintain consistency of clinical prioritisation for elective surgery patients, by using the national Clinical Priority Access Criteria (CPAC) prioritisation tools, and treating patients in accordance with assigned priority and urgency timeframe | | | ● | |
| | 13.1.7 Principles from The Productive Operating Theatre (TPOT) are embedded into business as usual | Performance against KPIs maintained | | ● | |
| | 13.1.8 Redesign of the surgical preadmission process at Dunedin Hospital incorporating learning's from a similar project in Invercargill | | | ● | |
| | 13.1.9 Implement the South Island eReferral tool Electronic Request Management System (ERMS) to help streamline and improve referral processes | ERMS implemented | Q1 | ● | |
| 13.2 Work within the Regional Elective Services Alliance to align electives delivery across the South Island | 13.2.1 Participate in the development of regional pathways that can then be localised to improve consistency in processes, equity of access and outcomes | Urology pathways developed and implemented locally | Q3 | ● | |
| | 13.2.2 Support the establishment of regional major trauma work-stream and development of a three year action plan | Major Trauma work stream established | Q1 | ● | |
| | | Major Trauma clinical leads identified | Q2 | | |
| | 13.2.3 Participate in the implementation of major trauma register including provision of local data as required | Major Trauma registry established | Q4 | ● | Planning underway and regular meetings of services involved in trauma have commenced on the Dunedin site and a preliminary meeting has occurred on the Southland site. A business case has been prepared to identify the resource required to participate in this initiative |

● Completed
 ● Underway according to plan
 ● Underway but progress is not as planned
 ● Not started and behind plan

14 Cancer Services

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

| Cancer Services | | | | | |
|---|--|--|------------|----------|--|
| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative |
| 14.1 Faster Cancer Treatment (FCT) | 14.1.1 Audit of the faster cancer treatment indicator to ensure data is captured in a consistent manner | Audit completed | Q1 | ● | Feedback from MOH regarding low numbers reported under 62 days. Work has been undertaken with IT to remedy this. Planning to resolve in the next quarter |
| | 14.1.2 Trial using METRIQ to gather data from various sources for reporting FCT | Trial completed | Q2 | ● | Linked with Southern Cancer network |
| | 14.1.3 Link cancer registry to METRIQ to ensure all patients are captured | Cancer registry linked | Q3 | ● | Linked with Southern Cancer network |
| | 14.1.4 The national tumour standards of service provision are implemented. (including a focus on supportive care, palliative care and equity standards) | Breast, gastro-intestinal and, gynaecological tumour stream audits completed | Q4 | ● | |
| | 14.1.5 Process maps for tumour streams and Central Otago patients to assist cancer nurse coordinators | Process maps are completed | Q2 | ● | |
| 14.2 Shorter Waits for Cancer Treatment | 14.2.1 Performance sustained against the radiotherapy and chemotherapy wait time targets | | | ● | |
| | 14.2.2 Maintain registrar training for medical physicists | | | ● | |
| | 14.2.3 Provide an additional two multidisciplinary meetings (MDMs) which comply with MOH guidelines. | Additional MDMs introduced | Q3 | ● | |
| | 14.2.4 Review electronic referrals and the capture of proforma data to improve compliance in MDM standards in all tumour streams | Meet the MDM standards in the 9 tumour streams | | ● | |
| 14.3 Endoscopy and Colonoscopy Services | 14.3.1 Implement priorities for the Endoscopy Quality Improvement (EQI) programme | Progress reported quarterly | | ● | |
| | 14.3.2 Develop a single district referral centre utilising local prioritisation tools to meet the National Referral Criteria | Referral centre operational | Q3 | ● | |
| | 14.3.3 Implement e-referrals for colonoscopy | e-referrals for colonoscopy established | Q2 | ● | Partially rolled out. Part of the South Island e-referrals project. |
| | 14.3.4 Integrate data from MOSAIQ Medical Oncology system with other clinical information systems to streamline the workflow from first diagnosis and staging to treatment and follow-up | Data integration enabled | Q4 | ● | |
| 14.4 Work with the Southern Cancer Network to align strategic activity across the South Island. | 14.4.1 Maintain full cover for SCDHB patients to have long course radiotherapy at SDHB thus supporting agreed regional capacity sharing agreement | | | ● | Averaging 1-2 referrals per months – calculated to be 4 per month. Escalation to CDHB is underway to understand why we have not had the referrals expected |
| | 14.4.2 Support the regional review of three more tumour stream standards including provision of relevant data. | Regional audit against tumour standards complete | Q3 | ● | |
| | 14.4.3 Review the Southern Cancer Network modelling, Regional Linear Accelerator Investment Plan and the National Radiation Oncology Plan to ensure Southern has appropriate radiation treatment capacity to meet future demand. | | | ● | |

● Completed ● Underway according to plan ● Underway but progress is not as planned ● Not started and behind plan


15 Primary and Integrated Care

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS


| Primary and Integrated Care | | | | | |
|---|---|---|------------|--|--|
| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative |
| 15.1 Strengthened Planning and Accountability | 15.1.1 Southern Health Alliance completes an action work plan and agree utilisation of flexible funding | SHA work plan and flexible funding approved | Q1 | ● | Work plan agreed and developed |
| | 15.1.2 Establish Service Level Alliance Teams (SLAT) or work streams to support the Alliance work plan | Acute Demand & Pharmaceutical SLAT established 2013/14 | | ● | Pharmaceutical SLAT established Acute Demand SLAT being progressed with Expressions of Interest having been called for. Three streams of activity under Acute Demand commenced. |
| | | Establish Rural Health, Radiology & Youth SLATs | Q1 | ● | Rural Health SLAT established Youth Health SLAT membership and terms of Reference to be approved Oct 14 |
| | 15.1.3 Implement the Integrated Performance and Incentive Framework (IPIF) | | | ● | |
| | 15.1.4 Utilise the Hospital Ethnicity Data Audit Toolkit (HEDAT) to assess the quality of ethnicity data and systems for data collection, and provide guidance on quality improvement activities. | Steering group supporting HEDAT established | Q1 | ● | |
| | | Audit completed and results published | Q3 | ● | |
| | 90% accuracy of ethnicity data collection in DHB databases | | ● | | |
| 15.2 Care Closer to Home | 15.2.1 Develop pathways that provide primary care access to telephone advice from specialist services | Pathways developed for acute respiratory and frail elderly | Q1 | ● | |
| | 15.2.2 Embed GPSI services for skin lesions, Mirena insertions, and pipelle biopsies | 1200 funded skin lesion procedures performed by GPSI service | | ● | |
| | | 75 funded Mirena insertions performed by GPSI service | Q3 | ● | GPSIs for Mirena planned to be introduced in early 2015. |
| | | 75 funded pipelle biopsies performed by GPSI service | Q3 | ● | GPSIs for pipelle biopsies planned to be introduced in early 2015. |
| | 15.2.3 Implement 7 day a week respiratory POAC service to initially target acute exacerbations of COPD | Respiratory POAC service implemented | Q1 | ● | Initial activity commenced and Pathways to support under development to be introduced in early 2015 |
| | 15.2.4 Maintain primary care access to radiology | Implement the Community and Primary Radiology Referral Guidelines once released | | ● | |
| | 15.2.5 For eligible at risk patients explore writing off bad debt with general practice to enable access to necessary acute care | Options for writing off bad debts identified | Q1 | ● | Not started – However Southern PHO voucher programme is available to ensure all high needs patients have necessary access to acute care, if they cannot afford to pay. |
| 15.2.6 Explore voucher system for GP follow up of discharged patients | Options for GP voucher system for discharged patients identified | Q1 | ● | Southern PHO voucher programme is available for high needs patients for GP follow up as necessary, if they cannot afford to pay. | |
| 15.3 Rural Health | 15.3.1 Establish a Rural Service Level Alliance Team (SLAT) | Rural SLAT established | Q1 | ● | |
| | 15.3.2 Rural SLAT to develop and implement a plan for distribution of the Rural Primary Care Funding according to the agreed processes in the PHO Services Agreement | Plan for distribution of Rural Primary Care Funding is agreed | Q4 | ● | |
| | | Distribution of Rural Primary Care Funding is implemented | Q1 (15/16) | ● | |
| 15.3.3 Work alongside the Rural SLAT to support the single practice that maybe excluded from rural funding from 1 July 2014 based on the In/Out Criteria (30 mins/30 kms from a base 2 hospital and/or population of 15,000 or less). | | | ● | Rural SLAT has been established and are identifying those practices that will be excluded from receiving rural funding | |


● Completed
 ● Underway according to plan
 ● Underway but progress is not as planned
 ● Not started and behind plan


Progress on Delivering Southern DHB Annual Plan 2014/15 – Quarter One

| Primary and Integrated Care | | | | | |
|-----------------------------|--|---------------------------------|------------|---|--|
| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative |
| 15.4 Youth Health | 15.4.1 Establish a youth services Service Level Alliance Team (SLAT) | Youth services SLAT established | Q1 |  | Youth Health SLAT membership and terms of Reference to be approved Oct 14 and SLAT established by end of Q 2 |

 Completed

 Underway according to plan

 Underway but progress is not as planned

 Not started and behind plan

16 Health of Older People

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

| Health of Older People | | | | | |
|---|--|---|------------|----------|---|
| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative |
| 16.1 Rapid Response and Discharge Management Services | 16.1.1 Maintain Dunedin based Early Supported Discharge (ESD) service which was expanded from July13 to include inpatient services and Emergency Dept, and extension of service delivery hours into week day evenings and Saturdays. | Review ESD after 9 months (April 2014) | | ● | |
| | | Ongoing Formal 6 monthly reviews with all stakeholders | Q2 & Q4 | ● | |
| | 16.1.2 Implementation of fully operational Early Supported Discharge (ESD) Southland service | Business case approved | Q2 | ● | |
| | | Southland ESD operational | Q4 | ● | |
| 16.2 Home and Community Support Services | 16.2.1 HCSS provided through the HCSS Alliance provided with additional funding for cost pressures and demographic growth | Cost pressure and demographic adjustment of \$1.2M provided to HCSS Alliance Additional \$382k from 2013 Budget has been fully utilised in the HCSS Alliance | | ● | |
| | 16.2.2 Work with the DHB National HOP Steering Group in developing and implementing core quality measures for HCSS | HCSS core quality measures are developed and implemented | | ● | DHB is waiting for National Health of Older People Steering Group to progress |
| 16.3 Improved Care Pathways | 16.3.1 A district wide multi-agency (secondary/primary/ACC/NGO sector) Falls Strategy Group formed in March 2014. | | | ● | |
| | 16.3.2 Falls Strategy Group incorporate Fracture Liaison Service (FLS) development into district Falls strategy and work plan to ensure cross sector involvement and critical links to overall Falls strategy | Falls Strategy completed | Q1 | ● | |
| | | FLS business case develop and approved | Q3 | ● | |
| | | FLS implementation | Q4 | ● | |
| | 25 people assessed by FLS by 30 June 2015 | | ● | | |
| 16.4 Supporting Community Providers | 16.4.1 Support residential care facilities implementing comprehensive clinical assessments (InterRAI) through the provision of training facilities | 100% of residential care facilities are trained and utilise InterRAI | Q4 | ● | |
| | 16.4.2 CNS Wound Care staff provide on-going clinic services in rural hospitals, and an on-call advisory service to primary care and ARC sector | | | ● | |
| | 16.4.3 Nurse Practitioner continue to provide education sessions to ARC (historically on average 2 sessions a month) | Maintain 2 sessions per month | | ● | |
| | | Number of sessions and attendance | | ● | |
| 16.4.4 Undertake survey to identify education and training needs in primary care. Engage with DHB education centre to review programme (currently an emphasis on chronic disease management, and health assessment) | Education programme reviewed and updated | Q3 | ● | | |
| 16.5 Work with the South Island Health of Older People Service Level Alliance | 16.5.1 Develop a cognitive impairment pathway (incorporating dementia) for primary care consistent across South Island DHBs | Cognitive impairment pathway implemented | Q3 | ● | |

● Completed ● Underway according to plan ● Underway but progress is not as planned ● Not started and behind plan

17 Mental Health and Addiction Service Development Plan

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

| Mental Health and Addiction Service Development Plan | | | | | |
|--|--|---|------------|----------|--|
| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative |
| 17.1 Rising to the Challenge | 17.1.1 Increase uptake of Health of the Nation Outcome Scale (HoNOS) | | | ● | |
| | 17.1.2 Complete Raise HOPE Implementation Plan including phased timeframes for service redesign and reallocation | Raise HOPE Implementation Plan completed | Q1 | ● | Issue is IT capability and feedback |
| | 17.1.3 Develop clinical pathways to improve access from general practice to community mental health services | Pathways to community mental health providers developed | Q3 | ● | |
| | | Youth AOD Pathway implemented | Q2 | ● | |
| | 17.1.4 Develop and implement actions from the review perinatal and infant mental health services | Implementation plan endorsed | Q1 | ● | |
| | 17.1.5 Youth provider network to lead the development of an integrated referral processes | Integrated referral process implemented | Q4 | ● | |
| 17.1.6 Mental health and addiction needs assessment and service coordination (NASC) providers continue development of agreed referral pathways | MHA NASC providers implement agreed consistent referral pathways | Q2 | ● | | |
| 17.2 Suicide Prevention | 17.2.1 Deliver a suicide prevention training programme designed for health workers and community stakeholders using QPR and Assist training packages | Two primary care focussed training programmes delivered | Q4 | ● | |
| | 17.2.2 Continue work to support and build community postvention capacity | Two additional communities supported to develop postvention plans | Q4 | ● | Underway according to plan. Waitaki has confirmed a postvention group and planning is underway in Gore |
| | 17.2.3 Southern DHB suicide response plan developed for the management of suicide clusters/contagion | Southern DHB suicide response plan developed | Q4 | ● | Underway according to Plan |
| 17.3 Supporting Government Work Programmes | 17.3.1 Support the Social Sector Trials in South Dunedin and Gore | | | ● | |
| | 17.3.2 Develop and implement plan for improved integration of COPMIA services | Implement COPMIA plan | Q4 | ● | |
| 17.4 Work with the South Island Mental Health Network | 17.4.1 Develop a programme to support the reduction in use of seclusion and restraint | Identify current practices | Q1 | ● | |
| | | % use of restraint or seclusion for Maori | | ● | |
| | 17.4.2 Embed Youth Forensic Service hub based in Dunedin | | | ● | |
| | 17.4.3 Contribute to the South Island collaborative development of the pathway for Children of Parents with Mental Illness and Addiction | Pathway is localised and implemented | Q4 | ● | |

● Completed
 ● Underway according to plan
 ● Underway but progress is not as planned
 ● Not started and behind plan

18 Maternal and Child Health

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

| Maternal and Child Health | | | | | |
|--|--|---|------------|----------------------|---|
| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative |
| 18.1 Pregnancy and Newborn Children | 18.1.1 PHO to engage with LMC providers to develop opportunities to undertake data matching with practice records to identify pregnant women not registered with a LMC | 80% of women register with an LMC by week 12 of their pregnancy | | ● | |
| | 18.1.2 SPHO & NIR team develop regular reporting to identify babies not registered with a GP | Unregistered babies are identified and contact made with parents | | ● | The PHO and DHB's NIR Team are collaborating to identify a solution to the information gap on this requirement. |
| | | 98% of newborns are enrolled with general practice by 3 months | | ● | The PHO and DHB's NIR Team are collaborating to identify a solution to the information gap on this requirement. |
| | 18.1.3 Monitor practice registers to identify newborn babies with a "B" enrolment status for formal registration | PHO identifies B enrolment status and follows up with practices | | ● | |
| | 18.1.4 Continue implementation of the Maternity Quality Safety Programme (MQSP) | Programme is embedded across the district | Q4 | ● | |
| | | NZ maternity standards are implemented | Q4 | ● | |
| Complete roll-out of South Island safe sleep policy | | Q1 | ● | | |
| 18.1.5 Once published, implement the national guidelines for the screening, diagnosis and management of gestational diabetes | Implement gestational diabetes guidelines once released | | ● | Awaiting publication | |
| 18.2 Well Child Tamariki Ora | 18.2.1 Increase breastfeeding rates in Invercargill through promotions to increase client awareness of free lactation consultant services including NGO Well Child providers | WCTO indicator 1: 54% of eligible children in Invercargill exclusively or fully breastfed at 3 months of age Q2; 60% by June 2016 | | ● | |
| | 18.2.2 Maintain coverage of B4 School Checks | WCTO indicator 2: 90% of eligible children receive B4 School Check, including at least 90% living in high deprivation areas | | ● | |
| 18.3 Oral Health | 18.3.1 Maintain existing evening clinics in Dunedin and establish an evening or weekend clinic in Invercargill | After hours clinic established | Q2 | ● | Service is maintaining existing evening clinics in Dunedin. However, Dental therapy vacancies have hampered the start in Southland. |
| | 18.3.2 Complete an evaluation of need for transporting of high needs families. Develop district wide policy on transporting of high needs families | Policy is developed | Q3 | ● | |
| | 18.3.3 Undertake district wide review of Did Not Attend (DNA) rates, and identify individual clinics with high DNA rates | DNA rates <15% | | ● | |
| | 18.3.4 Oral health promotion team will work closely with Well Child Providers, Plunket, Maori providers and Pacific providers to promote enrolment with child oral health services | WCTO indicator 3: 86% of preschool children are enrolled with the Community Oral Health Service (COHS) Q4; 95% of eligible children are enrolled with COHS by June 2016 | | ● | Progress slower due to vacancy. |

● Completed ● Underway according to plan ● Underway but progress is not as planned ● Not started and behind plan

19 Improving Quality

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

| Improving Quality | | | | | |
|---|---|--|------------|----------|---|
| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative |
| 19.1 Falls Prevention | 19.1.1 Review falls prevention policies, procedures and guidelines | Falls prevention review | Q2 | ● | |
| | 19.1.2 Implement revised falls assessment and planning tool → Ask, Assess, Act | 90% of older patients are given a falls risk assessment | | ● | Assessment and Planning tool revised and implemented. However all wards not yet using the update documentation. |
| | | 90% of at risk patients with individualised care plan | | ● | As above |
| 19.2 Surgical Safety Checklist | 19.2.1 Continue utilisation of the three part surgical safety checklist in the main operating theatres in Dunedin and Invercargill. Commence implementation of surgical safety checklist to Day Surgery Units | Maintain 90% utilisation of the three part surgical safety checklist used in the main operating theatres | | ● | |
| | | Attain 90% utilisation of the three part surgical safety checklist used in day surgery | | ● | |
| 19.3 Hand Hygiene | 19.3.1 Introduce monthly hand hygiene report into wards | | | ● | Introduction to the wards via the patient safety boards, However all wards not yet completing. Hand Hygiene rate has improved 16% in last 12 months now at 75%. |
| | 19.3.2 Work with undergraduate training schools to standardise hand hygiene information and training | 80% compliance with good hand hygiene practice | | ● | |
| 19.4 Surgical Site Infection Programme (SSIP) | 19.4.1 Establish monthly local data reporting for Surgical Site Infection (SSI) | | | ● | This has not yet been made available from the National programme. |
| | 19.4.2 Establish steering group to continue Surgical Site Infection (SSI) National Surveillance Programme implementation. | 95% of hip and knee replacement patients receive cephalosporin ≥ 2g as surgical prophylaxis | | ● | |
| | | 100% of hip and knee replacement patients have appropriate skin preparation | | ● | |
| 19.5 Central Line Insertion Bundle (CLAB) | 19.5.1 Dunedin Hospital and Southland Hospital main operating theatres & ICU implement insertion bundle and establish national reporting | 100% of patients receive antimicrobial prophylaxis 0-60 minutes before surgery | | ● | |
| | | 90% compliance in Central Line Insertion Bundle to reduce Central Line Associated Bacteraemia (CLAB) | | ● | |
| 19.6 E-medicine / E-prescribing | 19.6.1 Electronic Prescribing and Administration (ePA) system is implemented in DHB hospital wards | ePA implemented at Dunedin Hospital | Q1 | ● | |
| | | ePA implemented at Southland Hospital | Q2 | ● | |
| | | ePA implemented at Wakari Hospital | Q3 | ● | |
| 19.7 Patient Experience Indicators | 19.7.1 Implement the HQSC national inpatient survey which contains the four “domains” of patient experience (communication, partnership, co-ordination and physical and emotional support) | | | ● | |
| 19.8 Quality Accounts | 19.8.1 Quality Accounts are refined and further developed in line with HQSC expectations | Participation in national workshop | | ● | |
| | | Quality Account is published with Annual Report | | ● | |

● Completed ● Underway according to plan ● Underway but progress is not as planned ● Not started and behind plan

20 Information Systems

PROGRESS ON DELIVERING ON PRIORITIES AND TARGETS: ANNUAL PLAN ACTIONS

| Information Systems | | | | | |
|---|--|---|------------|----------|--------------------|
| Section | Actions/Activity | Measures | Time-frame | Progress | Progress Narrative |
| 20.1 eMedicines Reconciliation (eMR) with eDischarge Summary | 20.1.1 DHB is committed to implementing electronic medicines reconciliation (eMR). | | | ● | |
| | 20.1.2 Install the Health Connect South Clinical Workstation (Concerto) which is a pre-requisite for eMR. | Health Connect South Clinical Workstation installed | Q3 | ● | |
| | 20.1.3 Install and implement eMR (will be positioned as a project once HCS has been implemented) | Commence eMR project | Q4 | ● | |
| 20.2 Regional Clinical Workstation (CWS) and Clinical Data Repository (CDR) | 20.2.1 The DHB commits to implementing the regional Clinical Workstation (CWS) (Concerto) and Clinical Data Repository (CDR). | | | ● | |
| | 20.2.2 Install the Health Connect South Clinical Workstation (Concerto), the Southern Regions Clinical Workstation solution. | Health Connect South Clinical Workstation installed | Q3 | ● | |
| | 20.2.3 Regional Clinical Data Repository completed (as part of the Health Connect South Clinical Workstation project). | Clinical Data Repository completed | Q3 | ● | |
| 20.3 Self-Care Portal | 20.3.1 The DHB will develop an implementation plan with relevant PHOs to enable individuals to have access to their own health information and allow hospital based services, in particular, ED, to have access to a summary view of primary care information. | | | ● | |
| 20.4 National Patient Flow | 20.4.1 The DHB commits to collecting First Specialist Assessment (FSA) referral information, including outcomes of referrals, from July 2014 (Phase 1); and to collecting Phase 2 information from July 2015. | | | ● | |

● Completed
 ● Underway according to plan
 ● Underway but progress is not as planned
 ● Not started and behind plan

SOUTHERN DISTRICT HEALTH BOARD

| | | |
|---|--|---|
| Title: | FINANCIAL REPORT | |
| Report to: | Disability Support and Community & Public Health Advisory Committees | |
| Date of Meeting: | 5 November 2014 | |
| <p>Summary:</p> <p>The issues considered in this paper are:</p> <ul style="list-style-type: none"> ▪ September 2014 Funds result | | |
| Specific implications for consideration (financial/workforce/risk/legal etc): | | |
| Financial: | As set out in report. | |
| Workforce: | No specific implications | |
| Other: | n/a | |
| Document previously submitted to: | Not applicable, report submitted directly to DSAC/CPHAC | Date: n/a |
| <p>Prepared by:</p> <p>David Dickson Finance Manager</p> <p>Date: 22/10/2014</p> | | <p>Presented by:</p> <p>Sandra Boardman Executive Director Planning & Funding</p> |
| <p>RECOMMENDATION:</p> <p>1. That the report be received.</p> | | |

DSAC / CPHAC FINANCIAL REPORT

Financial Report as at: **30 September 2014**
 Report Prepared by: **David Dickson**
 Date: **20 October 2014**

Recommendations:

- That the Committees note the Financial Report.

1. DHB Funds Result

The overall Funder result follows;

| Month | | | Year to Date | | | |
|----------|----------|----------|-------------------------|-----------|-----------|----------|
| Actual | Budget | Variance | | Actual | Budget | Variance |
| \$' 000 | \$' 000 | \$' 000 | | \$' 000 | \$' 000 | \$' 000 |
| 69,407 | 69,334 | 73 | Revenue | 208,416 | 208,272 | 144 |
| (70,201) | (69,378) | (823) | Less Other Costs | (209,523) | (208,063) | (1,460) |
| (794) | (44) | (750) | Net Surplus / (Deficit) | (1,107) | 209 | (1,316) |
| | | | Expenses | | | |
| (49,943) | (49,734) | (209) | Personal Health | (148,885) | (148,420) | (465) |
| (7,220) | (7,090) | (130) | Mental Health | (21,374) | (21,269) | (105) |
| (555) | (624) | 69 | Public Health | (2,125) | (2,140) | 15 |
| (11,581) | (11,052) | (529) | Disability Support | (34,478) | (33,601) | (877) |
| (177) | (153) | (24) | Maori Health | (486) | (458) | (28) |
| (725) | (725) | 0 | Other | (2,175) | (2,175) | 0 |
| (70,201) | (69,378) | (823) | Expenses | (209,523) | (208,063) | (1,460) |

Summary Comment:

The full year budget is not approved and is not included in these reports.

For September the Funder had a deficit of \$0.8m against a budget close to breakeven. Revenue was favourable by \$0.1m and has cost offset. Costs overall were unfavourable by \$0.8m in September and \$1.5m YTD.

For the three months to September there are appropriately \$0.8m of prior year costs impacting in the current year, with DSS \$0.4m, labs \$0.1m and pharmaceuticals \$0.2m. These relate to accrual assumptions made at the end of the 13/14 financial year and when the actual payments have been made it has shown costs in excess of the assumptions made at year-end. A number of incorrect budgeting assumptions have contributed significantly to the unfavourable Funder position.

3. DHB Funds Result split by NGO and Provider

DSAC/CPHAC Meeting - Financial Performance Report

| Personal Health | Current Month | | | | Year to Date | | | |
|---------------------------------------|-------------------|-------------------|---------------------|---------------|-------------------|-------------------|---------------------|---------------|
| | Actual \$(000) | Budget \$(000) | Variance \$(000) | Variance % | Actual \$(000) | Budget \$(000) | Variance \$(000) | Variance % |
| Personal Health - Provider Arm | | | | | | | | |
| Child and Youth | (348) | (348) | | | (1,045) | (1,045) | | |
| Laboratory | - | - | | | (1) | (1) | | |
| Infertility Treatment Services | (92) | (92) | | | (275) | (275) | | |
| Maternity | (42) | (42) | | | (125) | (125) | | |
| Maternity (Tertiary & Secondary) | (1,380) | (1,380) | | | (4,140) | (4,140) | | |
| Pregnancy and Parenting Education | (3) | (3) | | | (8) | (8) | | |
| Neo Natal | (660) | (660) | | | (1,981) | (1,981) | | |
| Sexual Health | (87) | (87) | | | (261) | (261) | | |
| Adolescent Dental Benefit | (26) | (26) | | | (79) | (79) | | |
| Dental - Low Income Adult | (22) | (22) | | | (67) | (67) | | |
| Child (School) Dental Services | (595) | (595) | | | (1,785) | (1,785) | | |
| Secondary / Tertiary Dental | (116) | (116) | | | (349) | (349) | | |
| Pharmaceuticals | (157) | (292) | 135 F | (46%) | (709) | (875) | 166 F | (19%) |
| Pharmaceutical Cancer Treatment Drugs | (375) | (386) | 11 F | (3%) | (1,207) | (1,157) | (50) U | 4% |
| Pharmacy Services | (9) | (9) | | | (26) | (26) | | |
| Rural Support for Primary Health Pro | (71) | (71) | | | (212) | (212) | | |
| Immunisation | (70) | (70) | | | (209) | (209) | | |
| Radiology | (268) | (268) | | | (805) | (805) | | |
| Palliative Care | (7) | (7) | | | (21) | (21) | | |
| Meals on Wheels | (33) | (33) | | | (100) | (100) | | |
| Domiciliary & District Nursing | (994) | (994) | | | (2,983) | (2,983) | | |
| Community based Allied Health | (416) | (416) | | | (1,248) | (1,248) | | |
| Chronic Disease Management and Educa | (160) | (160) | | | (481) | (481) | | |
| Medical Inpatients | (5,653) | (5,653) | | | (16,959) | (16,959) | | |
| Medical Outpatients | (3,272) | (3,272) | | | (9,816) | (9,816) | | |
| Surgical Inpatients | (10,628) | (10,628) | | | (31,884) | (31,884) | | |
| Surgical Outpatients | (1,548) | (1,548) | | | (4,643) | (4,643) | | |
| Paediatric Inpatients | (644) | (644) | | | (1,933) | (1,933) | | |
| Paediatric Outpatients | (269) | (269) | | | (807) | (807) | | |
| Pacific Peoples' Health | (10) | (10) | | | (30) | (30) | | |
| Emergency Services | (1,478) | (1,478) | | | (4,435) | (4,435) | | |
| Minor Personal Health Expenditure | (26) | (26) | | | (77) | (77) | | |
| Price adjusters and Premium | (422) | (422) | | | (1,265) | (1,265) | | |
| Travel & Accomodation | (4) | (4) | | | (13) | (13) | | |
| | (29,885) | (30,031) | 146 F | 0% | (89,979) | (90,095) | 116 F | 0% |
| Personal Health NGO | | | | | | | | |
| Personal Health to allocate | - | (83) | 83 F | | - | (250) | 250 F | |
| Child and Youth | (98) | (34) | (64) U | (188%) | (85) | (102) | 17 F | 17% |
| Laboratory | (1,599) | (1,465) | (134) U | (9%) | (4,681) | (4,394) | (287) U | (7%) |
| Infertility Treatment Services | - | (9) | 9 F | | - | (27) | 27 F | |
| Maternity | (220) | (220) | | | (673) | (661) | (12) U | (2%) |
| Maternity (Tertiary & Secondary) | (7) | (14) | 6 F | 47% | (8) | (41) | 32 F | 79% |
| Pregnancy and Parenting Education | (6) | (10) | 4 F | 36% | (21) | (29) | 8 F | 27% |
| Maternity Payment Schedule | - | - | | | - | - | | |
| Neo Natal | - | - | | | - | - | | |
| Sexual Health | (2) | (1) | | (1%) | (5) | (4) | | (1%) |
| Adolescent Dental Benefit | (220) | (174) | (46) U | (27%) | (513) | (530) | 17 F | 3% |
| Other Dental Services | - | - | | | - | - | | |
| Dental - Low Income Adult | (55) | (55) | | | (162) | (166) | 4 F | 3% |
| Child (School) Dental Services | (12) | (35) | 23 F | 65% | (67) | (107) | 40 F | 37% |
| Secondary / Tertiary Dental | (126) | (126) | | | (378) | (378) | | |
| Pharmaceuticals | (6,521) | (6,406) | (115) U | (2%) | (18,550) | (18,219) | (331) U | (2%) |
| Pharmaceutical Cancer Treatment Drugs | - | - | | | - | - | | |
| Pharmacy Services | (28) | (61) | 33 F | 54% | (67) | (182) | 115 F | 63% |
| Management Referred Services | - | - | | | - | - | | |
| General Medical Subsidy | (89) | (90) | 1 F | 1% | (238) | (255) | 16 F | 6% |
| Primary Practice Services - Capitated | (3,506) | (3,511) | 5 F | | (10,605) | (10,533) | (72) U | (1%) |
| Primary Health Care Strategy - Care | (303) | (318) | 15 F | 5% | (944) | (954) | 10 F | 1% |
| Primary Health Care Strategy - Health | (359) | (337) | (23) U | (7%) | (1,014) | (1,010) | (3) U | |
| Primary Health Care Strategy - Other | (243) | (255) | 12 F | 5% | (751) | (764) | 13 F | 2% |
| Practice Nurse Subsidy | (6) | (16) | 10 F | 62% | (39) | (49) | 10 F | 21% |
| Rural Support for Primary Health Pro | (1,289) | (1,313) | 24 F | 2% | (3,906) | (3,939) | 33 F | 1% |
| Immunisation | (56) | (102) | 45 F | 45% | (272) | (348) | 76 F | 22% |
| Radiology | (204) | (196) | (8) U | (4%) | (591) | (588) | (3) U | |
| Palliative Care | (617) | (488) | (128) U | (26%) | (1,646) | (1,465) | (181) U | (12%) |
| Meals on Wheels | (20) | (20) | | | (60) | (60) | | |
| Domiciliary & District Nursing | (381) | (435) | 54 F | 12% | (1,345) | (1,312) | (34) U | (3%) |
| Community based Allied Health | (168) | (168) | (1) U | | (505) | (503) | (2) U | |
| Chronic Disease Management and Educa | (89) | (95) | 6 F | 7% | (265) | (285) | 20 F | 7% |
| Medical Inpatients | - | - | | | - | - | | |
| Medical Outpatients | (410) | (397) | (13) U | (3%) | (1,236) | (1,192) | (44) U | (4%) |
| Surgical Inpatients | (11) | (19) | 8 F | 40% | (53) | (56) | 3 F | 5% |
| Surgical Outpatients | (139) | (146) | 7 F | 5% | (417) | (439) | 22 F | 5% |
| Paediatric Inpatients | - | - | | | - | - | | |
| Paediatric Outpatients | - | - | | | - | - | | |
| Pacific Peoples' Health | (11) | (12) | | 4% | (23) | (35) | 13 F | 36% |
| Emergency Services | (159) | (156) | (4) U | (2%) | (503) | (467) | (37) U | (8%) |
| Minor Personal Health Expenditure | (75) | (74) | (1) U | (1%) | (220) | (222) | 1 F | 1% |
| Price adjusters and Premium | (195) | (83) | (111) U | (133%) | (423) | (250) | (172) U | (69%) |
| Travel & Accomodation | (432) | (380) | (52) U | (14%) | (1,429) | (1,312) | (117) U | (9%) |
| Inter District Flow Personal Health | (2,399) | (2,399) | | | (7,212) | (7,197) | (15) U | |
| | (20,055) | (19,703) | (352) U | (2%) | (58,907) | (58,325) | (582) U | (1%) |
| Total Personal Health | (49,940) | (49,734) | (206) U | (0%) | (148,886) | (148,420) | (466) U | (0%) |

Costs for personal health were ahead of budget for September by \$0.2m, with additional lab costs for send away and other unbudgeted tests \$0.1m. Child and youth costs have been transferred in the month with the YTD now close to budget. Palliative care is ahead of budget for the month by \$0.1m, with the YTD now \$0.2m unfavourable.

Pharmaceuticals are expected to come back into line with the PHARMAC budget by the year end. The Clinical Laboratory Advisory Group has been asked to review send-away tests and ensure best clinical practice. Further detailed analysis is being undertaken to determine why palliative care and travel and accommodation costs are higher than anticipated.

Mental Health

| Mental Health | Current Month | | | | Year to Date | | | |
|---|----------------|----------------|----------------|------------|-----------------|-----------------|----------------|-------------|
| | Actual | Budget | Variance | Variance | Actual | Budget | Variance | Variance |
| | \$(000) | \$(000) | \$(000) | % | \$(000) | \$(000) | \$(000) | % |
| Mental Health - Provider Arm | | | | | | | | |
| Mental Health to allocate | 9 | 9 | | | 28 | 28 | | |
| Acute Mental Health Inpatients | (1,143) | (1,143) | | | (3,430) | (3,430) | | |
| Sub-Acute & Long Term Mental Health | (304) | (304) | | | (912) | (912) | | |
| Crisis Respite | (2) | (2) | | | (6) | (6) | | |
| Alcohol & Other Drugs - General | (272) | (272) | | | (817) | (817) | | |
| Methadone | (94) | (94) | | | (283) | (283) | | |
| Dual Diagnosis - Alcohol & Other Drugs | (8) | (8) | | | (25) | (25) | | |
| Dual Diagnosis - MH/ID | (5) | (5) | | | (15) | (15) | | |
| Child & Youth Mental Health Services | (579) | (579) | | | (1,736) | (1,736) | | |
| Forensic Services | (509) | (509) | | | (1,528) | (1,528) | | |
| Kaupapa Maori Mental Health Services | (146) | (146) | | | (438) | (438) | | |
| Mental Health Community Services | (1,752) | (1,752) | | | (5,255) | (5,255) | | |
| Prison/Court Liaison | (45) | (45) | | | (134) | (134) | | |
| Day Activity & Work Rehabilitation S | (63) | (63) | | | (190) | (190) | | |
| Mental Health Funded Services for Older P | (36) | (36) | | | (107) | (107) | | |
| Advocacy / Peer Support - Consumer | (35) | (35) | | | (104) | (104) | | |
| Other Home Based Residential Support | (58) | (58) | | | (174) | (174) | | |
| | (5,042) | (5,042) | | | (15,126) | (15,126) | | |
| Mental Health - NGO | | | | | | | | |
| Mental Health to allocate | - | (38) | 38 F | | - | (114) | 114 F | |
| Crisis Respite | (5) | (5) | | (3%) | (14) | (14) | | (1%) |
| Alcohol & Other Drugs - General | 5 | (55) | 59 F | 108% | (134) | (164) | 30 F | 18% |
| Alcohol & Other Drugs - Child & Youth | (100) | (102) | 2 F | 2% | (325) | (306) | (19) U | (6%) |
| Dual Diagnosis - Alcohol & Other Drugs | (102) | (36) | (66) U | (182%) | (139) | (109) | (30) U | (28%) |
| Eating Disorder | (11) | (16) | 5 F | 33% | (39) | (48) | 9 F | 20% |
| Maternal Mental Health | (4) | (4) | | | (11) | (11) | | |
| Child & Youth Mental Health Services | (271) | (241) | (30) U | (12%) | (831) | (724) | (107) U | (15%) |
| Forensic Services | - | (4) | 4 F | | - | (11) | 11 F | |
| Kaupapa Maori Mental Health Services | (6) | (6) | | | (18) | (18) | | |
| Mental Health Community Services | (150) | (127) | (24) U | (19%) | (401) | (380) | (21) U | (6%) |
| Day Activity & Work Rehabilitation S | (136) | (136) | | | (409) | (409) | | |
| Advocacy / Peer Support - Consumer | (23) | (23) | 1 F | 3% | (69) | (70) | 1 F | 1% |
| Other Home Based Residential Support | (369) | (315) | (54) U | (17%) | (1,060) | (945) | (114) U | (12%) |
| Advocacy / Peer Support - Families | (52) | (52) | | | (157) | (157) | | |
| Community Residential Beds & Service | (509) | (457) | (53) U | (12%) | (1,343) | (1,370) | 26 F | 2% |
| Minor Mental Health Expenditure | (41) | (32) | (9) U | (29%) | (91) | (96) | 5 F | 5% |
| Inter District Flow Mental Health | (403) | (399) | (3) U | (1%) | (1,208) | (1,198) | (10) U | (1%) |
| | (2,177) | (2,048) | (130) U | 71% | (6,249) | (6,144) | (105) U | 177% |
| Total Mental Health | (7,219) | (7,090) | (130) U | 71% | (21,375) | (21,270) | (105) U | 177% |

Mental Health Expenditure:

- Provider arm, with no wash-up occurring this financial year, mental health within the provider arm match budget.

- Mental health NGO budget should be favourable due to the “mental health to allocate” line. However there appears to be a budgeting error in the “child and youth mental health services” line, which is being investigated.
- NGO providers are unfavourable in September by \$0.1m and YTD by \$0.1m. This is driven by home based residential and community residential beds and services ahead of budget; and the impact of the price adjuster for the sleepover settlement, which is supported by additional revenue that has yet to be allocated to this cost centre. Detailed analysis is being undertaken to identify the reasons for the unanticipated increase in expenditure since the implementation of the new HBSS contract in 2013.

Public Health

| Public Health | Current Month | | | | Year to Date | | | |
|-------------------------------------|-------------------|-------------------|---------------------|---------------|-------------------|-------------------|---------------------|---------------|
| | Actual \$(000) | Budget \$(000) | Variance \$(000) | Variance % | Actual \$(000) | Budget \$(000) | Variance \$(000) | Variance % |
| Public Health - Provider Arm | | | | | | | | |
| Alcohol & Drug | (36) | (36) | | | (108) | (108) | | |
| Communicable Diseases | (97) | (97) | | | (291) | (291) | | |
| Injury Prevention | - | - | | | - | - | | |
| Mental Health | (22) | (22) | | | (67) | (67) | | |
| Screening Programmes | (104) | (112) | 7 F | (6%) | (580) | (604) | 24 F | (4%) |
| Nutrition and Physical Activity | (23) | (23) | | | (68) | (68) | | |
| Physical Environment | (36) | (36) | | | (108) | (108) | | |
| Public Health Infrastructure | (128) | (128) | | | (383) | (383) | | |
| Sexual Health | (12) | (12) | | | (36) | (36) | | |
| Social Environments | (38) | (38) | | | (114) | (114) | | |
| Tobacco Control | (81) | (81) | | | (244) | (244) | | |
| | (577) | (585) | 7 F | 1% | (1,999) | (2,023) | 24 F | 1% |
| Public Health - NGO | | | | | | | | |
| Nutrition and Physical Activity | (23) | (27) | 3 F | 12% | (77) | (80) | 3 F | 4% |
| Tobacco Control | (18) | (12) | (5) U | (41%) | (50) | (37) | (13) U | (33%) |
| Well Child Promotion | 63 | - | 63 F | | - | - | | |
| | 22 | (39) | 61 F | (29%) | (127) | (117) | (10) U | (29%) |
| Total Public Health | (555) | (624) | 68 F | 11% | (2,126) | (2,140) | 14 F | 1% |

Public health expenditure:

- Provider arm, the small screening favourable variance is offset with less revenue in the month and YTD than budgeted.
- NGO, close to budget for the YTD, with well child promotion costs transferred in September to Personal Health, under child and youth where these costs were budgeted.

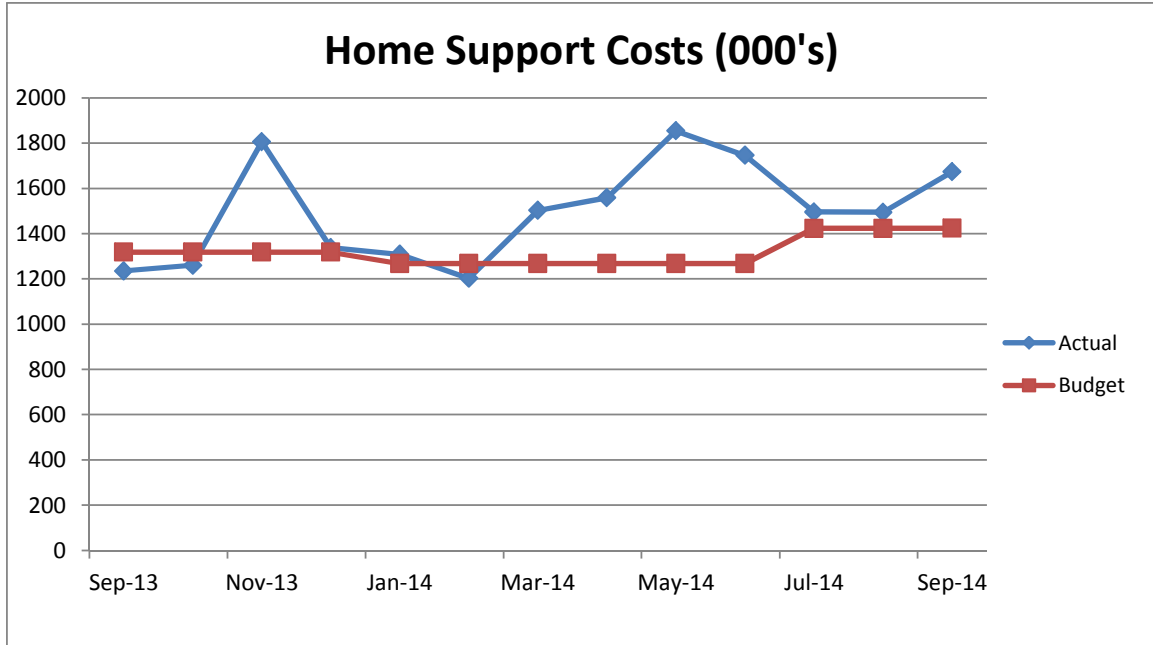
Disability Support Services

| DSS | Current Month | | | | Year to Date | | | |
|---|-------------------|-------------------|---------------------|---------------|-------------------|-------------------|---------------------|---------------|
| | Actual \$(000) | Budget \$(000) | Variance \$(000) | Variance % | Actual \$(000) | Budget \$(000) | Variance \$(000) | Variance % |
| Disability Support Services - Provider Arm | | | | | | | | |
| AT & R (Assessment, Treatment and Re | (1,688) | (1,688) | | | (5,065) | (5,065) | | |
| Needs Assessment | (138) | (138) | | | (414) | (414) | | |
| Service Co-ordination | (19) | (19) | | | (58) | (58) | | |
| Long Term Chronic Conditions | (8) | (8) | | | (24) | (24) | | |
| Ageing in Place | (2) | (2) | | | (7) | (7) | | |
| Environmental Support Services | (2) | (2) | | | (7) | (7) | | |
| Minor Disability Support Expenditure | (8) | (8) | | | (25) | (25) | | |
| Community Health Services & Support | (21) | (21) | | | (63) | (63) | | |
| | (1,886) | (1,886) | | | (5,663) | (5,663) | | |
| Disability Support Services - NGO | | | | | | | | |
| AT & R (Assessment, Treatment and Re | (297) | (297) | | | (892) | (892) | | |
| Information and Advisory | (12) | (12) | | | (36) | (36) | | |
| Needs Assessment | (77) | (22) | (55) U | (256%) | (168) | (65) | (103) U | (159%) |
| Service Co-ordination | (5) | - | (5) U | | (6) | - | (6) U | |
| Home Support | (1,673) | (1,423) | (250) U | (18%) | (4,661) | (4,268) | (393) U | (9%) |
| Carer Support | (158) | (144) | (14) U | (10%) | (404) | (433) | 28 F | 7% |
| Residential Care: Rest Homes | (3,389) | (2,900) | (489) U | (17%) | (9,610) | (8,890) | (720) U | (8%) |
| Residential Care: Loans Adjustment | 11 | 23 | (12) U | 51% | 43 | 68 | (25) U | 37% |
| Long Term Chronic Conditions | 4 | - | 4 F | | - | - | | |
| Residential Care: Hospitals | (3,386) | (3,817) | 432 F | 11% | (11,343) | (11,699) | 356 F | 3% |
| Ageing in Place | - | - | | | - | - | | |
| Environmental Support Services | (289) | (108) | (181) U | (168%) | (294) | (323) | 29 F | 9% |
| Day Programmes | (9) | (46) | 37 F | 80% | (92) | (139) | 47 F | 34% |
| Expenditure to Attend Treatment ETAT | - | - | | | - | - | | |
| Minor Disability Support Expenditure | - | (9) | 9 F | | - | (27) | 27 F | |
| Respite Care | (108) | (95) | (13) U | (14%) | (417) | (286) | (131) U | (46%) |
| Community Health Services & Support | (50) | (60) | 9 F | 16% | (163) | (179) | 15 F | 9% |
| Inter District Flow Disability Support | (256) | (256) | | | (769) | (769) | | |
| Disability Support Other | - | - | | | - | - | | |
| | (9,694) | (9,166) | (528) U | (225%) | (28,812) | (27,938) | (876) | 0 |
| Total Disability Support Services | (11,580) | (11,052) | (528) U | (225%) | (34,475) | (33,601) | (876) U | (23%) |

DSS expenditure is on budget for the Provider arm, with transfers as per budget.

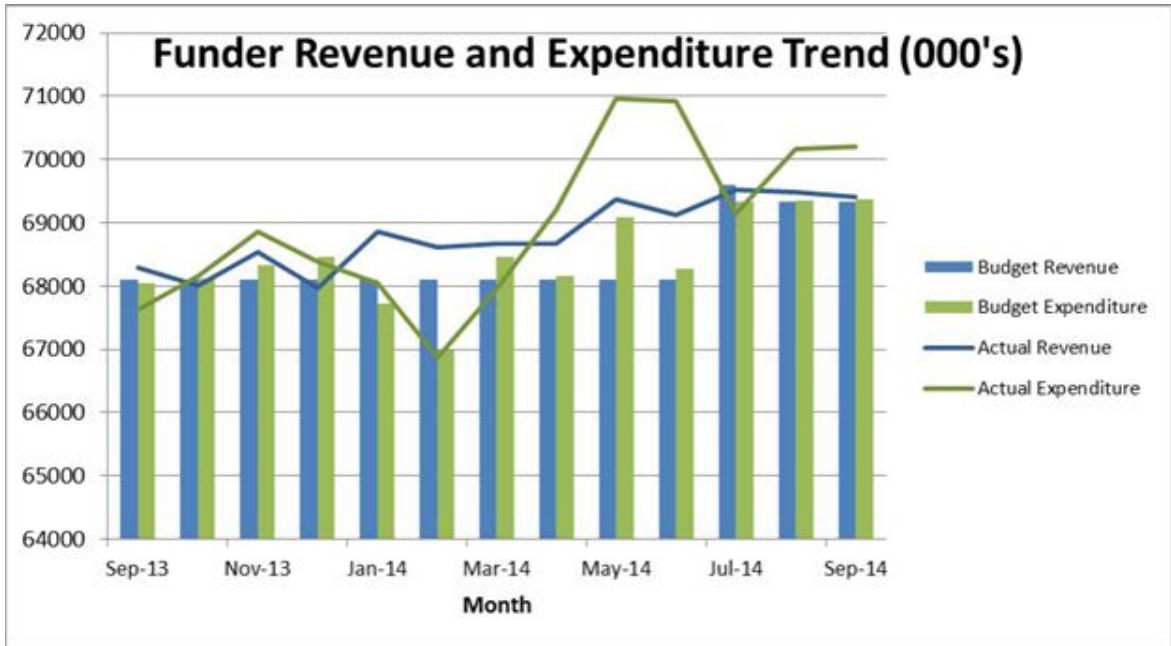
NGO costs are unfavourable, with home support, needs assessment and environmental support services (which is a transfer to Personal Health in the month and on budget YTD) all unfavourable. Rest home and hospital variances offset in the month with a \$0.4m combined unfavourable variance YTD, which relates to prior year costs. Respite care is also ahead of budget for the month and YTD (\$0.1m)

The following graph shows home support costs compared to budget for the 12 months to September. There are two parts to the contract with the HCSS Alliance, a capped contract for the long term care and a fee for service contract for short term and other packages of care. The cost of the latter was not included in budget assumptions for 2014/15. Expenditure over budget is therefore expected to continue.



4. Revenue and Expenditure Trend

The following table shows actual and budget for revenue and expenditure for the 12 months to September 2014. Revenue is close to budget, with expenditure tracking at similar levels to August and ahead of budget.



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

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