Southern District Health Board

DISABILITY SUPPORT ADVISORY COMMITTEE

and

COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE

A G E N D A

Tuesday, 24 August 2010
10.30 am

Board Room, 1st Floor, Dunedin Hospital
201 Great King Street

Copies of this agenda are available online at www.southerndhb.govt.nz

DISABILITY SUPPORT ADVISORY COMMITTEE AND COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE

Tuesday, 24 August 2010, 10.30 am

Board Room, 1st Floor, Dunedin Hospital

A G E N D A

TIME		INDEX
10.30 am	**Welcome**	
	Apologies	
	Presentation from Stroke Foundation	
	Interests Registers	1
	Previous Minutes	2
	Review of Action Sheets	3
	Work Plan ▪ PHO Update ▪ Primary Maternity Update ▪ Health Profile Update ▪ HOP – DSS Utilisation	4
	Report from Public Health South	5
	Obesity Management Report Recommendations	6
	Monthly / Quarterly Reports: ▪ Financial Reports ▪ PHO Performance Reports	7
	General Business	
	Next Meeting	

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. Confidential Minutes 2. Rural Trust Contracts 3. Risk Report	▪ To allow negotiations and activities to be carried on without prejudice or disadvantage ▪ Commercial Sensitivity	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) and 9(2)(j) 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.

SOUTHERN DISTRICT HEALTH BOARD

INTERESTS REGISTER

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
Leonard <u>Errol</u> MILLAR (Chairman)	12.12.2007 12.12.2007 12.12.2007 07.08.2008	1. Aquestra Ltd (Managing Director). 2. Philips Search & Rescue Trust (Chairman and Trustee). 3. Southern Community Laboratories Otago Southland Ltd (Director). 4. Millar Paterson Properties Ltd, trading as Hawkdun Lodge, Ranfurly (Director).	1. Management Consultants, Wellington. 3. Central North Island Charitable Trust providing helicopter and fixed wing air ambulance/rescue services out of bases at Hamilton, Tauranga, Rotorua, Taupo and Palmerston North. 4. Appointed as Southern DHB nominated Director. 5. Provider of modern accommodation/conference/ training facilities used occasionally by health sector entities, including Southern DHB.
Paul MENZIES (Deputy Chairman)	10.02.2010 10.02.2010	1. Wife a member on the Southland Child Youth Mortality Review Group. 2. Wife a member on the Child and Youth Health Advisory Committee.	1. Nil. 2. Nil.
Helen Marie ALGAR	16.12.2004 06.04.2006 19.02.2008 05.06.2008	1. Waitaki District Health Services Forum (Muscular Dystrophy Association Representative). 2. Rural Women New Zealand (Associate Member). 3. Physical Activity Project Co-ordinator, Waitaki District Council.	1. Nil. 2. Nil. 3. Nil.
Peter Alexander BARRON	20.06.2010	1. The Otago Group Limited (Managing Director) 2. The Mackenzie Group Limited (Shareholder) 3. South Island Pharmacists Association (Executive and Member) 4. Green Island Pharmacy Limited (Director) 5. Catlins (now Southland) Pharmacy Ltd (Shareholder and Director) 6. Pharmacy Automation Limited (Director) 7. Southland Pharmacy Limited (Shareholder and Director) 8. Dunedin Associated Chemists Ltd (Urgent Pharmacy) (Shareholder)	1. Holding company. It has no dealings with Southern DHB. 2. The Mackenzie Group is a shareholder in Dunedin Pharmacy Ltd, Aspiring Pharmacy Ltd, Otago Pharmacy Ltd, South Canterbury Pharmacy Ltd, Mackenzie Pharmacy (2001) Ltd, Catlins Pharmacy Ltd, Green Island Pharmacy Ltd. Dunedin Pharmacy Limited contracts to the Southern DHB to provide Pharmacy Services. Aspiring Pharmacy Limited contracts to the Southern DHB to provide Pharmacy Services. Mackenzie Pharmacy Limited contracts to the LDHB to provide Pharmacy Services. Mackenzie Pharmacy until Jan 2007 was contracted to ODHB to provide pharmacy services via Elwyn Bates Pharmacy

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
			Otago Pharmacy Limited contracts to the SCDHB to provide Pharmacy Services. Otago Pharmacy until Oct 2006 was contracted to ODHB to provide pharmacy Services via Cameron Wilkies Pharmacy 3. SIPA was involved in negotiations with the ODHB for a new Pharmacy Contract. 4. Until Sept 2005 Green Island Pharmacy was contracted to provide Pharmacy Services to the ODHB. 5. Until Jan 2007 Catlins Pharmacy was contracted to ODHB to provide pharmacy services. 6. Pharmacy Automation is involved in the distribution of pharmacy robots within NZ and may have DHBs as customers for these products. 7. Southland Pharmacy Limited contracts to the Southern DHB to provide Pharmacy Services. 8. The Urgent Pharmacy is contracted to Southern DHB to provide pharmacy services.
Sajan BHATIA	16.12.2004 16.12.2004	1. Mobile Surgical Services Ltd. 2. Mobile Technology Ltd.	1. Work involved in smaller centres. 2. Work involved in smaller centres.
Maria <u>Louise</u> CARR	15.12.2007 07.02.2008 01.03.2010	1. PACT (Chief Executive Officer). 2. Personal Advocacy Trust Board (Trustee). **Spouse:** 3. Uruuruwhenua Health Incorporated (Manager).	1. Contracted to the Otago DHB to provide mental health services to Otago residents. 2. Nil. 3. Receives funding from Southern DHB.
Neville COOK	04.03.2008 04.03.2008 04.03.2008 26.03.2008	1. Board Member, Invercargill Licensing Trust. 2. Board Member, Invercargill Licensing Trust Foundation. 3. Councillor, Environment Southland. 4. Trustee, Norman Jones Foundation.	1. Possible conflict with funding requests. 2. Possible conflict with funding requests. 3. Nil. 4. Possible conflict with funding requests.
Kaye CROWTHER	09.11.2007 14.08.2008 14.08.2008 14.08.2008 12.02.2009	1. Employee of WHK south (Internal Auditors). 2. Trustee of Plunket Foundation. 3. Chair of the Management Committee for the car seat rental scheme for Plunket Southland. 4. Trustee of Wakatipu Plunket Charitable Trust. 5. Corresponding member for health and family affairs, National Council of Women.	1. Possible conflict when contract comes up for renewal. 2. Nil. 3. Nil. 4. Nil. 5. Nil.
Karen GOFFE	14.12.2006 01.05 2010	1. Iwi member of the Community Trust of Southland Health Scholarship Panel. 2. Employee of Nga Kete Matauranga Pounamu Charitable Trust (Wakatipu Business Development Manager).	1. Nil. 2. Possible conflict when contracts with Southern DHB come up for renewal.

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
Susan JOHNSTONE	 28.01.2008 06.11.2009 28.01.2008 16.12.2004	1. Otago Polytechnic (Deputy Chair). 2. Shand Thomson Ltd (Principal). 3. Clutha Community Health Company Ltd (Accountant via Shand Thomson; Consultant/Employee of Shand Thomson, Brian Dodds is Chairman). 4. Clutha Health Incorporated (Accountant via Shand Thomson, Consultant/Employee, of Shand Thomson, Brian Dodds is a Trustee;). 5. Shand Thomson Nominees Ltd; Shand Thomson Nominees (2005) Ltd; Abacus ST01 Ltd; Abacus ST02 Ltd, Abacus ST03 Ltd, Abacus ST04 Ltd Abacus ST05 Ltd; Abacus ST06 Ltd; Abacus ST99 Ltd. 6. Johnstone Afforestation Ltd (Director and Shareholder). **Spouse:** 7. Tuapeka Community Health Co Ltd (Consultant/Accountant via Shand Thomson). 8. Tuapeka Health Incorporated (Consultant/Accountant via Shand Thomson). 9. West Otago Health Ltd (Consultant/Accountant via Shand Thomson). 10. Roxburgh & Districts Medical Services Trust Board (Consultant/Accountant via Shand Thomson). 11. Wyndham Rest Home Incorporated (Consultant/Accountant via Shand Thomson).	1. OP places nursing trainees with Southern DHB. 2. Shand Thomson is a Chartered Accountancy practice. Clients can include general. practitioners and pharmacists, and do include Otago Southern Region PHO, Clutha Community Health Co Ltd and Clutha Health Incorporated. 3. CCHC receives nearly all its funding from Southern DHB. 4. CHI is the sole shareholder of CCHC. 5. Corporate Trustee Companies for Shand Thomson that potentially may be co trustees in trusts that hold shares in client companies that have contracts with Southern DHB – e.g. client pharmacy companies. 6. Personal forestry investment. No conflict. 7. Includes bullets 8 to 11 - these entities all receive funding from Southern DHB.
Fiona McARTHUR	 11.09.2008 09-07-2009 09-07-2009	1. Theme and event work, HZNZ Ltd. 2. Event work, Focus NZ (part of Grand Pacific Tours). 3. Working group member for Queenstown Plunket Rooms. 4. Trustee and Board Member, Disabilities Resource Centre, Queenstown. 5. Ex Officio Board Member, Central Otago Kindergarten Association. 6. Wine House and Kitchen Ltd. 7. High Plains Wine Ltd. 8. Volunteer, Wakatipu Victim Support.	1. Nil. 2. Nil. 3. Nil. 4. Nil. 5. Nil. 6. Nil. 7. Nil. 8. Nil.
James <u>Malcolm</u> MACPHERSON	23.11.2004 28.06.2005 06.10.2005 28.08.2007	1. Mayor, Central Otago District. 2. Otago Polytechnic. 3. Otago Forward (Member, Past Chairman). 4. Brilliant New Zealand Ltd (Principal).	1. Advocate for district interests, occasionally represent both consumers and suppliers of health services, explicitly link board membership with elected CODC position. No personal interest.

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
	07.08.2008 16.10.2009 13.12.2001 22.04.2003	5. Medco Ltd (part-owner of property). 6. Otago Community Hospice (Trustee). **Spouse:** 7. Centennial Health, Alexandra (General Practitioner). 8. Branch Medical Officer, ACC.	2. OP has training interests in common with the DHB, some potential for advocacy on behalf of the polytechnic. No personal interest. 3. Theoretical influence at policy level. No personal interest. 4. A consultancy which may have an involvement with health sector organisations. 5. Medco owns a building in Alexandra, intended for tenancy by primary health service providers, including Centennial Health Ltd. Potential conflict similar to that listed for spouse's involvement with Centennial Health Ltd. 6. OCH provides contracted services for Southern DHB. 7. Any DHB decisions relating to or involving primary health providers, PHOs or primary referred services likely to have a direct personal effect. Declare and withdraw as a matter of course. 8. ACC is a major customer of the DHB. Remote possibility of an influence, no personal interest.
Judith MEDLICOTT	13.12.2001 23.11.2004 13.12.2001 11.05.2007 11.05.2007	1. Ashburn Hall Charitable Trust (Trustee). 2. Medlicotts, Lawyers (Partner). **Daughter:** 3. Senior Clinical Psychologist, Intellectual Disability Service, Southern DHB. **Sons:** 4. Elder son, Partner in Medlicotts. 5. Younger son, General Practitioner, Island Bay, Wellington.	1. Private Psychiatric Hospital which contracts with Southern DHB to provide care for patients. Strong professional links between staff of the two institutions. 2. Law firm which has some Southern DHB patients and staff as clients. These clients may require careful assessment or referral to another firm. 3. Is employed to provide psychological services to Southern DHB patients and others in Otago/Southland. Some are also clients of Medlicotts Lawyers. 4. Lawyer for Karori PHO, Wellington – no likely conflict. 5. Partner at Island Bay Medical Centre – no likely conflict.
Katie O'CONNOR	11.05.2006 14.08.2008	1. Chair, Tui Motu: Independent Catholic Magazine Ltd. 2. Guidance Counsellor, St Peter's College, Gore.	1. Nil. 2. Nil.

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
Tahu POTIKI	15.12.2007 03.04.2008 24.11.2009 03.06.2010	1. Arataki Associates (Director). 2. Representative to Te Runanga o Ngai Tahu. 3. Trustee of Ngai Tahu Charitable Trust. 4. Board Member, Relationship Services NZ. 5. Board Member, Environmental Science and Research	1. Contracted to Southern DHB, funded provider in the past ie Araiteuru Whare Hauora Ltd. 2. & 3. Treaty Partner - affiliated providers may contract to Southern DHB. Te Runanga o Ngai Tahu has right of first refusal on disposal of property. 4. No apparent conflict. 5. CRI involved in public health research.
Marie-Louise ROSSON	17.04.2007 05.06.2007	1. Virgin Gold Ltd (Director). 2. The Otago Community Trust (Trustee). 3. Biosecurity Ministerial Advisory Committee (Member).	1. Nil. 2. Nil. 3. Nil.
Branko SIJNJA	07.02.2008 04.02.2009 22.06.2010	1. Clutha Community Health Company Limited (Director). 2. Clutha Health Incorporated (Board Member). 3. Rural Immersion Programme, Otago University School of Medicine (0.5 FTE Director). 4. Balclutha General Practitioners Limited (Employee).	1. Operates publicly funded secondary health services under contract to Southern DHB. 2. Owns for the Clutha community, the Health facility in Balclutha from which GP services are provided. 3. Possible conflicts between Southern DHB and University interests. 4. Employed as a part-time GP.
Richard John THOMSON	13.12.2001 23.09.2003 29.03.2010	1. Thomson & Cessford Ltd (Managing Director). 2. Susanna Shaya Imports Ltd (Directors). 3. Hawksbury Community Living Trust (Chairperson and Trustee). 4. HealthCare Otago Charitable Trust (Trustee). 5. Composite Retail Group (Director).	1. Thomson & Cessford Ltd is the Company name for the Acquisitions Retail Chain. Southern DHB staff occasionally purchase goods for their departments from it. 2. Susanna Shaya Imports is a homeware importing Company. It has no dealings with Southern DHB. 3. Hawksbury Trust runs residential homes for intellectually disabled adults in Otago and Canterbury. It does not have contracts with Southern DHB. 4. Health Care Otago Charitable Trust regularly receives grant applications from staff and departments of Southern DHB, as well as other community organisations. 5. May have some stores that deal with Southern DHB.

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
Tim WARD	14.09.2009 01-05-2010 01-05-2010	1. Partner, BDO Invercargill, Chartered Accountants. 2. Trustee, Verdon College Board of Trustees. 3. Council Member, Southern Institute of Technology (SIT).	1. May have some Southern DHB patients and staff as clients. 2. Verdon is a participant in the employment incubator programme. 3. Supply of goods and services between Southern DHB and SIT.
Dot WILSON	 12.03.2009 14.12.2006 14.08.2008 20.10.2009	1. Member of National Executive Committee, Disabled Persons' Assembly (DPA). 2. Secretary of DPA Southland. 3. DPA representative on Workbridge Council. 4. President of Workbridge. 5. District Advisor for the Personal Advocacy Trust. 6. Workplace Support Chaplain. 7. Parent to Parent Southland member.	1. Nil. 2. Nil. 3. Nil. 4. Nil. 5. Nil. 6. Nil. 7. Nil.

SOUTHERN DISTRICT HEALTH BOARD

INTERESTS REGISTER FOR THE EXECUTIVE MANAGEMENT TEAM

As at August 2010

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
John Adams	27.05.2003 24.02.2004 23.11.2004 22.04.2008 18.02.2010	1. Dunedin School of Medicine (Dean). 2. Southern DHB Mental Health Service (staff member). 3. Ashburn Hall Charitable Trust (Trustee). 4. NZ Institute of Rural Health (Trustee). 5. Medical Council of New Zealand (Chair).	1. Possible conflicts between Southern DHB and University interests. 2. Possible differences in priorities and view between governance and employee. 3. The Ashburn Clinic is both a contractor to and provides similar services to the Southern DHB. 4. DHBs contract NZIRH to provide services. 5. At times, NZMC policy or opinion may conflict with or be critical of Southern DHB policy.
Vivian Blake	23.04.2007 17.03.2008 08.02.2009	1. Close association (husband) with Project Manager, DHBNZ. 2. Executive Director on the Board of the Health Roundtable (HRT). 3. Executive Member of the RDA MoU. 4. New Zealand Benchmarking Group (Chair).	1. Portfolio includes DHB National Procurement Strategy 2. The HRT facilitates benchmarking activity for 130 Australasian hospitals. 3. The MoU Executive provides advice to DHBs and considers strategies to improve the employment, recruitment and retention of Resident Medical Officers. 4. NZBG is the New Zealand Chapter of the Australasian Health Roundtable.
Richard Bunton	17.03.2004 29.04.2010	1. Managing Director of Rockburn Wines Ltd. 2. Director of Mainland Cardiothoracic Associates Ltd. 3. Director of the Southern Cardiothoracic Institute Ltd. 4. Director of Wholehearted Ltd. 5. Deputy Chairman, Board of Cardiothoracic Surgery, RACS. 6. Trustee, Dunedin Heart Unit Trust. 7. 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.

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
	23.02.2010	8. Otago Rugby Union (Director).	6. No conflict. 7. No conflict. 8. No conflict.
Alan Clarke	20.06.2010	Nil	
Murray Fosbender	03.02.2010	1. Private Orthopaedic Surgeon, Queens Park Medical Centre. 2. Owner operator Dog Tail Farm, Deep Water Marine Mussel Farms Limited.	1. Private/public contract accessed via Southern Cross Hospital. 2. Nil.
Robert Mackway-Jones	28.08.2007	1. Close association (wife) employed by Southland Hospital.	1. Reporting line to Purchasing Team leader.
Lexie O'Shea	01.07.2007	1. Trustee, Gilmour Trust.	1. Southland Hospital Trust.
Karyn Penno	17.12.2009	1. Fusee Rouge Café, Cromwell (Owner).	1. Nil.
Brian Rousseau	23.07.2004 09.03.2007 17.10.2008	1. Director of South Island Shared Services Agency Limited (SISSAL). 2. New Zealand Institute of Rural Health (NZIRH) (Trustee). 3. Southern Health Welfare Trust (Trustee).	1. SISSAL is owned jointly by the SI DHBs, and conducts planning and funding work and provider arm project work for the DHBs. 2. Otago DHB was a founding sponsor of the NZIRH. DHBs contract NZIRH to provide services. 3. Southland Hospital Trust.
Leanne Samuel	01.07.2007 01.07.2007 01.07.2007 29.10.2009 30.03.2010	1. Southern Health Welfare Trust (Trustee). 2. Member of Community Trust of Southland Health Scholarships Panel. 3. Member of Board of Studies at Southern Institute of Technology. 4. Southland Medical Foundation Inc (Member) 5. Member of Clinical Advisory to the National Shared Services Establishment Board.	1. Southland Hospital Trust. 2. Nil. 3. Potential conflict if the DHB purchases services from this organisation. 4. Southland Trust. 5. Nil.
John Simpson		Nil	
Conway Powell (In attendance at EMT as current Chair of the Transition Board for the new PHO – and not as an employee of	07.04.2010	1. Previous consultancy work, within last five years with South Link Health, various PHOs in Otago and Canterbury, Mid-Central and Canterbury DHBs, NZ Medical Association, Plunket Society, National Poisons Centre. 2. Currently, lead negotiator for General Practice NZ in the PHO agreement contract	1. No current consultancy work being undertaken with any of these entities. 2. Continuing as lead negotiator for GPNZ for the PHO contract negotiation process at PSAAP. No conflict on the basis that the provisions of the nationwide PHO agreement are the basis of the contract between the Southern DHB and the Southern PHO. No current

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
the OSDHBs)		negotiations (PSAAP). 3. Engaged by Rural General Practice Network to undertake a specific contract project on locum issues – from July 2010. 4. My wife is Dr Kathy Powell, GP and owner of Meridian Medical Centre, Dunedin. I am a part owner of her medical practice. 5. Director on the Otago Chamber of Commerce since 2002. 6. National Party candidate for the Dunedin South electorate at the 2005 and 2008 general elections. 7. Partner in horticultural/export flower growing business in Wanaka.	consultancy work undertaken with the other three entities. 3. No conflict - the contract with the Rural General Practice Network is limited to assisting RGPN with a tender bid to the MoH for the NZ Locums service. 4. I will stand aside from any contracting or service related issues that relate specifically to the Meridian Medical Centre. 5. No conflict. 6. No conflict. 7. No conflict.

Southern District Health Board

Minutes of the Joint Meeting of the Disability Support Advisory Committee and Community & Public Health Advisory Committee held on Tuesday, 27 July 2010, commencing at 10.30 am, in the Board Room, Southland Hospital, Invercargill

---

Present:	Mr L E Millar	Chairman
	Mrs H M Algar	(by videolink)
	Mr P A Barron	
	Ms M L Carr	
	Mr N M Cook	
	Mrs K J Crowther	
	Dr B Sijnja	
	Ms D A Wilson	
In Attendance:	Mr R Mackway-Jones	General Manager, Finance & Funding
	Ms C Gray	Portfolio Manager, Planning & Funding
	Ms J Harvey	Regional Communications Officer
	Ms J Kloosterman	Board Secretary (by videolink)

1.0 WELCOME

The Chairman welcomed everyone to the meeting.

2.0 APOLOGIES

There were no apologies.

3.0 MEMBERS' DECLARATION OF INTEREST

The Chairman called for any adjustments or amendments to the Interests Registers. None were advised.

The Chairman asked if Committee members were aware of any agenda items with which they may have a potential conflict and reminded them of their responsibility to advise the meeting immediately should any potential conflict, actual or perceived, arise during discussions.

It was resolved:

"That the Interests Register be noted".

Carried

4.0 PREVIOUS MINUTES

Minutes of the joint meeting of the Disability Support Advisory Committee and Community & Public Health Advisory Committee meeting held on 22 June 2010, were circulated with the agenda (tab 2) and taken as read.

It was resolved:

"That the minutes of the Disability Support Advisory Committee and Community & Public Health Advisory Committee meeting held on 22 June 2010 be approved and adopted as a true and correct record."

Moved: Mr N M Cook
Seconded: Dr B Sijnja
Carried

Matters Arising:

Terms of Reference

The Chairman informed the Committees that the Board approved their terms of reference at its meeting on 1 July 2010.

5.0 ACTION SHEET

The Committees reviewed the status of the action sheet (tab 3).

Community Pharmaceuticals (Action Point 145-03/10)

Mr R Mackway-Jones, General Manager, Finance & Funding, reported that the Best Practice Advocacy Centre (BPAC) had provided further detail and a meeting was planned to discuss the scope of the work they could undertake for the DHB. A further report would be provided to the Committees in due course.

It was suggested that this work include an examination of repeat prescriptions and close control trends.

Prison Expansion

In response to concerns about the impact of increased prisoner numbers at Milburn Prison, the General Manager, Finance & Funding, was asked to check whether this issue had been raised during inter-agency discussions.

It was resolved:

"That the action sheet be noted."

Carried

6.0 WORK PLAN

A work plan update and progress reports were circulated with the agenda (tab 4) and reviewed by the Committees.

Mr R Mackway-Jones, General Manager, Finance & Funding, pointed out that sections of the work plan were still to be populated.

During discussion the following points were noted.

Disability Issues

- The work plan appeared to be light on disability initiatives but it was noted that the United Nations Convention for People with Disabilities underpinned everything on the plan.

- The Committees reinforced the need to ensure disability awareness training programmes are in place and promoted within the Provider Arms on an ongoing basis. It was suggested that this requirement should be applied across the board to all service providers.

- The Committees requested that the outputs on the Work Plan be listed in alphabetical order.

District Strategic Plan – Health Profile Extracts

Ms C Gray, Portfolio Manager, Planning & Funding, answered members' questions on the draft Health Profile extracts circulated with the agenda and sought their feedback on the draft document.

It was noted that the analysis undertaken for the Māori Health Plan would form part of the Health Profile when completed.

Members requested that:

- The following statements on page 4 be checked: (a) that 114% of patients in Southland had received their publicly funded elective services treatment within six months, and, (b) that 47% of people were predicted to experience a mental health disorder at some time in their life;

- The structure of the document be reconsidered, with a view to perhaps including the common themes throughout the document in section 2;

- That reference to the "region" (as opposed to Otago and Southland) be standardised throughout the document but where there are significant differences on some issues within the populations of the Southern DHB region these should be highlighted.

The Committees noted the progress to date and members agreed to provide any further individual feedback they had to Ms Gray.

Primary Care – Rural Primary Maternity

Mr R Mackway-Jones informed the Committees that the review of maternity service delivery in the rural Southern DHB region would ensure that facilities were clinically and financially sustainable. He advised that a desktop exercise needed to be completed, following which wider consultation would be undertaken.

Primary Care – Primary Health Organisation (PHO) Development

In addition to the report circulated with the agenda, Mr R Mackway-Jones, General Manager, Finance & Funding, provided the following update.

The Chief Executive Officer and General Manager, Finance & Funding, had completed meetings with all the existing PHOs and it was hoped that the assignment process would be completed by 30 July 2010. Draft contractual documentation had been issued to the Southern PHO and following assignment, the back to back service agreements with general practices would be transferred. The planned start date for the new PHO remained at 1 October 2010.

Southern PHO had advertised for management and administration staff from within existing PHOs.

The Chairman noted that the Southern PHO update #8 had been circulated to Board members the previous day.

Health of Older People – Disability Support Services (DSS) Expenditure

The Committees reviewed and noted the Health of Older People - Disability Support Service (DSS) Expenditure graphs circulated with the agenda.

Mr R Mackway-Jones advised that:

- Personal health expenditure had increased as expected to support the ageing in place strategy and was unrelated to expenditure on domestic assistance;
- The review of home support services was expected to be completed by October, with letters currently being sent to the last cohort of people receiving greater than 1.5 hours of domestic service.

Health of Older People – Developing Services to Support Ageing in Place

An update on the development of services to support ageing in place was circulated with the agenda. Mr Mackway-Jones highlighted the importance of future service development and the roll-out of the InterRAI system.

Members requested that reference to NGOs be changed to "community based providers".

It was noted that the draft Ageing in Place Project Plan would be submitted to the Committees for recommendation to the Board.

Mental Health – South Island Regional Services

An update on the review of South Island regional mental health services was circulated with the agenda and Mr Mackway-Jones advised that a further report should be available at the end of September.

It was noted that focus groups had been held in Invercargill and were scheduled to take place in Dunedin at the beginning of August.

Child & Youth – Strategy Review

A report on regional child and youth health strategic planning, including the review of existing child and youth strategy, was circulated with the agenda.

Ms C Gray, Portfolio Manager, advised that Southland had a signed off Child & Youth Strategy, which had recently been reviewed. The situation in Otago was slightly different in that a draft strategy had been produced but it had never been mandated. It was planned to bring the two existing child and youth advisory groups in Southland and Otago together and develop a regional approach.

It was noted that the new regional group would be a management advisory group, not a committee of the Board.

A concern was raised that providers had not been given an indication of "where to from here" at the recent presentation of the Southland DHB Child and Youth Health Strategy review feedback and there were suggestions that achievements against the strategy had been minor.

Mr R Mackway-Jones, General Manager, Finance & Funding, informed the Committees that the next step was to complete a stocktake in Otago. Recommendations would then be submitted to the Committees and Mr Mackway-Jones advised that these would have to be pragmatic, given the DHB's funding situation.

It was resolved:

"That the work plan and progress reports be noted."

Moved: Mr N M Cook
Seconded: Dr B Sijnja
Carried

7.0 ADOLESCENT ORAL HEALTH UTILISATION STATISTICS

In response to a Board member's request, a summary of 2009/10 District Annual Plan (DAP) target achievement for adolescent utilisation of publicly funded dental services was circulated with the agenda (tab 5).

The Committees noted:

- That the 2009/10 District Annual Plan (DAP) targets for adolescent oral health utilisation had been exceeded in both Southland and Otago;
- An innovative approach had recently commenced to provide additional dental appointments for Gore teenagers.

It was resolved:

"That the report be noted."

Carried

8.0 MONTHLY / QUARTERLY REPORTS

Financial Report

A financial summary report for the period ended 30 June 2010 was circulated with the agenda (tab 6) and was taken as read.

Mr R Mackway-Jones, Regional General Manager, Finance & Funding, reported that year-end adjustments would result in a deficit of about $16.5 million for the year.

It was resolved:

"That the report be noted."

Moved: Mr N M Cook
Seconded: Mr P A Barron
Carried

9.0 GENERAL BUSINESS

Neurosurgery

The Committees noted the amount of public support for the continuation of neurosurgery in the Southern District.

10.0 NEXT MEETING

Tuesday, 24 August 2010, in Dunedin.

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. Confidential Minutes 2. Risk Report 3. Contract Analysis 4. Mental Health Review Terms of Reference 5. 2006 Social Security Amendment Act Impact on ARC Beds	To allow activities to be carried on without prejudice or disadvantage	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) and 9(2)(j) 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.

Carried

The meeting closed at 1.20 pm.

Confirmed as a correct record:

Chairman …… Date ……

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

ACTION SHEET

As at August 2010

Action Point No.	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
CPHAC 66-10/08	**Presentations** (Minute item 14.0)	Consideration to be given to inviting representatives of the rural hospital trusts to present to the Committees.	GMFF	Presentations for information will be scheduled as appropriate around the agreed workplan.	Ongoing
CPHAC 127-11/09	(Minute item 8.0)	Order of St John to be invited to present.	GMFF		
144-11/09	(Minute item 13.0)	Consideration to be given to inviting BPAC to present to the Committees.	GMFF		
CPHAC 146-04/10	(Minute item 5.0)	Department of Corrections to be invited to present on the implications of the planned capacity expansion at Milburn Prison.	GMFF		
CPHAC 153-05/10	(Workshop item 4.0)	Consideration to be given to inviting Public Health South (PHS) to present to the Committees, with a focus on South Island strategies and PHO interfaces.	GMFF		
CPHAC 126-11/09	**Obesity Management Project** (Minute item 8.0)	Recommendation to Board to be drafted.	GMFF	Agenda item.	Complete.
CPHAC 145-03/10	**Community Pharmaceuticals** (Minute item 13.0)	Suggestion that letter to GPs be followed up with some practical advice on areas GPs could focus on, based on data from BPAC or other sources, to be discussed with Prof Murray Tilyard.	GMFF	Proposal still in development. Data being reviewed to inform proposal.	Ongoing.

Action Point No.	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
CPHAC 149-04/10	**Local Diabetes Teams** (Minute item 8.0)	▪ Progress report on the integration of the LDTs to be provided in August 2010; ▪ Important data for Southland, particularly in relation to Māori, to continue to be available in future.	GMFF	Integration of the LDT is now complete with a single LDT for the Southern DHB region. The LDT will operate as one regional group with two local advisory groups. This approach helps to retain the knowledge, experience and networks already established. The regional LDT had their first meeting on 5 July 2010. Discussion with Southern PHO.	Complete. To be advised.
CPHAC 154-05/10	**Child & Youth** (Workshop item 4.0)	Consideration to be given to including mental health and disability representation on the regional Child & Youth Advisory Group.	GMFF	Regional committee planned for 2011.	To be advised.
CPHAC 155-05/10	**Agenda Items** (Workshop item 5.0)	The following item to be put on a future agenda: ▪ Information on the Whanau Ora programme	GMFF	Information not yet received and hence implications and actions not developed.	To be advised.
005-2010/07	**Prison Expansion** (Minute item 5.0)	Check to be made whether impact of increased prison numbers at Milburn has been raised during inter-agency discussions.	GMFF		
007-2010/07	**Work Plan** (Minute item 6.0)	Outputs on the Work Plan to be listed in alphabetical order.	GMFF	Actioned.	Complete.
008-2010/07	**DSP - Health Profile Extracts** (Minute item 6.0)	Feedback from members to be included in future iterations of the Health Profile.	GMFF	Noted.	Complete.
009-2010/07	**HOP – Developing Services to Support Ageing in Place** (Minute item 6.0)	Reference to NGOs to be changed to “community based providers”.	GMFF	Actioned.	Complete.

DSAC / CPHAC Workplan 2010/11

Output	Timeframe	Reporting Frequency	Progress			Comment
			Behind	On Target	Complete	
Child & Youth - Review Existing Child & Youth Strategy	Oct/Nov 2010					Recommendations report due October. Southland review complete, stock take being undertaken at Otago.
Community Pharmaceuticals				√		Working within national initiative plus some local work scoped with BPAC.
Disability Issues - Strategies to Implement UN Convention for People with Disabilities						
DSP / RSP - Outcomes Framework - Health Profile - Health Needs Assessment - Stakeholder Consultation	 Nov 2010 		 √ √ 	√ √		Sector template developed and included in SOI To start following profile work, essentially a gap analysis Not scheduled as yet
Health of Older Persons - DSS Expenditure Levels - Developing Services to Support Ageing in Place. - InterRAI Implementation - South Island HOP Network	Oct 2010 Nov 2010 2011 	Monthly		√ √ √ √		Refer to utilisation report To be assessed for earlier implementation
Mental Health - Establish Single NASC Provider - Standardise NASC Eligibility Criteria - Project to Review Service Funding Configuration - South Island Regional Service Models of Care - PRIMHD, Mental Health Data Programme	 Mar 2011 Oct 2010 		√ √ 	 √ √ 		Part of the wider review Part of the wider review ASMS feedback being considered Recommendations report due end Sept
Primary Care - PHO Development - After Hours - Primary Maternity - Shifting Services from Hospital to Community - Long-term Conditions	Oct 2010 TBA Jun 2011 	Monthly	√ √ √ √ √			Refer to agenda report Pending PHO establishment Refer to agenda report
Rural Health - Lakes District Hospital - Dunstan - Oamaru - Clutha - Gore - Smaller rural trusts	 Dec 2010		√ √	 √ √ √ 		Managed by CEO/COO Schedule review WIP Schedule review WIP

DSAC / CPHAC Workplan 2010/11						
Output	**Timeframe**	**Reporting Frequency**	**Progress**			**Comment**
			Behind	**On Target**	**Complete**	
Performance Monitoring - SOI Indicators / DAP Measures - Accountability Documents Reporting / Health Target - Contract Performance (by exception) - PHO Performance Programme - Auditing Activity (by exception) - Oral Health - Before Schools Checks Programme	Quarterly					

Update from: The Southern Primary Health Organisation

To: Stakeholder groups

Update #: 08

Date: 26 July 2010

Introduction – Welcome to a further update on the development of the new Southern PHO. It's been around two months since our last update – apologies for that. It has been a busy time for everyone involved, including staff and boards of existing PHOs, the SDHB and the Southern PHO as we work through, negotiate and develop the move to the new PHO; and unfortunately I have been sampling the services of the SDHB secondary care services during that time. I will summarise where we are now at:

Start date – The start date for the new PHO is 1 October 2010.

Service contracts – The Board of Southern PHO has accepted tenders from Polson Higgs for the provision of financial management services to the new PHO for the interim nine month interim period from 1 October 2010 to 30 June 2011 and from South Link Health for the provision of IT and register management services for the same interim nine month period.

Assignment process – During June and July, we have met with Managers and CEOs of the existing PHOs on a number of occasions to finalise and agree on the assignment process for the health programmes, leases etc. to come across to the new PHO. Arriving at final agreement on all of the programme details has taken longer than anticipated in some areas, but I believe that these have now been agreed. As a result of these discussions, most of the existing programmes funded from SIA and HP funding lines will be continued under the SPHO from 1 October 2010 - for periods up to 30 June 2011 (as agreed with individual existing PHOs). The actual Deed of Assignment document which describes the legal process under which assignment of health programmes, funding and other issues will occur has been thoroughly worked through by the lawyers for SPHO and for the existing PHOs. All in all, the Deed is ready for signing and I understand that existing PHOs are now ratifying their agreement to the Deed of Assignment through their Boards and, in several cases, with their shareholders. We have asked PHOs to finalise and execute the Deed of Assignment by 30 July 2010. I would again like to thank staff and Boards of the PHOs for their perseverance and help through this process.

Back to Back agreements – As part of the assignment process, general practices will be asked to assign their existing back-to-back service agreement [which they have with their existing PHO] to the new Southern PHO. Individual letters will go out to each practice asking that reassignment to Southern PHO occurs by 30 July 2010. Many of the existing PHOs have already started this process and have contacted their practices and asked them to assign. This reassignment by practices of their back to back agreements to Southern PHO is very important because it will ensure that practices continue to be paid their monthly capitation payments from October 2010 onwards. We appreciate the support from the existing PHOs and from South Link Health in assisting practices in handling this process. In addition, I understand that South Link Health will work with individual practices to ensure that the quarterly register uploads [due from each practice on 17th August 2010] identify Southern PHO as the PHO for the period from 1 October 2010. This in turn will ensure that capitation payments are made correctly.

Southern PHO Structure and staffing - The process of selecting the inaugural CEO for the Southern PHO is nearing completion and the Board of the Southern PHO is to interview the short list of candidates this week. In addition, on Friday 23 July 2010 we advertised (within the existing PHOs) for the three manager positions and three administration office positions (for offices in Alexandra, Dunedin and Invercargill respectively). The position of PA to the CEO will be left for the incoming CEO to advertise and select for. When the assignment of clinical programmes for fixed terms up to 30 June 2011 has been confirmed by existing PHOs, the clinical staff directly associated with those programmes will be offered employment for the term of the assigned clinical programmes, by Southern PHO.

Office locations – Depending upon final confirmation of assignment of programmes and leases from existing PHOs, the Southern PHO's offices in Alexandra, Dunedin and Invercargill will be the offices currently leased by the Rural Otago PHO, Well Dunedin PHO and the Southland PHOs respectively.

Advisory Groups – Once the assignment process has been completed, one of our major priorities will be to set up the Community, Maori and Clinical Governance Advisory Groups. The appointment process is under way to enable the Maori and Community Advisory Groups to meet by late August 2010. It is likely the appointment process for members for the Clinical Governance Group may take a little longer. The three Advisory Groups are a critically important part of the new PHO – and will enable the Board and staff of the Southern PHO to connect with its major stakeholders.

Future Southern PHO Board meeting dates - The most recent Board meeting of the Southern PHO was on Tuesday 20 July 2010 with future Board meetings scheduled on a four weekly cycle with at least one conference call planned between meetings.

Feedback – We trust that our updates are useful. We will try and let you know about the work that we are doing, the decisions that we make and the help and feedback that we need, on a regular basis. We are always interested to hear what you think. You are welcome to contact me at any time (on behalf of the Board) as follows:

Email – contact@powellconsulting.co.nz

Office phone 03-4672082 or mobile 027-6228154

Conway Powell
Chair
Southern PHO
26 July 2010

Update from: **The Southern Primary Health Organisation**

To: Stakeholder groups

Update #: 09

Date: 9 August 2010

Appointment of Ian Macara to the position of CEO – Southern PHO

I am very pleased to announce that, after an extensive recruitment process through a leading health recruitment agency that resulted in a large number of high calibre applicants, we have appointed Ian Macara as the CEO of the Southern PHO.

As many people in Southland and Otago will know, Ian has had an extensive career in the health sector over many years, with strong leadership and managerial experience in both secondary and primary health care. In particular, he knows primary and community health services very well from his senior managerial roles with the four Southland PHOs since 2004, including his previous position as CEO of Invercargill-based PHO Management Services Southland Ltd (PHOMSSL).

Ian has been working under secondment from PHOMSSL to the Southern PHO as Transition Manager since March 2010 and takes up his new role as CEO of Southern PHO from today.

The Board of Trustees welcomes Ian as CEO and looks forward to the major role that he will have in leading the Southern PHO and working with primary health care practitioners to provide outstanding primary and community health services to the 280,000 people of Southland and Otago.

Conway Powell
Chair
Southern PHO
027-6228154

South Island
Shared Service Agency Limited
Supporting the South Island District Health Boards
E tautoko ana ngā Pāri Hauora ki Te Waipounamu

Southern DHB Rural Primary Maternity Project Advisory Group Terms of Reference

Sponsors	Robert Mackway-Jones – General Manager, Finance and Funding, Southern DHB) Leanne Samuel - Chief Nursing and Midwifery Officer, Southern DHB
Purpose	To provide advice on the development of the Southern DHB Rural Primary Maternity Project . In developing and providing its advice, the Southern Rural Primary Maternity Project Group will take a whole of Southern DHB region approach, reaching decisions that are contemporaneous and benchmarkable against other DHB regions in terms of for example, equitable access to services.
Objectives	The objectives of the Southern DHB Rural Primary Maternity Facility Project Group is to conduct a review of current primary maternity services delivered in the rural Southern DHB region, to identify clinically viable and financially sustainable models to meet the needs of the population and provide service options for the DHB to consider. A project advisory group that will work together effectively and efficiently with an aim to: 1. Identify the current model of rural maternity facility services in the Southern DHB including: ▪ Workforce ▪ Models of care ▪ Primary Maternity Facilities ▪ Service utilisation 2. Identify the key components for consideration in any future models of care and Primary Maternity Facility configuration. ▪ Population based needs. ▪ Clinical models and infrastructure – regional and facility o Antenatal o Birthing o Postnatal ▪ Workforce constraints, opportunities, and requirements ▪ economic sustainability ▪ Geographical considerations. 3. Identify alternative or revised options. This will incorporate local, national and international examples. 4. Evaluation of identified alternative options including the status quo.
Responsibilities	It is the responsibility of the Southern DHB Rural Primary Maternity Project Advisory Group to provide clinical expertise in the form of: 1. support 2. advice 3. leadership.
Scope	*In scope* ▪ Southern DHB purchased Primary Maternity Services ▪ Primary Maternity Facility configuration

	Out-of-scope ▪ Ministry of Health purchased primary maternity services (i.e Primary Maternity Section 88 Notice and LMC Care) ▪ Secondary and Tertiary Maternity Services ▪ Other primary health care services ▪ Home birth activity
Confidentiality	DHB sign off is required prior to distribution of any documents or correspondence as it may contain confidential or legally privileged information.
Accountability	The Southern DHB Rural Primary Maternity Project Advisory Group is accountable to the Southern District Health Board, as the owner of the project.
Membership	Membership for this group will comprise of the following: • Project Manager (Convenor): Hayley McManus (SISSAL) • Contract/Funder Representation : Kiri Young (Southern DHB Planning and Funding) • DOM: Jenny Humphries (SDHB) • Midwife Representatives : Emma Bilous & Sandra Scott The project group may seek input or participation of other people with specific knowledge or expertise in relation to this project, as required.
Convenor	The Convenor will be the Project Manager. The convenor will convene the forum, coordinate processes on behalf of the Southern District Health Board and oversee and report on milestones.
Quorum	All members (or representatives) to be in attendance where possible. 50% + one of the project team membership
Meetings	Meetings will be held at least monthly. Frequency of meetings may increase depending on the phase of the project. Meeting frequency, date and time will be decided amongst the group as appropriate Meetings will generally be held by teleconference.
Secretariat Support	SISSAL will ensure secretariat support is available including • Scheduling and organising meetings, including preparing the agenda • Recording the minutes • Distributing meeting information, outlines and minutes to members • Drafting changes to relevant documents agreed by members Action points from the meeting will be compiled and distributed within 3 working days of the meeting.
Timeframes	The Southern DHB Rural Primary Maternity Project Advisory Group will exist for the development of the back ground and discussion documentation and preparation for the Workshops as per the project Milestones. The Rural Maternity Project Advisory Group will cease to exist at the completion of the Workshop phase.
Linkages	The Southern DHB Rural Primary Maternity Project Advisory Group has accountability and reporting relationship with the Planning & Funding section of the Southern District Health Board. The Southern DHB Rural Primary Maternity Project Advisory Group will actively maintain effective linkages with the following Key Stakeholder groups ▪ Primary Maternity Facilities. ▪ Self employed Midwives

	▪ Ministry of Health, ▪ Midwifery and Maternity Providers Organisations, ▪ Maternity Services Consumer Council and ▪ Other external agencies working towards the development of the Southern maternity sector. The project group will also consider links with other Southern DHB projects such as the Rural Models of Care project and objectives consistent with the Southern DHB District Annual Plan and District Strategic Plan.

Appendix A: Key Milestones and Dates for Project

Key Milestone	Completion Date
Service Overview	
Current model of delivery	18/06/2010
Needs assessment	22/06/2010
Project Planning	
Information Gathering	19/07/2010
Establishment of the project advisory group	16/08/2010
Outline the current environment (discussion paper)	
Develop & Finalise the discussion paper	12/09/2010
Facility Profile Survey	
Facility profile survey distributed for feedback	17/08/2010
Facility to feedback on facility profile data	26/08/2010
Discussion Paper	
Distribute discussion paper to stakeholders	13/09/2010
Survey relating to discussions document	15/09/2010
Develop template	1/09/2010
Send survey to project advisory group & sign off by DHB	2/09/2010
Send survey to stakeholders	13/09/2010
Possible Options and solutions	
Best practice models	17/09/2010
Workshops	
Invite stakeholders to workshop	27/08/2010
Workshops	20/09/2010 & 21/09/2010
Feedback on workshop information to project advisory group	30/09/2010
Develop recommendations and possible consultation documentation for DHB Committee & Board Signoff	
Draft paper, peer review, finalise board papers	13/10/2010

Briefing to:	Disability Support Advisory Committee and Community and Public Health Advisory Committee		
Subject:	Health Profile progress		
Author:	Carol Gray	**Date:**	16 August 2010
Purpose of Report :	√ **For Information Only**		**Decision Required**
Recommendation:	**Note report**		

Key Issues

Work on the health profile continues as described within the July 2010 Committee report

Editing of the DRAFT sections forwarded for Committee feedback (10 August 2010) is ongoing.

Feedback to the provided DRAFT section from the Committee has not been received at time of writing this report.

Key Activity in this Reporting Period

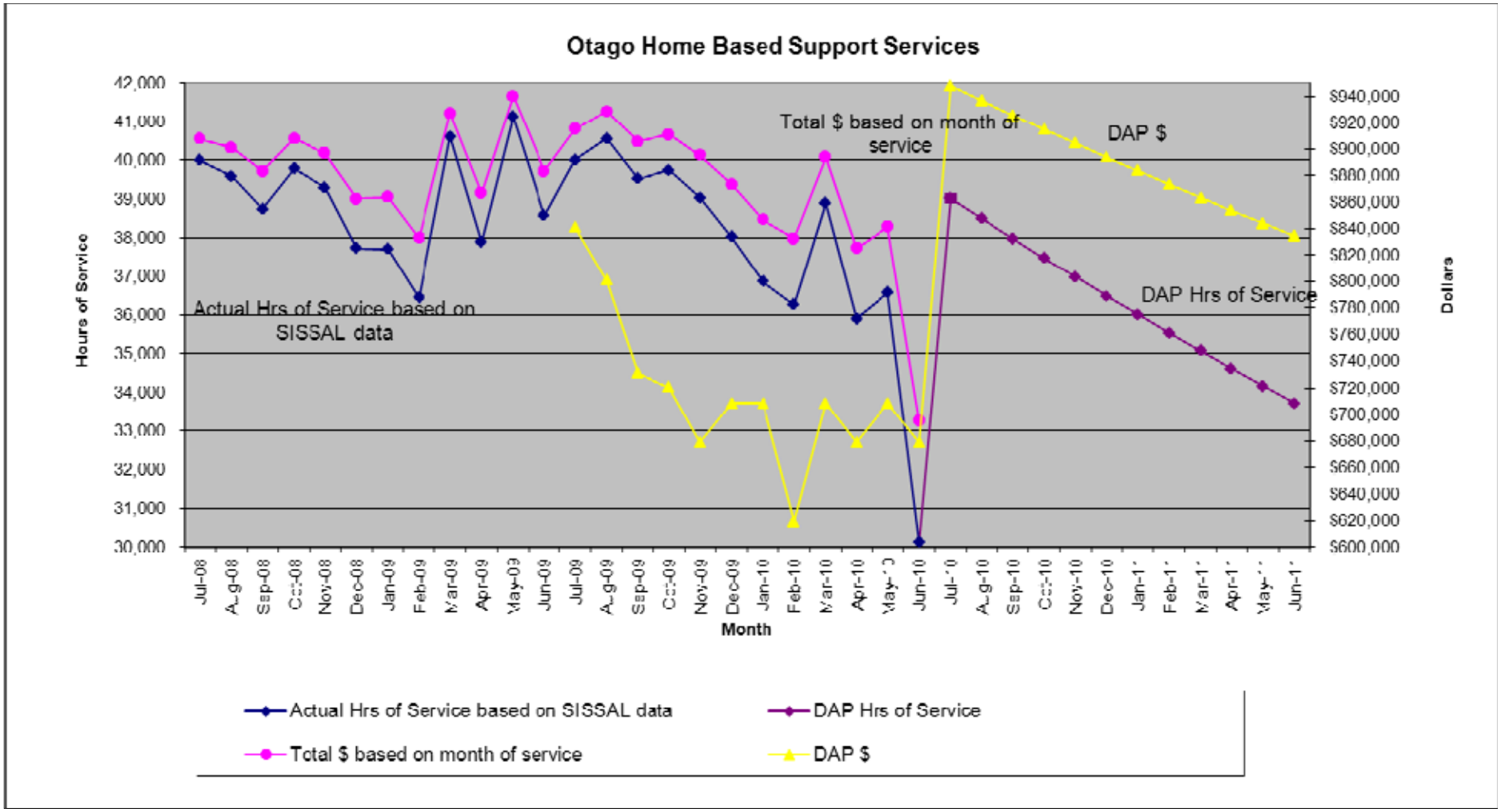
Editing, amending style and format of the Mental Health and Child and Youth sections.

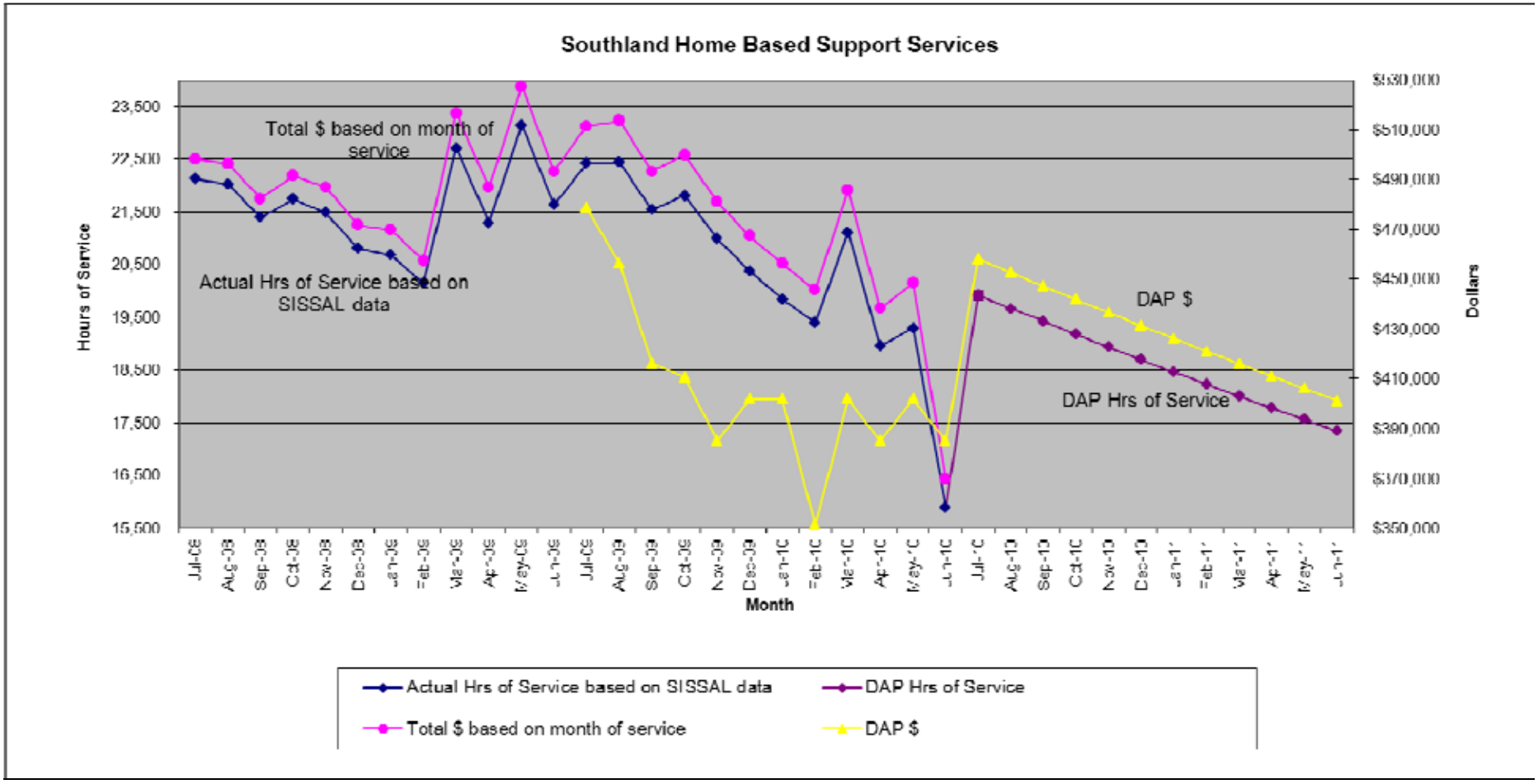
Ongoing refining of Demographic section

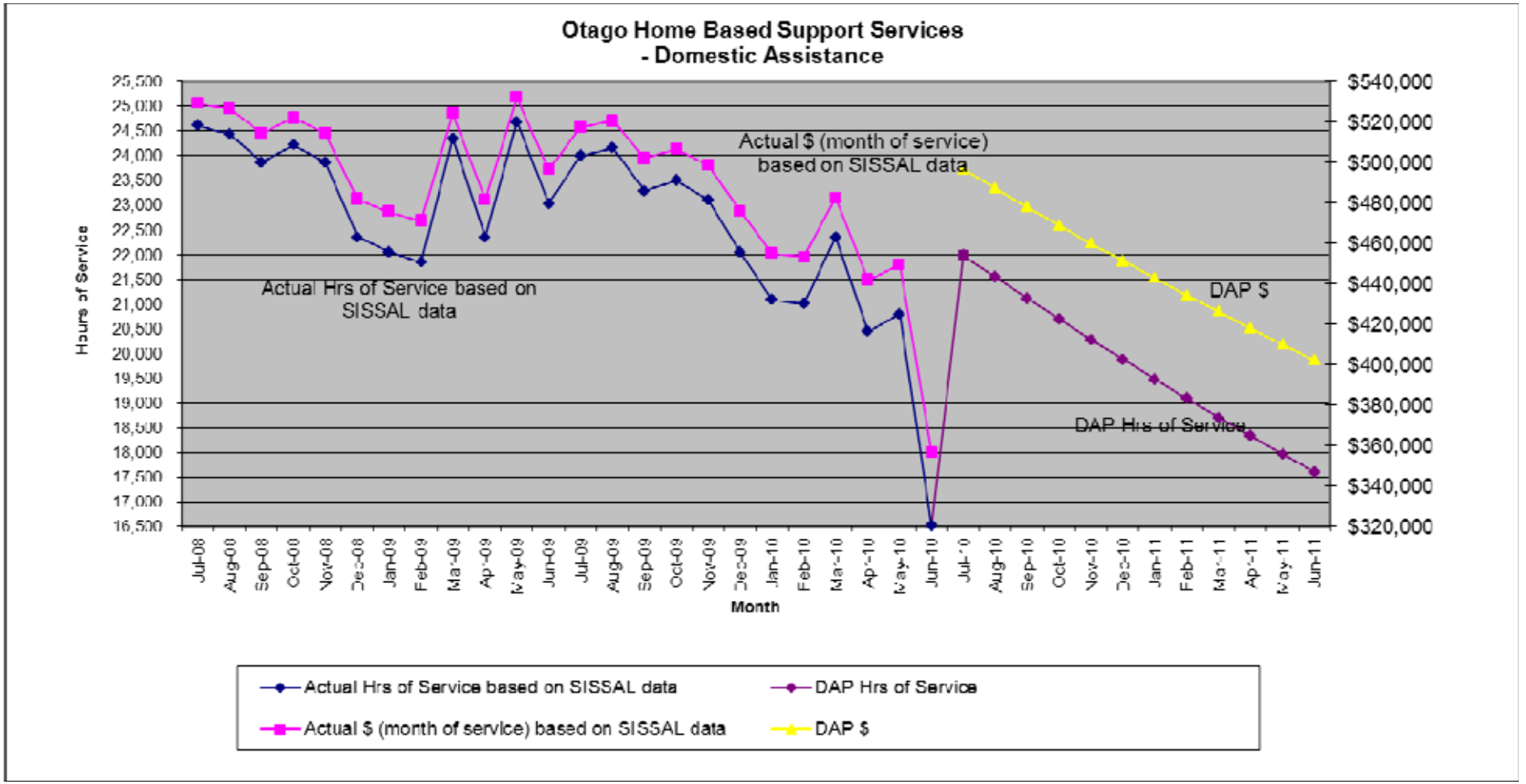
Key Upcoming Activity

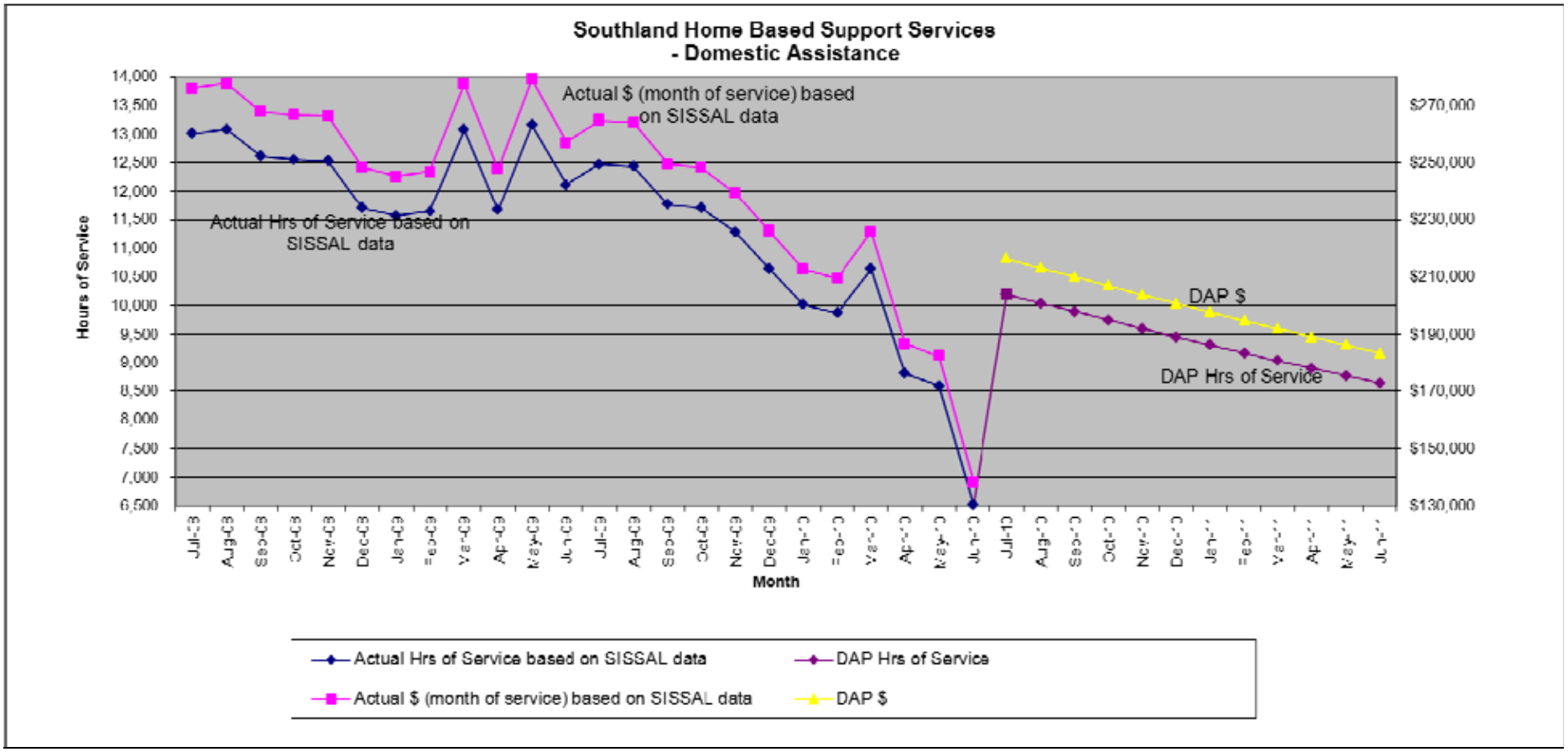
As described within the July 2010 Committee report in relation to development and preparation of sections for the September meeting

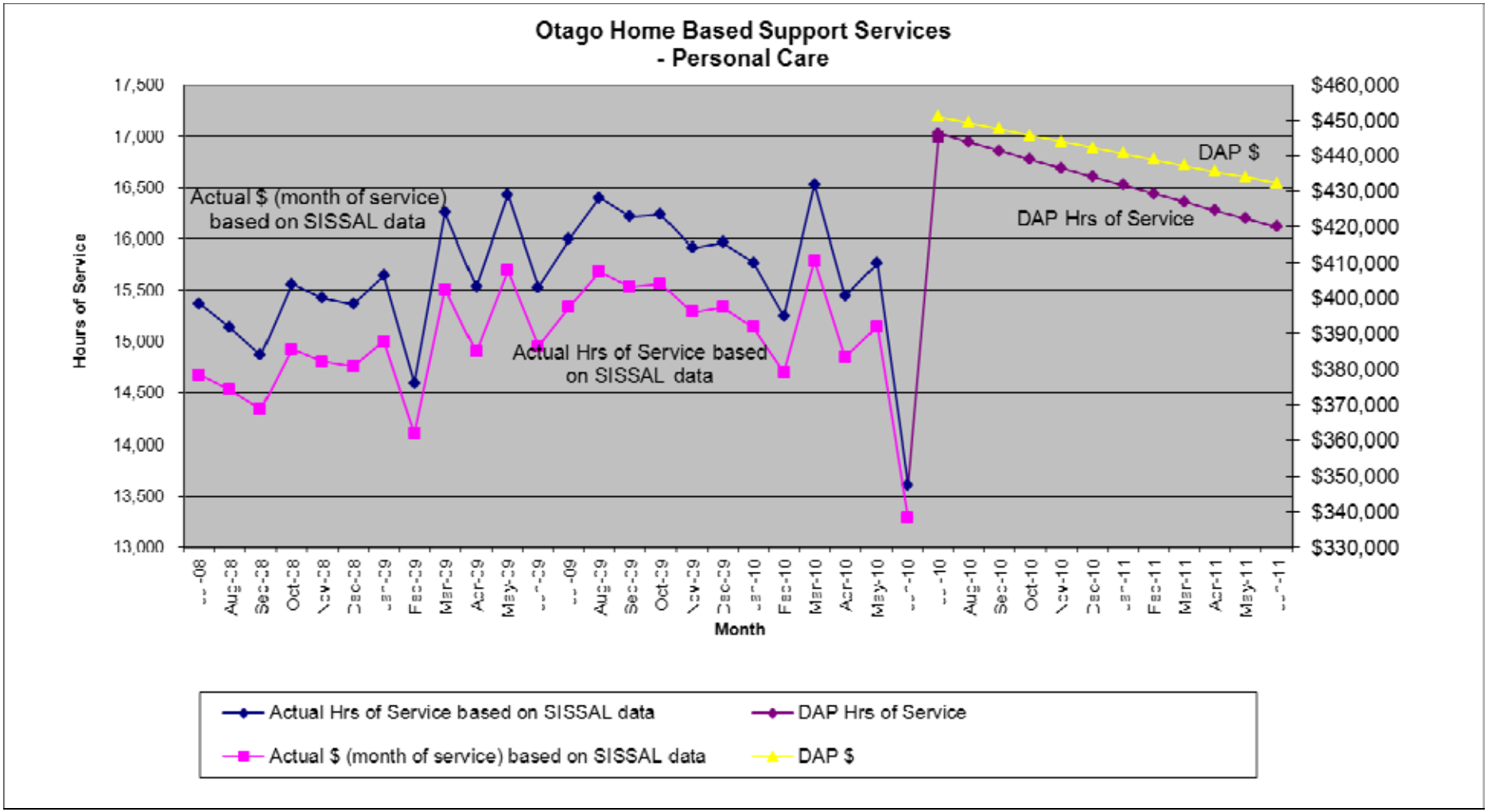
Refining and completing sections already provided in DRAFT to the Committee

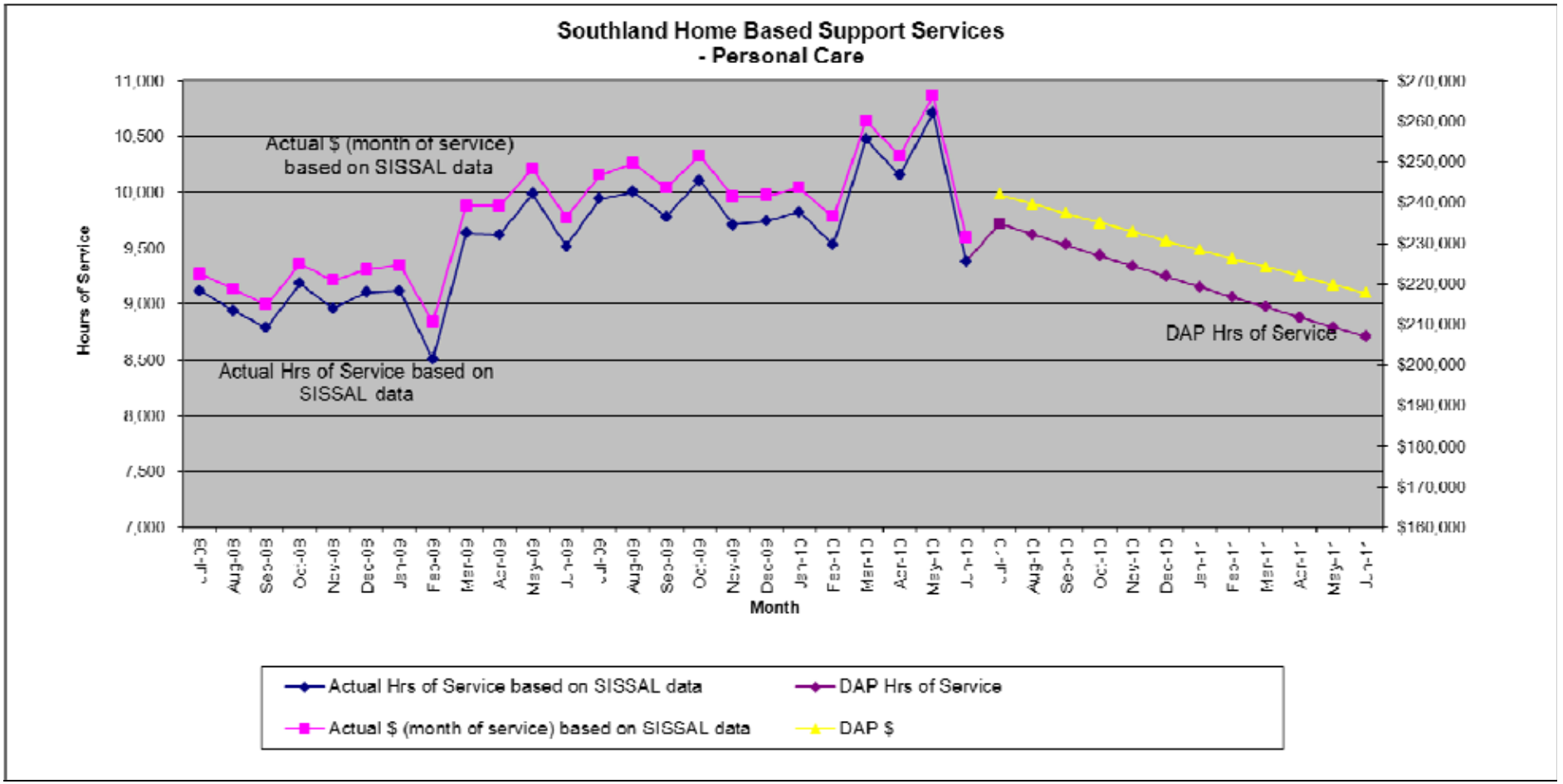

Otago Home Based Support Services
Hours of Service
Dollars
Month
Actual Hrs of Service based on SISSAL data
Total $ based on month of service
DAP $
DAP Hrs of Service
Actual Hrs of Service based on SISSAL data
DAP Hrs of Service
Total $ based on month of service
DAP $


Southland Home Based Support Services
Total $ based on month of service
Actual Hrs of Service based on SISSAL data
DAP $
DAP Hrs of Service
Hours of Service
Dollars
Month
23,500
22,500
21,500
20,500
19,500
18,500
17,500
16,500
15,500
$530,000
$510,000
$490,000
$470,000
$450,000
$430,000
$410,000
$390,000
$370,000
$350,000
Actual Hrs of Service based on SISSAL data
DAP Hrs of Service
Total $ based on month of service
DAP $


Otago Home Based Support Services
- Domestic Assistance
Hours of Service
25,500
25,000
24,500
24,000
23,500
23,000
22,500
22,000
21,500
21,000
20,500
20,000
19,500
19,000
18,500
18,000
17,500
17,000
16,500
$540,000
$520,000
$500,000
$480,000
$460,000
$440,000
$420,000
$400,000
$380,000
$360,000
$340,000
$320,000
Actual $ (month of service) based on SISSAL data
Actual Hrs of Service based on SISSAL data
DAP $
DAP Hrs of Service
Jul-08
Aug-08
Sep-08
Oct-08
Nov-08
Dec-08
Jan-09
Feb-09
Mar-09
Apr-09
May-09
Jun-09
Jul-09
Aug-09
Sep-09
Oct-09
Nov-09
Dec-09
Jan-10
Feb-10
Mar-10
Apr-10
May-10
Jun-10
Jul-10
Aug-10
Sep-10
Oct-10
Nov-10
Dec-10
Jan-11
Feb-11
Mar-11
Apr-11
May-11
Jun-11
Month
Actual Hrs of Service based on SISSAL data
DAP Hrs of Service
Actual $ (month of service) based on SISSAL data
DAP $


Southland Home Based Support Services
- Domestic Assistance
Hours of Service
Month
Actual $ (month of service) based on SISSAL data
Actual Hrs of Service based on SISSAL data
DAP $
DAP Hrs of Service
Actual Hrs of Service based on SISSAL data
DAP Hrs of Service
Actual $ (month of service) based on SISSAL data
DAP $


Otago Home Based Support Services
- Personal Care
Hours of Service
17,500
17,000
16,500
16,000
15,500
15,000
14,500
14,000
13,500
13,000
$460,000
$450,000
$440,000
$430,000
$420,000
$410,000
$400,000
$390,000
$380,000
$370,000
$360,000
$350,000
$340,000
$330,000
Actual $ (month of service) based on SISSAL data
Actual Hrs of Service based on SISSAL data
DAP $
DAP Hrs of Service
Aug-08
Sep-08
Oct-08
Nov-08
Dec-08
Feb-09
Mar-09
Apr-09
May-09
Aug-09
Sep-09
Oct-09
Nov-09
Dec-09
Feb-10
Mar-10
Apr-10
May-10
Aug-10
Sep-10
Oct-10
Nov-10
Dec-10
Feb-11
Mar-11
Apr-11
May-11
Month
Actual Hrs of Service based on SISSAL data
DAP Hrs of Service
Actual $ (month of service) based on SISSAL data
DAP $


Southland Home Based Support Services
- Personal Care
Hours of Service
11,000
10,500
10,000
9,500
9,000
8,500
8,000
7,500
7,000
$270,000
$260,000
$250,000
$240,000
$230,000
$220,000
$210,000
$200,000
$190,000
$180,000
$170,000
$160,000
Actual $ (month of service) based on SISSAL data
Actual Hrs of Service based on SISSAL data
DAP Hrs of Service
Jul-08
Aug-08
Sep-08
Oct-08
Nov-08
Dec-08
Jan-09
Feb-09
Mar-09
Apr-09
May-09
Jun-09
Jul-09
Aug-09
Sep-09
Oct-09
Nov-09
Dec-09
Jan-10
Feb-10
Mar-10
Apr-10
May-10
Jun-10
Jul-10
Aug-10
Sep-10
Oct-10
Nov-10
Dec-10
Jan-11
Feb-11
Mar-11
Apr-11
May-11
Jun-11
Month
Actual Hrs of Service based on SISSAL data
DAP Hrs of Service
Actual $ (month of service) based on SISSAL data
DAP $

PUBLIC HEALTH SOUTH
PUBLIC HEALTH SERVICE REPORT TO THE SOUTHERN DHB
COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE
July 2010

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

- The Southland District Sale of Liquor Policy is due for review and consultation. This is an opportunity for Public Health South staff to encourage, enable and mobilise community members to submit on the Sale of Liquor Policy. A number of community meetings will be established in rural Southland to assist and inform interested community members on the submission process.

Tobacco

- The Invercargill City Council has met again following the Smokefree Youth Ambassadors' presentation to them on making all sports fields in Southland smokefree. The Parks and Recreation Manager is working to develop a smokefree policy with assistance from Public Health South.

Nutrition & Physical Activity

- Following cooking classes held earlier this year with families from the Pacific Island community in Otago, a cooking resource has been developed by PHS staff called 'Good Food for Friends and Whanau'. This resource has been developed as it was identified that there was a lack of knowledge in the Pacific Island community on how to cook basic food groups. The resource provides recipes with easy to follow step-by-step instructions using healthy ingredients. The resource has been printed with support from the Cancer Society and will be distributed to community organisations in Otago and Southland.

Communicable Disease and Food Safety

Outcome 4	Reduce the impact and incidence of communicable disease

Communicable Disease

- Influenza like illness rates within the southern region are starting to rise as is typical for this time of year. However the rates are still at a low at 80 cases per 100,000 people. A small number of confirmed cases of H1N1 have been detected through sentinel surveillance. Each year, seven general practices in Otago and Southland participate in sentential influenza surveillance. They provide weekly reports of levels of influenza like illness seen in their practices and submit for laboratory analysis a limited number of swabs for testing for the influenza virus. The surveillance provides information about the background levels of influenza like illness and the causative organism in the community.
- Attached below is a table of the cases of suspected and confirmed diseases notified to the Medical Officers of Health in Otago and Southland in July 2010.

Biosecurity

- Sixty seven larval site assessments were completed at international ports and airports in Otago and Southland. Mosquitoes were detected at three sites, however they were not species of public health

significance. This is part of a surveillance programme where identified sites around international ports and airports in Otago and Southland are examined for exotic mosquitoes that are of public health risk. Monthly surveillance is occurring over the winter months to reflect the lower risk during the colder weather.

	July 2010									July 2009 Total
Disease	Waitaki District	Central Otago District	Queenstown-Lakes District	Dunedin City	Clutha District	Southland District	Gore District	Invercargill City	Total	
Campylobacteriosis		1	5	11	3	3	2	2	27	6
Cryptosporidiosis									-	1
Gastroenteritis - unknown cause								1	1	1
Giardiasis		1	4					1	6	2
Hepatitis A				1					1	-
Invasive pneumococcal disease	1	1		2				2	6	7
Lead absorption					1				1	8
Legionellosis							1		1	-
Leptospirosis				1					1	-
Malaria				1					1	-
Measles									-	3
Mumps				1	1				2	-
Non Seasonal influenza A (H1N1)				3					3	81
Pertussis				1				1	2	4
Salmonellosis			4	2	1			1	8	5
Tuberculosis				1				1	2	-
VTEC/STEC Infection				1					1	-
Yersiniosis		1		1		1		1	4	1
Grand Total	1	4	13	26	6	4	3	11	68	119

Healthy Environments

Outcome 5 Promote safe and healthy social and physical environments

Health Promoting Schools

- In partnership with the University of Otago College of Education, Public Health South has developed a student placement programme for primary teacher trainees as part of a Graduate Diploma in Education Teaching qualification. The Professional Director for Health Promotion, the Health Promoting Schools Advisor, Allied Health Director and University of Otago staff finalised details of a placement for two students, which over 150 hours will provide insight into how a Public Health Unit operates and the relevance of its activities to schools – from the perspective of the curriculum, the wider environment and in community linkages. The two students, each with a specific interest in health promotion will work alongside a range of Public Health South staff, including promotion, protection and nursing staff. On conclusion the placements will be evaluated

and formal agreements made if the programme is found to meet the needs of the students and both organisations.

Mental Health Promotion

- In 2009 Public Health South was approached by the community about the need to promote well being for Maori males currently in prison. In conjunction with a voluntary community youth worker, the Health Promotion Advisor for Mental Health developed a 10 week pilot programme which follows the Maori concept of health and wellbeing, Tuakiri O Te Tangata (looking beyond the skin of the person). The central aim of the programme is to empower individuals to make changes in their lives. This programme was run from the Otago Corrections Facility from March to May 2010. Interest in the programme has grown in the community and there have been approaches from other agencies who would like support from Public Health South with a view to trialling the programme further. Public Health South can provide support by providing resources and guidance on promoting mental health well being for participants.

Suicide Prevention Coordination

- During 2009 the Suicide Prevention Coordinator collated a list of potential strategies – 'Safe Mental Health Services' to minimise risk of suicide amongst consumers of services and presented these to the Provider Arm Mental Health Service Quality Improvement Committee (Otago) for discussion and consideration. The outcome of this has been that the Southern DHB Mental Health and Intellectual Disability Service (Otago) has developed a draft Service Quality Plan for Otago which has been released for stakeholder consultation. The plan lists suicide prevention as one of six priorities for the service and one of the plan objectives is to reduce suicide and suicide attempts. Several of the 'Safer Mental Health Services' strategies that were put forward to the mental health services by the Suicide Prevention Coordinator have been included as action points in the service plan. These include:
  - Enhancing care for dual diagnosis (mental health and addictions); developing training to enhance care and liaison roles to enhance joint working relationships
  - Follow-up within seven days of discharge from inpatient unit
  - Regular environmental audits to minimise hazards such as ligature points
  - Individual care plans to specify action to be taken if a patient is non-compliant or fails to attend
  - Prompt access to services for people in crisis and their families.

  The draft plan is undergoing stakeholder consultation and the Suicide Prevention Coordinator has disseminated it to the Otago Southland Suicide Prevention Advisory Group for review and will collate any feedback that arises.

PUBLIC HEALTH SOUTH
PUBLIC HEALTH SERVICE REPORT TO THE SOUTHERN DHB
COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE
June 2010

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

- Queenstown Lakes District Council Liquor Licensing Inspectors, Police and Public Health South conducted Drink-Safe workshops in Wanaka and Queenstown. The aim of the workshops were to provide information and increase understanding of the Sale of Liquor Act (1989) to bar staff and up-skill young people who come from overseas to work in the bars in Queenstown and Wanaka during the ski season. The workshops were well supported by licensees who ensure their staff attend. The more knowledgeable the staff, the greater their ability to reduce alcohol related harm.
- Public Health South staff are participating in the development of a University alcohol harm reduction programme with ALAC, Community and Public Health from Canterbury, Police alcohol harm reduction staff and student union and student health representatives from Otago and Christchurch Universities. It is hoped that this collaboration will support the development of comprehensive alcohol harm reduction policies at each of the institutions involved.

Tobacco

- Public Health South has been working with the Rural Otago Primary Health Organisation and the Cancer Society and has made progress with the Central Otago District Council on designating all children's playgrounds as smokefree. This initiative aims to reduce the exposure of children to seeing adults modelling smoking behaviour and normalising smokefree environments. The next step in the process is for the Council to consult the community. Public Health South will continue to advocate for all council recreational areas becoming smokefree.

Communicable Disease and Food Safety

Outcome 4 Reduce the impact and incidence of communicable disease

Biosecurity

- Five vessels travelling through international waters where the first ports of call in New Zealand were Otago and Southland have been issued with a pratique, a quarantine clearance. This is required under the New Zealand Health (Quarantine) Regulations 1983, to be granted before most vessels travelling from an overseas port are allowed to land alongside a New Zealand port and have crew or passengers disembark.
- Forty mosquito larval site assessments were completed at international ports and airports in Otago and Southland. Mosquitoes were detected at two sites, however they were not species of public health significance. This is part of a surveillance programme where identified sites around international ports and airports in Otago and Southland are

examined for exotic mosquitoes that are of public health risk. Monthly surveillance is occurring over the winter months to reflect the lower risk during the colder weather.

Communicable Disease

- Attached below is a table of the cases of suspected and confirmed diseases notified to the Medical Officers of Health in Otago and Southland in June 2010.

	June 2010									June 2009 Total
Disease	Waitaki District	Central Otago District	Queenstown-Lakes District	Dunedin City	Clutha District	Southland District	Gore District	Invercargill City	Total	
Campylobacteriosis	1	3	2	11	1	3	3	5	29	16
Cryptosporidiosis	1			4					5	-
Gastroenteritis - unknown cause				1				1	2	-
Giardiasis		1	7	1		1		1	11	14
Hepatitis A				1					1	-
Hepatitis B				1					1	-
Invasive pneumococcal disease				4		1		1	6	1
Lead absorption				1				1	2	3
Legionellosis							1	1	2	-
Leptospirosis						1			1	2
Meningococcal Disease									-	1
Non Seasonal influenza A (H1N1)									-	4
Pertussis			1	2				1	4	7
Salmonellosis	1		1	6				2	10	6
Tuberculosis			1	1					2	-
Yersiniosis									-	2
Grand Total	3	4	12	33	1	6	4	13	76	56

Healthy Environments

Outcome 5 Promote safe and healthy social and physical environments

Resource Management

- Public Health South has made a submission to the Review on National Air Quality Standards being undertaken by the Ministry for the Environment. The air quality standards set threshold concentrations for certain air pollutants, including PM_{10}, the term to describe airborne particles which are smaller than 10 micrometers (or one thousandth of a millimetre). The air quality standards are intended to help protect public health and the environment. The effects of inhaling particulate matter (including PM_{10}) have been widely studied in humans and animals and include asthma, lung cancer, cardiovascular issues, and premature death. In 2006 Public Health South undertook a study into the effects of air quality on hospital admission rates in Otago. The study indicated that there was a direct

relationship between air quality and hospital admissions over winter. Hospitalisation rates are significantly higher for residents of high pollution areas than for areas of low pollution in Otago. New Zealand currently has the same standard for emissions of PM_{10} as Australia and as recommended by the World Health Organisation (50 micrograms per cubic metre of air averaged over twenty four hours) and will allow only one excedence of this standard per year per monitoring area (airshed) by 2013. In seeking a review, the Ministry was concerned that the somewhat arbitrary 2013 goal may have unfairly penalised industry at a time when economic growth should be being encouraged. In addition to this it is likely that a significant contribution to particulate pollution in these airsheds comes from domestic fires (this has also been acknowledged in the Otago Regional Council's 2008 report on Air Quality). Consequently, Public Health South's submission made the following recommendations to the review:

- modifying the single sample excedence to parallel those of our trading partners and Australian standards
- setting a national 'bottom line' – keeping the 50 ug/m3 criteria
- seeking more data on airshed quality through monitoring to determine the contribution from industry
- programmes to assist industry with compliance if the 2013 date remains.

Public Health is in support of an approach which changes the focus from an absolute deadline to a more practical one where compliance is rewarded, there is more air monitoring to determine sources and ambient quality, new industry has to focus on emission control technology and current initiatives for retrofitting for domestic housing insulation and cleaner burning technology are supported. Ideally, central and local government should work with industry to achieve the best possible outcome for air quality whilst not totally prohibiting industry after 2013 (which could potentially increase health inequalities, in particular in our smaller town centres).

Mental Health

- Public Health South has produced and distributed 'SPinD' (Service Providers in Dunedin), a 64 page directory for vulnerable populations and service providers in Dunedin. The booklet provides information intended to increase the access of vulnerable people to essential services which is geared specifically to their needs particularly related to homelessness, poverty, mental health issues, drug, alcohol and gambling issues, and leaving prison or institutional care. The booklet was designed to be equally useful as a desktop reference for field workers or by those directly experiencing need. The mental health promotion advisor responsible prepared the document after consulting with the Dunedin Council of Social Services and the authors of similar guides in other New Zealand main centres. Since the booklet was printed in January 2010, it has been distributed to sixty-four Dunedin organisations. Following the initial print run of 600, an additional 500 copies were requested by organisations taking part in the project (those listed in the guide). With printed copies rapidly running out, Public Health South maintains and updates a copy for download from its website. While a formal evaluation of the resource is planned to take place in July, anecdotal feedback received suggests that the resource has been popular with service users and service providers have found it particularly worthwhile having access to a directory that is comparatively exhaustive.

Suicide Prevention

- The Suicide Prevention Coordinator and the Medical Officer of Health have provided support to community groups following a youth suicide in the Central Otago/Queenstown-Lakes region. The tasks undertaken included:
  - providing information and resources to the organisation to which the young person belonged
  - answering questions and providing advice to assist with safe management of the event
  - checking a newspaper report for its appropriateness and requesting that information on where to seek help was included as a side-bar

- minimising the impact of an inappropriate media report (by a second newspaper) by informing relevant service providers of the increased risk posed, and liaising with national agencies such as Clinical Advisory Services Aotearoa (CASA), SPINZ and the Ministry of Health.

On the 29th of June Public Health South in collaboration with CASA facilitated a meeting of relevant stakeholders. At the meeting, the postvention response was reflected on and potential service and communication gaps and other issues of concern were identified so that they could be minimised in the future. The outcomes of the meeting were that 1) several key tasks were identified as priority actions to progress, and 2) a smaller group of stakeholders agreed to form a working party to progress these tasks. The working group will aim to meet again in approximately three weeks time.

Briefing to:	Disability Support Advisory Committee and Community and Public Health Advisory Committee		
Subject:	Obesity Management Project - Chronic Diseases Clinical Advisory Group		
Author:	Glenn Symon	**Date:**	17 August 2010
Purpose of Report :	√ **For Information Only**	√ **Decision Required**	
Recommendation:	Advise on the proposal to establish a clinical advisory group to drive, and monitor, a systematic approach for the care for the chronically sick, both in hospital and in the community.		

Key Issues

The Provider Arm of the Dunedin Hospital has provided to CPHAC, at the committees' request, a number of recommendations in response to the Obesity Management Project report. One of the recommendations was to provide advice to P&F on the formation of a Chronic Diseases Clinical Advisory Group.

In providing advice on the formation of a Chronic Diseases Clinical Advisory Group, the committee should take into consideration the following:

1. The purpose and objectives of the advisory group. Who are they advising and what are they advising on. P&F on health needs and strategic planning? Provider Arm on operational matters such as internal systems, frameworks and clinical pathways? Primary care/PHO on service planning and delivery?
2. The membership of the advisory group. Secondary and Primary? Specialists, GPs, nurses, management, consumers?
3. Linkages and/or possible duplication to other advisory groups, e.g. Local Diabetes Team, PHO Clinical Advisory Group, Maori Advisory Group.
4. Resourcing of the proposed Clinical Advisory Group. Funding and administrative support.

The formation of a Chronic Diseases (Conditions) Clinical Advisory Group would require involvement and buy-in across both the primary and secondary sectors. The group would have to have a clear mandate and workplan, with adequate back-up and resources to function effectively.

Ambiguity in purpose and objectives, and insufficient buy-in and support will result in the group loosing focus and becoming ineffective.

Key Activity in this Reporting Period

Key Upcoming Activity

Briefing to:	Disability Support Advisory Committee and Community and Public Health Advisory Committee		
Subject:	Obesity Management Project (OMP)		
Author:	Vivian Blake	**Date:**	11th August 2010
Purpose of Report :	√ **Decisions Required**		
Recommendations:	It is recommended that the committees: 1. Note the summary of the Provider-arm (Otago) assessment of each of the recommendations in the OMP report, based on whether a recommendation is already being implemented, or if not, can be implemented without additional resources (Section A, Table 1) 2. Note there are 26 recommendations in the OMP report and these are provided in Section B, Table 2 3. Agree, or otherwise, for each of the Provider-arm (Otago) recommendations for each of the OMP recommendations (Table 2, recommendations 4- 29) 30. Note the comments from Professor Barry Taylor and Dr Anne Worsnop (Section C) 31. Provide advice to Planning and Funding on the proposal to establish a clinical advisory group to drive, and monitor, a systematic approach for the care for the chronically sick, both in hospital and in the community (Section D)		

Section A: Summary of an assessment of each of the recommendation in the OMP report

The following table (1) summarises the Provider-arm (Otago) assessments of the recommendations in the OMP report, based on whether a recommendation is already being implemented, or if not, can be implemented without additional resources.

Table 1: Summary of OMP recommendations

Provider-arm (Otago) assessment of recommendations in OMP report	Recommendation number	Total	
Already being implemented	1.1; 1.3; 5.1; 8.1	4	
Are cost neutral to implement	2.1; 6.3; 6.4; 7.1; 9.1	5	
Require resources to implement	1.2; 1.4; 3.1*; 3.2*; 4.1; 5.2; 5.3*; 6.1; 6.2	9	

* = some activities are already in place but the recommendation can not be achieved without additional funding

Section B: Provider-arm recommendations for each of the OMP recommendations

There are 26 recommendations in the OMP report, presented in Table 2 below. The recommendations of the Provider-arm (Otago) are also recorded in Table 2 (recommendations 4 to 29). The Committees' agreement, or disagreement, to the Provider-arm recommendations for each of the OMP recommendations is requested.

The Appendix to this report lists the persons consulted in the formation of the Provider-arm (Otago) recommendations.

Table 2: Provider-arm (Otago) recommendations for each of the OMP recommendations

Rec #	OMP #	OMP Recommendation	Recommendation to the Committees (from the Provider-arm (Otago)	Agree / disagree
4	**1.1**	That the Forms tools module of the HealthView system is used to create a data collection module for height and weight information. That height and weight data is collected for every inpatient and outpatient event, and that this data is recorded on the HealthView system. The HealthViews system becomes the only electronic collection point for recording height and weight information.	Note that the OMP recommendation is underway as part of the IT project, but not completed yet	
5	**1.2**	A health information project is initiated with the Primary Care sector for the two way electronic transfer of height and weight information.	Note that this OMP recommendation cannot be implemented without additional funding	
6			Agree IT to include in the planned pilot for e-referrals patient height and weight data	
7	**1.3**	That the e-prescribing project examines the benefits of utilising the height and weight electronic data.	Note that the OMP recommendation is underway as part of the IT project, but not completed yet	
8	**1.4**	That the Quality and Risk Team utilises the height and weight data for audit purposes especially in relation to:- Annual report on the levels of obesity in the population that utilises the clinical services of the Otago DHB. Annual Report to the Otago DHB on any obesity related risks. Annual Report on clinical equipment calibration.	Note that this OMP recommendation cannot be implemented without additional funding	
9	**2.1**	The Otago DHB standardise procedures for undertaking and recording of height and weight measurements within all its clinical facilities (please see Appendix 12 for examples). A copy of these procedures must be available next to all measuring devices.	Agree this OMP recommendation be undertaken by Quality & Risk and Nursing, that this is led by Quality & Risk, and involves the development of best practice guidelines and which are incorporated into the orientation and relevant training programmes	

Rec #	OMP #	OMP Recommendation	Recommendation to the Committees (from the Provider-arm (Otago)	Agree/ disagree
10	**3.1**	Public Health South source or develop health information specifically to address the information needs of the population who are either overweight or obese (Please see the Appendix 12 for NHS example).	Note that some activities already in place, but focus is on prevention, and little on pathway of primary and secondary health care for overweight/obese people	
11			Note that this OMP recommendation cannot be taken further forward without additional funding	
12	**3.2**	Public Health South identifies all community group/s within the Otago region with a focus on obesity issues. This information is to be collated and made available to all health professionals and the general public.	Note that some activities already in place, but focus is on prevention, and little on pathway of primary and secondary health care for overweight/obese people	
13			Note that this OMP recommendation cannot be taken further forward without additional funding	
14	**4.1**	That the Board initiate a further project focused on the case management of morbid obese patients across the Primary and Secondary care continuum, providing client liaison, health promotion and health education in addition to undertaking research and acting as a resource for health professionals. This project should lead the implementation for this DHB of the shortly to be released New Zealand Guideline for the management of Obesity	Note that the implementation plan for the Guidelines (MOH) is not available yet	
15	**5.1**	The Quality and Risk group, together with the Clinical Board, coordinate the development of an Otago DHB policy related to Bariatric Patient Management within the Secondary Care service. Each clinical service should identify the needs of bariatric patients in their area and contribute to the central policy.	Note that this is already in place, but need updating Agree that the Quality and Risk unit lead updating of the policy (Management of Bariatric Patients (47734), Bariatric Equipment Checklist (47733), Safe Handling Policy (15886))	
16	**5.2**	Adaptations are made by all clinical services that have clinical care pathways, in order to accommodate the recording of height, weight and BMI score. That a decision support process be built into these pathways so that issues of overweight or obesity are identified and a health intervention is appropriately initiated.	Note that this OMP recommendation cannot be implemented without additional funding	

Rec #	OMP #	OMP Recommendation	Recommendation to the Committees (from the Provider-arm (Otago)	Agree / disagree
17	**5.3**	The Bariatric Equipment Checklist document be reviewed and updated so that all items of equipment currently in use are identified.	Agree this be undertaken by the Rehabilitation Equipment Pool, as business as usual, for pool equipment	
18			Note that the OMP recommendation cannot be actioned for ward equipment without additional funding	
19	**6.1**	That the Organization wide equipment project group review the equipment requirements of each service and take into account the needs of bariatric patients (please see appendix 9, 10 and 11).	Note that this OMP recommendation cannot be implemented without additional funding	
20	**6.2**	That a system be developed that provides an easy process of understanding the weight limitations of equipment (colour coding for example).	Note that this OMP recommendation cannot be implemented without additional funding	
21	**6.3**	That a review be undertaken to the suitability of the current height and weight measuring equipment in use within the clinical areas of the ODHB.	Agree that this OMP recommendation is managed by the Knowledge Centre	
22	**6.4**	Annual calibration tests are undertaken by the Bioengineering department with and annual report on calibration be presented by the Quality and Risk group to the Hospital Advisory Committee.	Agree that the wards/departments/equipment pool make sure they have an annual maintenance programme and that is kept up-to-date	
23	**7.1**	The Otago DHB asset register is modified to become a tool to identify all equipment that requires bioengineering notification to ensure regular calibration and maintenance (rather than the current system which depends on the cost of equipment).	Agree that the wards, departments and equipment pool ensure that Biomedical Engineering is advised of all equipment that needs calibration, regardless of the cost/value of the equipment, and that a regular maintenance programme is in place for that equipment	
24	**8.1**	The Knowledge Centre take responsibility for developing training and education for all staff around the manual handling of the bariatric patient	Note that this is already be in place (Safe Handling Policy (15886))	
25			Agree that the Knowledge Centre confirm that the OMP recommendation is part of the mandatory training	

Rec #	OMP #	OMP Recommendation	Recommendation to the Committees (from the Provider-arm (Otago)	Agree / disagree
26	**9.1**	A request is made to the Southern Region ECCT, for them to review the provision of care services for obese patients with specific focus on ▪ patient transportation ▪ rural hospital capability to manage obese patients, especially with the higher equipment specification that is required for these patients ▪ community services capability to manage obese patients ▪ Fire service involvement as the last line of rescue.	Note that ECCT is not the appropriate place for this recommendation to be considered.	
27			Agree that St John's progress of their review is followed up by Planning and Funding	
28			Agree that relevant current policies relating to this OMP recommendation are reviewed by Quality and Risk and the Knowledge Centre, and updated if required	
29			Agree that the matter of rural hospital capacity is considered by Planning and Funding	

Section C: Comments from Professor Barry Taylor and Dr Anne Worsnop

The following comments were received after discussion with Professor Barry Taylor and Dr Anne Worsnop on the proposed recommendations from the Provider-arm (Otago) on the OMP report.

Comment from Professor Barry Taylor

The DHB fortunately has responsibility to plan for the health of the Southern area, and in the area of overweight and obesity, the responsibility spans broad environmental and public health promotion as well as the care of individuals. Overweight and obesity affect large numbers of children as well as more than half of all adults in our area. The need for an integrated continuum of care across all public health, primary care and secondary/tertiary domains is urgent, as the costs of not addressing the issues will escalate rapidly over the next 5- 10 years. This one factor underpins or worsens most of the "chronic diseases" of modern society!

The review of the Obesity Management Project identified some positives, but on the whole pointed out that we were relatively unprepared to deal with this modern epidemic. Some very basic steps are needed, from standardising and calibrating our equipment for measuring weight and height and having one place where this is recorded in our electronic records, to preparing some clear pathways for the management of our already obese population.

The task is complex and likely to need ongoing attention over the next few years. I thus commend the board for taking the OMP seriously, and support strongly the need for an ongoing process which will measure and report back on progress in this area.

Comment from Anne Worsnop

When a patient is in hospital, it is probably quite a good time to tackle their health as a whole, because they are having to confront difficulties because of their even needing to be hospitalised. However, if discussion re weight is broached, it needs to be constructive with advice given/ consultation made with an expert who will be able to formulate some management options. This is rather than opening up the problem, then leaving the patient stranded, feeling vulnerable and (possibly) guilty with no specific plan of action.

Response from Barry Taylor: I completely agree with Anne – however – this needs resource. The suggestion was that a speciality clinic be set up (similar to how we used to have hypertension or lipid clinics) for a period of 5 – 7 years, after which it should revert to primary care management. Then the identified patient would be able to be referred to this clinic (which could be run by specialist nurses/ allied health/ Clinical psychologists with medical involvement to deal with complications and/or surgery. The Local Diabetes Team has suggested for a few years now that there needs to be a multi-disciplinary "lifestyle" clinic to deal with this issue. It would need some fairly heavy quality control around it, as many people do things that do not work in this area.

In isolation, the accountability for implementing the recommendations in the OMP report is scattered throughout the hospital and primary care, with no single driver or direction. As a result, implementing any of these recommendations without first establishing a formal, recognised, framework is likely to put the organisation and the patient at risk.

For example, different health providers may collect height and weight data of individual patients, but without a pathway of care for obese persons and a systematic approach to analysis and use of the data, there is little point collecting this data at all.

The organisation is at risk of duplication of activity; and the patient is at risk of falling through the gaps because one health professional thinks another health professional is attending to certain health needs.

Clinicians are at risk because the equipment is faulty, un-calibrated, or inappropriately used; and patients may receive too little or too much medication, or are neglected in terms of health matters unique to obesity.

Staff are at risk of injuries if there is insufficient and inadequate equipment for lifting, and patients can suffer embarrassment and pain.

It is therefore strongly recommended that the Committees consider the establishment of a clinical advisory group to drive, and monitor, a systematic approach for the care for the chronically sick, both in hospital and in the community. The widening of the terms of reference to chronically sick people is sensible - overweight/obese people will have unique health care requirements but they are one subset of people who are chronically ill. It is suggested that the proposed advisory group first focus on the health needs of the overweight and obese person.

Appendix: Staff consulted in the formation of the Provider-arm (Otago recommendations to the Committees

Rec in OMP report	Staff consulted
overall	Professor Barry Taylor Dr Anne Worsnop
1.1	Grant Taylor
1.2	Grant Taylor
1.3	Grant Taylor
1.4	Catherine Rae
2.1	Tina Gilbertson, Catherine Rae
3.1	Pip Stewart
3.1	Pip Stewart, Ruth Zeinert
3.2	Pip Stewart
3.2	Ruth Zeinert
4.1	Ruth Zeinert
5.1	Catherine Rae
5.2	Catherine Rae
5.2	Tina Gilbertson, Catherine Rae
5.3	Warren Taylor, Elaine Chisnall
6.1	Warren Taylor, Elaine Chisnall
6.2	Warren Taylor, Elaine Chisnall
6.3	Warren Taylor, Elaine Chisnall
6.4	Warren Taylor, Elaine Chisnall
6.4	Tina Gilbertson
7.1	David Dickson, Warren Taylor
8.1	Tina Gilbertson
9.1	Megan Boivin

Southern DHB Consolidated Financial Performance July 2010

Month				Year to Date			Annual
Actual $' 000	Budget $' 000	Variance $' 000		Actual $' 000	Budget $' 000	Variance $' 000	Budget $' 000
67,319	66,908	411	Revenue	67,319	66,908	411	802,113
(24,479)	(25,032)	553	Less Personnel Costs	(24,479)	(25,032)	553	(298,168)
(44,284)	(43,745)	(539)	Less Other Costs	(44,284)	(43,745)	(539)	(522,429)
(1,444)	(1,869)	425	Net Surplus / (Deficit)	(1,444)	(1,869)	425	(18,484)

The annual plan has been rejected and requires re-submission
Some of the July variances may be relevant for the resetting of the 10/11 budget and this is being worked thru as part of the budget revision
July's result was a deficit of $1.4m which is better than the budgeted deficit of $1.9m

Summary of Results

Month				Year to Date			Annual	
Actual $' 000	Budget $' 000	Variance $' 000		Actual $' 000	Budget $' 000	Variance $' 000	Budget $' 000	Forecast $' 000
84	(32)	116	Governance	84	(32)	116	0	
(1,587)	(1,598)	11	Funds	(1,587)	(1,598)	11	(15,727)	
59	(239)	298	Provider	59	(239)	298	(2,757)	
(1,444)	(1,869)	425	Net Surplus / (Deficit)	(1,444)	(1,869)	425	(18,484)	

The favourable result is due to FTE levels being below budgeted levels and lower outsourcing costs

DHB Governance

Month				Year to Date			Annual
Actual $' 000	Budget $' 000	Variance $' 000		Actual $' 000	Budget $' 000	Variance $' 000	Budget $' 000
599	599	0	Revenue	599	599	0	7,182
(198)	(295)	97	Less Personnel Costs	(198)	(295)	97	(3,447)
(317)	(336)	19	Less Other Costs	(317)	(336)	19	(3,735)
84	(32)	116	Net Surplus / (Deficit)	84	(32)	116	0

Comment
The bulk of the favourable salary variance is due to FTE being 8 below budget

DHB Funds

Month				Year to Date			Annual
Actual $' 000	Budget $' 000	Variance $' 000		Actual $' 000	Budget $' 000	Variance $' 000	Budget $' 000
62,734	62,381	353	Revenue	62,734	62,381	353	748,576
0	0	0	Less Personnel Costs	0	0	0	0
(64,321)	(63,979)	(342)	Less Other Costs	(64,321)	(63,979)	(342)	(764,303)
(1,587)	(1,598)	11	Net Surplus / (Deficit)	(1,587)	(1,598)	11	(15,727)
			Expenses				
(46,150)	(45,461)	(689)	Personal Health	(46,150)	(45,461)	(689)	(545,178)
(7,225)	(7,177)	(48)	Mental Health	(7,225)	(7,177)	(48)	(85,885)
(176)	(175)	(1)	Public Health	(176)	(175)	(1)	(2,177)
(10,007)	(10,401)	394	Disability Support	(10,007)	(10,401)	394	(121,889)
(164)	(166)	2	Maori Health	(164)	(166)	2	(1,992)
(599)	(599)	0	Other	(599)	(599)	0	(7,182)
(64,321)	(63,979)	(342)	Expenses	(64,321)	(63,979)	(342)	(764,303)

Comment / Key Variances

Revenue
The bulk of the favourable revenue variance relates to an IDF service change and after hours funding which both have an equivalent cost offset
There is some funding received which was missed in the budget setting and will be corrected as part of the budget revision

Personal Health Payments
The community pharmaceuticals budget is over budget by $0.3m and likely to be a timing issue rather than any identifiable issue or trend at this stage
The travel and accommodation budget continues to overspend ($50k) and is of concern given the budget has increased significantly with last years trend
PHO capitation expenditure is above budget and a part of this may be an understated budget which will be corrected as part of the budget revision

Mental Health
Unfilled FTE positions in the provider arm continued with a clawback of nearly $0.2m being applied
We have now separated the mental health referred domestic assistance costs from the DSS home support line, this amounted to $0.1m in July
The budget for this requires moving from DSS into mental health and represents around 9-10% of total home support costs

DSS Payments
Once the budget adjustment to home support is made, costs will be $0.1m below budget for the month, utilisation is now dropping
The Day programme budget is $0.1m underspent, as we have allowed for increased expenditure to support ageing in place, yet we have not contracted new programmes as yet
Rest home residential care costs were over budget with hospital level continuing care costs below budget

DHB Provider

Month				Year to Date			Annual
Actual $' 000	Budget $' 000	Variance $' 000		Actual $' 000	Budget $' 000	Variance $' 000	Budget $' 000
38,360	38,404	(44)	Revenue	38,360	38,404	(44)	460,130
(24,281)	(24,737)	456	Less Personnel Costs	(24,281)	(24,737)	456	(294,721)
(14,020)	(13,906)	(114)	Less Other Costs	(14,020)	(13,906)	(114)	(168,166)
59	(239)	298	Net Surplus / (Deficit)	59	(239)	298	(2,757)

Comment / Key Variances
Elective targets were met in July
FTE levels are significantly below budget in medical, allied and management/admin categories
Revenue
ACC funding levels are well below budget but reflective of current trends with the budget setting requiring review in light of this
The clawback of mental health funding for unfilled FTE positions continued ($0.2m), however there were other non related favourable revenue variances
Personnel
Medical salary costs were on budget overall including some wage provisioning and outsourced costs (Sthld locum budget) was $0.2m below budget
Despite nursing FTE being 5 over budget, costs were $0.2m favourable
Allied Health FTE were 24 below budget with costs $0.1m below budget, but this is in the context of funding being clawed back for mental health positions
Management / Admin FTE were 28 below budget with costs also below budget
Outsourced Costs
Aside from the locum costs discussed above, the Otago site has allowed for a significant level of outsourced volumes, this budget was underspend by $0.3m in July although volume targets were met

Clinical Supplies
Patient Treatment dispoables costs continued to be well over budget with DHB activity levels high
Implant and Prosthesis costs as with air ambulance costs were also well over budget in July
Infrastructure / Non clinical costs
This category was $40k favourable to budget but was mainly from lower IT depreciation costs due to timing issues from last years capital programme

Briefing to:	Disability Support Advisory Committee and Community and Public Health Advisory Committee		
Subject:	PHO Performance Programme Update		
Author:	Glenn Symon	**Date:**	16 August 2010
Purpose of Report :	√ **For Information Only**	√ **Decision Required**	
Recommendation:	The committee notes the report		

Key Issues

The PHO Performance Programme (PPP) is designed to reward PHOs for demonstrating improved health outcomes and improved access to care for their enrolled populations. The PPP is based on a set of core national indicators.

PHOs are eligible for six-monthly performance payments based on their performance against targets on a set number of the national indicators. Some indicators are for information only and do not contribute to performance payments.

Key Activity in this Reporting Period

Attached to this report are the dashboard progress reports to 31 March 2010 for both the former Southland DHB and Otago DHB.

Significant points to note from the report are:

1. The Flu vaccine coverage measures appear well below the targets. This is due to the reporting period only covering part of the total period. Note that both DHBs are above the national average.
2. Age appropriate vaccinations for 2 year olds continue to be well above the national averages.
3. Ischaemic CVD Detection in Southland is well below Otago and the national average.
4. Diabetes Detection in Southland is well below Otago and the national average. The drop in performance from the last report is attributed to the change to MoH prevalence data, which has been shown by the LDT to be over-estimating the number of diabetics in the region by nearly 20%.
5. Diabetes Detection and Follow-Up, especially for Southland, remain below the national average; see note above regarding prevalence data.

Key Upcoming Activity

PHO PERFORMANCE PROGRAMME DASHBOARD — PROGRESS REPORT TO 31 MAR 2010

Southland DHB — DHB Level

Indicator	Trend	Better	Programme Goal	Age Group	Gender	Data Period	National	DHB	PHO	Practice
Flu Vaccine Coverage - Total Population		▲	≥75	65+	ALL	Jan 10 - Mar 10	36.65	41.43	SELECTABLE	SELECTABLE
Flu Vaccine Coverage - High Needs		▲	≥75	65+	ALL	Jan 10 - Mar 10	37.29	40.56	SELECTABLE	SELECTABLE
Cervical Cancer Screening Coverage - Total Population		▲	≥75	20-69	FEMALE	Apr 07 - Mar 10	73.83	75.27	SELECTABLE	SELECTABLE
Cervical Cancer Screening Coverage - High Needs		▲	≥75	20-69	FEMALE	Apr 07 - Mar 10	65.11	66.39	SELECTABLE	SELECTABLE
Age Appropriate Vaccinations - 2yr Olds - Total Population		▲	≥85	2Yr old cohort	ALL	Jan 10 - Mar 10	77.16	88.71	SELECTABLE	SELECTABLE
Age Appropriate Vaccinations - 2yr Olds - High Needs		▲	≥85	2Yr old cohort	ALL	Jan 10 - Mar 10	72.82	88.52	SELECTABLE	SELECTABLE
Breast Cancer Screening Coverage - High Needs		▲	≥70	50-64	FEMALE	Apr 08 - Mar 10	58.59	64.75	SELECTABLE	SELECTABLE
GP Referred Laboratory Expenditure - Total Population		▼	≤100	ALL	ALL	Apr 09 - Mar 10	85.98	87.35	SELECTABLE	SELECTABLE
GP Referred Pharmaceutical Expenditure - Total Population		▼	≤100	ALL	ALL	Apr 09 - Mar 10	80.60	83.01	SELECTABLE	SELECTABLE
Ischaemic CVD Detection - Total Population		▲	≥90	30-79	ALL	Jan 10 - Mar 10	109.72	78.96	SELECTABLE	SELECTABLE
Ischaemic CVD Detection - High Needs		▲	≥90	30-79	ALL	Jan 10 - Mar 10	125.30	80.80	SELECTABLE	SELECTABLE
CVD Risk Assessment - Total Population		▲	≥80 after 5 years	Eligible Table	ALL	Jan 10 - Mar 10	28.74	26.90	SELECTABLE	SELECTABLE
CVD Risk Assessment - High Needs		▲	≥80 after 5 years	Eligible Table	ALL	Jan 10 - Mar 10	33.56	24.07	SELECTABLE	SELECTABLE
Diabetes Detection - Total Population		▲	≥90	15-79	ALL	Jan 10 - Mar 10	89.55	62.10	SELECTABLE	SELECTABLE
Diabetes Detection - High Needs		▲	≥90	15-79	ALL	Jan 10 - Mar 10	102.36	67.53	SELECTABLE	SELECTABLE
Diabetes Detection and Follow-Up - Total Population		▲	≥80	15-79	ALL	Jan 10 - Mar 10	50.97	23.75	SELECTABLE	SELECTABLE
Diabetes Detection and Follow-Up - High Needs		▲	≥80	15-79	ALL	Jan 10 - Mar 10	55.03	21.35	SELECTABLE	SELECTABLE
Inhaled Corticosteroids - Total Population		▲	≤1000	> 17 Yrs	ALL	Oct 09 - Mar 10	898.40	994.87	SELECTABLE	SELECTABLE
Metformin:Sulphonylureas - Total Population		▲	A ratio which shows a greater proportion of	ALL	ALL	Oct 09 - Mar 10	18.75	24.48	SELECTABLE	SELECTABLE
Acute Phase Response - Total Population		▲	≤7:10	ALL	ALL	Oct 09 - Mar 10	2.80	3.17	SELECTABLE	SELECTABLE

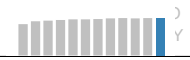
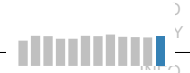
Thyroid Function - Total Population		≥20:10	ALL	ALL	Oct 09 - Mar 10	32.59	38.57	SELECTABLE	SELECTABLE
Breast Cancer Screening Coverage - Total Population		≥70	50-64	FEMALE	Apr 08 - Mar 10	66.25	73.68	SELECTABLE	SELECTABLE
Percentage Valid NHI on Register - Total Population		≥99.5	ALL	ALL	Jan 10 - Mar 10	99.26	99.82	SELECTABLE	SELECTABLE
Utilisation by High Need enrolees - Total Population - GP Consults		≥1	ALL	ALL	Jan 10 - Mar 10	1.07	1.02	SELECTABLE	SELECTABLE
Nurse Consults-Utilisation by High Need enrolees - Total Population		≥1	ALL	ALL	Jan 10 - Mar 10	1.24	1.16	SELECTABLE	SELECTABLE
Utilisation by High Need - Doctor & Nurse - Total Population		≥1	ALL	ALL	Jan 10 - Mar 10	1.11	1.05	SELECTABLE	SELECTABLE
Smoking Status Ever Recorded - Total Population		≥90	15-75	ALL	Jan 10 - Mar 10	53.76	30.56	SELECTABLE	SELECTABLE
Smoking Status Ever Recorded - High Needs		≥90	15-75	ALL	Jan 10 - Mar 10	57.62	25.91	SELECTABLE	SELECTABLE
Smoking Status Ever Recorded - Other		≥90	15-75	ALL	Jan 10 - Mar 10	52.22	31.55	SELECTABLE	SELECTABLE
Current Smoker Status Recorded - Total Population		≥90	15-75	ALL	Jan 10 - Mar 10	19.97	21.87	SELECTABLE	SELECTABLE
Current Smoker Status Recorded - High Needs		≥90	15-75	ALL	Jan 10 - Mar 10	29.76	31.72	SELECTABLE	SELECTABLE
Current Smoker Status Recorded- Other		≥90	15-75	ALL	Jan 10 - Mar 10	15.67	20.14	SELECTABLE	SELECTABLE

i Information only

PHO PERFORMANCE PROGRAMME DASHBOARD — PROGRESS REPORT TO 31 MAR 2010

Otago DHB — DHB Level

Indicator	Trend	Better	Programme Goal	Age Group	Gender	Data Period	National	DHB	PHO	Practice
Flu Vaccine Coverage - Total Population		▲	≥75	65+	ALL	Jan 10 - Mar 10	36.65	38.06	SELECTABLE	SELECTABLE
Flu Vaccine Coverage - High Needs			≥75	65+	ALL	Jan 10 - Mar 10	37.29	42.94	SELECTABLE	SELECTABLE
Cervical Cancer Screening Coverage - Total Population			≥75	20-69	FEMALE	Apr 07 - Mar 10	73.83	79.76	SELECTABLE	SELECTABLE
Cervical Cancer Screening Coverage - High Needs			≥75	20-69	FEMALE	Apr 07 - Mar 10	65.11	73.33	SELECTABLE	SELECTABLE
Age Appropriate Vaccinations - 2yr Olds - Total Population			≥85	2Yr old cohort	ALL	Jan 10 - Mar 10	77.16	85.82	SELECTABLE	SELECTABLE
Age Appropriate Vaccinations - 2yr Olds - High Needs			≥85	2Yr old cohort	ALL	Jan 10 - Mar 10	72.82	84.39	SELECTABLE	SELECTABLE
Breast Cancer Screening Coverage - High Needs			≥70	50-64	FEMALE	Apr 08 - Mar 10	58.59	68.47	SELECTABLE	SELECTABLE
GP Referred Laboratory Expenditure - Total Population			≤100	ALL	ALL	Apr 09 - Mar 10	85.98	99.55	SELECTABLE	SELECTABLE
GP Referred Pharmaceutical Expenditure - Total Population			≤100	ALL	ALL	Apr 09 - Mar 10	80.60	90.51	SELECTABLE	SELECTABLE
Ischaemic CVD Detection - Total Population			≥90	30-79	ALL	Jan 10 - Mar 10	109.72	113.90	SELECTABLE	SELECTABLE
Ischaemic CVD Detection - High Needs			≥90	30-79	ALL	Jan 10 - Mar 10	125.30	128.20	SELECTABLE	SELECTABLE
CVD Risk Assessment - Total Population			≥80 after 5 years	Eligible Table	ALL	Jan 10 - Mar 10	28.74	25.34	SELECTABLE	SELECTABLE
CVD Risk Assessment - High Needs			≥80 after 5 years	Eligible Table	ALL	Jan 10 - Mar 10	33.56	27.31	SELECTABLE	SELECTABLE
Diabetes Detection - Total Population			≥90	15-79	ALL	Jan 10 - Mar 10	89.55	84.67	SELECTABLE	SELECTABLE
Diabetes Detection - High Needs			≥90	15-79	ALL	Jan 10 - Mar 10	102.36	101.01	SELECTABLE	SELECTABLE
Diabetes Detection and Follow-Up - Total Population			≥80	15-79	ALL	Jan 10 - Mar 10	50.97	44.42	SELECTABLE	SELECTABLE
Diabetes Detection and Follow-Up - High Needs			≥80	15-79	ALL	Jan 10 - Mar 10	55.03	52.62	SELECTABLE	SELECTABLE
Inhaled Corticosteroids - Total Population			≤1000	> 17 Yrs	ALL	Oct 09 - Mar 10	898.40	996.67	SELECTABLE	SELECTABLE
Metformin:Sulphonylureas - Total Population			A ratio which shows a greater proportion of	ALL	ALL	Oct 09 - Mar 10	18.75	20.19	SELECTABLE	SELECTABLE
Acute Phase Response - Total Population			≤7:10	ALL	ALL	Oct 09 - Mar 10	2.80	3.34	SELECTABLE	SELECTABLE

Thyroid Function - Total Population		≥20:10	ALL	ALL	Oct 09 - Mar 10	32.59	42.57	SELECTABLE	SELECTABLE
Breast Cancer Screening Coverage - Total Population		≥70	50-64	FEMALE	Apr 08 - Mar 10	66.25	75.00	SELECTABLE	SELECTABLE
Percentage Valid NHI on Register - Total Population		≥99.5	ALL	ALL	Jan 10 - Mar 10	99.26	99.73	SELECTABLE	SELECTABLE
Utilisation by High Need enrolees - Total Population - GP Consults		≥1	ALL	ALL	Jan 10 - Mar 10	1.07	1.11	SELECTABLE	SELECTABLE
Nurse Consults-Utilisation by High Need enrolees - Total Population		≥1	ALL	ALL	Jan 10 - Mar 10	1.24	1.18	SELECTABLE	SELECTABLE
Utilisation by High Need - Doctor & Nurse - Total Population		≥1	ALL	ALL	Jan 10 - Mar 10	1.11	1.12	SELECTABLE	SELECTABLE
Smoking Status Ever Recorded - Total Population		≥90	15-75	ALL	Jan 10 - Mar 10	53.76	32.06	SELECTABLE	SELECTABLE
Smoking Status Ever Recorded - High Needs		≥90	15-75	ALL	Jan 10 - Mar 10	57.62	31.82	SELECTABLE	SELECTABLE
Smoking Status Ever Recorded - Other		≥90	15-75	ALL	Jan 10 - Mar 10	52.22	32.10	SELECTABLE	SELECTABLE
Current Smoker Status Recorded - Total Population		≥90	15-75	ALL	Jan 10 - Mar 10	19.97	24.87	SELECTABLE	SELECTABLE
Current Smoker Status Recorded - High Needs		≥90	15-75	ALL	Jan 10 - Mar 10	29.76	38.50	SELECTABLE	SELECTABLE
Current Smoker Status Recorded- Other		≥90	15-75	ALL	Jan 10 - Mar 10	15.67	22.65	SELECTABLE	SELECTABLE

i Information only