DISABILITY SUPPORT ADVISORY COMMITTEE

and

COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE

A G E N D A

Wednesday, 1 May 2013
10.00 am

Board Room
Community Services Building
Southland Hospital Campus, Invercargill

Our Vision:
Better Health, Better Lives, Whānau Ora

Our Mission:
We work in partnership with people and communities to achieve their optimum health and wellbeing. We seek excellence through a culture of learning, inquiry, service and caring.

DISABILITY SUPPORT ADVISORY COMMITTEE AND COMMUNITY & PUBLIC HEALTH ADVISORY COMMITTEE

Wednesday, 1 May, 10.00 am

Community Services Building, Southland Hospital , Invercargill

A G E N D A

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Closed Session:

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

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

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

SOUTHERN DISTRICT HEALTH BOARD

INTERESTS REGISTER

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
Joe BUTTERFIELD (Chairman)	01.03.2012 06.12.2010	1. Member, South Island Neurosurgical Board **Son-in-law:** 2. Partner, Polson Higgs, Chartered Accountants. 3. Trustee, Corstorphine Baptist Community Trust	1. 2. Does some accounting work for Southern PHO. 3. Has a mental health contract with Southern DHB.
Paul MENZIES (Deputy Chairman)	10.02.2010 10.02.2010 06.10.2011 02.08.2012	1. Wife a member on the Southland Child Youth Mortality Review Group. 2. Wife a member on the Child and Youth Health Advisory Committee. 3. Trustee, Southern PHO. 4. Wife a trustee of Number 10, Youth One Stop Shop, Invercargill.	1. Nil. 2. Nil. 3. Appointed as a trustee by Southern DHB. PHO is contracted to the DHB. 4. Possible conflict with funding requests.
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.
Sandra Cook	01.09.2011	1. Te Runanga o Ngāi Tahu	1. Holds a "right of first refusal" over certain Crown properties. Also seen as a Treaty partner and affiliates may hold contracts from Southern DHB from time to time.
Kaye CROWTHER	09.11.2007 14.08.2008 14.08.2008 12.02.2009 05.09.2012 01.03.2012	1. Employee of WHK South. 2. Trustee of Plunket Foundation. 3. Trustee of Wakatipu Plunket Charitable Trust. 4. Corresponding member for health and family affairs, National Council of Women. 5. Trustee for No 10 Youth Health Centre, Invercargill. 6. DHB representative on the Gore Social Sector Trial	1. Possible conflict if DHB contracts HR services from JCL and Progressive Consulting, which are subsidiaries of WHK. 2. Nil. 3. Nil. 4. Nil.
Mary FLANNERY	17.11.2010 10.11.2011	1. Trustee, Rural Otago Primary Health Organisation 2. Associate Solicitor, Bodkins/AWS Legal, Alexandra. 3. Partner, Tayside Farm Partnership. 4. Director, New Zealand Irrigation Board.	1. Was contracted to Southern DHB – contracts assigned to Southern PHO (will be wound up) 2. Nil 3. Nil 4. Nil

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
James Malcolm MACPHERSON	28.06.2005 09.03.2011 25.11.2010 25.11.2010 25.11.2010 28.08.2007 09.03.2011 09.03.2011 09.03.2011 13.12.2001 22.04.2003	1. Member Otago Polytechnic Council. 2. Contractor and Tutor, Otago Polytechnic. 3. Member Central Lakes Trust. 4. Member Roxburgh Gorge Trail Charitable Trust. 5. Part owner, Alexandra Medical Centre. 6. Co-Principal, Brilliant New Zealand Ltd. 7. Chairman, Jolendale Charitable Trust. 8. Shareholder, Medco Properties Ltd 9. Director, Centennial Health Ltd **Spouse - Susan Elizabeth Macpherson:** 10. GP Principal, Centennial Health Ltd, Alexandra. 11. Branch Medical Advisor, ACC, Alexandra.	1. (OP has training interests in common with the DHB, no) 2. (personal interest.) 3. CLT is a community funder in its region, which includes Dunstan and Lakes District Hospitals, plus a wide range of community and primary services and service providers, and is a possible future funder. 4. Nil. 5. The AMC is tenanted by all of Alexandra's GPs and a pharmacy, and is also occasionally used by related service providers, including midwives and the University of Otago Medical School. A range of potential conflicts. 6. BNZL is a consultancy which may have an involvement with health sector organisations. 7. Nil. 8. MPL will be responsible for the tenancy of all of Alexandra's current GPs and a pharmacy and may also house other related service providers, including midwives and the University of Otago Medical School. A range of potential conflicts, real and theoretical. 9. & 10. Board discussions relating to primary health providers or primary referred services may involve conflicts of interest. Declare where appropriate and withdraw where prudent. 11. ACC is a major customer of the DHB. Remote possibility of an influence, no personal interest.
Tahu POTIKI	15.12.2007 03.04.2008 24.11.2009 03.06.2010	1. Director, Arataki Associates. 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.
Branko SIJNJA	07.02.2008 04.02.2009 22.06.2010	1. Director, Clutha Community Health Company Limited. 2. 0.8 FTE Director Rural Medical Immersion Programme, University of Otago School of Medicine. 3. 0.2 FTE Employee, Clutha Halth First General	1. Operates publicly funded secondary health services under contract to Southern DHB. 2. Possible conflicts between Southern DHB and University interests. 3. Employed as a part-time GP.

Board Member	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern DHB
	 07.06.2012	Practice 4. Director of Southern Community Laboratories	
Richard John THOMSON	13.12.2001 23.09.2003 29.03.2010 06.04.2011	1. Managing Director, Thomson & Cessford Ltd. 2. Director, Susanna Shaya Imports Ltd 3. Chairperson and Trustee, Hawksbury Community Living Trust. 4. Trustee, HealthCare Otago Charitable Trust. 5. Director, Composite Retail Group. 6. Councillor, Dunedin City Council.	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.
Tim WARD	14.09.2009 01.05.2010 01.05.2010 10.12.2012	1. Partner, BDO Invercargill, Chartered Accountants. 2. Trustee, Verdon College Board of Trustees. 3. Council Member, Southern Institute of Technology (SIT). 4. Director of Southern Community Laboratories Otago-Southland	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.

SOUTHERN DISTRICT HEALTH BOARD

INTERESTS REGISTER FOR THE EXECUTIVE MANAGEMENT TEAM

As at January 2013

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
Richard Bunton	17.03.2004 22.06.2012 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. 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. 6. No conflict. 7. No conflict.
Donovan Clarke	02.02.2011 18.12.2012	1. Te Waipounamu Delegate, Te Piringa, National Maori Disability Advisory Group. 2. Director, Great Western Steakhouse, New Lynn, Auckland. 3. The Child and Youth Health Compass Steering Group.	1. Nil. 2. Nil. 3. Nil.
Carole Heatly	14.03.2012	Nil.	
Robert Mackway-Jones	28.08.2007	1. Close association (wife) employed by Dunedin Hospital.	1. Reporting line to Purchasing Team leader.
Lexie O'Shea	01.07.2007	1. Trustee, Gilmour Trust.	1. Southland Hospital Trust.
Lynda McCutcheon	22.06.2012	1. Member of the University of Otago, School of Physiotherapy, Admissions Committee.	
John Pine	17.11.201	Nil.	

Employee Name	Date of Entry	Interest Disclosed	Nature of Potential Interest with Southern District Health Board
Leanne Samuel	01.07.2007 01.07.2007 01.07.2007 29.10.2009 01.10.2010	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 National Elective Services Productivity and Workforce Programme Steering Group.	1. Southland Hospital Trust. 2. Nil. 3. Potential conflict if the DHB purchases services from this organisation. 4. Southland Trust. 5. Nil.
David Tulloch	23.11.2010 02.06.2011 17.08.2012	1. Southland Urology (Director). 2. Southern Surgical Services (Director). 3. UA Central Otago Urology Services Limited (Director). 4. Trustee, Gilmour Trust.	1. Potential conflict if DHB purchases services. 2. Potential conflict if DHB purchases services. 3. Potential conflict if DHB purchases services. 4. Southland Hospital Trust.

Southern District Health Board

Minutes of the Joint Meeting of the Disability Support Advisory Committee and Community & Public Health Advisory Committee held on Thursday, 7 February 2013, commencing at 10.00 am, in the Board Room, Main Block, Wakari Hospital Campus, Dunedin

Unconfirmed

Present:	Dr Malcolm Macpherson	Chairman
	Mr Neville Cook	
	Ms Sandra Cook	
	Mrs Kaye Crowther	
	Mrs Mary Flannery	
In Attendance:	Mr Joe Butterfield	Board Chair (from 10.15 am)
	Mr Paul Menzies	Deputy Chair (from 11.30 am)
	Mr Robert Mackway-Jones	Executive Director Finance & Funding
	Ms Carole Heatly	Chief Executive Officer
	Mrs Sharon Adler	Portfolio Manager, Health of Older Persons and Disability
	Mrs Thelma Brown	Portfolio Manager, Public & Population Health
	Mrs Adele Knowles	Portfolio Manager, Primary & Community
	Ms Jeanette Kloosterman	Board Secretary

1.0 WELCOME

The Chairman welcomed everyone to the meeting.

2.0 APOLOGIES

There were no apologies.

3.0 MEMBERS' DECLARATION OF INTEREST

It was resolved:

> **"That the Interests Register be noted."**

4.0 PREVIOUS MINUTES

It was resolved:

> **"That the minutes of the joint meeting of the Disability Support Advisory Committee and Community & Public Health Advisory Committee held on 12 December 2012 be approved and adopted as a true and correct record."**

5.0 ACTION SHEET

The Committees reviewed the action sheet (agenda item 5).

The Executive Director Finance & Funding noted that the first communicable disease trend report had been received and was included in the agenda.

6.0 PRIMARY AND COMMUNITY

Mrs Adele Knowles, Portfolio Manager, presented her report on Primary and Community activity (agenda item 6) and took questions from members.

The Committees requested that a definition of acronyms be included in future reports.

Mr Joe Butterfield, Board Chairman, joined the meeting at 10.15 am.

7.0 PUBLIC & POPULATION HEALTH

Mrs Thelma Brown, Portfolio Manager, presented her report on Primary and Community activity (agenda item 7) and took questions from members.

The Chief Executive Officer acknowledged the efforts of staff in achieving outstanding results for B4School checks and the newborn hearing screening programme.

The Committees requested that further information on the Gore Social Sector Trial be submitted to the next meeting.

The Committees considered reports on Public Health South (PHS) activity for November and December 2012 and a report on pertussis (whooping cough).

8.0 MENTAL HEALTH AND ADDICTIONS

The Executive Director Finance & Funding presented the Mental Health and Addiction Portfolio activity report (agenda item 8) and drew members' attention to the presentations by Bruce Kamradt in Cromwell on 21 February and Ken Jue in Dunedin on 25 February 2013.

9.0 FINANCIAL REPORT

The Executive Director Finance & Funding presented the Funder Financial Report for the period ended 31 December 2012 (agenda item 9).

It was resolved:

"That the portfolio and financial reports be received."

Unconfirmed

10.0 GENERAL

Visit of Director-General of Health

The Chief Executive Officer gave a brief verbal report on the visit of Dr Kevin Woods, Director General of Health, on 5 February 2013.

CONFIDENTIAL SESSION

At 11.00 am it was resolved that the public be excluded for the following agenda items:

General subject:	*Reason for passing this resolution:*	*Grounds for passing the resolution:*
1. Previous Minutes	As per reasons set out in previous agenda.	S 34(a), Schedule 4, NZ Public Health and Disability Act 2000 – that the public conduct of this part of the meeting would be likely to result in the disclosure of information for which good reason for withholding exists under sections 9(2)(f)(iv), 9(2)(i) and 9(2)(j) of the Official Information Act 1982, that is, the withholding of the information is necessary to maintain the constitutional conventions for the time being which protect the confidentiality of advice tendered by Ministers of the Crown and officials or 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.
2. Home & Community Support Services Funding under RFP Process	Commercial sensitivity and to allow activities to be carried on without prejudice or disadvantage.	As above, sections 9(2)(i) and 9(2)(j).
3. Annual Plan 2013/14 – Planning Outline	Plan is subject to Ministerial approval.	As above, sections 9(2)(f)(iv) and 9(2)(j).

The meeting closed at 12.15 pm.

Confirmed as a correct record:

Chairman ....

Date ....

Unconfirmed

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

ACTION SHEET

Updated following February 2013 meeting

Meeting	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
	Presentations	Consideration to be given to inviting representatives: Rural Trusts, St Johns, Milburn Prison.	GMFF	Presentations for information will be scheduled as appropriate.	Ongoing
August 12	**Public & Population Health Report** (Agenda item 8)	What was being done to encourage other work places to seek breastfeeding friendly certification	PM-PPH	Public Health South do limited work with providers to create breastfeeding friendly environments, but no DHB funded organisations (to our knowledge) are certified as the approx. $3k certification fee prevent many from achieving this status.	Completed.
Dec 12	**Primary Care Report on after-hours services**	A two monthly progress report was requested from the PHO	PM-C		
Feb-13	**Disability Support**	An update on InterRAI assessments was requested and timeframe when backlog to be completed	PM-DSS	A report was submitted to HAC showing that as of 8 April, 1,511 clients were waiting re-assessment and 518 new referrals were pending assessment. The incoming HCSS providers are to provide help to clear the re-assessment backlog. 95% target of assessment complete by June 2014.	Completed.

Meeting	SUBJECT	ACTION REQUIRED	BY	STATUS	EXPECTED COMPLETION DATE
Feb-13	**Public & Population Health (Agenda item 7)**	An update on the Gore Trials was requested	PM-PPH	Attached as part of agenda item 7	Completed.

Primary & Community Portfolio Update

RECOMMENDATION: That the committees note this report.			
Briefing to:	Disability Support and Community & Public Health Advisory Committees		
Subject:	Primary & Community Portfolio Update		
Author:	Adele Knowles, Portfolio Manager	**Date**	22nd April 2013
Purpose of Report :	☒ **For Information Only**		☐ **Decision Required**

Key Issues
Implementing the Community Pharmacy Services Agreement
Key Activity in this Reporting Period

Pharmacy

The timing of the next roll out of the Community Pharmacy Anti-Coagulation Management Service (CPAMS) will be finalised soon. A high-level review of the first roll out will be done in conjunction with the next call for expressions of interest in providing the service.

The Community Pharmacy Services Governance Group (CPSGG) met for the first time on 17 April. Members confirmed to date are Kevin Snee, Lead CE Pharmacy for the 20 DHBs; Cathy O'Malley, Deputy Director General, Sector Capability and Innovation, Ministry of Health; Andrew Gaudin, Strategic Advisor, Ministry of Health; Steffan Crausaz, CEO PHARMAC; and Karen Crisp, President Pharmacy Guild, pharmacy sector representative.

The Community Pharmacy Services Operational Group (CPSOG) has approved the release of the January and February monitoring reports of the Community Pharmacy Services Agreement (CPSA). The total number of items dispensed has fallen since the agreement was introduced on 1 July 2012. Growth in initial items is more than offset by a reduction in repeat dispensing volumes. It was anticipated that the new dispensing frequency rules would result in a reduction in unnecessary repeats. Growth in initial items is being monitoring closely by the funding, fee setting and monitoring work group, and then reported to CPSOG. Once these reports are approved by CPSOG, they will be posted each month. If it looks like growth will cross either the upper or lower limits of the risk corridor, action will be taken to avoid triggering a review of the annual funding envelope.

The Long Term Conditions (LTC) Service work group is reviewing the medicines management plan, and is going to refine the template for documenting the medicines management plan to make preparing plans even easier. The GP representative on the work group is looking at what is the most useful information from a medicines management plan that should be shared with the patient's GP.

The work group is also looking at what training to put in place to support pharmacists to develop their patient plans.

This information about reconciliation gives an outline of the first steps that could be included in a medicines management plan.

Reconciliation

Reconciliation is essentially a check that what the patient is taking, is what they should be taking. It is an important first step prior to synchronisation.

Medicines reconciliation is about obtaining an accurate list of a patient's medicines, allergies and adverse drug reactions from reliable sources and comparing this with the list of current prescribed medicines and documented allergies and adverse drug reactions. The various lists of medicines are then checked against each other; discrepancies are reconciled, accounted for and documented.

Reconciliation is particularly important where multiple prescribers are involved in a patient's care and there is a possibility of medicines interacting with or counteracting each other, or more than one medicine being prescribed by different prescribers for the same condition.

Once there is a single complete record of a patient's medicines, it is important that the patient is given the record and encouraged to take it to all appointments and keep it up to date as medicines change.

Audit

The aim of the LTC Service is to ensure that pharmacists are actively supporting patients with complex medical conditions to adhere to their medication regimens. The CPSA requires that the pharmacist is "actively managing (at least monthly contact)" an LTC Service patient. If a pharmacy's pattern of dispensing to a patient does not appear to match "active management" of the patient then this would be identified by the new standard monitoring and audit approach.

The initial audit indicator "triggers" were agreed in principle at the last CPSOG meeting on 28 March. A small taskforce made up of members of the Funding, Fee Setting and Monitoring (FFSMG) work group and the Assurance work group have assisted with the identification of the trigger indicators.

The audit strategy is closely linked to the data monitoring framework which was also discussed. The Framework allows for authorised users to monitor across all pharmacies as well as down to the level of an individual pharmacy. The high-level monitoring results are available on the pharmacy website.

The more detailed monitoring information will go to the FFSMG and the Assurance group, who will be looking at the data to identify outliers that require further investigation. This will include indicators such as growth in initial items coupled with a reduction in repeat dispensing's. Dispensing to Community Residential Care (CRC) and Age Related Residential (ARRC) facilities will be monitored against the database of LTC Service registrations. The information these groups review does not allow them to identify individual pharmacies.

The number of LTC Service registrations nationally is around 120,000. The median number of LTC Service registrations is about 90 patients per pharmacy. The number of registrations is being compared against the population profile of the community that pharmacy serves with a view to highlight pharmacies with unexpected registrations patterns for further examination (for example, very low or very high numbers of registrations).

One of the intentions of the new service model is to discourage unnecessary dispensing. CPSOG has agreed there needs to be prompt action if pharmacies are believed to be encouraging prescribers to shorten the period of supply of a script or to generate new prescriptions

unnecessarily

Southern Community Laboratories

A process for applying for access to tests which are not currently part of the SCL agreement has been developed and is in place across the provider arm.

Discussions have taken place as a background to a Ministry of Justice request for Expressions of Interest (EOI) for Coroners Post Mortem services. A South Island Alliance approach will be taken to the response

SCL are providing information to support the Year on Year programme for the PHO and also to validate data for DCIP.

Southern PHO

Health Promotion

Health Promotion work is linking across the district and across sectors, working with Public Health Unit in development of plans and activities

Diabetes Care IMPROVEMENT PROGRAMME DCIP

The roll out continues in practices and the Ministry of Health has provided very positive feedback to reporting

Long Term Conditions Network

The first information from a project to identify a patient's perspective of the services provided for people with Long Term Conditions will be available soon. A steering group with representatives from Planning and Funding, Southern PHO and the University of Otago Department of Social and Preventative Medicine have been involved in the project.

Maternity Quality and Safety

Applications for the Maternity Quality and Safety Coordinator position have closed and interviews will take place. Work across the District in changing models of care and developing linkages has been making good progress.

Key Upcoming Activity

- CPSA implementation
- Developing a network for Long Term Conditions

Public & Population Health Portfolio Report

RECOMMENDATION For noting.			
Briefing to:	CPHAC/DSAC		
Subject:	Public and Population Health		
Author:	Thelma Brown, Portfolio Manager – Public and Population Health	Date	22 April 2013
Purpose of Report :	☒ **For Information Only**		☐ **Decision Required**

Key Issues

None.

Key Activity in this Reporting Period

Child and Young Persons Health

B4School Checks (B4SC)
At the end of the third quarter, Southern DHB had exceeded this year's overall and high deprivation targets (at 87.5% and 90.4% respectively). The DHB continues to take a quality improvement focus to the B4SC programme, especially in relation to management of referral pathways.

The Ministry advised that it is planning a face to face meeting of B4SC Coordinators in May as an opportunity for Coordinators to strengthen networks, share best practice and resources, and plan for the future. The Ministry also intends to review the current training structure/s for B4SC and associated learning/education/information channels.

Stocktake of Child Development Services
The Stocktake of Child Development Services in the Southern DHB is nearing completion. The stated purpose of the stocktake is to collate information on Child Development Services delivered across the district and to highlight differences, anomalies and issues and to make possible recommendations for improvement where appropriate. The draft Stocktake report will be released for consultation by the end of April.

Gateway Assessment Programme
Gateway Assessments are going well, through designated paediatric outpatient clinics with services provided by paediatricians, Gateway Assessment Coordinators and Youth Health Assessors, in both Invercargill and Dunedin. The Coordinators have reported that Southern DHB is receiving the expected number of referrals for assessments through CYF.

Mirror Counselling Services has been selected as the provider of mild to moderate mental health services to be provided in conjunction with the Gateway programme in the Southern DHB. These services are now underway. Additionally, a Southern Intensive Clinical Support Services will soon be established in Dunedin as part of the Gateway project. This service is intended to supplement existing services funded by the Ministry of Health.

New Zealand Child and Youth Epidemiology Service
The 2012 Determinants of Child and Youth Health Report produced by the New Zealand Child and Youth Epidemiology Service is currently in the final production phases. This volume includes:
1. Services and Interventions for Women Experiencing Multiple Adversities in Pregnancy
2. Mental Health Issues in Children

The remainder of the report includes:
- The Wider Macroeconomic and Policy Context
- Socioeconomic and Cultural Determinants
- Risk and Protective Factors
- Health Outcomes as Determinants

Findings of the 2012 report will be presented at two workshops with the Invercargill workshop scheduled for 14 May and the Dunedin workshop scheduled for 18 July. The report will be available through the New Zealand Child and Youth Epidemiology Service website and will also be added to the Southern DHB website.

Public Health
South Island wide planning is occurring for public health services along with the development of shared annual plan templates and proposed shared outcomes.

The MoH has rolled over a 12 month contract for the Otago/Southland Hep C Resource Centre and will be closely monitoring outcomes from this service over the next 12 months.

Tobacco Control Plan
General Practice smokefree champions are currently being recruited from funding within the Tobacco Control Plan through a joint process between the SDHB and Southern PHO. These roles will provide leadership within the primary care sector to help achieve the target.

The process to vary an existing contact with a Maori provider is nearing completion and the appointment of a person to deliver smoking cessation services into North Otago is imminent. This will mean that all service provision gaps in rural Otago are now addressed.

SDHB, through the Tobacco Control Plan, is funding a group cessation training session on 29/30th April, which Dr Hayden McRobbie is facilitating. The training has been tailored for community-based cessation practitioners, but training is also relevant to primary and secondary care staff working with clients to support them to become smokefree. Group cessation sessions are the way the MoH believes providers/practitioners can deal with a larger pool of clients.

Family Violence Intervention Programme
DHB staff recently met with the MoH VIP Portfolio Manager around the current DHB contract and other aspects of work that are occurring in this area i.e. work around vulnerable children. Planning and Funding and the Provider Arm have begun working together to develop of the FVIP Strategic Plan 2013-15, which is a new requirement in the contract. The establishment of a district wide Steering Group to guide activities is outlined in this plan.

There will be a significant amount of activity happening in this area in the coming year due to the Governments focus on vulnerable children and the links this has over to the FVIP.

Maori Health
Planning and Funding, together with the Māori Health Directorate have met with a number of Māori health providers in the Otago area to discuss how contracts can better align to address the outcomes of the DHB's Māori Health Plan. The next stage is to work together with providers to develop a template so reporting from these contracts flows onto what is needed to achieve the targets in the Maori Health Plan. Work will commence with Southland Māori providers in the next month.

Pacific Health
Kevin Woods, the Director General of Health, visited the Pacific Island Advisory and Cultural Trust, There was very good feedback about this visit, which highlighted the collaboration across stakeholders including the SDHB, SPHO, community and other agencies.

We are currently working with the Pacific Trust Otago and the SPHO around what services are needed to support Pacific Peoples in Otago.

Key Upcoming Activity

Child and Young Persons Health
Womens, Childrens and Public Health Directorate to work with Planning and Funding and others to respond to the Child and Youth Health Compass Questionnaire, by the end of May 2013.

A district wide Child and Youth Steering Group is being established with a preliminary meeting to occur in May to confirm terms of reference, membership and to plan the way forward for the group.

Public Health
Planning and Funding is working alongside Public Health South as they progress their annual plan process for 2013/14.

Tobacco
Intensive activity to achieve tobacco health targets – particularly activity around the primary care target.

Finalise remaining appointment of a GP smokefree champion/s in collaboration with the SPHO.

Ongoing activities to implement the Tobacco Control Plan in primary, hospital and community settings.

Maori Health
Meetings are underway with Otago Māori health providers to work together to develop a new reporting template. Initial meetings with Southland Maori health providers will be held soon.

Pacific Health
Ongoing support for development of services for Pacific Peoples.

Gore Trials Update Report

RECOMMENDATION: For noting			
Briefing to:	CPHAC/DSAC		
Subject:	Update of Gore Social Sector Trial		
Author:	Thelma Brown ; Portfolio Manager	Date	19.4.2013
Purpose of Report :	☒ **For Information Only**		☐ **Decision Required**
Key Issues			
Gore Social Sector Trial has been extended to 30 June 2014 with the same outcomes required. The geographical location for the extension period has been expanded to cover the Gore Territorial Authority. The Gore: Improved Outcomes for Youth Action Plan is currently being reviewed and refreshed for the extension period.			
Key Activity in this Reporting Period			
The Gore Social Sector Trials Action Plan is being reviewed and a Youth Advisory Group established.			
Key Upcoming Activity			
Implementation of revised Plan will occur.			

Gore is one of six communities in New Zealand selected by the government as a location for the trial of a new approach to social service delivery to improve outcomes for young people aged 12-18 years. The Trial has been running for the past two years and in December 2012 the Government decided to extend the Trial until June 2014. Other areas in New Zealand selected to take part in Trials are: Kawerau, Tokoroa, Taumarunui, Levin and Te Kuiti.

The Trials are in place as the Government wanted to affect outcomes by testing a new model. By giving an individual or a non-government organisation (NGO) mandate to co-ordinate local programmes and services, the model aims to support decision making at the local level, build on existing networks and strengthen co-ordination at every level of government and within the community.

At the core of the model is:

- Either a contracted NGO or an employed individual placed in these communities to lead a programme of work using cross-agency resources
- NGOs and individuals planning social service delivery for young people, managing relevant contracts and funding that are within the scope of the programme, overseeing resources-in-kind, developing networks, engaging with the community and influencing social services outside of their direct control (like statutory services)

The outcomes the Trials are trying to achieve are:

- reduced offending by young people;
- reduced truancy / increase attendance at school;
- reduced levels of alcohol and other drug use by young people;
- increased numbers of young people in education, training and employment;
- support and collaboration, coordination and communication across agencies and the community.

Centrally, the Ministries of Social Development, Justice, Education and Health, and the New Zealand Police are working together to deliver the Trials programme across the six sites. The Chair of the Cabinet Social

Policy Committee, Hon Tony Ryall, has ultimate responsibility for the Social Sector Trials. A Ministerial sub-committee[1] provides oversight and decision-making for the Trials and a joint venture Board acts as a governance group. There is also a Director: Social Sector Trials responsible for the day to day operation including managing contracts with NGOs and employing committed individuals. The position is located within the Ministry of Social Development.

In Gore, the NGO model in place is lead by the Community Networking Trust. A local advisory group is in place to ensure collaboration at the grass roots level and a Social Sector Plan has been written and launched with an agreed approach and community specific actions to achieve within certain timeframes.

Examples of activity achieved during the initial phase of the Gore Social Sector Trial are:

- 15 NEET youth (not engaged in education, employment or training) were placed in education, training or employment through a variety of Trials initiatives.
- On average 30 students per session (Tuesday and Thursday) attended the Breakfast Club at Longford Intermediate. Approximately 2,772 breakfasts were served at the Longford Intermediate Breakfast Club in 2012.
- Young people attending the Breakfast Cub noted the following 77% had more energy, 33% had eaten more fruit, 39% had made new friends, 44% were better able to concentrate in class and 72% enjoy eating with their friends.
- Unjustified absence rates at one school dropped 43%.
- 58 young people attended programmes that were delivered by the Gore District Community Youth Worker Trust staff (Youth Specialist and Youth Worker).
- 21 young people were actively case managed by the Youth Specialist.
- 13 young people aged 12-18 were actively cased managed by the Youth Worker.
- The Rock On programme (interagency truancy process) was implemented into the three secondary schools.
- 18 young people were actively cased managed through the Rock On programme.
- The local parenting handbook "Tools for the Teenage Years" was revised and a 2nd edition published – 6,855 copies of the parenting handbook were delivered free to household in the Eastern Southland community.
- Nine feature pages were published over a 10 month period in a local paper and delivered to 12,000 homes. The topics covered included careers information, study tips, family and relationship violence and effects of alcohol and drug misuse.
- The Gore District Youth Facebook page was established with a good response from young people.

Current activity in the Gore Social Sector Trial includes:

- The Action Plan is being reviewed by key stakeholders and refreshed for the extension period. The revised plan needs to be submitted to MSD for approval by the 30th April. Decisions are occurring as to which initiatives should continue into the extension period and which ones need to be amended. Gaps are being identified and opportunities to address them are being discussed.
- A decision has been made to develop a Youth Advisory Group to sit alongside the current Gore Trials Advisory Group. The purpose of the group is to provide a voice for young people to share in the decision making, planning and implementation of youth related initiatives in the revised Gore Social Sector Trials Action Plan. Applications are currently being sought for appropriate members of the group.
- A student engagement service is being developed by local secondary schools and the community to provide holistic support to students at risk of being stood down or excluded from school. The service will ensure tailored support is provided to students that encourages a more positive outcome. Schools involved have committed funding and are applying for additional resources from other funding sources. The project will sit under the umbrella of the Hokonui Runanga and a management group has been established to drive the initiative.
- Drug and alcohol issues are to become a focus in the next stage of the Trial. A series of planning and consultation meetings are to occur to establish initiatives that can be included in the revised action plan.

[1] The Ministerial sub-committee is currently the Deputy Prime Minister, Minister of Justice, Chair of the Cabinet Social Policy Committee (and Minster of Health), Minister of Education, Minister of Social Development, Minister of Police, and Minster of Youth Affairs.

Mental Health & Addiction & Intellectual Disability Portfolio Report

RECOMMENDATION For noting.			
Briefing to:	Disability Support Advisory Committee and Community and Public Health Advisory Committee		
Subject:	Mental Health, Addiction & Intellectual Disability Portfolio Update		
Author:	Planning & Funding	**Date:**	22 April 2012
Purpose of Report :	**√ For Information Only**		**Decision Required**

Key Issues

The key issues in this period have been progressing implementation of Raise HOPE: Hapaia te Tumanako.

Key Activity in this Reporting Period

Implementation Advisory Group.
A public health appointment to this group was made in February.

The Group has completed two workshops within this reporting period, both focussed on using a tool to prioritise a range of outstanding actions from Raise HOPE: Hapaia te Tumanako. The scorecard used is based on six broad prioritisation principles:

- Effectiveness
- Equity
- Whanau Ora
- Acceptability
- Implementation (feasibility of)
- Value for money (not fully prioritised at this stage).

Undertaking a significant prioritisation exercise with a relatively large and diverse group is a new approach for Planning & Funding (Mental Health, Addiction & Intellectual Disability). The prioritisation tool was adjusted throughout the workshop, with the agreement of the group. It is the portfolio manager's view that this has been a very useful exercise, not just for the implementation of Raise HOPE, but for potential wider application.

At the end of this reporting period all actions have been prioritised by the group. A summary of the prioritisation will now be sent to the group for final feedback.

Change of scope of portfolio. Effective March 14th 2013, Planning and Funding responsibility for Intellectual Disability moved from the Health of Older People and Disability Portfolio to the Mental Health and Addiction Portfolio.
The primary reason for this structure change was to better align with the provider arm Mental Health, Addiction and Intellectual Disability directorate.
Accordingly, the title of the Portfolio Manager will also change - to Portfolio Manager (Mental Health, Addiction and Intellectual Disability).

Central Otago Queenstown Lakes Working Group. This community working group, established to develop (with Planning & Funding) a proposed future model of care, has met three times during this reporting period.

Annual Plan. Joint discussions took place between Planning & Funding, the Provider Arm Mental Health, Addictions and Intellectual Disability Directorate and PHO representation regarding the 2013/4 Annual Plan.

National E-Therapy (Beating the Blues) Governance Group. A representative from Planning & Funding has been appointed to this group, which is convened to "oversee the national provision of, and training to support, the implementation of an E-Therapy tool 'Beating the Blues' in a primary care context."

Key Upcoming Activity

Implementation Advisory Group (May 9th) A videoconference meeting of this group will occur on May 9th.

Workshop – Central Otago / Queenstown Lakes Working Group. (May 3rd) A workshop will be held for this working group on May 3rd, to further develop a proposed model of care for this area. It is envisioned that community consultation on the proposed model/s will occur later in 2013.

Prime Ministers Initiative on Youth Mental Health. A new youth primary mental health service will begin in Central Otago, during the upcoming reporting period. Specific funding was provided as part of the 2012/13 funding package from Government.

Health of Older People (HOP) Portfolio Update

Briefing to:	Disability Support and Community & Public Health Advisory Committees
Subject:	Health of Older People Portfolio Update
Author:	Sharon Adler — Date 19 April 2013
Purpose of Report :	☒ **For Information Only** ☐ **Decision Required**

Key Issues

- Implementation of the Home & Community Support Services Alliance Agreement
- Two new staff members (Sharon Adler as Portfolio Manager and Emma Lynch as Analyst) orientation, handover, establishing relationships especially with the recently reorganised Provider Arm, and understanding the portfolio

Key Activity in this Reporting Period

- Negotiation with outgoing providers and incoming providers regarding staff transfers (using an alternative arrangement per the Employment Relations Act)
- Establishment of weekly HCSS Alliance teleconferences
- Organised and attended HCSS Roadshows for staff, clients and public in Mosgiel 18/2, Gore 20/2 Alexandra 21/2, Invercargill 22/2 Balclutha 25/2 and Dunedin 26/2.
- Monitoring of relationships between outgoing providers and incoming providers, specifically around staff and client transfers
- InterRAI training begun for new HCSS providers
- New HCSS Providers are completing InterRAI assessments, reducing the waiting list
- Personal Health Assessment/Referral Form – development of single form and guidelines for District
- Establishment of relationship with Southland Aged Care Providers
- New contract with existing Day Activity Providers, using new service specifications
- InterRAI training for Long Term Care Facilities has begun, slowly

Dementia Pathway

Good participation occurred via videoconference in Invercargill and Dunedin for the South Island Dementia Forum on 7 March. From that meeting, a Southern DHB Dementia Pathway Group was formed and met 5 April to progress a local pathway. The NZ Dementia Care Pathway Framework is due to be distributed the end of May.

Aged Residential Care (ARC)

ARC Providers are expressing concerns about their falling occupancy rates. This is a direct result of efforts by the DHB to provide options for older people to remain independent in their homes with appropriate support. We expect this trend (lower rest home occupancy rates) to continue. However, I have alerted Rest Home Providers in Southland that opportunities may exist for them in Hospital-level, Dementia and Psychogeriatric Care along with possibilities for 'transitional' or 'step-down' care.

Key Upcoming Activity

- Finalise HCSS Alliance Agreements
- Monitoring of HCSS staff and client transfers
- SMART training for staff and HCSS providers
- Work with Auckland Uniservices Ltd to establish casemix funding mechanism for HCSS
- Development of HCSS Alliance Service Development/Improvement Group
- Determine future of HOPAC or determine alternative mechanism
- Contract for additional Community Activity Programmes and Dementia Day Activity Programmes
- Continue to establish relationships with Aged Residential Care and Community Providers
- Advanced Care Planning Training Session in Dunedin 6-8 May
- Establish Alzheimers' services across the District (currently only in greater Dunedin area)
- Determine service and funding for rural Clinical Needs Assessors

Hospital and Specialist Services Portfolio Update

Briefing to:	Disability Support and Community & Public Health Advisory Committees		
Subject:	Hospital and Specialist Services Update		
Author:	Ron Craft; Portfolio Manager	Date	1 May 2013
Purpose of Report :	√ **For Information Only**	☐ **Decision Required**	

Key Issues

This paper serves as an update for Committee members in relation to the Hospital and Specialist Services Portfolio activity.

Key Activity in this Reporting Period

A key area of activity has been the discussion around the 2013/14 Price Volume Schedule between the DHB's Funding Arm and the Provider Arm. There are a number of areas where volume is significantly increasing, these include acute presentations in many of the medical and surgical specialty areas and ED attendances at both Dunedin and Southland Hospitals.

Volumes of service in the elective surgical areas have been established in the Price Volume Schedule which will enable the SDHB to achieve its Health Target for the 2013/14 financial year. The Health Target has increased from 10,113 for the 2012/13 period to 10,347 for 2013/14. An increase of 234 discharges. In order to achieve the required additional elective surgical discharges additional funding has been invested principally in the General Surgery and Ophthalmology specialties, which the SDHB has a lower rate of intervention in compared to other DHBs.

There is additional pressure on funding in the Inter District Flow area. One of the main contributors to this is the need to find funding for TAVI procedures to be performed on Southern DHB residents in other DHBs that provide this intervention. Transcatheter Aortic Valve Implantation (TAVI) is used to treat patients with aortic stenosis, a condition where the main outflow valve from the heart thickens and does not open fully. Open heart surgery is the conventional treatment but this is not suitable for all patients because of clinical risk to the patient. This intervention is less invasive than open heart surgery and involves the implantation of a new bio prosthetic valve inside the old one through a catheter. The recovery time is shorter than that for open heart surgery. This procedure offers a treatment option for patients where previously there was none.

The demand for skin lesion removals is showing an increasing trend. These are undertaken in both primary care settings (where clinically appropriate for less complex cases) and in secondary care for those cases where this is clinically indicated. The DHB funds these procedures in both settings. The Southern PHO invested funding to achieve an additional 600 procedures in primary care in 2012/13. However, demand appears to exceed supply. Further work will be required over the coming months to understand how demand is increasing and what approached can be adopted to meet or manage that demand.

Work is underway with each of the larger hospital based trusts on their annual review of contracts. These Trusts comprise:

- Waitaki District Health Services Ltd
- Central Otago Health Services Ltd
- Clutha Health First
- Maniototo Health Services Ltd
- Gore Health Ltd

These organisations are under contract to the Southern DHB to provide a range of inpatient, outpatient, allied health and community based services. The 2013/14 year will be the last year of the current three year agreements.

Planning and Funding undertake an annual review of the current agreements to ensure that they remain current in funding terms and that volumes match required delivery. It is expected that these reviews will be completed in the next few weeks.

Another key area of work involves Central Otago Health Services Ltd (COHSL) and the commissioning of their new CT machine. The capital cost of the CT machine is being met from community raised funds.

The Southern DHB has agreed to fund the operating costs of this machine as there are expected to be benefits for patients from the Central Otago and Queenstown Lakes districts not having to travel to either Invercargill or Dunedin for their scans. It is also anticipated that there will be a commensurate reduction in demand on the CT machines based in Invercargill and Dunedin. Work is currently underway on finalising the identified costs associated with operating the CT.

At this point, COHSL have advised that the CT machine is expected to be operational in late May.

We have recently commenced a consultation process (in association with the Provider Arm) on options for the future delivery of Fertility Services for the residents of the Southern DHB.

Presently Fertility Services in the Southern DHB area are provided by the Otago Fertility Service (OFS), which is part of the Southern DHB Provider Arm. OFS is part of the Otago based Women's Health service.

OFS provides publicly and privately funded assisted reproductive technology services at Dunedin Hospital. The service is provided in accordance with the national service specification for Assisted Reproductive Technology. In keeping with this, the service is accredited by the Ministry of Health.

OFS is a small service compared to other fertility services across New Zealand and Australia. The service is staffed by a small dedicated team of Senior Medical Officers, Nurses, Embryologists and Administration staff together with outsourced psychology services. Some procedures require input from Dunedin Hospital's Anaesthesia service. Staff providing these services are highly skilled and whilst existing staff turnover is very low, replacement is difficult due to the highly specialised nature of roles. Concern has been expressed previously about the onerous nature of the call rosters with a 1:2 being considered particularly challenging which becomes even more difficult during times of leave (annual, sick, continuing education).

Each year the service provides at least 120 publicly funded IVF cycles and between 25 -30 privately funded cycles

Looking to the future it is important that the Southern DHB maintains access to Fertility services for the Southern DHB population. Achieving this has become increasingly difficult to sustain and existing service delivery today is reliant on the assistance of a larger provider.

Outsourcing is proposed as a way of securing a more clinically, operationally and financially sustainable model to maintain access to fertility services for the people living in the Southern DHB area. Over recent times alternative providers have approached the DHB seeking to explore the possibility of delivering Fertility Services for the people of the Southern DHB.

The consultation is seeking feedback on the proposal to outsource the service. If there is a subsequent decision to proceed with outsourcing there will be a tendering process to identify a new provider. At this stage, it is anticipated that the consultation process will be completed by early June 2013 and a decision made on whether to proceed with a process to outsource the service.

Staff directly affected by any changes have the right to exercise their entitlements under their respective collective agreements and the Code of good faith for the public health sector as detailed in the Employment Relations Act.

Key Upcoming Activity

- Review demand for skin lesion procedures and options for managing this.
- Planning for a workshop between rural hospital trusts and key staff from the DHB Provider Arm on aligning funding and operational arrangements for the provision of outpatient clinics across the district.
- Finalising funding arrangements for the operation of the CT in Central Otago.

DSAC / CPHAC FINANCIAL REPORT

Financial Report as at: **31 March 2013**
Report Prepared by: **Robert Mackway-Jones, Exec Director Planning & Funding**
Date: **22 April 2013**

Recommendations:

- **That the Committee's note the Financial Report**

1. DHB Funds Result

Month Actual $' 000	Month Budget $' 000	Month Variance $' 000		Year to Date Actual $' 000	Year to Date Budget $' 000	Year to Date Variance $' 000	Annual Budget $' 000
66,662	67,163	(501)	Revenue	603,171	604,469	(1,298)	805,959
0	0	0	Less Personnel Costs	0	0	0	0
(67,437)	(68,123)	686	Less Other Costs	(607,671)	(608,359)	688	(811,331)
(775)	(960)	185	Net Surplus / (Deficit)	(4,500)	(3,890)	(610)	(5,372)
			Expenses				
(48,550)	(48,656)	106	Personal Health	(433,529)	(433,678)	149	(578,479)
(6,930)	(7,152)	222	Mental Health	(63,299)	(64,696)	1,397	(86,153)
(881)	(864)	(17)	Public Health	(8,127)	(7,779)	(348)	(10,372)
(10,417)	(10,790)	373	Disability Support	(96,783)	(96,252)	(531)	(128,388)
(152)	(154)	2	Maori Health	(1,367)	(1,388)	21	(1,851)
(507)	(507)	0	Other	(4,566)	(4,566)	0	(6,088)
(67,437)	(68,123)	686	Expenses	(607,671)	(608,359)	688	(811,331)

Summary Comment:
Overall the YTD result is behind budget by $0.6m.

The forecast funder result is a projected deficit of $6m at year-end, compared to a budgeted deficit of $5.4m.

Key YTD variances that have a bottom line impact include:

- ($0.4m), of unfavourable provisions for Inter District Flow outflows mainly acute events
- ($1.1m) of higher home based support personal care costs
- ($0.6m) of reduced funding to match lower expenditure resulting from the increased pharmacy co-payment. However the revenue side of this adjustment was not made in the budget re-cut in October
- ($0.5m) of unfavourable laboratory test costs from non-schedule testing
- ($0.3m) of higher patient travel and accommodation costs
- $0.6m of below budget residential care costs
- $1.2m of below budget provider-arm mental health expenditure from unfilled FTE positions

Revenue
YTD, revenue is $1.3m below budget however the bulk of this has associated cost offsets.

Item	$'m	Expense Line Offset (Y/N/Partial)
PHO Performance Management funding	(0.6)	Y, Personal Health PHO Other
PHO VLCA & Careplus funding	(0.1)	Y, Personal Health PHO Careplus
Savings from Pharmacy Co-payment increase	(0.6)	N, Not adjusted in budget recut
IDF inflow adjustment for diabetes test strips	(0.5)	Y, Community Pharmaceuticals
Screening revenues	0.3	Y, Public Health expenditure
HEHA funding	0.1	Y, Public Health expenditure
IDF inflow provisions for wash-up	0.2	N, mainly volume from South Canterbury and Canterbury
All other revenue variances	(0.1)	
Total Revenue Variation	(1.3)	

Personal Health Payments
Larger unfavourable variances relate to palliative care costs, laboratory costs, patient travel, and IDF outflows.

Palliative care costs have a large variance with the number of short term exceptional circumstances funding being applied to manage these patients in various rest homes. Laboratory costs are impacted by a number of send away tests that are not part of the standard schedule of tests; there has been significant growth in recent times for genetic testing as one example. Blood product costs also exceed budget which is a pricing issue. The travel and accommodation budget also has nationally consistent criteria applied for its use and is experiencing a high level of referrals based on patient need.

Inter District patient ouflows has a $0.4m unfavourable variance; this being broken down into outpatient events of $0.1m and inpatient events of $0.3m. Of the inpatient events, $0.1m elates to acute events with some sizeable unfavourable variances in specialist paediatric oncology and specialist paediatric neurology events. Elective procedures now account for $0.2m of the variation with cardiology services providing the largest unfavourable variance.

Mental Health
This expenditure category is $1.4m under budget with $1.2m of this relates to a funding clawback from the provider-arm services where FTE positions are not filled. The bulk of the residual variance of $0.2m is attributable to demand driven residential support and home based support services.

Disability Support
Overall disability support expenditure is $0.5m over budget. Home based support where personal care hours have increased significantly contribute $1.1m of unfavourable variance, however the residential care budgets are now underspent ($0.6m) as utilisation drops slightly. The new home and community support model effective from 1 July is expected to improve outcomes for supporting people in the community and is expected to help manage demand for residential care services in the future.

Public Health
The expenditure variances are offset by revenue for HEHA and Screening, both of which are paid to the provider.

2. Financial Statements

The financial summary for the funder result is attached.

Southern District Health Board

Mar-13

Part 3: DHB Funds	Current Month Actual $(000)	Current Month Budget $(000)	Current Month Variance $(000)	Current Month Variance %	Year to Date Actual $(000)	Year to Date Budget $(000)	Year to Date Variance $(000)	Year to Date Variance %	Annual Budget $(000)
Part 3.1: Statement of Financial Performance									
REVENUE									
Ministry of Health									
MoH - Vote Health Non Mental Health	55,368	55,374	(6) U		498,248	498,368	(119) U		664,490
MoH - Vote Health Mental Health	6,992	6,992			62,929	62,929			83,905
PBF Adjustments	-	-			-	-			-
MoH Funding Subcontracts	2,904	3,141	(237) U	(8%)	27,351	28,267	(917) U	(3%)	37,690
Ministry of Health Total	**65,264**	**65,507**	**(243) U**		**588,528**	**589,564**	**(1,036) U**		**786,085**
Other Government									
IDF's - Mental Health Services	145	145			1,309	1,309			1,746
IDF's - All others (non Mental health)	1,252	1,511	(258) U	(17%)	13,334	13,597	(263) U	(2%)	18,129
Other Government Total	**1,398**	**1,656**	**(258) U**	**(16%)**	**14,643**	**14,906**	**(263) U**	**(2%)**	**19,874**
Government and Crown Agency Sourced Total	**66,662**	**67,163**	**(501) U**	**(1%)**	**603,171**	**604,469**	**(1,299) U**		**805,959**
Other Revenue									
Patient / Consumer Sourced	-	-			-	-			-
Other Income	-	-			-	-			-
Other Revenue Total	**-**	**-**			**-**	**-**			**-**
REVENUE TOTAL	**66,662**	**67,163**	**(501) U**	**(1%)**	**603,171**	**604,469**	**(1,299) U**		**805,959**
EXPENSES									
Outsourced Expenses									
Outsourced Funder Services	(507)	(507)			(4,566)	(4,566)			(6,088)
Other Outsourced Expenses	-	-			-	-			-
Other Expenses	-	-			-	-			-
Payments to Providers									
Personal Health									
Child and Youth	(387)	(364)	(23) U	(6%)	(3,204)	(3,276)	72 F	2%	(4,368)
Laboratory	(2,630)	(2,564)	(66) U	(3%)	(23,591)	(23,093)	(498) U	(2%)	(30,790)
Infertility Treatment Services	(90)	(100)	10 F	10%	(812)	(900)	88 F	10%	(1,200)
Maternity	(274)	(275)	1 F		(2,490)	(2,467)	(23) U	(1%)	(3,293)
Maternity (Tertiary & Secondary)	(1,391)	(1,404)	13 F	1%	(12,536)	(12,633)	97 F	1%	(16,844)
Pregnancy and Parenting Education	(16)	(12)	(4) U	(36%)	(100)	(109)	10 F	9%	(146)
Maternity Payment Schedule	-	-			-	-			-
Neo Natal	(651)	(651)			(5,861)	(5,861)			(7,815)
Sexual Health	(86)	(86)			(771)	(771)			(1,028)
Adolescent Dental Benefit	(225)	(250)	25 F	10%	(1,615)	(1,794)	180 F	10%	(2,543)
Other Dental Services	-	-			-	-			-
Dental - Low Income Adult	(47)	(90)	43 F	48%	(809)	(809)			(1,078)
Child (School) Dental Services	(665)	(639)	(26) U	(4%)	(5,722)	(5,752)	30 F	1%	(7,669)
Secondary / Tertiary Dental	(256)	(256)			(2,307)	(2,307)			(3,075)
Pharmaceuticals	(6,316)	(6,451)	135 F	2%	(58,203)	(58,605)	402 F	1%	(77,900)
Pharmaceutical Cancer Treatment Drugs	(397)	(358)	(39) U	(11%)	(3,421)	(3,225)	(196) U	(6%)	(4,300)
Pharmacy Services	(28)	(40)	12 F	31%	(337)	(360)	23 F	7%	(480)
Management Referred Services	-	-			-	-			-
General Medical Subsidy	(114)	(120)	6 F	5%	(1,260)	(1,076)	(185) U	(17%)	(1,434)
Primary Practice Services - Capitated	(3,383)	(3,367)	(16) U		(30,304)	(30,306)	2 F		(40,407)
Primary Health Care Strategy - Care	(245)	(255)	11 F	4%	(2,184)	(2,299)	114 F	5%	(3,065)
Primary Health Care Strategy - Health	(296)	(277)	(19) U	(7%)	(2,213)	(2,489)	276 F	11%	(3,319)
Primary Health Care Strategy - Other	(262)	(287)	25 F	9%	(1,945)	(2,581)	637 F	25%	(3,442)
Practice Nurse Subsidy	(17)	(16)	(1) U	(7%)	(127)	(146)	19 F	13%	(194)
Rural Support for Primary Health Pro	(1,353)	(1,354)	1 F		(12,165)	(12,183)	18 F		(16,244)
Immunisation	(694)	(697)	3 F		(1,655)	(1,717)	62 F	4%	(2,719)
Radiology	(415)	(440)	25 F	6%	(3,736)	(3,961)	225 F	6%	(5,281)
Palliative Care	(534)	(482)	(52) U	(11%)	(4,623)	(4,337)	(286) U	(7%)	(5,782)
Meals on Wheels	(53)	(53)			(473)	(478)	4 F	1%	(637)
Domicilary & District Nursing	(1,442)	(1,427)	(16) U	(1%)	(12,958)	(12,839)	(119) U	(1%)	(17,118)
Community based Allied Health	(575)	(578)	3 F	1%	(5,170)	(5,202)	32 F	1%	(6,936)
Chronic Disease Management and Educa	(240)	(245)	5 F	2%	(2,210)	(2,201)	(9) U		(2,935)
Medical Inpatients	(5,526)	(5,526)			(49,738)	(49,738)			(66,318)
Medical Outpatients	(3,698)	(3,670)	(28) U	(1%)	(33,141)	(33,027)	(114) U		(44,036)
Surgical Inpatients	(10,231)	(10,221)	(10) U		(92,101)	(91,990)	(111) U		(122,653)
Surgical Outpatients	(1,739)	(1,753)	14 F	1%	(15,653)	(15,774)	121 F	1%	(21,033)
Paediatric Inpatients	(635)	(635)			(5,714)	(5,714)			(7,619)
Paediatric Outpatients	(270)	(270)			(2,433)	(2,433)			(3,244)
Pacific Peoples' Health	(13)	(13)			(125)	(121)	(4) U	(3%)	(162)
Emergency Services	(1,606)	(1,620)	13 F	1%	(14,519)	(14,576)	57 F		(19,435)
Minor Personal Health Expenditure	(76)	(114)	37 F	33%	(747)	(1,023)	276 F	27%	(1,364)
Price adjusters and Premium	804	806	(3) U		7,000	7,257	(257) U	(4%)	9,677
Travel & Accomodation	(375)	(349)	(26) U	(7%)	(3,730)	(3,370)	(359) U	(11%)	(4,390)
Inter District Flow Personal Health	(2,103)	(2,155)	52 F	2%	(19,827)	(19,394)	(433) U	(2%)	(25,859)
Personal Health Total	**(48,550)**	**(48,656)**	**105 F**		**(433,529)**	**(433,679)**	**150 F**		**(578,479)**

Southern District Health Board

Mar-13

Part 3: DHB Funds	Current Month				Year to Date				Annual
	Actual	Budget	Variance	Variance	Actual	Budget	Variance	Variance	Budget
	$(000)	$(000)	$(000)	%	$(000)	$(000)	$(000)	%	$(000)
Mental Health									
Mental Health to allocate	-	-			-	-			-
Acute Mental Health Inpatients	(1,287)	(1,287)			(11,584)	(11,584)			(15,446)
Sub-Acute & Long Term Mental Health	(359)	(359)			(3,233)	(3,233)			(4,310)
Crisis Respite	(21)	(18)	(3) U	(14%)	(185)	(162)	(23) U	(14%)	(216)
Alcohol & Other Drugs - General	(294)	(350)	56 F	16%	(3,081)	(3,147)	65 F	2%	(4,196)
Alcohol & Other Drugs - Child & Youth	(40)	(39)		(1%)	(353)	(353)			(471)
Methadone	(93)	(93)			(836)	(836)			(1,115)
Dual Diagnosis - Alcohol & Other Drugs	(13)	(15)	2 F	13%	(87)	(138)	50 F	36%	(183)
Dual Diagnosis - MH/ID	(5)	(3)	(2) U	(60%)	(47)	(29)	(18) U	(60%)	(39)
Eating Disorder	(27)	(14)	(13) U	(95%)	(165)	(126)	(40) U	(31%)	(168)
Maternal Mental Health	(4)	(4)			(40)	(33)	(7) U	(22%)	(44)
Child & Youth Mental Health Services	(752)	(886)	135 F	15%	(7,118)	(7,978)	860 F	11%	(10,638)
Forensic Services	(512)	(491)	(21) U	(4%)	(4,454)	(4,457)	2 F		(5,930)
Kaupapa Maori Mental Health Services	(125)	(140)	15 F	11%	(1,221)	(1,334)	113 F	8%	(1,754)
Kaupapa Maori Mental Health - Residential	-	-			-	-			-
Kaupapa Maori Mental Health - Inpati	-	-			-	-			-
Mental Health Community Services	(1,711)	(1,771)	61 F	3%	(15,769)	(16,137)	369 F	2%	(21,452)
Prison/Court Liaison	(45)	(44)	(2) U	(4%)	(386)	(392)	7 F	2%	(523)
Mental Health Workforce Development	-	(1)	1 F		-	(6)	6 F		(7)
Day Activity & Work Rehabilitation S	(193)	(185)	(8) U	(4%)	(1,762)	(1,743)	(20) U	(1%)	(2,299)
Mental Health Funded Services for Older People	(35)	(35)			(314)	(314)			(419)
Advocacy / Peer Support - Consumer	(58)	(57)	(1) U	(2%)	(477)	(514)	38 F	7%	(686)
Other Home Based Residential Support	(376)	(348)	(27) U	(8%)	(3,237)	(3,178)	(59) U	(2%)	(4,224)
Advocacy / Peer Support - Families	(49)	(50)		1%	(519)	(451)	(68) U	(15%)	(600)
Community Residential Beds & Service	(469)	(496)	27 F	5%	(4,240)	(4,363)	123 F	3%	(5,850)
Minor Mental Health Expenditure	(31)	(34)	3 F	8%	(307)	(306)			(409)
Inter District Flow Mental Health	(431)	(431)			(3,881)	(3,881)			(5,174)
Mental Health Total	**(6,930)**	**(7,152)**	**222 F**	**3%**	**(63,299)**	**(64,696)**	**1,398 F**	**2%**	**(86,153)**
Public Health									
Alcohol & Drug	(44)	(44)			(396)	(396)			(528)
Communicable Diseases	(82)	(82)			(735)	(735)			(980)
Injury Prevention	-	-			-	-			-
Screening Programmes	(382)	(368)	(14) U	(4%)	(3,598)	(3,310)	(287) U	(9%)	(4,414)
Mental Health	(24)	(24)			(219)	(219)			(292)
Nutrition and Physical Activity	(53)	(46)	(7) U	(15%)	(506)	(416)	(90) U	(22%)	(554)
Physical Environment	(76)	(76)			(683)	(683)			(911)
Public Health Infrastructure	(74)	(74)			(664)	(664)			(885)
Sexual Health	(17)	(17)			(153)	(153)			(204)
Social Environments	(33)	(33)			(298)	(298)			(397)
Tobacco Control	(95)	(101)	5 F	5%	(876)	(905)	29 F	3%	(1,206)
Well Child Promotion	-	-			-	-			-
Meningococcal	-	-			-	-			-
Public Health Total	**(881)**	**(864)**	**(16) U**	**(2%)**	**(8,127)**	**(7,779)**	**(349) U**	**(4%)**	**(10,372)**
Disability Support Services									
AT & R (Assessment, Treatment and Re	(1,958)	(1,958)			(17,620)	(17,619)	(1) U		(23,492)
Information and Advisory	(1)	(1)			(5)	(5)		1%	(6)
Needs Assessment	(160)	(162)	2 F	1%	(1,436)	(1,455)	20 F	1%	(1,940)
Service Co-ordination	(19)	(19)			(163)	(173)	10 F	6%	(231)
Home Support	(1,191)	(1,076)	(115) U	(11%)	(10,837)	(9,750)	(1,087) U	(11%)	(12,978)
Carer Support	(133)	(143)	10 F	7%	(1,190)	(1,290)	100 F	8%	(1,719)
Residential Care: Rest Homes	(2,834)	(3,049)	215 F	7%	(26,660)	(27,147)	487 F	2%	(36,213)
Residential Care: Loans Adjustment	9	22	(13) U	(58%)	140	200	(60) U	(30%)	266
Long Term Chronic Conditions	(117)	(91)	(26) U	(29%)	(936)	(822)	(115) U	(14%)	(1,096)
Residential Care: Hospitals	(3,228)	(3,544)	317 F	9%	(31,240)	(31,357)	118 F		(41,840)
Ageing in Place	(2)	(2)			(20)	(20)			(26)
Environmental Support Services	(103)	(102)	(1) U	(1%)	(923)	(919)	(5) U	(1%)	(1,225)
Day Programmes	(39)	(24)	(14) U	(58%)	(241)	(239)	(2) U	(1%)	(312)
Expenditure to Attend Treatment ETAT	-	-			-	-			-
Minor Disability Support Expenditure	(8)	(8)			(46)	(75)	29 F	39%	(100)
Respite Care	(111)	(84)	(27) U	(33%)	(895)	(752)	(142) U	(19%)	(1,003)
Community Health Services & Support	(200)	(227)	27 F	12%	(1,851)	(1,942)	91 F	5%	(2,623)
Inter District Flow Disability Support	(323)	(321)	(2) U	(1%)	(2,862)	(2,888)	27 F	1%	(3,851)
Disability Support Other	-	-			-	-			-
Disability Support Services Total	**(10,417)**	**(10,790)**	**373 F**	**3%**	**(96,783)**	**(96,252)**	**(531) U**	**(1%)**	**(128,389)**
Maori Health									
Maori Service Development	(38)	(38)			(338)	(338)			(450)
Whanau Ora Services	(114)	(117)	2 F	2%	(1,030)	(1,050)	21 F	2%	(1,401)
Maori Health Total	**(152)**	**(154)**	**2 F**	**1%**	**(1,367)**	**(1,388)**	**21 F**	**2%**	**(1,851)**
Total Expenses	**(67,437)**	**(68,124)**	**687 F**	**1%**	**(607,671)**	**(608,361)**	**689 F**		**(811,331)**
Net Surplus/ (Deficit)	**(775)**	**(960)**	**185 F**	**19%**	**(4,501)**	**(3,891)**	**(609) U**	**(16%)**	**(5,372)**
Zero Check	-	-			-	-			-

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