

Garden Route District

Summary for: IDP, BUDGET AND PMS REPRESENTATIVE FORUM

T Marshall 23 Jan 2020















SUSTAINABLE CITIES AND COMMUNITIES



16 PEACE, JUSTICE AND STRONG

49. Provide incentives for

citizen activity for local

development of spatial

planning and

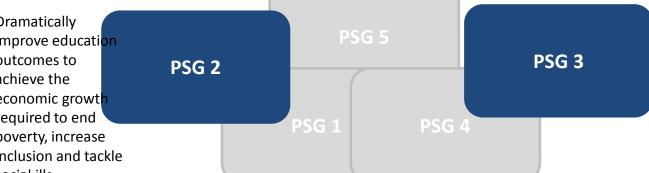
compacts.

53. Strengthen coordination between departments, as well as the private and nonprofit sectors.

By 2030 the primary and district health system should provide universal access, with a focus on prevention, education, disease management and treatment.

85. Increase community participation in crime prevention and safety initiatives.

Dramatically improve education outcomes to achieve the economic growth required to end poverty, increase inclusion and tackle social ills



Create healthy, inclusive, safe and socially connected communities through a whole of society approach

Better Spaces

- Common purpose
- Public value
- Collaborative response

Healthcare 2030: The Road to Wellness

2030
Vision:
"Access to
person centred,
quality
care"

- The 2030 objective is to:
- A quality experience in a world class, public health service.
- Motivate the population to take responsibility for their health
- Shift focus from illness to wellness
- Achieve amongst the best health outcomes in the world
- Four Pillars of service transformation:

Person centred approach	Integrated provision of care
Care from a patient not an organisational perspective Patients managed holistically, treated with dignity & respect Listening to patients Empowering patients to make informed choices Increased compliance, improved quality of care and better health outcomes Deliver patient's desired outcomes through seamless, consistent care through the care pathway.	Multidisciplinary teams develop care pathways Include existing guidelines and protocols All stakeholders work with a single assessment & care planning process. A relationship with the patient that considers past history as well as future service.
Effective discharge planning & empowering patients for self-care to reduce re-admissions & ALOS. Transfer of comprehensive medical records to ensure continuum of care. Continuity of care	Meeting patient needs from antenatal to neonatal to childhood to adolescence to adulthood and to elderly stages of life. Life course perspective

Components of Health Department

District Health Services (DHS)

1.	District Hospital	6
2.	TB Hospital	1
3.	Community Day Centre	7
4.	Clinics	33
5.	Satellite Clinics	14
6.	Mobile units	21
7	District Office	1

Regional Hospital George

Ambulance and Transport Services



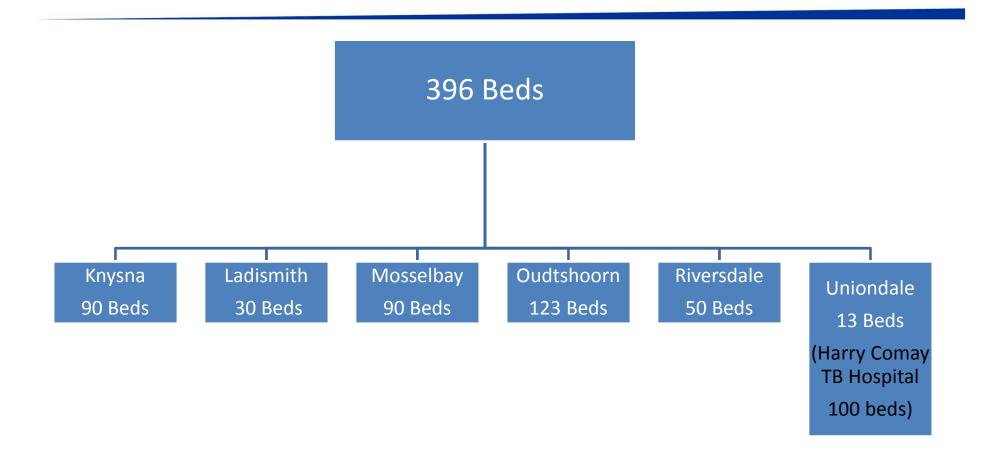
Forensic Pathology Services

Garden Route District PHC facilities (2019)

Sub - District	CDC	Clinic	Satellite clinics	Mobiles	Total facilities
Bitou	1	4	1	1	7
George	2	10	1	3	16
Hessequa	0	3	3	3	9
Kannaland	0	4	1	4	9
Knysna	1	4	2	3	10
Mosselbay	2	3	6	4	15
Oudtshoorn	1	5	0	3	9
Garden Route	7	33	14	21	75



District Hospitals





Budget expenditure till Dec 2019

Sub-district	Hospital and PHC (R)
Hessequa	69 000 000
Mossel Bay	117 000 000
George	132 000 000
Knysna/Bitou	140 000 000
Kannaland	37 000 000
Oudtshoorn	133 000 000
District Office	86 000 000
TOTAL	718 000 000

Budget allocation 2020 (expected)

Sub-district	Hospital and PHC (R)
Hessequa	98 400 000
Mossel Bay	166 300 000
George	194 300 000
Knysna/Bitou	197 800 000
Kannaland	53 200 000
Oudtshoorn	192 300 000
District Office	315 500 000
TOTAL	1 217 800 000

Personnel

Filled posts as at 31 Dec 2019

Sub -District	Total
George	253
Knysna/Bitou	261
Oudtshoorn	236
Mossel Bay	229
Hessequa	126
Kannaland	69
Total	<mark>1174</mark>

Natural causes of death (2016)

Rank	(Garden Route)
1	Diabetes mellitus
•	(7.4%)
2	Chronic lower respiratory diseases
	(6.7%)
3	Tuberculosis
	(6.5%)
4	Cerebrovascular diseases (Strokes)
5	Ischaemic heart diseases (Heart attacks)
6	HIV disease
7	Malignant neoplasms of respiratory & intrathoracic organs
8	Malignant neoplasms of digestive organs
9	Hypertensive diseases
10	Other forms of heart disease in South Africa, 2016: Findings from death notification, Statistical Release P0309.3]

Service focus

- 1. Chronic Diseases of Lifestyle
- 2. Infectious Diseases: TB and HIV
- 3. First 1000 days of life
- 3.1 Family Planning
- 3.2 Ante-natal services
- 3.2 Obstetric services
- 3.3 Immunizations and Nutrition
- 4. Emergency Centres: trauma/substance abuse

Strategic development objectives for 2020/21

- 1. Infrastructure projects
- 2. Governance structures
- 3. Community Orientated Primary Care (COPC)
- 4. NHI initiatives: Realization of 'Ideal Clinic' and 'Ideal Hospital' standards



1. Infrastructure projects

- Multiple projects throughout the district for the next
 2-4 years
- Funded mainly by the National Health Insurance (NHI)
- 3. Total value of NHI funding: R156m
- 4. All municipalities are receiving support



INFRASTRUCTURE MUNICIPALITY: HESSEQUA

LOCATION OF PROJECT WITHIN THE MUNICIPALITY (WARD / SETTLEMENT)	OVERALL OUTPUT TO BE ACHIEVED	FUNDING ALLOCATION	CURRENT PROGRESS	PLANNED COMPLETION DATE
Riversdale Hospital	Expansion and Upgrade of Emergency Centre	R15m	Planning	Dec 2020
Albertinia Clinic	New dispensary and general upgrade		Planning	Dec 2020

INFRASTRUCTURE MUNICIPALITY: MOSSEL BAY

LOCATION OF PROJECT WITHIN THE MUNICIPALITY (WARD / SETTLEMENT)	OVERALL OUTPUT TO BE ACHIEVED	FUNDING ALLOCATION	CURRENT PROGRESS	PLANNED COMPLETION DATE
Mossel Bay Hospital	Major upgrade; New 72-hour Mental Health Observation Ward	R37m	Started (15% complete)	Jan 2021
Mossel Bay Hospital	New entrance, admission area, emergency centre	R42m	Early planning	2022
Asla Alma & Dalmeida Clinics	New clinic Upgrading	R16m R6m	Completed Completed	
Groot Brak Rivier Clinic	Upgrading	R1.8m	Completed	

INFRASTRUCTURE MUNICIPALITY: GEORGE

LOCATION OF PROJECT WITHIN THE MUNICIPALITY (WARD / SETTLEMENT)	OVERALL OUTPUT TO BE ACHIEVED	FUNDING ALLOCATION	CURRENT PROGRESS	PLANNED COMPLETION DATE
Touwsranten Clinic	New waiting area and reception; refurbishment	R1.4m	Started (65% complete)	2020
Parkdene & Rosemore Clinics	Minor upgrade	R20m	Planning	2020
Blanco Clinic	Major capital upgrade		Planning	2021
Pacaltsdorp Clinic	Major capital upgrade		Planning	2021

INFRASTRUCTURE

MUNICIPALITY: KNYSNA

LOCATION OF PROJECT WITHIN THE MUNICIPALITY (WARD / SETTLEMENT)	OVERALL OUTPUT TO BE ACHIEVED	FUNDING ALLOCATION	CURRENT PROGRESS	PLANNED COMPLETION DATE
Sedgefield Clinic	New dispensary and registry	R1.2m	Just completed	
Khayalethu Clinic	Expansion (new consultation room and waiting area) and upgrading	R2m	90% completed	2020
Knysna Hospital	New Forensic Pathology Building	R27m	Planning. To start June 2020	2022
Knysna Hospital	Replace lifts	R9m	Early planning	2021
Hornlee Clinic	Replacement	R20m	Investigation	2023

INFRASTRUCTURE MUNICIPALITY: BITOU

LOCATION OF PROJECT WITHIN THE MUNICIPALITY (WARD / SETTLEMENT)	OVERALL OUTPUT TO BE ACHIEVED	FUNDING ALLOCATION	CURRENT PROGRESS	PLANNED COMPLETIO N DATE
Kranshoek Clinic	Minor upgrading to improve flow of clients through facility	R1.4	99% completed	2020
New Horizons Clinic	Upgrade registry, increased space for holding of chronic medication	R1m	Completed	

INFRASTRUCTURE MUNICIPALITY: KANNALAND

LOCATION OF PROJECT WITHIN THE MUNICIPALITY (WARD / SETTLEMENT)	OVERALL OUTPUT TO BE ACHIEVED	FUNDING ALLOCATION	CURRENT PROGRESS	PLANNED COMPLETION DATE
Ladismith Hospital	Expanded pharmacy; Improved water reticulation system; minor refurbishment	R15m	Planning	2022
Calitzdorp Clinic	New dispensary; minor refurbishment		Planning	Sept 2022
Amalienstein Clinic	Internal changes to improve flow through facility; additional consulting room connections		Planning	Sept 2022
Ladismith Clinic	Replacement	To be determined	Planning	2022

INFRASTRUCTURE MUNICIPALITY: OUDTSHOORN

LOCATION OF PROJECT WITHIN THE MUNICIPALITY (WARD / SETTLEMENT)	OVERALL OUTPUT TO BE ACHIEVED	FUNDING ALLOCATION	CURRENT PROGRESS	PLANNED COMPLETION DATE
Bongolethu Clinic	New waiting area and registry; major refurbishment	R5m	99% completed	2020
Oudtshoorn Hospital	Major maintenance and upgrading	R27m	Planning	2021
Dysselsdorp Clinic	Water tank/Tower	To be determined	Planning	To be determined
De Rust Clinic	Major upgrading	R4.5m	Completed	

Challenges

- 1. Contractors/sub-contractors and staff employment
- 2. Adequate information to the community on the projects



2. Governance structures

- 1. District Health Council
- 2. Hospital Facility Boards
- 3. Clinic Committees



District Health Council

- 1. Each municipality has a counsellor represented on the Council
- 2. Chaired by Rep from Garden Route DM
- 3. Meet four times per year
- Any matter of commonality is discussed and addressed
- 5. Members' term came to end in Nov 2019, and process has started to identify members of the new board.
 Six months to do this.
- 6. Request: municipalities to submit name of representative when receiving correspondence



Hospital Facility Board

Hospital	Functioning	
Riversdale	Yes	
Mossel Bay	No	
George	Yes	
Harry Comay/Uniondale	Yes	
Knysna	No	
Alan Blythe	No	
Oudtshoorn	No	

Hospital Facility Board

- 1. Each municipality has a counsellor represented on the Board
- 2. Present Boards end their term end Jan 2020
- 3. A process is currently underway for the appointment of new members
- 4. Request: Municipalities to please submit name of representative when receiving correspondence

3.



Clinic Committees

Sub-district	Number of clusters	Functioning	Need from Local Government
Hess	4	0	None (Two can start; Comm reps needed)
MB	3	0	None All ready to start
George	6	2	None Four can start
Knysna	5	0	LG reps needed X5
Bitou	4	0	LG reps needed X4
KL	3	1	None Two can start
Oudtshoorn	4	1	None Three can start

1. Community Orientated Primary Care (COPC)

- **1.1** Focus is <u>not</u> on 'what presents to the clinic'
- 1.2 Focus is on the health needs for a defined community
- 1.3 The clinic head takes responsibility for the whole area that the clinic drains to
- 1.4 Implications: Much more collaboration Move to wellness
- 1.5 Formal Pilot areas:

Kwanokuthula

Dysselsdorp

Groot Brak River



Challenges

- 1. Change in mind set
- 2. Move from 'Treatment' to 'Stay healthy'
- 3. Present disease burden still needs to be managed
- 4. Difficult to get all role players on board



3. Ideal Clinic and Ideal Hospital realization

- 1. The NHI Program expects certain standards for PHC facilities and for hospitals
- Ongoing evaluations and improvements are done to raise standards
- 3. Evaluations are done by Own staff, Peers (other districts) and the OHSC (Office of Health Standards Compliance)



Thank you

Contact Us



BETTER TOGETHER.

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