

ADVISORY COMMITTEE

AGENDA

**For the meeting of the Advisory Committee Members of
Nelson Marlborough Health held on
Tuesday 26 March 2019 at 10.30am**

**Seminar Room, Arthur Wicks Building
Wairau Hospital**

Section	Agenda Item	Time	Attached	Action
1	Welcome, Karakia, Apologies, Registration of Interests	10.30am	Attached	Resolution
2.1	Confirmation of previous Meeting Minutes		Attached	Resolution
2.2	Action Points		Attached	Note
3	GM Report	10.35am	Attached	Resolution
3.1	Dashboard		Attached	Note
4	For Information: Submissions		Attached	Note
5	Presentation: Oral Health	11.00am	Verbal	
6	Glossary		Attached	Note
	Meeting finish	12.30pm		

PUBLIC EXCLUDED MEETING
Resolution to exclude public

12.20pm

RECOMMENDATION

THAT the Committee resolve itself into a Committee of the whole and that in terms of the NZ Public Health & Disability Act 2000, the public be excluded while the following items are considered:

- ***Minutes of a meeting of Advisory Committee Members held on 29 January 2019 (Clause 34(a) Schedule 4 of New Zealand Public Health & Disability Act 2000)***
- ***GM Report - To protect information that is subject to a delegation of confidence (Clauses 32(a) and (b) Third Schedule NZ Public Health & Disability Act 2000)***

WELCOME, KARAKIA AND APOLOGIES

Apologies

REGISTRATIONS OF INTEREST – BOARD MEMBERS

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Gerald Hope (Chair)		<ul style="list-style-type: none"> ▪ CE Marlborough Research Centre ▪ Director Maryport Investments Ltd ▪ CE at MRC landlord to Hill laboratory services Blenheim ▪ Councillor Marlborough District Council (Wairau Awatere Ward) 	<ul style="list-style-type: none"> ▪ Landlord to Hills Laboratory Services Blenheim 	
Jenny Black	<ul style="list-style-type: none"> ▪ Chair of South Island Alliance Board ▪ Chair of National Chairs ▪ Chair of West Coast DHB ▪ Member of West Coast Partnership Group ▪ Member of Health Promotion Agency (HPA) 			

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Alan Hinton	<ul style="list-style-type: none"> Nil 	<ul style="list-style-type: none"> Trustee, Richmond Rotary Charitable Trust Trustee, Natureland Wildlife Trust Trustee, Nelson Christian Trust Director, Solutions Plus Tasman Ltd Consultant, Azwood Ltd Secretary, McKee Charitable Trust 	<ul style="list-style-type: none"> Support of local worthy causes Education and support of endangered species Local, national and international support Business consultancy Heating fuels and landscaping facilities Tertiary scholarships and general philanthropy 	Supply of heating fuel to NMDHB
Judy Crowe		<ul style="list-style-type: none"> Daughter is senior HR Consultant at Oranga Tamariki in Wellington 		
Patrick Smith	<ul style="list-style-type: none"> Member of IHB 	<ul style="list-style-type: none"> Managing Director, Patrick Smith HR Ltd 	<ul style="list-style-type: none"> Consultancy services 	<ul style="list-style-type: none"> Focus on primary sector and Maori Working with Maori Health Providers who hold contracts
Jenny Black (Marlborough)		<ul style="list-style-type: none"> ACP Practitioner 	<ul style="list-style-type: none"> End of life care 	

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Brigid Forrest	<ul style="list-style-type: none"> ▪ Doctor at Hospice Marlborough (employed by Salvation Army) ▪ Locum GP Marlborough (not a member of PHO) ▪ Daughter in Law employed by Nelson Bays Primary Health as a Community Dietitian 	<ul style="list-style-type: none"> ▪ Small Shareholder and director on the Board of Marlborough Vintners Hotel ▪ Joint Owner of Forrest Wines Ltd 	<ul style="list-style-type: none"> ▪ Functions and meetings held for NMDHB 	
Dawn McConnell	<ul style="list-style-type: none"> ▪ Te Atiawa representative and Chair of Iwi Health Board ▪ Director Te Hauora O Ngati Rarua 	<ul style="list-style-type: none"> ▪ Trustee, Waikawa Marae ▪ Regional Iwi representative, Internal Affairs 	<ul style="list-style-type: none"> ▪ MOH contract 	
Allan Panting	<ul style="list-style-type: none"> ▪ Chair Orthopaedic Prioritisation Working Group ▪ Chair General Surgery Prioritisation Working Group ▪ Panel member to review Auckland DHB Orthopaedic Service ▪ Chair Ophthalmology Service Improvement Advisory Group ▪ Chair Maternal Foetal Medicine Service Improvement Advisory Group 			
Stephen Vallance	<ul style="list-style-type: none"> ▪ Chairman, Marlborough Centre of the Cancer Society ▪ Chairman, Crossroads Trust Marlborough 			

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Craig Dennis	<ul style="list-style-type: none"> Trustee of Nelson Region Hospice Investment Trust 	<ul style="list-style-type: none"> Partner of CFO on Call Business consultancy Director of CD & Associates Business consultancy Director of Scott Syndicate Development Company Ltd Property Developer Director of 295 Trafalgar Street Ltd Director of KHC Dennis Enterprises Ltd Chair of Progress Nelson Tasman Director, Taylors Contracting Co Ltd 	<ul style="list-style-type: none"> Property investor Property investor Unincorporated society 	

As at January 2019

MINUTES OF MEETING

MINUTES OF A MEETING OF THE ADVISORY COMMITTEE OF NELSON MARLBOROUGH HEALTH HELD IN SEMINAR CENTRE ROOM 1, BRAEMAR CAMPUS, NELSON HOSPITAL ON TUESDAY 29 JANUARY 2019 AT 10.30AM

Present:

Jenny Black (Chair), Gerald Hope, Alan Hinton, Dawn McConnell, Jenny Black (Marlb), Stephen Vallance, Allan Panting, Brigid Forrest, Judy Crowe, Patrick Smith, Craig Dennis

Apologies:

Nil

In Attendance:

Peter Bramley (CEO), Lexie O'Shea (GM Clinical Services), Trish Casey (GM People & Capability), Hilary Exton (Director of Allied Health), Pam Kiesanowski (Director of Nursing & Midwifery), Ditre Tamatea (GM Maori Health & Vulnerable Populations), Eric Sinclair (GM Finance Performance & Facilities), Nick Baker (Chief Medical Officer), Gaylene Corlett (Minute Secretary)

Karakia:

Ditre Tamatea

INTRODUCTION

Trish Casey, GM People & Capability was welcomed and introduced to the Board.

The Chair outlined the change to the NMH Advisory Committees and the workplan for 2019. The work plan will be added to the agenda each month. It was agreed to have Board members share the role of Chair. This will be decided in advance and will be noted on the work plan. The respective Chair to contact the relevant ELT member two weeks prior to the meeting to discuss the respective month topic.

SECTION 1: APOLOGIES AND REGISTRATIONS OF INTEREST

Noted.

Moved: Alan Hinton
Seconded: Brigid Forrest

RECOMMENDATION:

THAT THE APOLOGIES AND REGISTRATIONS OF INTEREST BE NOTED.

SECTION 2: MINUTES OF PREVIOUS MEETING AND CORRESPONDENCE**2.1 Minutes of the Hospital Advisory Committee Meeting 23 October 2018**

Noted.

Moved: Alan Hinton
Seconded: Brigid Forrest

RECOMMENDATION:

THAT THE MINUTES OF THE HOSPITAL ADVISORY MEETING HELD ON 23 OCTOBER 2018 BE ADOPTED AS A TRUE AND CORRECT RECORD.

AGREED

2.2 Minutes of the Community Public Health Advisory Committee/Disability Support Advisory Committee 27 November 2018

Noted.

Moved: Patrick Smith
Seconded: Stephen Vallance

RECOMMENDATION:

THAT THE MINUTES OF THE COMMUNITY PUBLIC HEALTH ADVISORY COMMITTEE/DISABILITY SUPPORT ADVISORY COMMITTEE MEETING HELD ON 27 NOVEMBER 2018 BE ADOPTED AS A TRUE AND CORRECT RECORD.

AGREED

SECTION 3: ACTION POINTS**3.1 HAC Action Points**

Item 1 – Overdue Clinical Issues: The issue of overdue follow ups has been looked at. Noted the clinical dashboard has changed how the outpatient overdue data is presented. Action plans have been put in place for overdue follow ups and this will be combined with the action plan for ESPIs. The new planned care from the Ministry will include follow ups and FSAs. Item to be closed.

Item 2 – Readmissions: When this was raised in October, internal discussion was held around our Health Roundtable information. We now have 6 months of data and will relook at this at the end of February. A report will come to the Committee in due course.

3.2 CPHAC/DiSAC Action Points

Item 1 – Stop Smoking Service: This action is ongoing as there is currently very little data on numbers of people moving to vaping once they quit smoking. New information is coming out from the Ministry and Government around vaping. There are also concerns being raised that some people are starting to vape who have never smoked.

Item 2 – Pharmaceuticals: **It was agreed that** the discussion on medications be added to the workplan for either the Advisory Committee or the Board.

Item 3 – Mental Health: Due in June.

Item 4 – Oral Health: The use of Dental Amalgam will be added to the topic of Oral Health due in March.

SECTION 4: GM REPORT

The Clinical Services report and dashboard were discussed.

Strike Action

The CE, who is the Lead CE for RMO Negotiations, tabled the latest update from DHBs on the RDA negotiations. Although a number of RMOs have joined another union, STONZ, who have reached an agreement with DHBs, the RDA is still a strong union.

Dashboard

Noted health target discharges are behind due to acute discharges being high, and the challenge of staff sick leave that has also attributed to the elective discharge drop. The health target is going to be a challenge for us to achieve this year. Discussion was held on how realistic the health targets are. It is believed that the new Planned Care being introduced by the Government should improve the measures.

Discussion held on the slowness of replacing medical staff. We need to be proactive to get the right person rather than using locums and medical staff that are available at the time.

Hospital flow with MAPU closure noted. A business case proposing to reopen the MAPU will come to the Board in due course.

Noted the HAC and CPHAC/DiSAC dashboards will be combined. The Committee were asked to send feedback to the Minute Secretary on what data they would like to see presented in the dashboard and whether it should be presented each month.

SECTION 5: PRESENTATION – MATERNAL CARE

Nick Baker (Paediatrician), Eileen Varley (Manager CAMHS), Donna Addidle (Service Manager Women Child & Youth and RMO Coordinator), Andrew Goodger (Alliance Support Manager, Primary & Community), Debbie Fisher (Operations Manager/Associate Director of Midwifery), Sophie Worel-Dahl (Registered Psychologist), Ditre Tamatea (GM Maori Health & Vulnerable Populations) presented on lifelong consequences of inequity in the first 1000 days.

Opportunities missed and harm done during the first thousand days has a major impact on the next thirty thousand days. Those addressing problems later in life, eg mental health services including drug and alcohol, police, prisons, ACC, Emergency Departments are placed to invest in management not prevention. They may have little insight that prevention was an option.

The linking of information after the death of a young person often reveals opportunities to have prevented their death. Adults who are frequent Emergency Department attenders or

users of Drug and Alcohol services have been disproportionately exposed to adverse experiences in childhood. Children who today are suffering adverse childhood experiences typically have parents who had similar experiences.

Health and wellbeing “audit points” include New-born Checks, Before School Checks and Gateway Assessments, but key items like the before birth check, the leaving and joining school checks are missing. Too often risks of adverse outcome for children are recognised yet adverse outcomes continue regardless. Those with the most to gain from enduring supportive links and health services are those most likely to miss out. Privacy concerns and isolated silos of information stand in the way of information sharing and good team work across disciplines.

We have made enormous gains with the old causes of mortality and morbidity in childhood, eg vaccine preventable diseases and respiratory diseases. The way we currently provide services and support is allowing the problems that dominate today to persist. Our services were often designed for an agile escalating response to acute illness so as to make life threatening problems survivable. A different design is needed for ongoing chronic conditions and supporting families to address health inequity.

We constantly talk about inequity but is our care delivery sufficiently unequal to address it? It is said you can take a horse to water but cannot make it drink. However with a thirsty horse, no barbed wire fence and tasty water, it can be easier. Issues related to increasing community demand, removing barriers and having desirable services are discussed. Immediate positive reliable outcomes are much stronger motivators than distant negative and unreliable consequences, eg risk of cancer from smoking. People are most strongly motivated to do things that are fun, easy and popular. How do we make the health gain for issues like stopping smoking in pregnancy fun, easy and popular?

Maternal Wellbeing and Child Protection Groups provide a once in a lifetime opportunity for prevention, early intervention and support before a “rescue” reactive response is needed. Services must focus on building trust, respect and engagement. In any locality the ecology of services should ensure they adapt to fill service gaps – services for people not services for services. It is not good enough to recognise needs and only address some of them or abandon because of service design attributes such as not being brought to an appointment, age limits or service gaps.

A patient story was given of a young child who was very overweight. The family forgot to attend an outreach clinic appointment, so the Practice Nurse went and got them. It was found the family consisted of Mum and Dad and four children who had relocated from elsewhere in NZ. They were having problems settling in. One sibling had language delay, Mum had a number of issues, Dad had chronic health problems, both parents smoked but wanted to quit, and housing was inadequate. The family were referred to OT but no action was taken. They were referred to TPO who assisted with support.

Time windows during which the effect of experiences on brain development is unusually profound and can strongly shape the neural circuits. In fact, emotion serves as a central organising process within the brain, and our ability to organise our emotions directly shapes the ability of the mind to integrate experience and adapt to future stress.

Adapting to the immediate environment is the major developmental goal or activity during the first 1000 days, and this developmental focus makes the influence of the environment particularly critical over this time. During development, there are brief *critical periods* during

which a system or organ has to mature. These occur at different times for different systems, and they occur in utero for most systems. After birth, only the brain, liver and immune system remain plastic. Thus, much of human biological development is completed during the first 1000 days.

While this is not a universal effect, when it does occur children receive genes that are in an active or 'switched on' state rather than a dormant or latent state. Thus, the long-term consequences of adverse environmental conditions during the first 1000 days may not be limited to one generation, but may lead to poor health in the generations to follow, even if these individuals develop in optimal conditions themselves.

Telomeres are shaped by our genes, but also respond to how we live – the foods we eat, our responses to emotional challenges, the amount of exercise we get, whether we were exposed to childhood stress, and even the level of trust and safety in the neighbourhood. Chronic stress is known to be associated with shortened telomeres in adults, and evidence is accumulating that this is also true of such exposures early in life, and that the effect is dose-dependent (ie the more severe and sustained the stress, the shorter the telomeres).

Well used circuits create pathways for strong connections in and between areas of the brain that are responsible for motor skills, sight, emotions, behavioural regulation, logic, language, and memory during the early critical period of development. Although different areas of the brain are responsible for each different function, they are all interrelated and one form of skill cannot completely develop without support from others. In other words, what comes first forms a foundation for everything that comes later. Building more advanced language, cognitive, social, and emotional skills on a weak foundation is significantly more challenging with age, even if a conducive environment is restored in later life. As circuits develop successively, different experiences are critical at different ages and if one stage is not developed appropriately, this will inevitably undermine the appropriate development of the next stage and so on.

This means that social disadvantage can be transmitted across generations: if the parents' telomeres were shortened by chronic stress, poverty, unsafe neighbourhoods, or chemical exposures, they can pass these shortened telomeres on directly to their children. As these children grow, they are likely to be exposed to poverty and stress, which will erode their telomeres further. They will pass these on to their own children, so that each new generation of babies has shorter telomeres than the previous one. Thus, from the first moments of birth, telomeres may be a measure of social and health inequalities. Research shows that children who experience persistent poverty in the first 1000 days are more likely to display symptoms that are consistent with anxiety (higher blood pressure; irregular cortisol production; irregular metabolic activity; and poorer immune functioning). This is because children who live in poverty are more likely to have co-occurring exposure to family distress and separation, maternal depression, family and domestic violence, reduced parental responsiveness, and increased use of physical. They are also more likely to live in homes that are overcrowded; in neighbourhoods that are less connected and have less social supports; and be exposed to more toxins, crime and traffic.

During the first 1000 days, the neural circuits responsible for managing stress are particularly malleable. A child's early experiences determine how these circuits are activated and controlled in the future. Prolonged and excessive toxic stress during this period can impact the developing brain circuits and hormonal systems in a way that leads to poorly controlled stress response systems; ones that are overly reactive or slow to shut down when faced with challenges throughout the lifespan. For example, research shows that children

who experienced persistent poverty in early life are more likely to exhibit non-adaptive coping strategies (disengagement and avoidance) in later life. Non-adaptive strategies are associated with higher levels of internalising (depression and anxiety) and externalising (aggression and impulsive) behaviours.

The social determinates of health that have the greatest impact in the first 1000 days, are enduring and transmissible between generations. Babies must have a good first 1000 days.

Adverse childhood experiences include:

- Emotional abuse
- Physical abuse
- Sexual abuse
- Not loved
- Deprived of resources
- Parents separated or divorced
- Mother figure abused
- Problem drinker or drug user in home
- Mental illness in household member
- Household member in prison.

Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today (American Academy of Pediatrics).

The age of non-Māori having babies is getting older. Vulnerable children quickly become parents of vulnerable children.

School Based Health Services (SBHS) include:

- School based nurse provided to alternate education providers like OnTrac, Youth Nelson, Nelson Young Parent School, and Abel Tasman Education Trust (Te Mana Kowhiri)
- HEEADSSS assessments and ongoing support from a nurse for home, education, eating, activities, drugs and alcohol, suicide, depression, sexuality and safety.

The Service currently covers 50-70 students.

Upcoming changes include extending SBHS to Decile 4 schools from 1 April (Murchison, Tapawera and Te Kura Kaupapa Maori o Tuia te Matangi), extending coverage to a further 115-130 pupils, and stocktake of existing services to support further roll out and integration of services.

The emergency contraceptive pill service was discussed. Free access to long acting reversible contraceptives for Community Service Card holders and Quintile 5 areas will begin from 1 April.

Discussion held on how we foster the preciousness of fertility, and the safety aspects of contraceptives (implants). It was noted that the implants usually last 1, 3 or 5 years and are then removed.

Noted 80% of pregnant women engage with an LMC by 12 weeks. Nelson Marlborough Health has the lowest SUDI and post-natal rates in the country.

One of our challenges is breastfeeding rates, noting at discharge 85-88% of mum's still breastfeed, at 6 weeks it drops to 70%, and at 12 weeks it drops to 50-60%.

A child's development score at 22 months is a strong indicator of education achievement at 26. Early year's development support and education is critical to success at school and in life.

Discussion held on Child and Adolescent Mental Health (CAMHS). Noted Nelson Marlborough Health has the highest rate of eating disorders in the country. Patients have to go to Christchurch for treatment. Some are getting younger, eg 10/11 year olds. It is a disease of middle class families – is a mental health issue where the person feels unworthy.

Discussion held on infant mental health noting there are no services to refer people to other than Family Start. This is a national issue. The focus is on adolescents, however we need to focus on under 5 year olds. NMH is looking at setting up a therapeutic service focussing on those pregnant women who have a certain A score (joint initiative between paediatrics, CAMHS and maternity).

A new 0.5FTE role of Youth Consumer Adviser is being recruited. This will be a fixed contract, needs to be a service user and under the age of 20. The position will be a pivotal role within the mental health, addictions and early intervention service.

The GM Maori Health & Vulnerable Populations spoke on the initiatives underway including:

- During Pregnancy: Hauora Direct, Hapu Wananga, Pepi First, Tamariki Ora, Kaupapa Maori Dietician, and Tuhono
- Birth/neo-natal: Hauora Direct, Safe Sleep, Pepi First, Kaupapa Maori Lactation Consultant, Tamariki Ora, Tuhono
- Early Childhood: Hauora Direct, Tamariki Ora/Well Child, Kaupapa Maori Oral Health Navigation, Te Ho (Stop Smoking), Dietician, Tuhono.

Future development for Maori Health and vulnerable populations includes parenting programmes, and rangatahi programmes like alcohol and other drugs, tobacco, mental health, sexual and reproductive health, and a focus on personal growth and development.

The team were thanked for their presentation. **It was requested that** the slides be sent out to the Board for their information.

PUBLIC EXCLUDED:

Moved: Jenny Black
Seconded: Patrick Smith

THAT the Committee resolve itself into a Committee of the whole and that in terms of the NZ Public Health & Disability Act 2000, the public be excluded while the following items are considered:

- ***Minutes of a meeting of HAC Committee Members held on 23 October 2018 (Clause 34(a) Schedule 4 of New Zealand Public Health & Disability Act 2000)***
- ***Minutes of a meeting of CPHAC/DiSAC Committee Members held on 27 November 2018 (Clause 34(a) Schedule 4 of New Zealand Public Health & Disability Act 2000)***

- ***DHB Directorate Reports – To protect information that is subject to a delegation of confidence (Clauses 32(a) and (b) Third Schedule NZ Public Health & Disability Act 2000)***

AGREED

Meeting closed at 12.40pm

ACTION POINTS – NMDHB – ADVISORY COMMITTEE Open Meeting

Held on 29 January 2019

Action Item #	Action Discussed	Action Requested	Person Responsible	Meeting Raised In	Due Date	Status
1	Dashboard: Stop Smoking Service	Ascertain if people move to vaping once they have quit smoking	Cathy O'Malley	22 May 2018		GM report
2	Dashboard: Pharmaceuticals	Suggested to have medications (across all services) as a discussion topic at a future CPHAC meeting	Cathy O'Malley/ Peter Bramley	22 May 2018	2019	GM report
3	Dashboard: Mental Health	Ascertain if a graph showing those triaged (primary and secondary) can be imported into the dashboard	Jane Kinsey	22 May 2018	25 June 2019	
4	Decision: Use of Dental Amalgam	a) Request a copy of the Board paper on dental amalgam from Waikato DHB b) Write to Medsafe and the MOH seeking updated policy guidance on the use of amalgam fillings c) Add the H&S risk and the environmental impact of using dental amalgam to the information gathered to update the Committee	Cathy O'Malley	24 July 2018	26 March 2019	GM Report

Action Item #	Action Discussed	Action Requested	Person Responsible	Meeting Raised In	Due Date	Status
5	GM Report	<p>Provide reasons for the increase in readmission within 28 hours of discharge percentages for July and August, including reasons for readmissions</p> <p>When this was raised in October, internal discussion was held around our Health Roundtable information. We now have 6 months of data and will relook at this. A report will come to the Committee in due course.</p>	Lexie O'Shea	23 October 2018	23 April 2019	
6	Presentation: Maternal Care	Send out presentation slides to Board members	Gaylene Corlett	29 January 2019	26 February 2019	Completed

MEMO

To: Advisory Committee Members
From: Cathy O'Malley, GM Strategy Primary & Community
Date: 20 March 2019
Subject: **General Manager's Report**

Status

This report contains:

- ☐ For decision
- ✓ Update
- ✓ Regular report
- ☐ For information

1. GM Report

The GM will provide a verbal update at the meeting. The dashboard is attached as item 3.1.

2. Action Items

2.1 Stop Smoking Service: Ascertain if people move to vaping once they have quit smoking

Our service promotes vaping as a quitting tool, not as a change of behaviour. Through MOH recommendations we also support people using a vape to quit vaping. Quit coaches have found vaping to be a useful tool to support people on their journey to become Smokefree.

Results from Quarter 2 show that 21% of clients are using vaping as a quitting tool. Rates are higher in Maori at 25% and significantly lower in pregnant women at 7%.

The following table outlines a quit coach's statistics from 2018 on the success rate of using vaping as a tool for quitting:

	Clients Using E-cigarette	Number Who set Quit date	Number successful (CO validated Quit at 4 weeks)
Totals	48	38	24 (63%) (service target >50%)

N.B. Vaping may have been used in conjunction with other licensed nicotine products

The latest TEC Study (Trial of Electronic Cigarettes) in the UK shows how vaping is more effective than Nicotine Replacement Therapy, with the effect still significant at 12 months.

Vaping is relatively new and quit coaches are still getting up to speed with the technology and how to use it effectively. Quit coaches are finding this is a fast moving field, with technology changing rapidly and newer innovations in the vaping market, like nicotine salts which can deliver higher doses of nicotine than previously practicable, and therefore may have a higher addiction potential. The

issues are how long people continue vaping for (as this activity does carry an estimated low health risk) and the need for regulation of the market to minimise risks and support good practice.

2.2 *Have medications (across all services) as a discussion topic at a future CPHAC meeting*

The GM and the Pharmacy Manager are to meet and discuss this item on 8 April 2019.

2.3 *Use of dental Amalgam.*

No further information is currently available.

3. **Presentation**

A presentation will be provided on Oral Health.

Cathy O'Malley
General Manager, Strategy Primary & Community

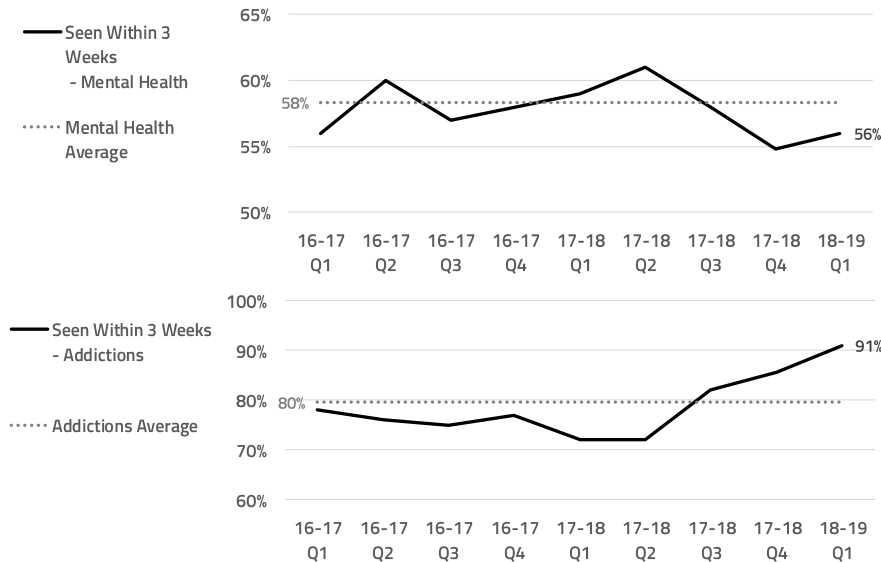
RECOMMENDATION:

THAT THE ADVISORY COMMITTEE RECEIVE THE GM REPORT.

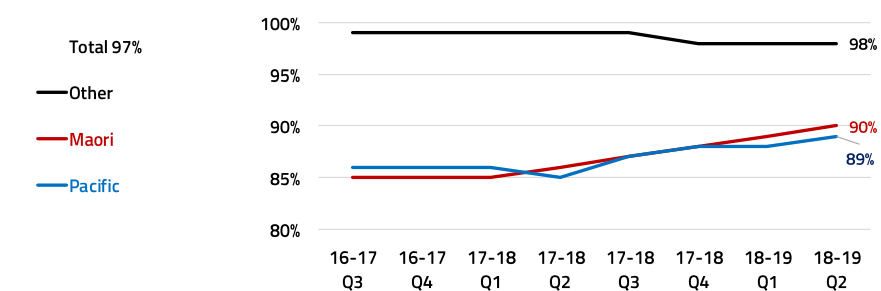
CPHAC-DISAC Dashboard

February 2019

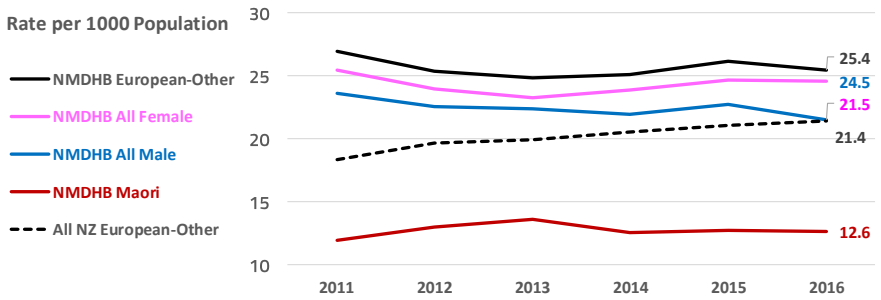
Mental Health - Youth Wait Times



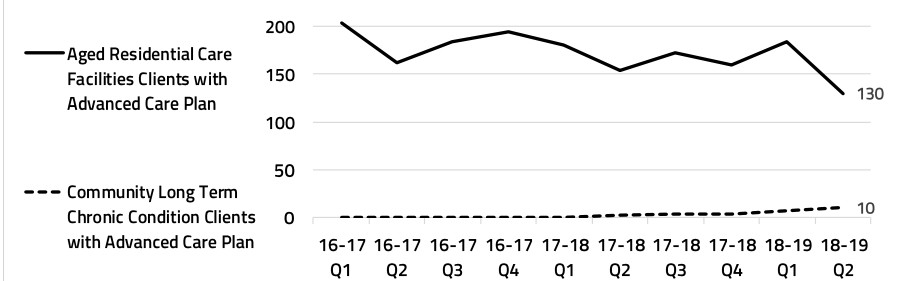
NBPH and MPHO Enrolment



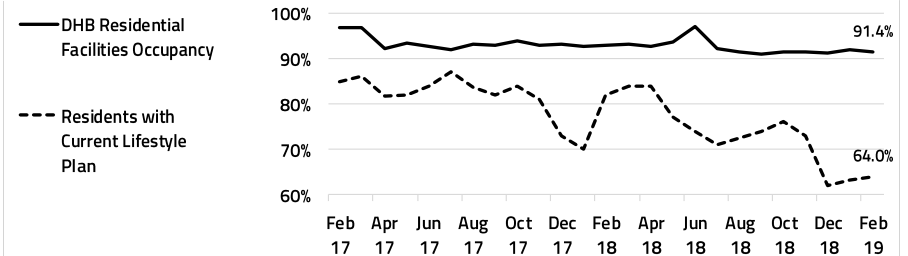
Pharmaceuticals - Strong Opioid Dispensing



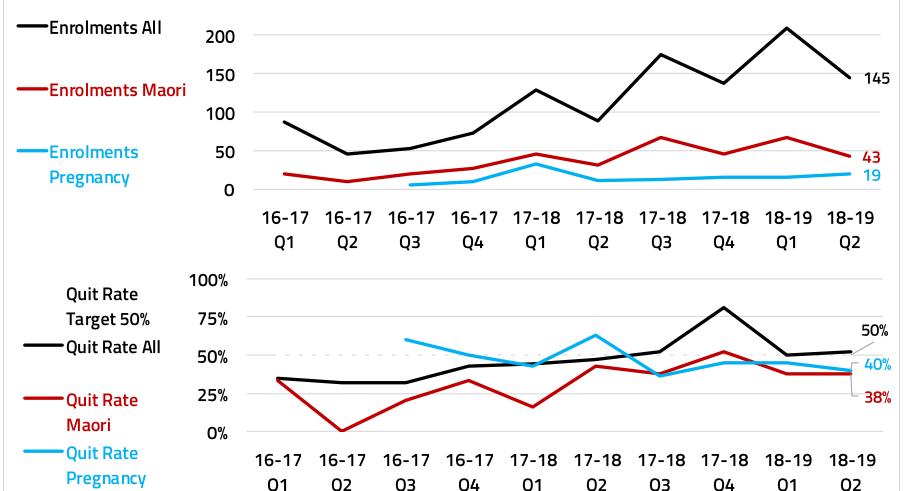
Aged Residential Care



Disability Support Services



Stop Smoking Activity



MEMO

To: Advisory Committee Members
From: Cathy O'Malley, GM Strategy, Primary & Community
Date: 20 March 2019
Subject: **FOR INFORMATION**

Status

This report contains:

- ☐ For decision
- ☐ Update
- ☐ Regular report
- ✓ For information

NMH have submitted a number of submissions over the past 3 months. Submissions include:

4.1 TDC Proposed Aged Friendly Policy

Submission Details

This submission commends the Council on creating this document and supports the vision and guiding principles, one of which acknowledges the role that Council, NMH, the community and central government all play. NMH was pleased to see that one of the Council's objectives was to further develop relationships with Maori health providers.

The submission makes the following recommendations:

1. That *AgeConnect*, the cross sector group promoting positive ageing is acknowledged in the Policy.
2. That further consideration is given to introducing more intergenerational community spaces and places.
3. That the Council promotes Accessibility for All's Accessibility Checklist for Businesses.
4. That the Council considers adding a new requirement for accessibility audits for new commercial enterprises.
5. That the level of provision of Council housing is regularly reviewed to ensure it is meeting demand.
6. That the Council considers offering free Eco Building Design Services to residents to improve the quality of homes.
7. That an additional objective was added to the policy regarding supporting and educating people on emergency preparedness.
8. That the section on Employment includes reciprocal mentoring in terms of addressing generational diversity in the workplace and sharing skill sets.

4.2 Ministry of Transport's Consultation on MARPOL Annex VI: Treaty to reduce air pollution in ports and harbours

Background information

This International Maritime Organisation treaty, Annex VI of the International Convention for the Prevention of Pollution from Ships (MARPOL), regulates emissions that are harmful to public health, deplete the ozone layer and contribute to climate change. Annex VI accession would have benefits for New Zealand. It would:

- reduce carbon emissions and improve air quality around our ports and harbours
- provide investment certainty to domestic ship owners and fuel suppliers
- demonstrate commitment to the 'level playing field' for international maritime regulation that we benefit from as a trading and maritime nation.

Annex VI accession would also have costs. The regulations would impose costs on ship owners and operators, and their customers. Ships burning heavy fuel oil would need to switch to low sulphur fuel. Annex VI impacts on New Zealand will increase over time, whether we accede or not. Our ships already need to comply with its requirements when visiting foreign ports. Foreign ships in our ports will need access to low-sulphur fuel from 1 January 2020.

NZ and Israel are the only OECD countries not to have ratified the agreement to date and we have been encouraged by the Ministry of Health to put in a submission.

Submission contents

We support Annex VI accession because the accession will lead to reduced emissions of harmful air pollutants that result in reduced adverse health effects, reduced adverse effects on ecosystems and greenhouse gas emissions. Cleaner marine fuels will reduce ship related premature mortality by 34% globally. 2013 GNS Science Consultancy report undertaken for NCC found that emissions from ship traffic at the Port of Nelson constitute a significant portion of measured particulate matter and nearly 20,000 live in Nelson (3,000 in Picton) live within 3 km of the Ports therefore adopting and enforcing MARPOL VI will improve the region's air quality.

NMH recommends that the related Greenhouse Gas Strategy also include additional measures that reduce marine air pollution and greenhouse gas emissions.

4.3 NCC Waimea Road Speed Limit Change Consultation

Consultation details

Nelson City Council is consulting with the community on a proposal to change the current 70km/h speed limit on Waimea Road to 50km/h.

This applies to a 1.3km section of road, from 240m south of Market Road and 200m north of the Beatson Road roundabout. The reasons for this proposal are to provide:

- improved road safety on this section of Waimea Road
- a workable speed environment for the proposed new intersection of Princes Drive with Waimea Road.

Submission details

1. Supports the NCC goal of improving safety
2. NMH notes the installation of the underpass to the Railway Reserve. Ideally it would have been beneficial to have a pedestrian/cyclist crossing at road level because this makes it easier and more accessible.
3. NMH recommends underpass is straight with no recesses to improve visibility, is wide and high for light penetration and gradual enough for prams/wheelchairs and has good drainage.

4.4 Productivity Commission's Local Government Funding and Financing Consultation

Background

The Commission has published an issues paper for this inquiry into local government funding and financing. The issues paper briefly describes local government in New Zealand and how funding and financing currently works. It asks questions about current pressure points and ways that councils can manage cost pressures. It then seeks views on options for future funding and financing tools.

Submission details

Our submission highlights that local government is an important influence on the health and wellbeing of communities and populations. NMH stresses the importance of national direction and financial support for Councils regarding adaptation. Stresses the importance of the four wellbeings in the local government amendment bill, the importance of community consultation and the need to keep services affordable especially given the ageing population.

4.5 TDC Proposed Dangerous, Insanitary and Affected Buildings Policy

Submission background

Over time, buildings may become dangerous or insanitary, or be affected by other buildings. This could be caused by natural disaster or extreme weather, because of illegal building work or lack of maintenance. TDC have reviewed our Dangerous, Insanitary and Affected Buildings Policy, which outlines how they will identify and take action to address any dangerous, insanitary or affected buildings in Tasman District.

Submission Details

We support the Policy. NMH recommends that the Health Act 1956 is also added to the Policy. The Policy refers to the Medical Officer of Health but also should include Health Protection Officers.

4.6 Nelson Tasman Future Development Strategy

Background

The Nelson Tasman Future Development Strategy will determine whether we keep growing our city and towns in the same way we have in the past, or if we take a different approach. As well as planning for the extra homes and businesses our region will need, we must be aware that business needs are changing, new housing needs to be affordable, and the make-up of our communities will change over time.

Submission details

1. Supports proposed intensification so people can easily access goods and services, promotes community connectedness.
2. Recommends that intensification of brownfields is necessary in providing for the ageing population.
3. Recommends that universal design is supported so that people can age in place
4. Recommends that the amount of affordable and social housing is increased
5. Recommends development does not occur in areas highly prone to hazards
6. Stresses the importance of transport connections
7. Stresses the importance of access to green space
8. Stresses the importance of business opportunities

4.7 TDC Draft Motueka Ward Reserve Management Plan Feedback

TDC have prepared a 10-year Draft Reserve Management Plan for Motueka Ward and this submission supports the new plan and the planned enhancement of recreational amenities, playgrounds and walkways/cycleways.

NMH recommends that:

1. The number of drinking fountains is increased to give people more access to free water in public places
2. The number of shade sails or shady trees is increased to alleviate the effects of extreme heat
3. Consideration is given to additional fitness equipment or adult friendly play equipment to give people another opportunity to exercise
4. Supports the decision to install more public seating
5. The level of smokefree signage is increased
6. That the outdoor areas in front of Motueka reserve is made smokefree

4.8 MDC Feedback for Seddon Recreation Reserve Management Plan Review

Our submission links closely with our earlier submission on Picton's Victoria Park in terms of asking the council to consider matters relating to lighting, facilities, playgrounds, drinking water, freedom camping, shading, seating accessibility.

All submissions are available from the Minute Secretary if required.

GLOSSARY OF COMMONLY USED ACRONYMS, ABBREVIATIONS AND MAORI TRANSLATION

ABC	Ask about their smoking status; brief advice to quit; cessation
A4HC	Action for Healthy Children
A&D / AOD	Alcohol and Drug / Alcohol and Other Drugs
A&R	Audit & Risk Committee
ACC	Accident Compensation Corporation
ACMO	Associate Chief Medical Officer
ACNM -	Associate Charge Nurse Manager
ACU	Ambulatory Care Unit
ACP	Advanced Care Plan
ADR	Adverse Drug Reactions
ADM	Acute Demand Management
ADON	Associate Director of Nursing
AE	Alternative Education
AEP	Accredited Employer Programme
AIR	Agreed Information Repository
ALOS	Average Length of Stay
ALT	Alliance Leadership Team (short version of (TOSHALT))
AMP	Asset Management Plan
AOD	Alcohol and Other Drug
AOHS	Adolescent Oral Health Services
AP	Annual Plan with Statement of Intent
ARC	Aged Residential Care
ARF	Audit Risk and Finance
ARCC	Aged Residential Care Contract
ARRC	Aged Related Residential Care
ASD	Autism Spectrum Disorder
ASH	Ambulatory Sensitive Hospitalisation
ASMS	Association of Salaried Medical Specialists
AT&R	Assessment, Treatment & Rehabilitation
BSCQ	Balanced Score Card Quadrant
BA	Business Analyst
BAFO	Best and Final Offer
BAU	Business as Usual
BCP	Business Continuity Plan
BCTI	Buyer Created Tax Invoice
BFCI	Breast Feeding Community Initiative
BFCI	Baby Friendly Community Initiative
BHE	Blenheim
BOT	Board of Trustees
BS	Business Support
BSI	Blood Stream Infection
BSMC	Better, Sooner, More Convenient
CaaG	Capacity at a Glance
CAMHS	Child and Adolescent Mental Health Services
CAPEX	Capital operating costs
CAR	Corrective Action Required
CARES	Coordinated Access Response Electronic Service
CAT	Mental Health Community Assessment Team
CBAC	Community Based Assessment Centres
CBF	Capitation Based Funding
CBSD	Community Based Service Directorate
CE (CEO)	Chief Executive (Chief Executive Officer)

CEA	Collective Employee Agreement
CDHB	Canterbury District Health Board
CCDHB	Capital & Coast District Health Board (also called C & C)
CCDM	Care Capacity Demand Management
CCDP	Care Capacity Demand Planning
CCF	Chronic Conditions Framework
CCT	Continuing Care Team
CCU	Coronary Care Unit
CD	Clinical Director
CDEM	Civil Defence Emergency Management
CDHB	Canterbury District Health Board
CDM	Chronic Disease Management
CEG	Coordinating Executive Group (for emergency management)
CeTas	Central Technical Advisory Support
CFA	Crown Funding Agreement <u>or</u> Crown Funding Agency
CFO	Chief Financial Officer
CGC	Clinical Governance Committee
CHFA	Crown Health Financing Agency
CHS	Community Health Services
CIMS	Coordinated Incident Management System
CIO	Chief Information Officer
CLAB	Central Line Associated Bacteraemia
CLAG	Clinical Laboratory Advisory Group
CME	Continuing Medical Education
CMI	Chronic Medical Illness
CMO	Chief Medical Officer
CMS	Contract Management System
CNM	Charge Nurse Manager
CNS	Charge Nurse Specialist
COAG	Clinical Operations Advisory Group
Concerto	IT system which provides clinician's interface to systems
COHS	Community Oral Health Service
COO	Chief Operating Officer
COPD	Chronic Obstructive Pulmonary Disease
COPMI	Children of Parents with Mental Illness
CPHAC	Community and Public Health Advisory Committee
CPIP	Community Pharmacy Intervention Project
CPNE	Continuing Practice Nurse Education
CP	Chief Pharmacist
CPO	Controlled Purchase Operations
CPSOG	Community Pharmacy Services Operational Group
CPU	Critical Purchase Units
CR	Computed Radiology
CRG	Christchurch Radiology Group
CRISP	Central Region Information Systems Plan
CSR	Contract Status Report
CSSD	Central Sterile Supply Department
CSSD	Clinical Services Support Directorate
CT	Computerised Tomography
CTA	Clinical Training Agency
CTC	Contributions to Cost
CTC	Computerised Tomography Colonography
CTANAG	Clinical Training Agency Nursing Advisory Group
CTU	Combined Trade Unions
CVD	Cardiovascular Disease
CVDRA	Cardiovascular/Diabetes Risk Assessment
CWD	Case Weighted Discharge
CYF	Child, Youth and Family

CYFS	Child, Youth and Family Service
DA	Dental Assistant
DAH	Director of Allied Health
DAP	District Annual Plan
DAR	Diabetes Annual Review
DBI	Diagnostic Breast Imaging
DBT	Dialectical Behaviour Training
DHB	District Health Board
DHBRF	District Health Boards Research Fund
DIFS	District Immunisation Facilitation Services
DiSAC	Disability Support Advisory Committee
DGH	Director General of Health
DMH	Director of Maori Health
DNA	Did Not Attend
DONM	Director of Nursing and Midwifery
DR	Disaster Recovery
DR	Digital Radiology
DRG	Diagnostic Related Group
DSA	Detailed Seismic Assessment
DSP	District Strategic Plan
DSS	Disability Support Services
DT	Dental Therapist
DWCSP	District Wide Clinical Services Plan
EAP	Employee Assistance Programme
EBID	Earnings Before Interest & Depreciation
EBITDA	Earnings Before Interest, Tax Depreciation and Amortisation
ECP	Emergency Contraceptive Pill
ECWD	Equivalent Case Weighted Discharge
ED	Emergency Department
EDA	Economic Development Agency
EDaaG	ED at a Glance
EFI	Energy For Industry
ELT	Executive Leadership Team
EMPG	Emergency Management Planning Group
ENS	Ear Nurse Specialist
ENT	Ears, Nose and Throat
EOI	Expression of Interest
EPA	Enduring Power of Attorney
EQP	Earthquake Prone Building Policy
ERMS	ereferral Management System
ESA	Electronic Special Authority
ESOL	English Speakers of Other Languages
ESPI	Elective Services Patient Flow Indicators
ESR	Environmental Science & Research
ESU	Enrolled Service Unit
EVIDEM	Evidence and Value: Impact on Decision Making
FCT	Faster Cancer Treatment
FF&E	Furniture, Fixtures and Equipment
FFP	Flexible Funding Pool
FFT	Future Funding Track
FMIS	Financial Management Information System
FOMHT	Friends of Motueka Hospital Trust
FOUND	Found Directory is an up-to-date listing of community groups and organisations in Nelson/Tasman
FPSC	Finance Procurement and Supply Chain

FRC	Fee Review Committee
FSA	First Specialist Assessment
FST	Financially Sustainable Threshold
FTE	Full Time Equivalent
FVIP	Family Violence Intervention Programme
GM	General Manager
GMS	General Medical Subsidy
GP	General Practitioner
GRx	Green Prescription
hA	healthAlliance
HAC	Hospital Advisory Committee
H&DC / HDC	Health and Disability Commissioner
H&S	Health & Safety
HBI	Hospital Benchmarking Information
HBSS	Home Based Support Services
HBT	Home Based Treatment
HCS	Health Connect South
HCSS	Home and Community Support Services
HDSP	Health & Disability Services Plan Programme
HDU	High Dependency Unit
HEA	Health Education Assessments
HEAL	Healthy Eating Active Lifestyles
He Kawenata	Covenant, agreement, treaty, testament (PM Ryan Maori Dictionary pg 104)
HEeADSSS	Psychosocial tool – Home, Education, eating, Activities, Drugs and Alcohol, Sexuality, Suicidality (mood), Safety
HEHA	Healthy Eating Healthy Action
HEP	Hospital Emergency Plan
HESDJ	Ministries of Health, Education, Social Development, Justice
HFA	Health Funding Authority
HHS	Hospital and Health Services
HIA	Health Impact Assessment
HM	Household Management
HMS	Health Management System
HNA	Health Needs Assessment
HOD	Head of Department
HOP	Health of Older People
HP	Health Promotion
HPI	Health Practitioner Index
HPV	Human Papilloma Virus
HR	Human Resources
HR & OD	Human Resources and Organisational Development
HSP	Health Services Plan
HQSC	Health Quality & Safety Commission
laaS	Infrastructure as a Service
IANZ	International Accreditation New Zealand
IBA	Information Builders of Australia
IBC	Indicative Business Case
ICU	Intensive Care Unit
IDF	Inter District Flow
IDSS	Intellectual Disability Support Services
IFRS	International Financial Reporting Standards
IHB	Iwi Health Board
ILM	Investment Logic Mapping
IM	Information Management
InterRAI	Inter Residential Assessment Instrument

IoD	Institute of Directors New Zealand
IPAC	Independent Practitioner Association Council
IPC	Intensive Patient Care
IPC Units	Intensive Psychiatric Care Units
IPG	Immunisation Partnership Group
IPS	Individual Placement Support
IPSAS	International Public Sector Accounting Standards
IPU	In-Patient Unit
IS	Information Systems
ISSP	Information Services Strategic Plan
IT	Information Technology
JAMHWSAP	Joint Action Maori Health & Wellness Strategic Action Plan
JOG	Joint Oversight Group
KIM	Knowledge and Information Management
Kotahitanga	Unity, accord, coalition, solidarity (PM Ryan Maori Dictionary pg 127)
KPI	Key Performance Indicator
KHW	Kimi Hauora Wairau (Marlborough PHO)
LA	Local Authority
LCN	Local Cancer Network
LIS	Laboratory Information Systems
LMC	Lead Maternity Carer
LOS	Length of Stay
LSCS	Lower Segment Caesarean Section
LTC	Long Term Care
LTI	Lost Time Injury
LTIP	Long Term Investment Plan
LTCCP	Long Term Council Community Plan
LTO	Licence to Occupy
LTS-CHC	Long Term Supports – Chronic Health Condition
LTSFSG	Long Term Service Framework Steering Group
Manaakitanga	Goodwill, show respect, or kindness to ((PM Ryan Maori Dictionary pg 172)
Manawhenua	Power, prestige, authority over land (HW Williams Maori Dictionary pg 172)
Manawhenua O Te	Tau Ihu O Te Waka A Maui – Referring to the eight iwi who hold tribal authority over the top of the South Island (no reference)
MA	Medical Advisor
MAC(H)	Medicines Advisory Group (Hospital)
MAPA	Management of Actual and Potential Aggression
MCT	Mobile Community Team
MDC	Marlborough District Council
MDM	Multidisciplinary Meetings
MDM	Multiple Device Management
MDO	Maori Development Organisation
MDS	Maori Development Service
MDT	Multi Disciplinary Team
MECA	Multi Employer Collective Agreement
MEND	Mind, Exercise, Nutrition, Do It
MH&A	Mental Health & Addiction Service
MHAU	Mental Health Admission Unit
MHC	Mental Health Commissioner
MHD	Maori Health Directorate
MHDSF	Maori Health and Disability Strategy Framework
MHFS	Maori Health Foundation Strategy
MHINC	Mental Health Information Network Collection
MHSD	Mental Health Service Directorate

MHWSF	Maori Health and Wellness Strategic Framework
MI	Minor Injury
MIC	Medical Injury Centre
MMG	Medicines Management Group
MOC	Models of Care
MOE	Ministry of Education
MOH	Ministry of Health
MOH	Medical Officer of Health
MOA	Memorandum of Agreement
MOSS	Medical Officer Special Scale
MOU	Memorandum of Understanding
MOW	Meals on Wheels
MPDS	Maori Provider Development Scheme
MQ&S	Maternity Quality & Safety Programme
MRI	Magnetic Resonance Imaging
MRSA	Methicillin Resistant Staphylococcus Aureus
MRT	Medical Radiation Technologist (or Technician)
MSD	Ministry of Social Development
MTI	Minor Treatment Injury
NMH	Nelson Marlborough Health (NMDHB)
NP	Nurse Practitioner
NPA	Nutrition and Physical Activity
NRAHDD	Nelson Region After Hours & Duty Doctor Limited
NRL	Nelson Radiology Ltd (Private Provider)
NRT	Nicotine Replacement Therapy
NHBIT	National Health Board IT
NASC	Needs Assessment Service Coordination
NBPH	Nelson Bays Primary Health
NCC	National Capital Committee
NCC	Nelson City Council
NCSP	National Cervical Screening Programme
NESP	Nurse Entry to Specialist Practice
NETP	Nurse Entry to Practice
NGO	Non Government Organisation
NHCC	National Health Coordination Centre
NHI	National Health Index
NIR	National Immunisation Register
NM	Nelson Marlborough
NMDHB	Nelson Marlborough District Health Board
NMDS	National Minimum Dataset
NMH	Nelson Marlborough Health
NMIT	Nelson Marlborough Institute of Technology
NN	Nelson
NOF	Neck of Femur
NOS	National Oracle Solution
NP	Nurse Practitioner
NPA	Nutrition and Physical Activity (Programme)
NPV	Net Present Value
NRAHDD	Nelson Regional After Hours and Duty Doctor Ltd
NRSII	National Radiology Service Improvement Initiative
NSU	National Screening Unit
NTOS	National Terms of Settlement
NZHIS	NZ Health Information Services
NZISM	New Zealand Information Security Manual
NZMA	New Zealand Medical Association
NZNO	NZ Nurses Organisation
NZPH&D Act	NZ Public Health and Disability Act 2000

OAG	Office of the Auditor General
OECD	Organisation for Economic Co-operation and Development
OIA	Official Information Act
OIS	Outreach Immunisation Services
OPD	Outpatient Department
OPEX	Operating costs
OPF	Operational Policy Framework
OPJ	Optimising the Patient Journey
OPMH	Older Persons Mental Health
OST	Opioid Substitution Treatment
ORL	Otorhinolaryngology (previously Ear, Nose and Throat)
OSH	Occupational Health and Safety
OT	Occupational Therapy
PACS	Picture Archiving Computer System
PAS	Patient Administration System
P&F	Planning and Funding
P&L	Profit and Loss Statements
PANT	Physical Activity and Nutrition Team
PBF(F)	Population Based Funding (Formula)
PC	Personal Cares
P&C	Primary & Community
PCBU	Person Conducting Business Undertaking
PCI	Percutaneous Coronary Intervention
PCO	Primary Care Organisation
PCT	Pharmaceutical Cancer Treatments
PDO	Principal Dental Officer
PDR	Performance Development Review
PDRP	Professional Development and Recognition Programme
PDSA	Plan, Do, Study, Act
PFG	Performance Framework Group (formerly known as Services Framework Group)
PHS	Public Health Service
PHCS	Primary Health Care Strategy
PHI	Public Health Intelligence
PHO	Primary Health Organisation
PHOA	PHO Alliance
PHONZ	PHO New Zealand
PHS	Public Health Service
PHU	Public Health Unit
PIA	Performance Improvement Actions
PICS	Patient Information Care System
PIP	Performance Improvement Plan
PN	Practice Nurse
POCT	Point of Care Testing
PPE	Property, Plant & Equipment assets
PPP	PHO Performance Programme
PRIME	Primary Response in Medical Emergency
PSAAP	PHO Service Agreement Amendment Protocol
PSR	Preschool Enrolled (Oral health)
PT	Patient
PTAC	Pharmacology and Therapeutics Committee
PTCH	Potential To Cause Harm
PRG	Pacific Radiology Group
PRIMHD	Project for the Integration of Mental Health Data
PVS	Price Volume Schedule

Q&SGC	Quality & Safety Governance Committee
QA	Quality Assurance
QHNZ	Quality Health NZ
QIC	Quality Improvement Council
QIPPS	Quality Improvement Programme Planning System
QSM	Quality Safety Measures
RA	Radiology Assistant
Rangatiratanga	Autonomy, evidence of greatness (HW Williams Maori Dictionary pg 323)
RCGPs	Royal College of General Practitioners
RDA	Resident Doctors Association
RDA	Riding for Disabled
RIF	Rural Innovation Fund
RIS	Radiology Information System
RFI	Request for Information
RFP	Request for Proposal
RICF	Reducing Inequalities Contingency Funding
RIS	Radiology Information System
RM	Registered Midwife
RMO	Resident Medical Officer
RN	Registered Nurse
ROI	Registration of Interest
RSE	Recognised Seasonal Employer
RSL	Research and Sabbatical Leave
RTLb	Resource Teacher: Learning & Behaviour
SAC1	Severity Assessment Code
SAC2	Severity Assessment Code
SAN	Storage Area Network
SCBU	Special Care Baby Unit
SCL	Southern Community Laboratories
SCN	Southern Cancer Network
SDB	Special Dental Benefit Services
SHSOP	Specialist Health Services for Older People
SI	South Island
SIA	Services to Improve Access
SIAPo	South Island Alliance Programme Office
SICF	South Island Chairs Forum
SICSP	South Island Clinical Services Plan
SI HSP	South Island Health Services Plan
SI-PICS	South Island Patient Information Care System
SIRCC	South Island Regional Capital Committee
SISSAL	South Island Shared Service Agency
SLA	Service Level Agreement
SLATs	Service Level Alliance Teams
SLH	SouthLink Health
SM	Service Manager
SMO	Senior Medical Officer
SNA	Special Needs Assessment
SOI	Statement of Intent
SOPD	Surgical Outpatients Department
SOPH	School of Population Health
SPaIT	Strategy Planning and Integration Team
SPAS	Strategy Planning & Alliance Support
SPE	Statement of Performance Expectations
SSBs	Sugar Sweetened Beverages
SSE	Sentinel and Serious Events
SSP	Statement and Service Performance

SUDI	Sudden Unexplained Death of an Infant
TCR	Total Children Enrolled (Oral health)
TDC	Tasman District Council
TLA	Territorial Local Authority
TOW	Treaty of Waitangi
TOR	Terms of Reference
ToSHA	Top of the South Health Alliance
TPO	Te Piki Oranga
TPOT	The Productive Operating Theatre
UG	User Group
USS	Ultrasound Service
U/S	Ultrasound
VLCA	Very Low Cost Access
VRA	Vascular Risk Assessment
WAM	Wairau Accident & Medical Trust
WAVE (Project)	Working to Add Value through E-Information
WEI	Whanau Engagement, Innovation and Integration
WIP	Work in Progress
WR	Wairau
YOTS	Youth Offending Teams
YTD	Year to Date
YTS	Youth Transition Service

As at January 2019