



**Nelson Marlborough  
District Health Board**

## **NOTICE OF MEETING**

### **OPEN MEETING**

**A meeting of the  
Community and Public Health Advisory Committee  
of the Nelson Marlborough District Health Board  
will be held on 27 April 2010 at 12.30 p.m. in the  
DHB Seminar Centre, Room 1  
Braemar Campus, Waimea Road, Nelson**

Videoconferencing from Wairau Hospital (Blenheim) will be available. If you require this service, ring (03) 5461235 on or before 26 April 2010.

**AGENDA****12:00 CPHAC Lunch (public excluded)****PUBLIC FORUM – 12:30 p.m.****OPEN SECTION – 12:40 p.m.**

12:40 p.m.	Karakia (Judy Crowe) and welcome (Chair)	
	SECTION 1:	<b>Apologies</b>
	SECTION 2:	<b>Registrations of Interest</b>
12:45 p.m.	SECTION 3:	<b>Minutes</b>
		<ul style="list-style-type: none"> <li>• From previous meeting</li> <li>• Matters Arising</li> </ul>
	SECTION 4:	<b>Correspondence</b>
12:50 p.m.	SECTION 5:	<b>Monitoring Reports</b>
		<ul style="list-style-type: none"> <li>• Chair</li> <li>• Te Roopu Tupu Tahī</li> <li>• Director of Māori Health</li> <li>• GM Planning and Funding</li> <li>• GM Primary and Community</li> <li>• Members' Reports</li> <li>• Members' Issues</li> </ul>
1:30 p.m.	SECTION 6:	<b>Government Priorities</b>
1:45 p.m.	SECTION 7:	<b>Discussion: How to Embed Population Health Gains, with particular reference to PHO and DHB joint activity</b>
2: 45 p.m.	SECTION 8:	<b>Presentation: 'Model Communities'</b>
3:15 p.m.	Closing Karakia	

## Contents

1	APOLOGIES .....	3
2	REGISTRATIONS OF INTEREST .....	4
3	MINUTES.....	8
4	CORRESPONDENCE .....	18
5	MONITORING REPORTS .....	19
5.1	Chair's Report .....	19
5.2	Report from Te Roopu Tupu Tahī.....	20
5.3	Report from Director of Māori Health.....	22
5.3.1	Whanau Ora Programme .....	22
5.3.2	Pacific Health .....	23
5.3.3	Low Cost Access through Whakatu Marae .....	23
5.4	Report from GM Planning, Funding & Performance .....	25
5.4.1	Mental Health and Addictions.....	25
5.4.2	Specialist Personal Health Services.....	25
5.4.3	Child and Youth.....	25
5.5	Financial Report.....	26
5.6	Report from GM Primary and Community .....	33
5.6.1	Health Protection and Health Promotion .....	33
5.6.2	Nutrition and Physical Activity Programme.....	33
5.6.3	Primary Health Care.....	34
5.6.4	Financial, Primary and Community Division, March 2010 .....	35
5.7	Members' Reports.....	35
5.8	Members' Issues .....	35
6	GOVERNMENT PRIORITIES .....	36
6.1	Better Sooner More Convenient Primary Care: the Alliance Concept	36
7	DISCUSSION.....	38
8	PRESENTATION .....	38
APPENDICES:		
	Appendix A: Update Norovirus Outbreak 01/10.....	39
	Appendix B: Walking and Cycling Model Communities .....	40
	Appendix C: Fee Schedule.....	42
	Appendix D: NBPH report on VLCA Dr Outreach Clinics.....	43
	GLOSSARY OF TERMS.....	50

## **1 APOLOGIES**

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Nil received

## 2 REGISTRATIONS OF INTEREST

### 1) Committee Members

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
John Moore	<ul style="list-style-type: none"> <li>▪ Nil</li> </ul>	<ul style="list-style-type: none"> <li>▪ Member Nelson Regional Land Transport Committee</li> <li>▪ Trustee Top of the South Athletics Charitable Trust.</li> </ul>		
Liz Richards	<ul style="list-style-type: none"> <li>▪ Member of Nelson Community Health Links Group</li> <li>▪ Chair of the Upper South A Regional Ethics Committee</li> </ul>	<ul style="list-style-type: none"> <li>▪ Deputy Chair Canterbury Community Trust</li> <li>▪ Member of Nelson Labour Electorate Committee.</li> <li>▪ Appointed as Trustee Tasman Bay Heritage Trust.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Advocacy and Health Issues</li> <li>▪ Health Research</li> <li>▪ Donations to community health groups.</li> </ul>	
Jenny Black	<ul style="list-style-type: none"> <li>▪ Life member of Diabetes NZ.</li> </ul>			
Judy Crowe	<ul style="list-style-type: none"> <li>▪ Chairperson of Nelson Marlborough Hospitals' Charitable Trust.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Member of the Gladys Amelia Pascoe Trust</li> </ul>	<ul style="list-style-type: none"> <li>▪ Provision of trust funds towards equipment, training and patient support.</li> </ul>	
Judith Holmes	<ul style="list-style-type: none"> <li>▪ Partner works for Child and Adolescent Mental Health Services (CAMHS).</li> <li>▪ NMDHB representative on the Mapua, Ruby Bay and Moutere District Health Centre Inc Board</li> </ul>			
Lorraine McMath	<ul style="list-style-type: none"> <li>▪ Director of Wellbeing Works Ltd.</li> </ul>	<ul style="list-style-type: none"> <li>▪ NMDHB representative on Marlborough Regional Land Transport Committee</li> </ul>		<ul style="list-style-type: none"> <li>▪ Husband is Director of Construction Coatings and has been contracted for work with Wairau Hospital redevelopment.</li> </ul>
Sonny Alesana	<ul style="list-style-type: none"> <li>▪ Nil</li> </ul>			

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Suzanne Win (ex- officio)	<ul style="list-style-type: none"> <li>▪ Director of Split Ridge Associates Ltd that provides consultancy services to health &amp; disability organisations</li> <li>▪ Trustee of Gracelands Group</li> <li>▪ Member of DHBNZ Chairs Executive with lead responsibility for workforce and participant on Tripartite Forum</li> <li>▪ Partner is a part-time employee of NMDHB Provider Division.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Trustee of Donald Beasley Institute</li> <li>▪ Career Force Board Member (Currently on leave).</li> </ul>	<ul style="list-style-type: none"> <li>▪ Provision of consultancy services to health and disability organisations for DHBs or Ministry of Health.</li> </ul>	Partner is <ul style="list-style-type: none"> <li>▪ Member on PHO Alliance Executive</li> <li>▪ Chair of West Coast PHO</li> <li>▪ contracted to MOH to coordinate the implementation of the Cardiac Network</li> <li>▪ Chair of the Board of Access Home Health Ltd</li> <li>▪ Director on Management Board of Jack Inglis Friendship Hospital.</li> </ul>

As at 13 April 2010

2) Strategic Leadership Team Members

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Andre Nel	<ul style="list-style-type: none"> <li>▪ Member RACMA NZ</li> <li>▪ Member of National Service &amp; Technology Review Sub-committee (NSTR)</li> <li>▪ Wife works for DHB.</li> </ul>		<ul style="list-style-type: none"> <li>▪ Certification/accreditation, appointment of medical administrator candidates.</li> </ul>	
Denise Hutchins	<ul style="list-style-type: none"> <li>▪ Member DHBNZ Workforce Group</li> <li>▪ Surveyor/Team Leader Quality Health NZ.</li> </ul>		<ul style="list-style-type: none"> <li>▪ Certification/Accreditation.</li> </ul>	
John Peters	<ul style="list-style-type: none"> <li>▪ Director of SISSAL</li> <li>▪ Trustee of Nelson Marlborough Hospitals' Charitable Trust</li> <li>▪ Trustee Churchill Trust.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Director of Management and Industrial Services Ltd.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Shared services provision, administration of trust funds for health purposes &amp; provision of private health services at Wairau Hospital</li> <li>▪ MIS Ltd previously provided consultant services to other DHBs.</li> </ul>	
Keith Rusholme	Nil			<ul style="list-style-type: none"> <li>▪ Sister works for IDSS.</li> </ul>
Mike Cummins	Nil			
Nick Lanigan	Nil			
Nigel Trainor				<ul style="list-style-type: none"> <li>▪ Wife works for NMDHB Oral Health Services.</li> </ul>
Peter Burton	Nil	<ul style="list-style-type: none"> <li>▪ NMDHB Representative on Tasman Council's Regional Land Transport Committee.</li> </ul>		

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Sharon Kletchko	<ul style="list-style-type: none"> <li>▪ Member Exceptional Circumstances Panel – PHARMAC</li> <li>▪ Member St John Trust Board Northern Region (SI)</li> <li>▪ Member RACP Policy and Advocacy Committee.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Deputy Chair of Standards New Zealand Council.</li> </ul>		
Robyn Henderson	Nil			
Harold Wereta	<ul style="list-style-type: none"> <li>▪ Ngati Toarangatira Connections</li> </ul>		<ul style="list-style-type: none"> <li>▪ Tribal Interest</li> </ul>	

As at 13 April 2010

### 3 MINUTES

<b>MINUTES OF THE OPEN MEETING OF THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE (CPHAC) OF NELSON MARLBOROUGH DISTRICT HEALTH BOARD</b>			
<b>Date</b>	23 February 2010	<b>Time</b>	12.30
<b>Where</b>	Support Services Room 3, Wairau Hospital, Blenheim connected by videoconference to DHB Seminar Centre, Nelson	<b>Previous meeting date</b>	1 December 2009
<b>Present</b>	John Moore, Suzanne Win, Liz Richards, Judy Crowe, Lorraine McMath, Jenny Black, Judith Holmes, Sonny Alesana		
<b>In attendance</b>	Harold Wereta, Peter Burton, Sharon Kletchko, Diana Peers, Faye Ryan, Bruce Moorhead, John Brett, Jean Wilson, Jo Segars, Jasmin Brandt (minute taker)		
<b>Apologies</b>	Nil		
<b>Mihi/Intro</b>	Sonny Alesana		

	<b>Item</b>	<b>Discussion</b>	<b>Action</b>	<b>Who</b>	<b>When</b>
1.	Open Section	<p><b>John Brett and Jean Wilson from Grey Power attended and raised two matters:</b></p> <p><b>Question 1:</b> Does each hospital board have their own policy regarding subsidies for home help?</p> <p>Response: GM Planning, Funding and Performance (PFP) advised that the South Island (SI) DHBs are working towards a SI approach. NMDHB has started a new methodology around home based support, and is leading the process regionally.</p>			

	Item	Discussion	Action	Who	When
		<p><b>Question 2:</b> Incidence noted where a lady who is the primary caregiver for husband put her back out, but was told there was a six week wait for her health needs assessment with SupportWorks.</p> <p>Response: GM PFP recommended that the lady approach SupportWorks again and describe the urgency of her circumstances.</p>			
2.	Apologies	Nil apologies received from committee members.			
3.	Registrations of Interest		<p><b>Moved: Liz Richards</b> <b>Seconded: Judy Crowe</b> <b>THAT THE REGISTRATIONS OF INTEREST BE NOTED.</b> <b>AGREED</b></p>		
4.	Minutes	<p><b>Matters Arising</b></p> <p>Nil discussed</p>	<p><b>Moved: Judith Holmes</b> <b>Seconded: Jenny Black</b> <b>THAT THE MINUTES OF THE MEETING ON 1 DECEMBER 2009 BE ADOPTED AS A TRUE AND CORRECT RECORD.</b> <b>AGREED</b></p>		
5.	Correspondence		<p><b>Moved: Lorraine McMath</b> <b>Seconded: Jenny Black</b> <b>THAT THE CORRESPONDENCE BE RECEIVED.</b> <b>AGREED</b></p>		

	Item	Discussion	Action	Who	When
6.	Monitoring Reports	<p><b>Committee Chair Report</b></p> <p>The Chair spoke to his report.</p> <p><u>Meeting Plans for 2010</u> Suggested topics may need to be amended pending Ministry developments. Suggestion made to have standing agenda item for <i>Responses to Government Changes</i>. The Chair suggested that this should also be done for other advisory committees and the Board.</p> <p><u>Chairmanship 2010</u> John Moore asked GM Primary and Community to temporarily chair the meeting to call for nominations for CPHAC chairmanship 2010.</p> <p>GM P&amp;C handed back chairmanship of the meeting following the reconfirmation of the roles.</p>	<p><b>Moved: John Moore Seconded: Liz Richards THAT THE CHAIR’S REPORT BE RECEIVED. AGREED</b></p> <p><b>Moved: Judy Crowe Seconded: Judith Holmes THAT JOHN MOORE BE NOMINATED AS CHAIR AND CONFIRMED AS SUCH. AGREED</b></p> <p><b>Moved: Jenny Black Seconded: Judith Holmes THAT JUDY CROWE BE DEPUTY CHAIRMAN. AGREED</b></p>	Secretary	Next agenda

	Item	Discussion	Action	Who	When
		<p><b>Te Roopu Tupu Tahī (TRTT) Report</b></p> <p><u>Terms of Reference</u>                      The meeting noted that Carol Gowan’s report advised that its new draft Terms of Reference (ToR) would be tabled with CPHAC for feedback in March.</p> <p><u>Duplication Issue</u>                      GM PFP noted that the perspective of the Top of the South NGO Mental Health Providers Group was quite different from TRTT, i.e. more a forum for discussion amongst NGOs.                      Chair raised the question whether one of the differences between the groups was that one was more operational and one more governance focused? If so, it was recommended to make this clear in the ToR.</p> <p><u>Reporting Issue</u>                      It was noted that the TRTT report was similar to the CPHAC Chair’s Report which does not seek to replicate meeting minutes but focuses on the most important issues of the meeting as perceived by the Chair. CPHAC noted its appreciation for the quality of the reports received to date.</p> <p>The meeting noted that TRTT reports were accessible to the public via NMDHB’s website as part of the CPHAC agenda, and where people were discontented with the report, this should be raised with the author in the first instance.</p> <p>John Moore to write to TRTT as well as the Top of the South NGO group, and advise outcome of discussion.</p>	<p><b>Moved: Liz Richards</b>  <b>Seconded: Judy Crowe</b>  <b>THAT THE REPORT FROM TE ROOPU TUPU TAHI BE RECEIVED.</b>  <b>AGREED</b></p>	<p>Chair to write letters</p>	

Item	Discussion	Action	Who	When
	<p><b>Report GM Planning, Funding &amp; Performance</b></p> <p>The General Manager spoke to her report.</p> <p>Deficit of Fund noted.</p> <p><u>Home Based Support Services</u> renegotiation of contracts for services. This was successful but took longer than anticipated. Should catch up by end of year.</p> <p><u>Aged Residential Care</u>. Motueka Friendship hospital – deficit to do with people with dementia who had not been taken into account as needing to be moved.</p> <p><u>Patient travel</u>. Noted that NMDHB needs to put mechanisms in place to have patients stay in district, i.e. stop funding from going to other DHBs unnecessarily. GM PFP is currently working with clinicians across the district to determine whether any patients referred elsewhere could have been treated locally.</p>	<p><b>Moved: Judith</b>  <b>Seconded: Judy Crowe</b></p> <ul style="list-style-type: none"> <li>• <b>THAT THE REPORT FROM THE GENERAL MANAGER PLANNING AND FUNDING BE RECEIVED.</b></li> <li>• <b>THAT THE FINANCIAL REPORT BE ADOPTED.</b></li> </ul> <p><b>AGREED</b></p>		
	<p><b>GM Primary and Community</b></p> <p><u>Fruitgrowers Chemical Site, Mapua</u>                      Report on Mapua has now gone to the Ministry and we are awaiting release of the information.</p> <p><u>Low Cost GP Services</u>                      Member asked for report on low cost GP services from the consumer’s point of view.</p> <p><u>Financials</u>                      Noted that this financial report is as of 31 December 2009.</p>	<p><b>Moved: Judith Holmes</b>  <b>Seconded: Suzanne Win</b>  <b>THAT THE REPORT FROM GM PRIMARY AND COMMUNITY BE RECEIVED.</b></p>	<p>GM P&amp;C</p>	<p>Next meeting</p>

	Item	Discussion	Action	Who	When
		<p><u>Older Adults Physical Activity</u>                      Tasman Regional Sports Trust no longer wish to hold Older Adults Physical Activity Contract and returned funds to GM P&amp;C. Budget is put aside for continuation of this work. Chair noted that there will be a report to DiSAC on this matter soon.</p> <p><u>Nutrition and Physical Activity</u>                      When is project expected to be completed? Business case to NMDHB CE in March. In early April should see staff consultation, end of April/ early May to see implementation.</p> <p>NMDHB Chair noted that HAC had acknowledged that living within our means (our budget) will have us deal with a number of challenges in future of similar nature. NPA is only a small reflection of what goes on for the providers.</p>			
		<p><b>Director of Maori Health Report</b>                      The Director of Maori Health spoke to his report and noted that his report will include additional areas in future, e.g. Pacific Health.</p> <p><u>Whanau Ora</u>                      Noted that more information regarding future funding streams for Whanau Ora on a national level should be available by the next CPHAC meeting.</p> <p><u>Coalition and Hubs</u>                      This is a new project that has just commenced. A meeting with providers was held the previous week, exploring the formation of coalitions. Research regarding this should be completed by April/ May and then hold</p>	<p><b>Moved: Sonny Alesana                      Seconded: Judy Crowe                      THAT THE REPORT FROM THE                      DIRECTOR OF MAORI HEALTH                      BE RECEIVED.                      AGREED</b></p>		

	Item	Discussion	Action	Who	When
		<p>consultation with the respective boards. The idea is to create work streams of services, as well as streamlining of activities.</p> <p><u>He Taura Tieke</u> The tool is currently being rolled out with the Hospital division. The Director explained that the tool enables staff to better understand the needs of Maori patients. A 30% increase in referrals to Pukenga Hauora had been noted since He Taura Tieke was introduced, which suggests it is working well. Reinforcement with training will be needed in future to embed He Taura Tieke as business as usual.</p> <p><u>Low Cost Access through Whakatu Marae</u> Noted that the above had been taken up well and that a more in-depth report will be provided at the next meeting, with some information/ data to come from GM P&amp;C.</p>		Director of Maori Health/ GM P&C	
6.	Presentations/ Discussions	<p><b>Patient Recorded Outcome Measures (PROMs) Trial (EQ-5D)</b></p> <p>Presentation by Faye Ryan, Team Leader Planning, NMDHB</p> <p>The EQ-5D tool, developed in Europe, is designed to help us assess our population's health. EQ-5D asks questions around five areas (mobility, self care, usual activities, pain/ discomfort, anxiety/ depression) which the European creators have shown provides reliable mark of where patients are at health wise. The 3-page form is filled out by the patient twice: once prior to treatment and once post treatment (paper version or</p>	Copy of actual tool to committee members.	Secretary	

	Item	Discussion	Action	Who	When
		<p>online).</p> <p>The tool integrates information across spectrums and will help assist the DHB in planning future health services to achieve optimal outcomes. For instance, EQ-5D can help identify which types of patients receive the most benefit, and what services deliver the most benefit. EQ-5D will be part of the InterRAI assessment – which will help us track trends of individuals. Cardiac PROMs was instigated by clinicians who are excited about the information they will be able to receive.</p> <p>NMDHB is working with Nelson Bays Primary Health to benchmark 12,000 enrolled patients with this tool. To exemplify how big an accomplishment this will be, it was explained that the NZ Health Survey, which last looked at 13,500 people, asks similar questions, but is only carried out every three years.</p> <p><b>Questions:</b> How is the NPA Baseline Survey different? NPA Survey is around Nutrition and Physicality while EQ-5D looks at how a person functions at this point in time, and by their own perception.</p> <p><b>Discussion</b> Until now we've only had clinician assessment of how beneficial a treatment has been. No assessment of 'before/ after' gets carried out. International evidence shows that work done in the UK has lead to the PROMs programme being made compulsory six months prior to a procedure being carried out in order to capture how effective treatment was. GM PFP noted that the PROMs information will also allow comparison between different</p>			

	Item	Discussion	Action	Who	When
		<p>hospitals and helps us to better understand the cycle a patient goes through, e.g. pain experienced before/ after different procedures.</p> <p>PHARMAC uses PROMs to determine the impact of pharmaceuticals.</p> <p>Is the tool available in different languages? Sarah Derrett from Otago Uni has developed a Kiwi version of the survey, which is the one we are using, and there is also a version in te reo Maori. There is no Pacific version as yet.</p> <p>The GM P&amp;C suggested that management look at links between EQ-5D/ Te Hoe Nuku Roa/ NPA Baseline Survey; e.g. terminology/ concepts used.</p>			
7.	Members' Issues	<p><b>Videoconferencing</b> Judith Holmes noted that the majority of meeting participants were in Nelson (by videoconference) although Blenheim was hosting the meeting. The technology had held up well.</p> <p><b>Norovirus Outbreak in Holiday Park.</b> Judith Holmes shared her personal horrific experience of this incident.</p> <p>GM P&amp;C noted that they had advised to close the camp for new arrivals. This advice was not taken. Importance of debrief noted to have better plan for future occurrences.</p> <p>Delays due to lab results noted and the impact of this.</p>			

	Item	Discussion	Action	Who	When
8.	For Information	<p><b>Acute Care Review</b> Bruce Moorhead spoke to his update on progress regarding implementation of the Acute Care Review.</p> <p><b>After Hours Services at 96 Waimea Rd</b> CPHAC member raised the question around the cost of services - \$75 is a whole day's salary for some people. Noted as valid point. GM P&amp;C to report on cost of access/ availability for next meeting – how useful has it been, how successful has it been?</p> <p>Chair noted that we need clinician leadership but also Board leadership to review procedures that have developed over time out of habit.</p> <p><b>CYARG Report on Early Childhood Education</b> CPHAC chair noted that the report was gratefully received and input appreciated. Let people from Family Start know that we looked into the matter.</p>	Advise Family Start of report	GM P&C  Chair	27/4/10
9.	General Business	Nil			
		Meeting closed at 3.15pm			

## RECOMMENDATION

**THAT THE MINUTES OF THE MEETING HELD ON 23 FEBRUARY 2010 BE ADOPTED AS A TRUE AND CORRECT RECORD OF THE MEETING**

## MATTERS ARISING

- Access to low cost GP services
- After Hours services at 96 Waimea Rd, Nelson
- Very low cost access through Whakatu Marae

## 4 CORRESPONDENCE

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Outgoing correspondence:

Date	Recipient	Organisation	Regarding
26/02/10	Nick Baker Chair	CYAERG	Early childhood education report
26/02/10	Megan Familton, Manager	Family Start	Passing on CYAERG's early childhood education report
26/02/10	Carol Gowan, Facilitator	Te Roopu Tupu Tahī	Terms of Reference
26/02/10	Peter Rees/ Janie McIntyre (Co-Chairs)	Top of the South NGO Mental Health Providers Group	Terms of Reference

Incoming correspondence: Nil received

## **5 MONITORING REPORTS**

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### **5.1 CHAIR'S REPORT**

Verbal report

#### **RECOMMENDATION**

**THAT THE CHAIR'S REPORT BE RECEIVED.**

## 5.2 REPORT FROM TE ROOPU TUPU TAHI

Our second meeting of the year was held on 9 March in Takaka at the Fire Station Meeting Room hosted by Te Whare Mahana. Fourteen people travelled over to Takaka to join four of Te Whare Mahana staff. One of the new staff members who works in the Outreach Service was introduced to the Network. TWM Outreach provides a 24-hour crisis service, an employment service for clients and home-based support and case management. They also do training for both staff and clients. Most of the staff are registered and they are continually working at upgrading their skills and qualifications. As CPHAC members may be aware, Te Whare Mahana celebrated its 20<sup>th</sup> anniversary recently.

**Schizophrenia Awareness Week:** Our hui was held during Schizophrenia Awareness week – 8 to 14 March which had the theme “Let’s Talk About It”. Members from SF Nelson and SF Marlborough outlined the activities that had been scheduled for the week. These included in Nelson/ Tasman: screenings of films with a mental health focus, an art display and the presentation of the Partners in Care award; and in Marlborough: a shared lunch and sending posies of flowers to GPs for awareness.

**Motueka Mental Health Network:** This group sponsored a Seasonal Wellbeing Workplace Forum for organisations involved with the employment of seasonal workers in Motueka. It was held on 9 February and organised by Health Action Trust. Although no employers of seasonal workers attended there was a good representation from organisations involved in supporting seasonal workers. Some of the problems which arise during the fruit season include: difficulty in adjusting to cultural differences – many of the workers are from the Pacific Islands or Europe and often do not know how to access help or support when they need it; people arriving in the district without a job or accommodation already organised – they may not be able to find either; workers with pre-existing mental health conditions whose issues can be exacerbated by stress and substance abuse. Things that are working well include: the Recognised Seasonal Employers (RSE) scheme – there are eight RSEs in Motueka and they are required to provide accommodation, pastoral care, an RSE liaison person at each orchard, and guarantee enough work for the duration of the workers’ stay; there are good links between RSEs and Te Awhina Marae which provides cultural support to workers from Tonga and Vanuatu; social workers are now including employers in discharge meetings for their clients. It was suggested that another forum be held during Mental Health Awareness Week (October) giving an opportunity to “showcase” employers who demonstrate best practice. It is also proposed to hold a meeting with seasonal employers at the end of the season to debrief on any

issues that have arisen and discuss support needed to be organised for the following year.

**Te Roopu Tupu Tahī Terms of Reference:** The network is still in the process of finalising the Terms of Reference for 2010. These will be forwarded to CPHAC in my next report.

**Workforce Development Workshop:** The main focus of this meeting was on Workforce Development – specifically to update the plans outlined in the draft Mental Health and Addiction Workforce and Information Report of August last year. A wide range of Opportunities and Innovations for training and development were discussed and agreement reached on the mechanics of how these will be achieved. This is a particular concern of NGOs as financial pressures mean there are fewer resources available for training and development. One of the real benefits of Te Roopu Tupu Tahī is being able to identify common learning needs and share training opportunities and resources. Eleven areas to focus on for this year were identified. It was also agreed that anyone attending a course or conference relevant to mental health would complete a brief summary which will be distributed to the Network. This will help to share the learning from this event amongst a wider group.

The next meeting of Te Roopu Tupu Tahī will be held in the middle of April in Blenheim.

Carol Gowan  
Facilitator  
Te Roopu Tupu Tahī

## **RECOMMENDATION**

**THAT THE REPORT FROM TE ROOPU TUPU TAHI BE RECEIVED.**

## 5.3 REPORT FROM DIRECTOR OF MĀORI HEALTH

### 5.3.1 Whanau Ora Programme

#### *Operational Programme*

Work progresses with the implementation of the Whanau Ora programme.

Key developments to date include:

- Review being conducted examining the possible models that will support the formation of a Maori health provider coalition. This research will also consider the development of Alliance contracts and explore the benefits and weaknesses of these relationships. Early indications from a number of provider boards and service manager suggest that they would prefer to maintain autonomy as independent providers. So the project will explore the options further.
- The Maori Health Directorate Team is writing a discussion paper looking at how services might be delivered under a Coalition or Alliance service framework. Key to this are five core elements:
  - Development of Service hubs covering three district localities (Wairau, Whakatu and Mohua/Takaka)
  - Establishment of a single point entry and access to Maori health service provision and exploring a case management model to support short and long term patient/ whanau care
  - Establishment of new Maori health service streams that will better target health outcomes for patients/ whanau. The project seeks to update and align health care delivery based on identified needs which have been identified through the Maori Health Needs Assessment and the most recent report Te Hoe Nuku Roa
  - Restructure the current contracts model to allow for greater flexibility in the way services are delivered and support providers who may have multiple contracts operating within their services. One area being explored is the Ministry of Social Development Integrated Contract
  - Establish effective measurements that can demonstrate at two levels (District wide and nationally) how these services are performing against accepted national standards.

#### *Whanau Ora: Report of the Taskforce on Whanau-Centred Initiative*

On 8 April 2010, the Hon Tariana Turia publicly released the long awaited Taskforce Report. The report is very useful, as it now provides a very clear pathway on what the government expects in terms of achieving Whanau Ora Centre services.

In summary, the report identifies a set of national principles and outcomes for Government and NGO agencies to work towards. It sets out key expectations on what Whanau-Centred Services should contain. It recommends the

formation of an entity named the Whanau Ora Trust to oversee developments and to be responsible for future contracting and service delivery. The report also recommends that funding for the new trust be drawn from current Government vote appropriations (e.g. Health, Education, Social Development and Justice).

There will be implications for Nelson Marlborough District Health Board. A paper is now being drafted examining the possible impacts this might have on future Maori health service delivery. A copy of this paper will be tabled at the next available meeting date for this committee.

### **5.3.2 Pacific Health**

There are a number of key developments which have emerged for Pacific health. In summary:

- The Ministry of Health has released the new Pacific Health and Wellbeing Strategy titled 'Ala Mo'ui.' This document has a strategic focus covering a five-year period (2010 – 2014). The overall goal is for Pacific people to lead longer, healthier and more independent lives. This is consistent to the Government's overarching goals for all New Zealanders
- Review the Nelson Marlborough Pacific Health Action Plan. In 2008, the DHB commissioned a contractor to draft and prepare this plan. The report was completed but not finalised to a level that was accepted by the Pacific Peoples Reference Group or the District Health Board. With the release of 'Ala Mo'ui' the Pacific Health and Wellbeing Strategy, the DHB will review the draft action plan so that it aligns to the national strategy. This will be completed by August 2010.
- Up to five Pacific Health Pandemic Packs have been ordered by the DHB. The DHB was not part of the national distribution, as our population is less than 3% which is the national threshold. However, although the district resident Pacific population is at 1%, the district experiences significant increases in Pacific people arriving as part of the seasonal work scheme. The packs are there in case a pandemic occurs within this population group.
- The Pacific Peoples Reference Group continues to meet on a regular basis with the Maori Health Reference Group. They have been fortunate to have had active input into Oral Health, Shifting Services and child health projects.

### **5.3.3 Low Cost Access through Whakatu Marae**

A separate paper has been prepared by Jane Kinsey, Nelson Bays Primary Health, on this very subject for this committee. The paragraph for Whakatu is provided below.

The key message is that the relationship between the GP and Whakatu Marae is adding value to clients accessing the low cost access service. The pleasing result is the number of new clients enrolled with the service in the period covered.

The initiative should be commended as a demonstration on how services can work for the betterment of their community.

*Nelson Bays Primary Health Extract*

**Whakatu Marae**

This clinic was established on 27/07/09 with Dr Harris. NBPH assisted the Marae with finances to build a room appropriate to hold the clinic. NBPH also purchased a cupboard and appropriate equipment.

<b>Whakatu Marae Health and Social Services</b>	
<b>27/7/09 – 23/3/09</b>	
Number of clinics	28
Number clients seen	79
Number of new enrolments	30 (38% people seen)

**RECOMMENDATION**

**THAT THE REPORT FROM THE DIRECTOR OF MĀORI HEALTH BE RECEIVED.**

## **5.4 REPORT FROM GM PLANNING, FUNDING & PERFORMANCE**

### **5.4.1 Mental Health and Addictions**

The Programme for the Integration of Mental Health Data (PRIMHD) involves integrating the existing Mental Health Information National Collection (MHINC – activity data) with the Mental Health Standards of Assessment and Recovery Initiative (MH – SMART – outcomes data) to form a single national data collection. PRIMHD will produce reports based on the data received from both Provider Division Services and Mental Health and Addiction NGOs.

The South Island Project for the Implementation of Mental Health Data (PRIMHD) governance group has been established consisting of all of the South Island Co-ordinators, the team leader Mental Health (SISSAL), and a number of Planners and Funders. This group teleconferences six-weekly to provide progress updates and troubleshoot any barriers to implementation. Major concern currently deriving from the NGO sector is the lack of information from the Ministry, and costs associated with data recording.

### **5.4.2 Specialist Personal Health Services**

Work with District Managers on managing elective services continues. This includes process issues around Elective Services Patient Flow Indicators management and aligning these with Optimising Patient Journey initiatives.

### **5.4.3 Child and Youth**

The Mental Health project phase has concluded with the mental health Smokefree Co-ordinator finishing the fixed-term contract. Good progress has been made and the support to the Mental Health Services will continue through the Smokefree Co-ordinator in the Public Health Service.

The 2009 report on the Health Determinants for Children and Young People in Nelson Marlborough has recently been received. Liz Craig from the Child and Youth Epidemiology Service, who prepared the report, came to present the report to CYAERG and others on 1 April. The report is on the NMDHB website and the ten hard copies we receive have been distributed.

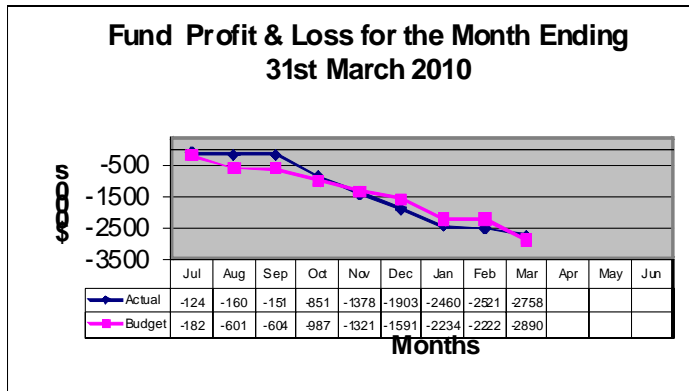
The Provider Division has commenced screening in the Universal Newborn Hearing Screening Programme.

**5.5 FINANCIAL REPORT**  
**Operating Result**  
**NMDHB Fund Division**

**Statement of Financial Performance for the nine months; 31 March 2010**

\$000's	YTD		Variance YTD		Annual	Year End	Forecast
	Budget	Mar-10			Budget	Forecast	Variance
<b>REVENUE</b>							
PBF Vote Health - Mental Health Ringfence	26,583	26,649	66		35,444	35,534	90
PBF Vote Health - Funding (excluding Mental Health)	215,935	215,935	(0)		287,913	287,913	(0)
PBF Adjustments	-	(200)	(200)	<b>1</b>	-	(277)	(277)
MOH - Funding Subcontracts	9,670	10,754	1,084	<b>2</b>	12,893	15,870	2,977
IDFs - Mental Health Services	496	584	88	<b>3</b>	661	779	118
IDFs - All Other (excluding Mental Health)	4,398	4,384	(13)		5,864	5,856	(7)
Other DHB Revenue	-	-	-		-	-	
Interest	1,147	607	(540)	<b>4</b>	1,502	805	(697)
<b>REVENUE TOTAL</b>	<b>258,228</b>	<b>258,713</b>	<b>485</b>		<b>344,276</b>	<b>346,480</b>	<b>2,204</b>
<b>EXPENSES</b>							
Governance & Admin	4,246	4,246	(0)		5,661	5,661	-
Personal Health	188,196	187,446	750		252,026	252,120	(94)
Mental Health	27,449	27,586	(137)		36,618	36,783	(165)
Maori Health	2,075	2,016	59		2,766	2,756	10
Disability Support	39,154	40,177	(1,023)		52,170	53,391	(1,221)
<b>EXPENSES TOTAL</b>	<b>261,119</b>	<b>261,471</b>	<b>(352)</b>		<b>349,242</b>	<b>350,712</b>	<b>(1,470)</b>
<b>Net Result Mental Health Ringfence</b>	<b>(370)</b>	<b>(353)</b>	<b>18</b>		<b>(513)</b>	<b>(470)</b>	<b>43</b>
<b>Net Result - All other services</b>	<b>(2,521)</b>	<b>(2,405)</b>	<b>116</b>		<b>(4,452)</b>	<b>(3,762)</b>	<b>690</b>
<b>Net Result - All Services</b>	<b>(2,891)</b>	<b>(2,758)</b>	<b>133</b>		<b>(4,965)</b>	<b>(4,232)</b>	<b>734</b>

The Fund has a deficit of \$2.758M against a budget deficit of \$2.891M at the end of March 2010. This is an overall positive variance of \$133K.



**Revenue:** The total Fund revenue is above budget by \$485K at the end of January.

The unfavourable variance for Ministry funded programmes (MoH Funding Subcontracts below) not yet Invoiced (\$663K) includes revenue budgeted for new programmes not yet implemented, namely Emergency Planning, Smoke Free, Oral Health Project and Immunisation Co-ordination. Except for the Oral Health Project, costs have not yet been incurred against these programmes. The New/Additional Funding streams shown in the table below, except for revenue relating to 2008/09, will be offset by additional expenditure

### **1 Population Based Funding (PBF) Adjustment (\$200K Unfavourable)**

Funding Stream	Amount (\$000)
NNPAC Funding	42
Child Youth and Family services	(33)
Herceptin treatment	90
Reduction for Herceptin Drug costs	(292)
Removal of AYA funding	(7)
<b>Total PBF Adjustments</b>	<b>(200)</b>

### **MoH Funding Subcontracts (\$1,084K Favourable)**

#### **Unfavourable variances**

Funding Stream	Amount (\$000)
Shifting Services claw back	(162)
B4 School Checks	(43)
PHO Programmes not yet invoiced	(366)
Other MoH Programmes not yet invoiced	(663)
Interim Funding Pool for disability services	(75)
Pacific Provider Development prior year pay back	(3)
Minor variances from budget	(16)
<b>Total Unfavourable Variances</b>	<b>(1,328)</b>

**New/Additional Funding**

Funding Stream	Amount (\$000)
Rural After Hours Premium	339
Additional Primary Mental Health	367
AOHS price increase	142
Additional NRT services	164
Travel Assistance - accommodation allowance	248
Hospice	297
Primary Health Innovations fund	23
Universal Newborn Vision Hearing Screening	66
Population Health Analyst	85
Herceptin refund for 08_09 & 09_10	309
NRT washup 08_09	62
InterRai funding	111
Antenatal HIV screening	21
School based health services	90
<b>Total Additional MoH Subcontract funding</b>	<b>2,324</b>

**Subcontract Funding in advance**

Funding Stream	Amount (\$000)
HEHA programmes	88
<b>Total MoH Subcontract funding invoiced in advance</b>	<b>88</b>

**3 IDF Mental Health:** Revenue received from the Regional Forensic contract funded by Canterbury DHB. (\$88K)

**4 Interest Received**

Unfavourable variance (\$540K) continues due to interest rates falling below the rate used at the time the budget was set.

**Expenditure:** Overall year to date Provider payments are \$352K over budget. Overspends are in Mental Health and Disability Support Services

**Provider Payments**

(on the following page)

\$000's	Budget	Actual	Variance		Annual	Year End	Forecast
	YTD	YTD	YTD		Budget	Forecast	Variance
<b>Personal health</b>							
Child and Youth	1,167	1,183	(16)		1,556	1,589	(33)
Laboratory	4,019	3,952	67		5,379	5,255	123
Maternity	7,969	7,926	43		10,626	10,577	49
Sexual Health	554	551	3		738	735	4
Dental	4,875	4,707	168	5	6,525	6,217	308
Pharmaceuticals	23,948	24,205	(257)	6	31,983	32,613	(631)
Pharmaceutical Cancer Treatment	1,636	1,198	438	7	2,182	1,715	467
GP Services	17,573	17,326	247	8	23,430	24,269	(839)
Rural Bonus	3,280	3,477	(197)	9	4,373	4,640	(267)
Immunisation	457	372	85	10	967	741	226
Radiology	2,024	2,027	(3)		2,699	2,699	0
Palliative Care	2,627	2,894	(267)	11	3,502	3,870	(368)
Other Community Based Services	6,142	6,054	88		8,190	8,112	77
Chronic Disease Management	922	935	(13)		1,229	1,243	(14)
Medical/Surgical	74,669	73,442	1,227	12	99,559	97,923	1,637
Emergency Services	5,839	5,839	0		7,785	7,785	0
Miscellaneous Services	2,780	1,817	963	13	4,300	2,520	1,781
Price Adjusters	448	464	(16)		597	618	(21)
Patient Travel & Accommodation	3,185	3,613	(428)	14	4,296	4,844	(548)
Pacific Peoples Health	-	-	-		-	-	-
Nutrition and Physical activity	1,539	1,539	0		2,053	2,053	0
Tobacco Control	452	364	88	15	602	602	(0)
HPV Programme	451	430	21		601	568	33
Vision hearing Screening	-	101	(101)	16	-	101	(101)
Inter District Flows	21,640	23,030	(1,389)	17	28,854	30,830	(1,976)
<b>TOTAL PAYMENTS - PERSONAL HEALTH</b>	<b>188,196</b>	<b>187,446</b>	<b>750</b>		<b>252,026</b>	<b>252,120</b>	<b>(94)</b>
<b>Maori Health</b>							
Whanau Ora	1,211	1,192	19		1,614	1,628	(14)
Workforce and Service development	864	824	40		1,152	1,128	24
Other Maori Health	-	-	-		-	-	-
<b>TOTAL PAYMENTS - MAORI HEALTH</b>	<b>2,075</b>	<b>2,016</b>	<b>59</b>		<b>2,766</b>	<b>2,756</b>	<b>10</b>
<b>Mental Health</b>							
Acute Mental Conditions	3,998	3,998	(0)		5,331	5,331	(0)
Sub-Acute & Long Term Mental Conditions	1,422	1,422	0		1,896	1,896	0
Respite	784	807	(23)		1,045	1,070	(25)
Alcohol & Drug	2,912	2,931	(19)		3,883	3,912	(29)
Child & Youth Mental Services	3,356	3,342	14		4,474	4,456	18
Forensic Services	205	274	(69)	18	274	372	(98)
Kaupapa Maori Services	312	308	5		416	410	6
Mental Health Team Services	7,221	7,220	1		9,628	9,626	1
Prison/Court Liaison	103	103	0		137	137	0
Mental Health Workforce Development	47	50	(3)		63	67	(4)
Day Activity & Rehab Services	937	978	(40)		1,250	1,304	(55)
Consumer and Carer/Family Support	450	436	14		600	581	19
Home Based Support	326	314	12		434	422	13
Community Residential Beds & Services	3,273	3,343	(70)		4,364	4,453	(89)
Mental Health – Other	98	69	30		151	92	59
Inter District Flows	2,004	1,993	12		2,672	2,654	18
<b>TOTAL PAYMENTS - MENTAL HEALTH</b>	<b>27,449</b>	<b>27,586</b>	<b>(137)</b>		<b>36,618</b>	<b>36,783</b>	<b>(165)</b>
<b>DHB Governance &amp; Administration</b>	<b>4,246</b>	<b>4,246</b>	<b>(0)</b>		<b>5,661</b>	<b>5,661</b>	<b>-</b>

Provider payment year-to-date (YTD) variances from budget (>5% and/or \$100K) are as follows:

### Personal Health

Total payments for Personal and Public Health services are \$750K below budget.

#### Unfavourable

- 6 Pharmaceuticals (257K). Demand for community pharmaceuticals has increased in December and January. This is being jointly investigated with SISSAL. Early analysis indicates this is most likely due to the PHARMAC move last year to generic omeprazole and simvastatin. Previously, these were lower volume prescribed pharmaceuticals for NM clinicians. Consequent to the generic switch, prescribing volumes have significantly increased. NMDHB did not have any gain on the switch due to our lower average prescribing prior to the switch, having to pay our proportionate share of the wholesale package and, to increased volumes being processed by Pharmacists (dispensing fees).
- 9 Rural Bonus (\$197K). This is due to utilisation of the additional Rural Premium funding received from MoH for Rural After Hours GP services.
- 11 Palliative Care (\$267K). Expenditure on this service is higher than budget due to utilisation of additional funding from MoH for Hospice services plus a one off payment of \$97K relating to long term care services provided in 08\_09. Long term hospice bed care is now under the NASC process utilising InterRAI to enable the need to be better assessed and coordinated.
- 14 Patient Travel and accommodation (\$428K) this increase is due to increase in the subsidy for accommodation to a maximum of \$100 per night plus increased patients traveling to Tertiary DHBs for specialist treatment. This is partly offset by additional funding from the Ministry (\$248K)
- 16 Vision Hearing Screening (\$101K). This is a Ministry funded programme
- 17 Inter District Flows (\$1,389K) is due to the accrual of a provision of \$1,435K for over delivery of Personal Health inpatient IDFs based on volumes to the end of January. The IDF outflows appear to have leveled off in December and January. The overspend is offset by a favourable 08\_09 wash up for Ministry funded Herceptin costs in the IDFs. This is currently being managed through two streams on activity: the first through raising clinical awareness of the issues and clinical leadership being engaged in reviewing the appropriateness of the referrals, organising the data and enabling more real-time review; and, second, through a systems-support and facilitation (ie. Referral

capture at time of referral, patient-transport between Wairau and Nelson, etc.).

#### Favourable

- 5 Dental (\$168K) – Expenditure on the demand driven Adolescent Oral Health Service is less than budget
- 7 Pharmaceutical cancer Treatments (PCT) (\$438K) – The budget for PCT expenditure was over estimated as it was based on 08\_09 expenditure which included Herceptin costs funded directly by the Ministry of Health. These costs were reimbursed after the budget was set. Expenditure on PCTs (excluding Herceptin) has been less than expected nationally.
- 8 GP Services (\$247K) – Payments for PHO Performance Management programmes have not yet been made. This is offset by an unfavourable variance in MoH Subcontract revenue
- 10 Immunisation (\$85k) – due to reversal of an over accrual for 08\_09 immunisation expenditure
- 12 Medical Surgical (\$1,227K). Favourable variance relates to budget for unallocated Additional Elective (AE) volumes. These are expected to be delivered as IDF outflows to Tertiary DHBs
- 13 Miscellaneous Services (\$963K) – this is the risk provision for demand driven expenditure.
- 15 Tobacco Control (\$88K). The contracts for Smokefree Leadership programmes are yet to be established. Expenditure will not be spread evenly through the year. Planning is underway to implement initiatives

#### **Māori Health**

Total payments for Māori Health services are \$59K below budget. The under spend has reduced from \$118K at the end of January with the establishment of the Whanau Ora Te Huarahi Mate Pukupuku service

#### **Mental Health**

Total payments to Mental Health providers are over budget by \$137K. Additional services have been put in place to utilise Mental Health funding received for Effective Interventions (Alcohol and Drug Services) and to employ an additional Regional Forensic FTE.

#### Unfavourable

- 18 Forensic Services (\$69K). Regional initiative funding is being utilised by the Provider Arm.

## Year-end Forecast

The following assumptions have been made:

- Community Pharmaceuticals expenditure will continue to increase in the second half of the year and will outturn at \$631K overspent
- Pharmaceutical cancer treatment expenditure will remain below budget as the year progresses
- Overspend in Rural Bonus expenditure is due to utilisation of Ministry funding for After Hours services provision by rural GPs
- Additional Electives included in the Medical/ Surgical budget will be used to fund IDF elective volumes above budget
- Over delivery of IDF elective inpatient volumes will result in a washup of \$2M at the end of the year
- Overspend in Personal Health IDFs includes outflows to the value of \$78K for services provided to Children and Youths in residential care.
- The budget for risk will offset the overspend in demand driven areas such as aged residential care
- The recovery plan for HBSS is achieved and expenditure tracks to budget

## RECOMMENDATION

**THAT THE REPORT FROM THE GENERAL MANAGER PLANNING, FUNDING AND PERFORMANCE BE RECEIVED.**

## 5.6 REPORT FROM GM PRIMARY AND COMMUNITY

### March 2010

#### 5.6.1 Health Protection and Health Promotion

- The **Drinking Water Assistance** Technical Assistance Programme Facilitator prepared evidence in support of an application by the Tasman District Council to take up groundwater to create a Motueka and coastal community water supply. The project is estimated to cost up to \$20 million and aims to provide water that complies with the NZ Drinking Water standards for the next 50 years
- CPHAC have requested a briefing on the **Norovirus Outbreak** at the Golden Bay Holiday Park, Tukurua. This is attached as appendix A
- Positive interactive sessions continue to be delivered in the **NMIT Wellbeing and Health orientation programme** around accessing appropriate medical assistance and practical self help tips on keeping healthy and safe in Nelson
- The Primary and Community **Submission/HIA Work Group** is developing responses to the 'Controlling and Regulating Drugs Issues Paper', Blenheim's Urban Design Strategy, and Nelson City Council, Marlborough District Council, and Tasman District Council Draft Annual Plans 2010/11
- **Health Promotion Development Project.** The Business Case for change was presented to the CEO in late March. This project has been put on hold on the request of the CEO until the Rutherford Initiative has completed its work on the Primary and Community area, scheduled for early May
- Work continues on the **Health Impact Assessment for the arterial traffic flow study.** The HIA will inform and be incorporated into the four major decision making stages of the arterial traffic flow study:
  - Stage 1: evaluation of existing arterial traffic flows
  - Stage 2: selection of best arterial routes
  - Stage 3: evaluation of best arterial route options
  - Stage 4: determination of the preferred option.

#### 5.6.2 Nutrition and Physical Activity Programme

- The '**Autumn Challenge**' is the fourth instalment in our public education campaign designed to help young local families' live healthier lifestyles. The launch of this seasons Challenge was well received by the community with the largest response to media coverage to date. Some schools have incorporated the messages into their curriculum

- The **Whakatu Marae Community Leaders Programme** (Whakapiki te Hauora), funded through the NPA Maori Community Action Programme, is showing good results
- **Walking and Cycling Model Communities**. This was reported on at the last CHPAC meeting. As an update, the Nelson City Council has been short listed as an applicant for funding to become a walking and cycling model community (see appendix B for more details). There is to be a presentation at this meeting and CPHAC may wish to consider what further support maybe offered in support of the NCC application.

### 5.6.3 Primary Health Care

- **Clinical Services Planning**. Progress continues on the Access to Diagnostics planning, and Managing Acute Presentations projects.
- Nelson Marlborough has exceeded the **National Immunisation target (85%)** this quarter with 86% of 2-year-olds fully immunised
- Response from Clinical Nurse managers to the **smoking cessation ABC training** proposal has been very positive. Training is underway and at present on schedule. This month the quit coaches have received 62 referrals from Nelson and 33 from Wairau. This can be attributed, in part, to the ABC training occurring in each hospital and the increasing level of awareness of smokefree obligations
- **GP Fees – After Hours and Low Cost Access Services**. CPHAC have requested information on the schedule of fees for after hours and low cost access services at 96 Waimea Road, Nelson. These are attached in appendix C
- **VLCA outreach service pilots by NBPH to high deprivation areas of Nelson Tasman**. An update by NPBH on the VLCA pilots that they have established in Nelson and Tasman is attached as appendix D.

**5.6.4 Financial, Primary and Community Division, March 2010**  
**By Business Line:**

\$'000	Year to Date			Year		
	Actual	Budget	Variance	Forecast	Budget	Variance
<b>Revenue</b>						
PHS	4469	4533	(64)	5970	6044	(74)
NPA	1617	1545	72	2148	2061	87
Development	1205	1202	3	1607	1603	4
<b>Total Revenue</b>	<b>7291</b>	<b>7280</b>	<b>11</b>	<b>9725</b>	<b>9708</b>	<b>17</b>
<b>Costs</b>						
PHS	4001	4487	486	5316	6030	(714)
NPA	1471	1504	33	1902	2007	(105)
Development	923	1047	124	1195	1398	(203)
<b>Total costs</b>	<b>6395</b>	<b>7038</b>	<b>643</b>	<b>8413</b>	<b>9435</b>	<b>(1022)</b>
<b>Surplus (Deficit)</b>						
PHS	468	46	422	654	14	640
NPA	146	41	105	246	54	192
Development	282	155	127	412	205	207
<b>Total Surplus</b>	<b>896</b>	<b>242</b>	<b>654</b>	<b>1312</b>	<b>273</b>	<b>1039</b>

**RECOMMENDATION**

**THAT THE REPORT FROM THE GENERAL MANAGER PRIMARY AND COMMUNITY BE RECEIVED.**

**5.7 MEMBERS' REPORTS**

**5.8 MEMBERS' ISSUES**

## 6 GOVERNMENT PRIORITIES

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### 6.1 BETTER SOONER MORE CONVENIENT PRIMARY CARE: THE ALLIANCE CONCEPT

It is intended that future arrangements between NMDHB and its providers and Kimi Hauora Wairau (KHW) PHO and Nelson Bays Primary Health (NBPH) will be based on the Alliance concept.

#### Background

The following events have lead to this development locally:

1. The requirement by the Minister for the 2009/10 DAP to begin “shifting some secondary services to primary care” and initiate development of “Integrated Family Health Centres”
2. The introduction of the Expressions of Interest for Transformative Primary Care in particular collaborating partnerships, convergence/consolidation of existing PHOs, Integrated Family Health Systems and provision of more secondary services in primary care settings (at no additional cost to patients)
3. In NM, the submission of an EOI by NBPH which was unsuccessful in the ‘first wave’
4. Preparation of a ‘Briefing Paper’ on ‘Alliance Contracting’ and formation of a ‘flexible funding pool’ utilising existing funding streams including options
5. Agreement by Chairs and respective CEs of NMDHB, KHW, NBPH regarding a set of ‘organising principles’ towards an ‘Alliance’ 1 March 2010
6. Agreement following an ‘introductory organising workshop’ to progress ‘implementation’ of a ‘Patient-Care Alliance’ in NM 4 March 2010.

It should be noted that critical to any alliance is a new governance system. Generally, alliances have a four-part structure including:

1. The Programme Alliance Board which has a clear governance mandate for the programme i.e. power and authority from the parent organisations to commit resources to the alliance to ensure success
2. The Alliance Manager who effectively is the executive leader of the Alliance

3. The Alliance Management Team, typically consisting of specialist member of the 'client' (NMDHB) and the participating providers (NMDHB providers, KHW, NBPH)
4. The wider project team consisting of members who deliver the form and operations of the programme.

Chairs and CEs met to define a set of principles. That the Alliance:

- be district wide
- hold the patient as key (not provider)
- is multi-disciplinary within a primary care setting
- involve single contracts (Alliance based)
- include clinical governance 3 = 1
- promote single systems, initially focus on PHO admin and patient systems in line with national direction
- begin with NBPH – EOI submission.

A meeting was facilitated by the GM PF&P with key stakeholders on 4 March 2010 which resulted in the following agreement:

- To progress the Alliance model
- To create a flexible funding pool
- To define who the leadership should be
- To define high level detail
- For a strategic group to develop the charter, rules of engagement and membership
- For an operational group to consider and propose 'services to action' along with the revenue, district-wide implications, scope, scale and timelines for implementation
- To implement the Strategic Alliance Agreement by 1 July 2010.

John Peters  
**CHIEF EXECUTIVE**  
7 April 2010

## 7 DISCUSSION

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Time	Topic	Presenters
2:00 – 2:45	How to Embed Population Health Gains, with particular reference to PHO and DHB joint activity	Peter Burton, NMDHB Christine Smith, KHW Andrew Swanson-Dobbs, NBPH

## 8 PRESENTATION

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Time	Topic	Presenters
2:45 – 3:15	Model Communities	Andrew James, NCC Richard Butler, NMDHB

## **APPENDIX A: UPDATE NOROVIRUS OUTBREAK 01/10**

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### **Norovirus outbreak January 2010 Golden Bay Holiday Park, Tukurua**

In January 2010 an outbreak of gastrointestinal illness was reported from a camper who had stayed at Golden Bay Holiday Park in Tukurua. This is the first reported camp ground Norovirus outbreak that has occurred in Nelson Marlborough. The etiological agent was confirmed as Norovirus which subsequently affected a large number of campers.

The event was brought to the attention of the Public Health Service on 13<sup>th</sup> January, 2010. Subsequently, Public Health has been advised that some residents at the park were ill as early as 26<sup>th</sup> December 2009. The outbreak had run its course by 29<sup>th</sup> January – no new reports of illness had been reported since 27<sup>th</sup> January.

Due to the transient nature of camping, underreporting of the extent of the outbreak by camp management and campers, together with the difficulties in establishing the onset date of the outbreak, an accurate assessment of the total number of persons affected is not possible.

A Public Health Service review was carried out which has highlighted the difficulties in managing outbreaks of this nature. Key points identified that Public Health staff will use when managing future outbreaks in camp settings as follows:

- deciding when a few cases of gastroenteritis should be considered an “outbreak” is not clear cut, but it is better to take a precautionary approach and react early
- a rapid response to managing gastrointestinal outbreaks in crowded settings is essential
- the early introduction of a Coordinated Incident Management System (CIMS) approach to manage the outbreak event
- adopt a more “hands on” approach to manage outbreaks than is the case with event management in institutions (be on the ground early)
- the need to be proactive in providing adequate numbers of posters and educational material that can be used in these settings (often there is little capacity for photocopying at the camp)
- the need to profile the Public Health Service role in outbreak management so that people report cases early.

## **APPENDIX B: WALKING AND CYCLING MODEL COMMUNITIES**

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Earlier this year, the New Zealand Transport Agency (NZTA) wrote to councils calling for expressions of interest in becoming a walking and cycling model community. NZTA has \$7 million budgeted over the next two years for the project.

The primary outcome sought is the creation of environments that make walking and cycling the easiest choice. Priority will be given to locations which already have a significant walking and cycling mode share. As a guide, communities with census 'travel to work' figures of at least 8% 'walking' and 3% 'cycling mode' share will be regarded as having made considerable progress. 2006 'travel to work' census data shows that only four communities achieve these mode share targets; Palmerston North, Nelson, Kaikoura, and Westland District.

NZTA recognises that model communities' outcomes will deliver many benefits in addition to transportation benefits. Councils are encouraged to work with the Health, Housing, Environment, and the Recreation Sectors. Applicant councils that demonstrate strong community support and are able to leverage support from other sectors are more likely to receive model community investment.

Councils wanting to apply for model community investment were required to submit a concept proposal in February 2010. Nelson City Council did this, and as part of the application, NMDHB's CEO wrote a letter of support. Nelson, along with New Plymouth, Taupo, and Napier, has been shortlisted and has been invited to develop a full proposal to present to NZTA by the end of April 2010.

Nelson City Council is extremely well placed in its bid for the model communities funding, having invested significantly in its active transport network over the last fifteen years. It has the highest percentage of cycling commuters in the country and one of only two cities where the percentage of walking commuters is growing (the other one is Wellington). Forums exist where user groups discuss active transport issues and opportunities with the council and other road controlling authorities including the Active Transport Forum, Walk Nelson Tasman and the Bicycle Advisory Group. Tasman District Council has indicated it will support Nelson City Council's bid and is keen for improvements to the active transport links between Richmond and Stoke to be included.

The health benefits from walking and cycling are significant. Evidence exists for the protective effect of active transport on various chronic diseases including cardiovascular disease, certain cancers, obesity, type 2 diabetes and depression, all of which are serious health concerns in New Zealand. NZTA values the health benefits of every additional person walking at \$2.70 per kilometre and \$1.45 per kilometre cycling when calculating the value of walking and cycling projects. These figures only include the health benefits and exclude other benefits such as reduction in congestion and environmental degradation.

NMDHB has a key role to play in supporting Nelson City Council to secure model communities funding and its successful implementation. In the 2009/10 year, NMDHB, through the NPA Programme, has a contract with Nelson City Council to deliver active transport initiatives. Contract deliverables include professional development, promotion of walking and cycling as a means of transport, and training initiatives to support non-cyclists to become confident everyday cyclists.

## APPENDIX C: FEE SCHEDULE

### Fee Schedule (Nelson Region After Hours & Duty Doctor Ltd)

The service offered at 96 Waimea Road by Nelson region GPs to meet their obligations for the provision of After Hours services is not that different from the service provided in other parts of New Zealand. For example, Capital and Coast District Health Board says the following about After Hours services on their web site:

*Urgent After Hours services provide urgent primary health care services on evenings and weekends outside of daytime/normal business hours or on public holidays. They are for urgent health issues where patients:*

- *would normally see their general practitioner (GP) / family doctor; but,*
- *don't think they can wait until the doctor surgery/GP surgery is open in normal hours.*

The fees for the services provided at 96 Waimea Road are:

	Without community service card			With community service card		
	<6	6-17 years	18+	<6	6-17 years	18+
Casual weekday	10	40	60	10	30	45
ACC weekday	10	10	30	10	10	30
After hours	20	50	70	20	40	55
ACC after hours	20	20	40	20	20	40

As a comparison, the adult After Hours fee at the Adelaide Road Service, Wellington, is \$85. The fees charged at 96 Waimea Road are currently under review by the directors with a view to reducing many of them in an attempt to reduce barriers to access.

**Low Cost Access Service:** For those enrolled in the low cost access service at 96 Waimea Road, the daytime fees are: <6, free; 6-24yrs, \$10; > 24yrs, \$15.

## APPENDIX D: NBPH REPORT ON VLCA DR OUTREACH CLINICS

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<b>To:</b>	NMDHB
<b>From:</b>	NBPH
<b>Date:</b>	April 2010
<b>Subject:</b>	Summary report VLCA Outreach clinics

For approval	<input type="checkbox"/>	For action	<input type="checkbox"/>	For information	<input checked="" type="checkbox"/>
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### 1 PURPOSE:

To advise CPHAC on the services which have been piloted by NBPH to provide general practice outreach services to high deprivation areas of Nelson Tasman.

### 2 BACKGROUND:

A Feasibility Study was commissioned by NMDHB and Nelson Bays Primary Health to determine need for, viability of, and best location for additional Very Low Cost Access (VLCA) Primary Health Care (PHC) services in the Nelson Bays region. The aims of the study were to:

1. Identify options for development;
2. Provide evidence for financial viability;
3. Clarify the range of options for the overall shape a service would take to cover the Nelson Tasman region;
4. Make recommendations to the NBPH Board.

A project team was established for this project. The membership of this team included:

- Kindra Douglas, Centre Manager Victory Community Health Centre,
- Bruce Moorhead, Primary and Community Team, NMDHB,
- Andrew Dobbs, CEO NBPH.

The project team was established to support the work of addressing the issue of cost in accessing general practitioner services is well aware of other barriers to access.

An outcome of this study for the Nelson Tasman region was:

- The establishment of VLCA Dr outreach clinics in three different community-based providers
- Provision of support for practices to convert to become a VLCA practice. This was achieved by a further two practices in Nelson Tasman (St Lukes Health Centre and Central Medical in Motueka). Other practices expressed an interest in converting to such a practice however the MoH VLCA criteria rules changed in the meantime which meant that practices in the region were no long eligible to apply.
- NBPH provided ongoing support for the Victory and the Golden Bay nursing outreach and access liaison support
- NBPH worked with providers to develop a nursing outreach clinic into South East Stoke
- NBPH worked with providers to develop a nursing outreach clinic to Tapawera.

This response was supported by the project team, by the directors of Nelson Region After Hours and Duty Doctor Ltd (NRAHDD) and by various community-based providers.

### **3 FOCUS:**

#### **Project design:**

##### **3.1 Dr Outreach**

NBPH made available Services to Improve Access (SIA) funds to NRAHDD's 96 Waimea Rd. Very Low Cost Access (VLCA) Clinic, to employ a doctor to provide community-based half day outreach clinics at three key primary care venues. This start-up funding arrangement would cover the expenses sustained by NRAHDD until the service became self sustainable, with an enrolled population and sufficient clinic attendances to cover costs.

#### **Desired outcome:**

Community-based health providers can provide a doctor at their clinic for their clients for half a day per week to start with. The aim is to improve access to the VLCA service and encourage more people to become enrolled.

During times when the outreach clinic is not open patients will access the VLCA service at 96 Waimea Rd.

The results of the 'VLCA Feasibility Study', undertaken by Nelson Bays Primary Health suggested that clinics such as the one proposed would be situated in community-based providers including Victory Community Health Centre, Whakatu Marae and Te Korowai Trust

*Estimated Budget:*

- One half day clinic off site costs - Requires an enrolled population of 71 patients to be sustainable.
- Two clinics – requires 142 patients
- Three clinics would – requires 213 patients

The fees (nationally set) at the clinics for patients were:

Age	Cost
Under 6 years	free
6-24 years	\$10
Over 24 years	\$15

**Project outcomes:**

Each clinic was established in partnership with the providers involved and NBPH utilised SIA funding to subsidise the providers based on their request for how the funding could be used to meet the needs of their clients.

**Te Korowai Trust Dr Clinic**

This clinic was established on 3/4/09. This was the first clinic to be established. In preparation NBPH paid for a room at Te Korowai Trust to be set up to hold the clinic and appropriate equipment was also purchased. Te Korowai Trust also requested resourcing from NBPH to allow their staff to support the clinic by assisting with appointments etc.

Danielle Geminis was the Dr who originally began working in this clinic. She finished her time with Te Korowai Trust due to other work commitments on 26/6/09. In this time period the following attendances were recorded:

<b>Te Korowai Trust 3/4/09 – 26/6/09</b>	
Number of clinics	11
Number clients seen	18
Number of new enrolments	9 (50% people seen)

In July 2009 Dr Harris replaced Dr Geminis in providing the community-based outreach clinics. In this time period clinics were continued to be offered at Te Korowai Trust however they were not well attended by clients and it was decided by Te Korowai Trust to put this clinic on hold.

<b>Te Korowai Trust 4/8/09 – 13/10/09</b>	
Number of clinics	6
Number of clients seen	9
Number of new enrolments	4

**Narrative report:**

- *It was felt that a model where Te Korowai Staff facilitated clients into a mainstream general practice service would work better for their clients.*

**Victory Community Health Centre**

This clinic was established on 13/7/09 with Dr Harris. NBPH assisted VCHC by purchasing a cupboard and the appropriate equipment necessary to support this clinic and paid the cost of renting the room for the period of the clinic.

<b>Victory Community Health Centre 13/7/09 – 22/3/09</b>	
Number of clinics	29
Number clients seen	114
Number of new enrolments	22 (20% people seen)

**Narrative report:**

- *Victory Community Health Centre staff understand the numbers are low and feel that this outreach clinic had developed more trust and closer links between the Victory community and the 96 Waimea Rd practice.*
- *Good outcome in that people are accessing 96 Waimea Rd more.*

**Whakatu Marae**

This clinic was established on 27/07/09 with Dr Harris. NBPH assisted the Marae with finances to build a room appropriate to hold the clinic. NBPH also purchased a cupboard and appropriate equipment.

<b>Whakatu Marae Health and Social Services 27/7/09 – 23/3/09</b>	
Number of clinics	28
Number clients seen	79
Number of new enrolments	30 (38% people seen)

**Narrative report:**

*Tena koe,*

*Ko Maunga Tapu te Maunga, ko Maitahi te Awa, ko Aorere te Moana, ko Ngati Kuia me Ngati Koata me Ngati Toa Rangitira nga Iwi*

*Ko Ratapu Hippolite toku ingoa.*

*Ko Kaitiriwa Pouwhakahaere ki te kaimahi o te Whakatu Whanau Ora.*

*Tēnā Koutou, tēnā koutou tēnā koutou*

*Whakatu Marae was approached by Nelson Bays Primary Health to establish a Doctors clinic at Whakatū Marae, during the early part of 2009.*

*Initial discussions were challenged as both parties had ideas on “how” this might be implemented, and the best engagement of this service with whānau who experiences with the medical profession had not always been positive. Initially the response from whānau was misunderstood, criteria unknown, whānau wary, and this was to be expected.*

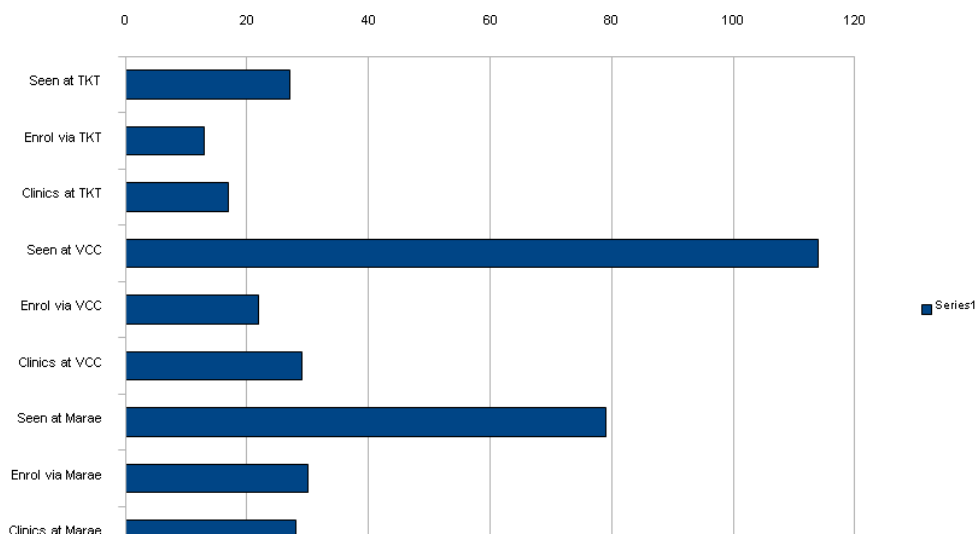
*This Tākuta service is now flourishing although volumes fluctuate around holiday periods. Initial start up problems with both organisations, 96 Waimea Road and Whakatū Marae making appointments for the same time slot caused confusion for whānau and this has since been clarified by administration teams.*

*On a personal note, I have enjoyed watching kaumātua engage with the Tākuta and know they are getting the best possible help in an environment that they feel comfortable in. My only wish would be that we are able to provide this service more often so that whānau had an expectation to be able to consult with a Tākuta once they made their hikoi to the marae.*

*Whakamanatia te tapu, te ihi, te wehi o te whanau.*

**NRAHDD**

To support NRAHDD to host these clinics NBPH purchased clinic equipment and supplies, paid for an eftpos machine rental, computer equipment and software necessary to support outreach clinics and the salary of the Dr for the clinics.



### 3.2 NURSING OUTREACH CLINICS

#### **Tapawera outreach.**

One half day outreach nursing clinic per week is being offered in Tapawera from the Wakefield health Centre. The nurses utilise the Plunket rooms and the Tapawera Area school rooms on alternate weeks. These clinics are well supported by the Tapawera community and are usually fully booked. They have been running for 4 months and NBPH is committed to funding for one year. The clinics will be evaluated as part of the pilot.

#### **South East Stoke outreach.**

One half day nursing clinic has been offered by a Stoke Medical Centre nurse based at House 44. After three months of trialling this we found the clinics to be poorly attended. NBPH, House 44 and Te Korowai Trust are now working together to find another model of care to support the concept of facilitating residents of South East Stoke to access general practice services they are eligible for. A new model of delivery of the service will begin this month and there will be ongoing monitoring and evaluation of the service as the pilot progresses.

## 4 SUMMARY:

#### **Dr Outreach:**

- In this period 220 people were seen at 74 half-day clinics located at three different community based providers.
- Of the 220 people seen 65 new enrolments have resulted.
- Te Korowai Trust targeted most effectively where 50% of the 27 people seen at the clinic resulted in a new enrolment.
- Whakatu Marae were also effective at targeting new enrolments where 38% of the 79 people seen resulted in a new enrolment.
- Victory Community Health Centre supported the most people in total at the clinic, being 114, with 20% resulting in a new enrolment.
- In total 65 new enrolments were achieved in this one year programme.

In order to support three outreach half day clinics this model of care was calculated to require 213 new enrolments to become a self sustaining clinic. In reality 65 people were enrolled, which is 31% of what was required to become self sustaining.

#### **Nursing Outreach:**

- An outreach nursing clinic in Tapawera is meeting the needs of the community currently. There is currently work occurring to increase the

links between the providers who service Tapawera to improve networking for the region.

- The South East Stoke outreach nursing clinic requires ongoing development however there is commitment from the key providers in the region to work together to deliver a model of care which will better meet the needs of the community.

## GLOSSARY OF TERMS

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A4HC	Action for Healthy Children
A&D / AOD	Alcohol and Drug / Alcohol and Other Drugs
ACC	Accident Compensation Corporation
ACNM -	Associate Charge Nurse Manager
ACU	Ambulatory Care Unit
AEP	Accredited Employer Programme
AIR	Agreed Information Repository
ALOS	Average Length of Stay
AOD	Alcohol and Drug
AOHS	Adolescent Oral Health Services
ARC	Aged Residential Care
ARF	Audit Risk and Finance
ARCC	Aged Residential Care Contract
ASMS	Association of Salaried Medical Specialists
AT&R	Assessment, Treatment & Rehabilitation
BSCQ	Balanced Score Card Quadrant
BA	Business Analyst
BCTI	Buyer Created Tax Invoice
BFCI	Breast Feeding Community Initiative
BFCI	Baby Friendly Community Initiative
BS	Business Support
BSI	Blood Stream Infection
CAMHS	Child and Adolescent Mental Health Services
CBAC	Community Based Assessment Centres
CBF	Capitation Based Funding
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)
CCF	Chronic Conditions Framework
CCU	Coronary Care Unit
CDEM	Civil Defence Emergency Management
CDHB	Canterbury District Health Board
CDM	Chronic Disease Management
CEG	Coordinating Executive Group (for emergency management)
CFA	Crown Funding Agreement <u>or</u> Crown Funding Agency
CFO	Chief Financial Officer
CHFA	Crown Health Financing Agency
CHS	Community Health Services
CIMS	Coordinated Incident Management System
CIO	Chief Information Officer
CME	Continuing Medical Education
CMI	Chronic Medical Illness
CMS	Contract Management System
CNM	Charge Nurse Manager
COO	Chief Operating Officer
COPMI	Children of Parents with Mental Illness
CPHAC	Community and Public Health Advisory Committee
CPIP	Community Pharmacy Intervention Project

CPNE	Continuing Practice Nurse Education
CPU	Critical Purchase Units
CSR	Contract Status Report
CSSD	Central Sterile Supply Department
CTA	Clinical Training Agency
CTC	Contributions to Cost
CTANAG	Clinical Training Agency Nursing Advisory Group
CTU	Combined Trade Unions
CVD	Cardiovascular Disease
CVDRA	Cardiovascular/Diabetes Risk Assessment
CWD	Case Weighted Discharge
CYAERG	Child Youth Advisory & Expert Reference Group.
CYF	Child, Youth and Family
CYFS	Child, Youth and Family Service
DAP	District Annual Plan
DAR	Diabetes Annual Review
DHB	District Health Board
DHBNZ	District Health Boards New Zealand
DHBRF	District Health Boards Research Fund
DISAC	Disability Support Advisory Committee
DMH	Director of Maori Health
DNA	Did Not Attend
DRG	Diagnostic Related Group
DSP	District Strategic Plan
DSS	Disability Support Services
DWCSP	District Wide Clinical Services Plan
EAP	Employee Assistance Programme
EBID	Earnings Before Interest & Depreciation
ECWD	Equivalent Case Weighted Discharge
ED	Emergency Department
EDA	Economic Development Agency
EFI	Energy For Industry
EOI	Expression of Interest
ENT	Ears, Nose and Throat
ESA	Electronic Special Authority
ESOL	English Speakers of Other Languages
ESPI	Elective Services Patient Flow Indicators
ESR	Environmental Science & Research
ESU	Enrolled Service Unit
FF&E	Furniture, Fixtures and Equipment
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
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

HAC	Hospital Advisory Committee
H&DC / HDC	Health and Disability Commissioner
HBI	Hospital Benchmarking Information
HBSS	Home Based Support Services
HBT	Home Based Treatment
HDSP	Health & Disability Services Plan Programme
HDU	High Dependency Unit
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
HODs	Heads of Department
HOP	Health of Older People
HPI	Health Practitioner Index
HPV	Human Papilloma Virus
HR	Human Resources
HR & OD	Human Resources and Organisational Development
IANZ	International Accreditation New Zealand
IBA	Information Builders of Australia
IDF	Inter District Flow
IDSS	Intellectual Disability Support Services
IFRS	International Financial Reporting Standards
IHB	Iwi Health Board
IM	Information Management
InterRAI	Inter Residential Assessment Instrument
IPA	Independent Practitioners Association
IPC	Intensive Patient Care
IPC Units	Intensive Psychiatric Care Units
IPG	Immunisation Partnership Group
IPU	In-Patient Unit
IS	Information Systems
ISSP	Information Services Strategic Plan
IT	Information Technology
JAMHWSAP	Joint Action Maori Health & Wellness Strategic Action Plan
KIM	Knowledge and Information Management
KPI	Key Performance Indicator
KHW	Kimi Hauora Wairau (Marlborough PHO)
LA	Local Authority
LCN	Local Cancer Network
LOS	Length of Stay
LSCS	Lower Segment Caesarian Section
LTC	Long Term Care
LTCCP	Long Term Council Community Plan
LTSFSG	Long Term Service Framework Steering Group
MHDSF	Maori Health and Disability Strategy Framework
MHFS	Maori Health Foundation Strategy
MPDS	Maori Provider Development Scheme
MA	Medical Advisor
MCT	Mobile Community Team
MDC	Marlborough District Council

MDO	Maori Development Organisation
MDS	Maori Development Service
MDT	Multi Disciplinary Team
MECA	Multi Employer Collective Agreement
MHAU	Mental Health Admission Unit
MHC	Mental Health Commissioner
MHD	Maori Health Directorate
MHINC	Mental Health Information Network Collection
MHWSF	Maori Health and Wellness Strategic Framework
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
MRI	Magnetic Resonance Imaging
MRT	Medical Radiation Technologist (or Technician)
MSD	Ministry of Social Development
NPA	Nutrition and Physical Activity
NRAHDD	Nelson Region After Hours & Duty Doctor Limited
NRT	Nicotine Replacement Therapy
MRSA	Methicillin Resistant Staphylococcus Aureus
NASC	Needs Assessment Service Coordination
NBPH	Nelson Bays Primary Health
NCC	National Capital Committee
NCC	Nelson City Council
NCSP	National Cervical Screening Programme
NGO	Non Government Organisation
NHI	National Health Index
NIR	National Immunisation Register
NMDHB	Nelson Marlborough District Health Board
NMDS	National Minimum Dataset
NMIT	Nelson Marlborough Institute of Technology
NPA	Nutrition and Physical Activity (Programme)
NPV	Net Present Value
NRAHDD	Nelson Regional After Hours and Duty Doctor Ltd
NSU	National Screening Unit
NZHIS	NZ Health Information Services
NZMA	New Zealand Medical Association
NZNO	NZ Nurses Organisation
NZPH&D Act	NZ Public Health and Disability Act 2000
OIA	Official Information Act
OIS	Outreach Immunisation Services
OPD	Outpatient Department
OPF	Operational Policy Framework
OPJ	Optimising the Patient Journey
OSH	Occupational Health and Safety
OT	Occupational Therapy
PACS	Picture Archiving Computer System
P&F	Planning and Funding
PANT	Physical Activity and Nutrition Team
PBF(F)	Population Based Funding (Formula)
PC	Personal Cares
P&C	Primary & Community

PCI	Percutaneous Coronary Intervention
PCO	Primary Care Organisation
PCT	Pharmaceutical Cancer Treatments
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
PN	Practice Nurse
PSAAP	PHO Service Agreement Amendment Protocol
PT	Patient
PTAC	Pharmacology and Therapeutics Committee
PRIMHD	Project for the Integration of Mental Health Data
PVS	Price Volume Schedule
QA	Quality Assurance
QHNZ	Quality Health NZ
QIC	Quality Improvement Council
RDA	Resident Doctors Association
RDA	Riding for Disabled
RIF	Rural Innovation Fund
RFI	Request for Information
RFP	Request for Proposal
RICF	Reducing Inequalities Contingency Funding
RM	Registered Midwife
RMO	Resident Medical Officer
RN	Registered Nurse
ROI	Registration of Interest
RSE	Recognised Seasonal Employer
SAN	Storage Area Network
SCBU	Special Care Baby Unit
SCN	Southern Cancer Network
SDB	Special Dental Benefit Services
SHSOP	Specialist Health Services for Older People
SICF	South Island Chairs Forum
SICSP	South Island Clinical Services Plan
SI HSP	South Island Health Services Plan
SIRCC	South Island Regional Capital Committee
SISSAL	South Island Shared Service Agency
SLH	SouthLink Health
SLT	Strategic Leadership Team
SMO	Senior Medical Officer
SNA	Special Needs Assessment
SOI	Statement of Intent
SOPD	Surgical Outpatients Department
SOPH	School of Population Health
TDC	Tasman District Council

TLA	Territorial Local Authority
TOW	Treaty of Waitangi
TOR	Terms of Reference
TRTT	Te Roopu Tupu Tahī
UG	User Group
VLCA	Very Low Cost Access
VRA	Vascular Risk Assessment
WAM	Wairau Accident & Medical Trust
WAVE (Project)	Working to Add Value through E-Information
YTD	Year to Date

April 2010