



**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 23 February 2010 at 12.30 p.m. in the
Support Services Room 3
Wairau Hospital
Blenheim**

**Note: videoconferencing available
in Seminar Centre Room 1
DHB Seminar Centre
Braemar Campus, Waimea Rd, Nelson**

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

12:40 p.m. Karakia (Sonny Alesana) and welcome (Chair John Moore)

SECTION 1: **Apologies**SECTION 2: **Registrations of Interest**

12:45 p.m.

SECTION 3: **Minutes**

- From previous meeting
- Matters Arising

SECTION 4: **Correspondence**

1:00 p.m.

SECTION 5: **Monitoring Reports**

- Chair
- Te Roopu Tupu Tahi
- GM Planning, Funding and Performance
- GM Primary and Community
- Director of Maori Health

1:30 p.m.

SECTION 6: **Presentations**

2:15 p.m.

SECTION 7: **Members' Issues**

2:45 p.m.

SECTION 8: **For Information**

3:00 p.m.

SECTION 9: **General Business**

3:30 p.m.

Closing Karakia

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1 APOLOGIES

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

Sonny Alesana	<ul style="list-style-type: none"> ▪ Nil 			
Suzanne Win (ex- officio)	<ul style="list-style-type: none"> ▪ Director of Split Ridge Associates Ltd that provides consultancy services to health & disability organisations ▪ Deputy Chair of Gracelands Group ▪ Member of DHBNZ Chairs Executive with lead responsibility for workforce and participant on Tripartite Forum ▪ Partner is a part-time employee of NMDHB Provider Division. 	<ul style="list-style-type: none"> ▪ Trustee of Donald Beasley Institute. 	<ul style="list-style-type: none"> ▪ Provision of consultancy services to health and disability organisations for DHBs or Ministry of Health. 	<ul style="list-style-type: none"> ▪ Partner is Chair of West Coast PHO ▪ Partner is an independent director of Access Home Health ▪ Contracted to MOH to coordinate the implementation of the Cardiac Network ▪ Member on PHO Alliance Executive ▪ Partner appointed Chair of the Board of Access Home Health Ltd.

2) Strategic Leadership Team Members

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

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Sharon Kletchko	<ul style="list-style-type: none"> ▪ Member Exceptional Circumstances Panel – PHARMAC ▪ Member – DHBRF Governance Group with the Health Research Council ▪ Member St John Trust Board Northern Region (SI). 	<ul style="list-style-type: none"> ▪ Deputy Chair of Standards New Zealand Council. 		
Robyn Henderson				
Harold Wereta	<ul style="list-style-type: none"> ▪ Ngati Toarangatira Connections 		<ul style="list-style-type: none"> ▪ Tribal Interest 	

3 MINUTES

Date	1 December 2009	Time	12.30
Where	NMDHB Seminar Centre, Braemar Campus, Nelson	Previous meeting date	20 October 2009
MINUTES OF THE OPEN MEETING OF THE COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE (CPHAC) OF NELSON MARLBOROUGH DISTRICT HEALTH BOARD			
Present	John Moore (Chair), Judy Crowe, Liz Richards, Lorraine McMath, Judith Holmes, Sonny Alesana, Jenny Black		
	John Peters, Peter Burton, Sharon Kletchko, Bruce Moorhead, Helen Steenbergen, Andrew Dobbs, Nigel Muir, Jasmin Brandt (Secretary)		
Apologies	Harold Wereta		
Mihi/Intro	Liz Richards		

	Item	Discussion	Action	Who/ When
1.	Apologies	Apology from Harold Wereta received. The Chair warmly welcomed Sonny Alesana to the committee as new Iwi Health Board representative.	Moved: Judy Crowe Seconded: Judith Holmes THAT THE APOLOGY RECEIVED BE ACKNOWLEDGED. AGREED	
2.	Registrations of Interest	Amendments <ul style="list-style-type: none"> • John Moore: add 'NMDHB representative on Nelson Regional Land Transport Committee' • Lorraine McMath: add 'NMDHB representative on Marlborough Regional Land Transport Committee' • Peter Burton: add 'NMDHB representative on Tasman Regional Land Transport Committee' • Sharon Kletchko: correction: ROI to read 'Member St John Trust Board Northern Region (SI)' 	Moved: Liz Richards Seconded: Jenny Black THAT THE REGISTRATIONS OF INTEREST BE NOTED. AGREED	

	Item	Discussion	Action	Who/ When
3.	Minutes	<p>Matters Arising</p> <p>Tobacco Control (page 10) Supermarket initiative to move tobacco products out of sight was started with Fresh Choice but intention is to spread this across other supermarkets also.</p> <p>Te Hoe Nuku Roa (page 11) GPs had remarked to one of the Committee that the mark used to indicate high blood cholesterol was 4.1 which was a low figure giving unrealistic numbers with this condition.</p> <p>General Manager for Primary and Community noted he had written to both PHOs to discuss the report with the clinical governance groups. Noted that the report was essentially positive in that Maori in Nelson Marlborough are accessing GPs and that Maori health is overall better than the average for New Zealand.</p>	<p>Moved: Judy Crowe Seconded: Judith Holmes THAT THE MINUTES OF THE MEETING ON 20 OCTOBER 2009 BE ADOPTED AS A TRUE AND CORRECT RECORD. AGREED</p>	
4.	Correspondence	Nil		
5.	Reports	<p>Committee Chair</p> <p>Verbal Report</p> <p>The Chair noted Trisha Falleni's resignation from the Iwi Health Board and consequently from CPHAC. The committee thanked her for the contribution.</p> <p>Alcohol in Our Lives The committee noted that if a campaign were established to address this issue, it would be very happy to support it.</p>		

	Item	Discussion	Action	Who/ When
		CPHAC supports NMDHB's submission made to the commission.		
		<p>Te Roopu Tupu Tahī (TRTT)</p> <p>The Chair noted the request made in the report and proposed to have any feedback for TRTT go back through him. It was noted that it would be helpful to know the Terms of Reference of the newly established “Top of the South NGO Mental Health Providers Group” to determine what their purpose is and whether there is a risk of duplication of efforts in relation to TRTT. It was suggested for CPHAC to contact the Top of the South NGO Mental Health Providers Group to find out.</p>	<p>Moved: Lorraine McMath Seconded: Liz Richards THAT REPORT FROM TE ROOPU TUPU TAHI BE RECEIVED. AGREED</p>	Chair
		<p>GM Planning and Funding</p> <p>District Wide Clinical Services Plan Elements of this plan will be used in the District Annual Plan, Health2030 and will otherwise be aligned with national developments.</p> <p>Pharmaceutical Issues</p> <ul style="list-style-type: none"> • Pharmacy contract to be renewed (national prices) • Public consultation expected for March for the South Island Pharmacist Services – future services framework • PHO pharmacist facilitators are working with GPs on how we can better work with pharmaceuticals to avoid waste. <p>The meeting noted that it was good to see that something was happening to look at reducing wastage. There will be a report from Nelson Bays Primary Health in February 2010 giving details of the campaign to return unused medicines.</p>	<p>Moved: Judith Holmes Seconded: Jenny Black</p> <ul style="list-style-type: none"> • THAT THE REPORT FROM THE GENERAL MANAGER PLANNING AND FUNDING BE RECEIVED. • THAT THE FINANCIAL REPORT BE ADOPTED. <p>AGREED</p>	

	Item	Discussion	Action	Who/ When
		<p>GM P&F noted that there is developmental work under way around psycho-geriatric drugs for older people also.</p> <p>Financials <u>Inter District Flows</u> (page 27) There will be a clinically led review of how IDFs are handled.</p> <p><u>Envisaged Savings of \$900K</u> (page 29) GM P&F noted that the path has narrowed since this agenda was printed due to money needing to be returned to MoH.</p>		
		<p>GM Primary and Community</p> <p>Golden Bay GM P&C noted that a corner had been turned with the decision regarding site selection for the Golden Bay Community Hospital.</p> <p>Financials GM P&C acknowledged the general trend that there are fewer funds available, and that actions were being taken to do more with less.</p> <p>Health Promotion SI HSP is absorbing Healthy South. Advice on configuration of public health services is given to NHB as part of this.</p>	<p>Moved: Liz Richards Seconded: Jenny Black THAT THE REPORT FROM THE GENERAL MANAGER PRIMARY AND COMMUNITY BE RECEIVED. AGREED</p>	
6.	Presentations	<p>Bruce Moorhead, Business and Planning Manager (NMDHB's Primary and Community division): 'Acute Care Review'</p> <p>Bruce Moorhead gave a verbal report regarding the key findings of the acute care services review, how this fits in with Shifting Some Secondary Services to Primary Health Care project and outlined</p>		

	Item	Discussion	Action	Who/ When
		<p>next steps.</p> <p>The committee noted that they were keen to see progress in moving towards an environment where ED caters just for emergencies and that After Hours primary care is provided by GPs.</p> <p>Nigel Muir, CE Tasman Regional Sports Trust: 'Kiwi Sport'</p> <ul style="list-style-type: none"> • <u>Outline of Tasman Regional Sports Trust</u> What drives the Trust is the need in the community. Noted that a large percentage of our young population does not have fundamental skills such as being able to swim 25m or ride a bike. 50% of their funding comes from SPARC. 36 staff delivering 49 contracts. General trend to sport noted, reflected through \$93M to be spend on 12 sport facilities in our district. • <u>Government initiative 'Kiwi Sport'</u> 'More kids, more opportunities, better skills.' Funding: Primary \$130K, Secondary \$200K, Regional Partnership Fund \$270K. The latter requires community consultation before it can be used. • <u>Green Prescription (GRx)</u> This is being transferred from the Trust to the PHO. 25% of the Trust currently involved in the GRx. Active Schools funding only guaranteed until June 2010. Noted that not enough transfers to service made. 		

	Item	Discussion	Action	Who/ When
		<p>Andrew Dobbs, CEO Nelson Bays Primary Health: 'Green Prescription'</p> <p>Nelson Bays is set to find a way to make the programme work even better. They are taking on staff on existing terms/ conditions. There will be a transitional period next year and the CEO is looking forward to coming back to CPHAC with an update.</p>		
7.	Members' Issues	<p>End-of-Life Planning</p> <p>John Moore has approached Clive Garlick to see if there is an interest to discuss End-of-Life issues.</p> <p>Clear indication from secondary physicians, in particular ED, to have this kind of discussion in primary care.</p> <p>After discussing a number of different approaches, the committee agreed that a nurse-driven rather than a doctor-driven approach was the way to go and that a forum for brain storming the matter would be set up, championed by a clinician who is also the GM P&F, to address end-of-life planning in primary care as well as rest homes, in 2010. At the envisaged meeting, advice will be sought from palliative care nurses, practice nurses and GPs. CPHAC would appreciate a follow-on report.</p> <p>Meeting Frequency Paper Noted that HAC and DiSAC have already accepted option 3.</p>	<p>Moved: Jenny Black Seconded: Liz Richards THAT OPTION 3 BE SUPPORTED FOR A TRIAL FOR THE NEXT 12 MONTHS. AGREED</p>	

	Item	Discussion	Action	Who/ When
		<p>NMDHB Mail Members felt they were receiving too much mail, i.e. the frequency of posting mail was too high.</p> <p>Other Liz Richards thanked the Chair for another year of good work.</p>	<p>Moved: John Moore Seconded: Judy Crowe THAT CPHAC RECOMMEND A RATIONALISATION OF THE MAILING SYSTEM TO SAVE MONEY ON POSTAGE. AGREED</p>	

RECOMMENDATION

THAT THE MINUTES OF THE MEETING HELD ON 1 DECEMBER 2010 BE ADOPTED AS A TRUE AND CORRECT RECORD OF THE MEETING.

MATTERS ARISING

- End of life forum. Planning under way to hold this forum in May/ June 2010.

4 CORRESPONDENCE

Date	Sender	Recipient	Regarding
15/12/09	John Moore (CPHAC Chair)	Carol Gowan, Te Roopu Tupu Tahī	Review of Terms of Reference; duplication of services
13/01/10	Peter Rees and Janie McIntyre (Co-Chairs Top of the South NGO Mental Health Provider's Group)	John Moore, CPHAC	Terms of reference; information flow

To be discussed under Members' Issues

5 MONITORING REPORTS

5.1 CHAIR'S REPORT

Welcome to our first meeting of the year. Financial constraints will no doubt seem to rule much of what we do. Our role of ensuring that all the services of the DHB represent the best health value for the greatest number will be tested as always! We can perhaps try to see this as an opportunity to push for the optimal real health outcomes and as always this will mean keeping an eye on Community Health. It is very easy for the treatment of illness to overwhelm the health and prevention side of our business and this is where the real gains are. In this regard it is great to see the DHB involved in a Health Impact Assessment as part of the NCC Arterial Flow Study.

Can we quickly review the meeting plans for the coming year as far as possible. It would be good to have your comments. I have asked Jasmin Brandt to help keep an eye on loose ends from previous meetings - I try to do this anyway but another eye would be good!

Would you like to vote on committee chairmanship today? Usually this is reviewed at our second meeting of the year but this would now put it off till April.

I will attend the Sustainability Forum meeting on 19 February and have been asked to meet with Prof. Bevan Grant, who heads the Department of Sport and Leisure Studies at Waikato University, on 22 February. He has a special interest in the relevance of exercise to the health of the elderly.

I am pleased to see that the Ministry of Health is being asked to clarify some fundamental questions regarding the District Strategic Plan review.

John Moore.

RECOMMENDATION

THAT THE CHAIR'S REPORT BE RECEIVED.

5.2 REPORT FROM TE ROOPU TUPU TAHI

Two meetings of Te Roopu Tupu Tahī to report on this time – meeting of 8 December held in Blenheim and meeting of 26 January held in Nelson. We had a good range of network members at both meetings: 18 at the December meeting and 22 at the January one.

Review of Te Roopu Tupu Tahī Performance and Terms of Reference: At both meetings the main focus of the agenda was the review. We scheduled this to run over two meetings, partly to ensure we got as wide a coverage of the network membership as possible, and partly to give the Top of the South NGO Mental Health Providers Group the opportunity to discuss the review at their December meeting, which was held after our December meeting.

At our December meeting the discussion focussed on what works well and what could or should be changed. From this discussion we deduced that networking, keeping up to date and being informed, and opportunities for consultation and collaboration were the primary reasons why Te Roopu Tupu Tahī works well for members. There was some uncertainty about the advisory role with the DHB; uncertainty about mental health providers who are contracted to the DHB but who choose not to attend TRTT meetings; a suggestion that we have more formal links with specialist mental health groups (such as the A&D Cluster Group, the Motueka Mental Health Network, Workforce Development Advisory groups, Mental Health Promotion Network, the NGO Mental Health Providers Group etc), and more specifically have more input from the A&D sector; and a suggestion that we have regular presentations from service providers represented at TRTT.

These points were summarised for members attending the January meeting and general agreement was gained. One member commented that the reason she keeps attending TRTT meetings is for the healthy debate that often takes place. Many others agreed and said that this is a safe environment for healthy debate. Further discussion included: reporting to the DHB and the processes for providing advice to Planning, Funding and Performance and the Community and Public Health Advisory Committee; and the need for TRTT to take on more of an advocacy role with respect to certain issues (the demise of NMIT's Certificate in Mental Health Support Work being one).

The respective roles of Te Roopu Tupu Tahī and the Top of the South NGO Mental Health Providers Group were discussed and there was assurance from the key players in the NGO Providers Group that the roles are quite different and do not conflict. Primarily, this is a group for NGOs to support each other and debate NGO issues as a group, whereas TRTT is the NGOs' interface with the DHB and tends to work at a more macro level. The establishment of

the NGO Providers Group was prompted largely by the Rutherford Initiative, as they operate as businesses and feel quite small and vulnerable in times of financial constraint.

It was agreed that the TRTT Terms of Reference need to be updated and this will be done before our next meeting, taking into account the comments, ideas and feedback from this Review. A copy of the new draft Terms of Reference will be forwarded to CPHAC in March.

Other Items on the Agendas of the December and January Meetings:

Presentation at the XXV World Congress on Suicide Prevention: Dave Hough, the Suicide Prevention Pilot Project Co-ordinator gave an account of this conference which was held in Montevideo, Uruguay in October. Dave reported that his 13 minute oral presentation went well and he received encouraging feedback on the progress being made by the project.

PRIMHD Update and Roll Out for NGOs: As mentioned in my August 2009 report, the Ministry of Health is now extending the Project for the Integration of Mental Health Data (PRIMHD) to NGOs. Sonia Tafilipepe, who is now co-ordinating this project, reported that she attended two days of meetings in November in Wellington on PRIMHD with other co-ordinators, and the roll out of Stage 3 should be completed by September 2010. It was noted that the costs to NGOs are quite significant and some technical problems have still to be resolved. At TRTT's January meeting Janie McIntyre from Gateway Housing Trust reported that they have had a lot of problems getting the PRIMHD device installed in their organisation. (They seem to be the only NGO in our district which is currently underway.) There are still unresolved questions such as: who does it belong to and who carries the cost, and there is no map of how things should progress. She said that a governance group for the South Island is still in the process of being set up. This is not encouraging for other NGOs contemplating taking on PRIMHD.

Rutherford Initiative: Following brief reports on the meetings held by the Rutherford Group on Mental Health Services at our December meeting it was agreed that a representative from the Rutherford Group should be invited to our January meeting to report on their deliberations. Accordingly, André Nel and Katherine Rock attended. Unfortunately, although the report on Mental Health Services has been completed, it was at that time still with the Chief Executive and so André was unable to reveal any of the conclusions and recommendations. He explained the process of review up to this moment and what happens from here on. It is expected that any changes that are to be made will be revealed this month, and will be included in the 2010/11 contract round negotiations. There was criticism from members regarding the communication with mental health service providers and seeming lack of participation of NGOs in the process. Information on the Rutherford website

was not always up to date or detailed enough. Katherine and André explained how timing issues and the need to inform individuals and groups in the right order made it difficult to keep the website right up to date. There was discussion about the extent of the savings required, and what has already been agreed to in Mental Health. We look forward to further information from the Rutherford Initiative at our next meeting in March.

South Island Regional Mental Health Network: The SIRMHN is conducting a Regional Mental Health and Addiction Service Review. At their meeting in November a number of alternative funding models were presented but it was agreed that before anything is recommended they will work towards getting a better understanding of individual district needs for regional services. Lorraine Eade gave a presentation of graphs showing Nelson Marlborough usage of regional services. These clearly indicate which services we use and get good value from and which we don't. Most regional services are provided from Christchurch. The members of SIRMHN identified the need to develop a funding model that better reflects individual DHB population's actual utilisation of regional services; ensures continuity of access to regional services; and ensures sustainability of regional services. They have worked out a plan for achieving better access and funding for regional services, and this project is expected to be completed by March 2010.

NMIT Certificate in Mental Health Support Work: Concern was expressed by members over the cancellation of the NMIT course leading to the Certificate in Mental Health Support Work. The reasons for the demise of the course were discussed as were actions that could be taken to ensure some type of formal training at this level continues to be offered in this district. Jos van der Pol reported on the steps taken by Compass to get their in-house training recognised in the form of units towards a Level 4 Social Services Certificate and they are working with the Social Services ITO to achieve this.

Two National Decisions which will affect Mental Health Services Providers were discussed. These are the Employment Court "sleep-over" ruling which affects Level 3 providers, St Marks and Kotuku, and will be exceedingly costly; and the Human Rights Review Tribunal decision on payment for family members as carers for people with disabilities. The Ministry of Health is dealing with the implications of these decisions.

Schizophrenia Awareness Week: This will be held on 8 – 14 March 2010 with the theme of 'Let's Talk about Schizophrenia'. Activities are being planned by the staff at SF Nelson and SF Marlborough.

At both meetings members were given the opportunity to raise issues of importance to them and their organisation and inform others of events and activities in the recent past or scheduled for the near future. We also had reports of conferences and training courses attended by members.

The minutes of this meeting will be available on the NMDHB website after our next meeting, which will be held in Takaka at the beginning of March.

Carol Gowan
Facilitator
Te Roopu Tupu Tahī

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

5.3 REPORT FROM THE GENERAL MANAGER PLANNING, FUNDING AND PERFORMANCE

Long Term Conditions

A review of the current status of NMDHB's Long Term Conditions programme and associated contracts is under way. A plan for progressing implementation of NMDHB's Long Term Conditions Framework was agreed internally. Contracts for PHO-based Long Term Conditions Coordinators include conducting a stocktake of progress and gaps. Work is under way to align the proposed Mental Health Stepped Care model with the NMDHB Long Term Conditions Framework.

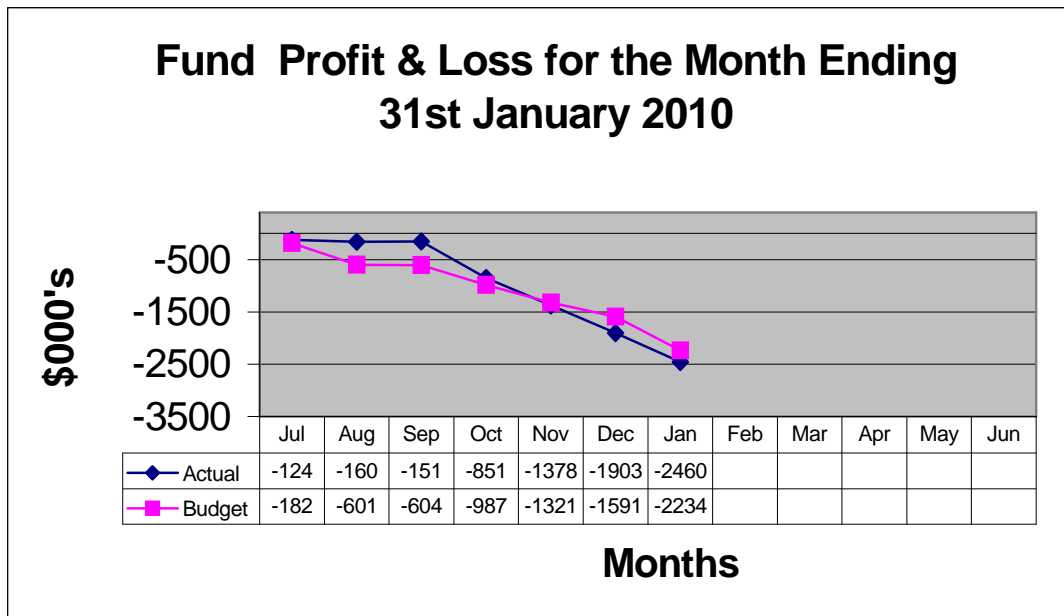
5.3.1 Financial

Operating Result NMDHB Fund Division

Statement of Financial Performance for the Month 31 January 2010

\$000's	YTD				Annual		
	Budget	Jan-10	Variance YTD		Budget	Year End Forecast	Forecast Variance
REVENUE							
PBF Vote Health - Mental Health Ringfence	20,675	20,730	54		35,444	35,534	90
PBF Vote Health - Funding (excluding Ment	167,949	167,949	(0)		287,913	287,913	(0)
PBF Adjustments	-	(212)	(212)	1	-	(268)	(268)
MOH - Funding Subcontracts	7,521	8,523	1,003	2	12,893	15,771	2,878
IDFs - Mental Health Services	386	455	69	3	661	779	118
IDFs - All Other (excluding Mental Health)	3,420	3,400	(20)		5,864	5,870	6
Other DHB Revenue	-	-	-		-	-	-
Interest	903	480	(423)	4	1,502	875	(627)
REVENUE TOTAL	200,854	201,325	471		344,276	346,474	2,198
EXPENSES							
Governance & Admin	3,302	3,302	(0)		5,661	5,661	-
Personal Health	146,187	146,081	106		252,026	252,291	(265)
Mental Health	21,336	21,468	(133)		36,618	36,764	(145)
Maori Health	1,614	1,496	118		2,766	2,756	10
Disability Support	30,651	31,438	(787)		52,170	53,325	(1,155)
EXPENSES TOTAL	203,089	203,785	(696)		349,242	350,797	(1,555)
Net Result Mental Health Ringfence	(275)	(284)	(9)		(513)	(450)	63
Net Result - All other services	(1,960)	(2,176)	(216)		(4,452)	(3,872)	580
Net Result - All Services	(2,235)	(2,461)	(226)		(4,965)	(4,323)	643

The Fund has a deficit of \$2.461M against a budget deficit of \$2.235M at the end of January 2010. This is an overall negative variance of \$226K. This is \$22K favourable to that forecast in the NMDHB recovery plan.



Revenue: The total Fund revenue (excluding interest received) is above budget by \$894K at the end of January.

The unfavourable variance for Ministry funded programmes (MoH Funding Subcontracts below) not yet invoiced (\$505K) 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 and Antenatal HIV screening, costs have not yet been incurred against these programmes. The New/ Additional Funding streams shown in the table below, except for revenue relating to 08/09, will be offset by additional expenditure

1 Population Based Funding (PBF) Adjustment (\$212K Unfavourable)

Funding Stream	Amount (\$000)
NNPAC Funding	33
Child Youth and Family services	(88)
Herceptin treatment	70
Reduction for Herceptin Drug costs	(227)
Total PBF Adjustments	(212)

2 MoH Funding Subcontracts (\$1,002K Favourable)**Unfavourable variances**

Funding Stream	Amount (\$000)
Shifting Services claw back	(127)
B4 School Checks	(34)
PHO Programmes not yet invoiced	(190)
Other MoH Programmes not yet invoiced	(505)
Interim Funding Pool for disability services	(35)
Total Unfavourable Variances	(891)

New/Additional Funding

Funding Stream	Amount (\$000)
Rural After Hours Premium	264
Additional Primary Mental Health	216
AOHS price increase	110
Additional NRT services	94
Travel Assistance - accommodation allowance	193
Hospice	231
Primary Health Innovations fund	23
Universal Newborn Vision Hearing Screening	66
Population Health Analyst	70
Herceptin refund for 08_09 & 09_10	260
NRT washup 08_09	62
InterRai funding	111
School based health services	45
Total Additional MoH Subcontract funding	1,744

Funding in advance

Funding Stream	Amount (\$000)
HEHA programmes	153

Other Funding Variances

Funding Stream	Amount (\$000)
Mental Health additional interventions (MH ringfence)	54
IDF Inpatient wash-up 08_09	(64)

3 IDF Mental Health: Revenue received from the Regional Forensic contract funded by Canterbury DHB (\$69K).

4 Interest Received

Unfavourable variance of \$423K due to interest rates falling below the rate used at the time the budget was set. The Fund bank account is also less than forecast due to higher than expected debtors balance for MoH revenue not yet received for the 2008/09 year, e.g. additional elective funding.

Expenditure: Overall year to date Provider payments are \$696K 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
Personal health							
Child and Youth	908	912	(5)		1,556	1,589	(33)
Laboratory	3,136	3,094	42		5,379	5,297	82
Maternity	6,198	6,071	127	5	10,626	10,602	23
Sexual Health	431	428	2		738	735	4
Dental	3,812	3,714	98		6,525	6,436	90
Pharmaceuticals	18,945	19,054	(109)	6	31,983	32,104	(121)
Pharmaceutical Cancer Treatment	1,273	998	275	7	2,182	1,783	399
GP Services	13,668	13,483	185	8	23,430	24,201	(770)
Rural Bonus	2,551	2,735	(185)	9	4,373	4,688	(315)
Immunisation	234	149	86	10	967	741	226
Radiology	1,574	1,578	(3)		2,699	2,699	0
Palliative Care	2,043	2,261	(218)	11	3,502	3,833	(330)
Other Community Based Services	4,777	4,728	49		8,190	8,137	53
Chronic Disease Management	717	726	(9)		1,229	1,241	(12)
Medical/Surgical	58,076	57,120	956	12	99,559	97,920	1,639
Emergency Services	4,541	4,541	0		7,785	7,785	0
Miscellaneous Services	1,767	1,419	348	13	4,300	2,555	1,745
Price Adjusters	348	361	(12)		597	618	(21)
Patient Travel & Accommodation	2,456	2,798	(342)	14	4,296	4,784	(488)
Pacific Peoples Health	-	-	-		-	-	-
Nutrition and Physical activity	1,197	1,197	0		2,053	2,053	0
Tobacco Control	351	242	109	15	602	607	(5)
HPV Programme	351	333	18	16	601	601	(0)
Vision hearing Screening	-	87	(87)	17	-	123	(123)
Inter District Flows	16,831	18,052	(1,220)	18	28,854	31,161	(2,307)
TOTAL PAYMENTS - PERSONAL HEALTH	146,187	146,081	106		252,026	252,291	(265)
Maori Health							
Whanau Ora	942	897	45		1,614	1,628	(13)
Workforce and Service development	672	599	73	19	1,152	1,128	23
Other Maori Health	-	-	-		-	-	-
TOTAL PAYMENTS - MAORI HEALTH	1,614	1,496	118		2,766	2,756	10
Mental Health							
Acute Mental Conditions	3,110	3,110	(0)		5,331	5,331	(0)
Sub-Acute & Long Term Mental Conditions	1,106	1,106	0		1,896	1,896	0
Respite	610	632	(22)		1,045	1,070	(25)
Alcohol & Drug	2,265	2,278	(12)		3,883	3,910	(27)
Child & Youth Mental Services	2,610	2,599	11		4,474	4,456	18
Forensic Services	160	209	(49)	20	274	372	(98)
Kaupapa Maori Services	243	239	4		416	410	6
Mental Health Team Services	5,616	5,615	1		9,628	9,626	1
Prison/Court Liaison	80	80	0		137	137	0
Mental Health Workforce Development	37	38	(2)		63	62	1
Day Activity & Rehab Services	729	760	(31)		1,250	1,271	(21)
Consumer and Carer/Family Support	350	339	11		600	581	19
Home Based Support	253	242	12		434	427	7
Community Residential Beds & Services	2,546	2,602	(57)		4,364	4,443	(79)
Mental Health – Other	63	53	10		151	92	59
Inter District Flows	1,559	1,566	(7)		2,672	2,679	(7)
TOTAL PAYMENTS - MENTAL HEALTH	21,336	21,468	(133)		36,618	36,764	(145)
DHB Governance & Administration	3,302	3,302	(0)		5,661	5,661	-

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 \$106K below budget.

Unfavourable

- 6 Pharmaceuticals (109K). Demand for community pharmaceuticals was higher than expected in December.
- 9 Rural Bonus (\$185K). This is due to utilisation of the additional Rural Premium funding received from MoH for Rural After Hours GP services.
- 11 Palliative Care (\$218K). 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.
- 14 Patient Travel and accommodation (\$342K). 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.
- 17 Vision Hearing Screening (\$87K). This is a Ministry funded programme.
- 18 Inter District Flows (\$1,220K) is due to the accrual of a provision of \$1,280K for over delivery of Personal Health inpatient IDFs based on volumes to the end of October. This is offset by a favourable 08/09 wash up for Ministry funded Herceptin costs in the IDFs.

Favourable

- 5 Maternity (\$127K). The initiative to increase postnatal stays has not yet been implemented.
- 7 Pharmaceutical cancer Treatments (PCT) (\$275K). 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.
- 8 GP Services (\$185K). Payments for PHO Performance Management programmes have not yet been made. This is offset by an unfavourable variance in MoH Subcontract revenue
- 10 Immunisation (\$86k). Due to reversal of an over accrual for 08_09 immunisation expenditure
- 12 Medical Surgical (\$956K). 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 (\$342K). This is the risk provision for demand driven expenditure.
- 15 Tobacco Control (\$109K). The contracts for Smokefree Leadership programmes are yet to be established. Expenditure will not be spread evenly through the year. Planning is under way to implement initiatives.
- 16 HPV Programme (\$18K) Actual expenditure for HPV immunisations fees is included in the general Immunisation expenditure as the HealthPac system is unable to separately identify HPV vaccinations.

Maori Health

Total payments for Maori Health services are \$118K below budget.

Favourable

- 11 Workforce and Service Development (\$73K). Expenditure will track to budget after the contract for the Pathfinder service starts.

Mental Health

Total payments to Mental Health providers are over budget by \$133K. 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

- 12 Forensic Services (\$49K). Regional initiative funding is being utilised by the Provider Arm.

Year-end Forecast

The following assumptions have been made:

- Community Pharmaceuticals expenditure will stabilise in the second half of the year and will outturn at \$121K 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 \$2.5M 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.

RECOMMENDATION

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

5.4 REPORT FROM THE GENERAL MANAGER PRIMARY AND COMMUNITY

5.4.1 Environmental Health & Communicable Disease

Tukurua Campground

In early January an outbreak of Gastroenteritis (subsequently confirmed as Norovirus) at Tukurua Campground was notified to the Public Health Service by the Tasman District Council. Advice and guidance for the control of the outbreak was issued, however, the outbreak escalated leading to an intensive effort to bring it under control. Water sampling, both recreational and drinking, was conducted, and information and advice was distributed directly to campers. Closure to new arrivals strongly recommended to the owners. The Camp was re-opened 48 hours after the last person identified as having symptoms reported being well. A debrief is planned in order to identify ways in which similar future outbreaks might be handled.

Fruitgrowers Chemical Site, Mapua

The report on the assessment of the public health risk from the remediation of the former Fruitgrowers Chemical Company site, Mapua is in the final stages of peer review. Prepared for the Ministry of Health, it will be submitted to them shortly. The Minister, with the Ministry, will decide on the timing of public release and discussion.

5.4.2 Health Promotion

Arterial traffic flow study - Nelson

The Nelson City Council has initiated a study to assess traffic options between the Annesbrook roundabout and the Haven Road/QEII Drive intersection. As part of this arterial traffic flow study, the NCC and NMDHB have agreed to undertake a Health Impact Assessment to determine the health consequences of different transport options. The NCC also intends to integrate this with a Social Impact Assessment undertaken by another contractor.

Inquiry into the tobacco industry and the consequences of tobacco use on Maori

The NMDHB was invited to submit on this enquiry by the Maori Affairs Select Committee. In summary, the submission by NMDHB supported policy initiatives to reduce tobacco availability and accessibility continuation of Maori specific smoking cessation programmes programmes for Maori leadership in promoting smokefree Maori communities

5.4.3 Nutrition and Physical Activity Programme

Breastfeeding

Nelson Bays Primary Health and Kimi Hauora Wairau have entered into agreements to cover coordination of Nelson and Marlborough breastfeeding networks. Marlborough Breastfeeding network is being re-established to help improve the quality and consistency of breastfeeding information available.

Walking and Cycling Model Cities

Nelson City Council is being supported by NPA to submit an application to the New Zealand Transport Authority for communities funding, for their city walking and cycling model. The purpose of this funding is to support environments that make walking and cycling the easiest choice and priority will be given to locations which already have a significant walking and cycling mode share. Councils are being encouraged to work with other sectors and to demonstrate strong community support. Proposals are to be submitted in February. NCC will be able to use current NPA support as a lever for securing this funding.

5.4.4 Primary Health Care

Golden Bay Community Health

The original decision of the Interim Management Group (IMG) was to form a Trust which would take responsibility to provide the integrated service. Following community consultation in Golden Bay the preference of the local members of IMG is that the local Trust does not have any service delivery responsibility. They have supported service delivery by Nelson Bays Primary Health. This would leave the local Trust with building and asset responsibilities only.

A value management workshop has been held to reconcile the needs of the different services within the constraints of the preferred site. While this was largely successful further work is now needed under the auspices of the NBPH to reconfirm the staff numbers in the organisation design.

Work is also under way on reconfirming the revenue lines as a precursor to the updating of the business case. A key focus is on the services included within the GB Community Hospital revenue lines and the financial implications for the medical centre income of one of the local GPs electing not to being involved in integration.

Work is progressing on finalising site selection with updated information being sought on the traffic engineering implications for each site and updated prices from the three land owners of potential sites.

GP After Hours Services

The Marlborough service is now located in the building adjacent to ED in Wairau Hospital. This is a significant step forward.

An evaluation is commencing of the Nelson service in Waimea Road to understand progress on achieving the objectives set in undertaking the pilot and what remains to be done.

Immunisation target

The DHB target for 09/10 is that 81% of all 2-year olds and 79% of Maori and Pacific children will be fully immunized across the NM district. While there is quarterly fluctuation, the coverage rates are currently 85% and 83% respectively and above target. As a smaller DHB, we would expect to see variation in coverage rates, due to fewer numbers of eligible children. However this should not be cause for concern as the rates are trending upward.

B4 School Checks

A total of 557 B4 School checks were completed by end of January. This figure is 61% of the target of 906, to be completed by 30 June. Over the last period B4SC nurses have concentrated on making personal contact, door to door, with families who fall into the high deprivation category. This has led to an encouraging lift in progress on the high deprivation component of the target.

Smokefree Target

The national Smokefree target is that 80% of identified smokers receive brief advice and the offer of cessation support (ABC), by 30 June 2010. At the end of the second quarter (December), 43% of the target had been met. 'ABC' refers to the system of hospital in-patients being asked their smokefree status (A); those identified as smokers being offered brief advice to quit (B); and the opportunity to receive cessation support (C).

The 43% figure is not an accurate reflection of smokefree business occurring in the hospital system. For every 1 patient referred to cessation support services an estimated 20 to 50 patients are offered the B and C by clinical staff. However, due to an inability to count, record and report we simply don't know how many patients have received the B and C.

Existing systems and processes have been reviewed. Consultation occurred with Charge Nurses/Managers, nursing staff, doctors, coders, report writers, IT systems specialists, Oracare and Concerto managers and other clinical and non-clinical professionals. Following this process a revised ABC model was designed.

The new model revolves around a "sticker" attached to department admission forms. All smokefree intervention data is captured on this sticker enabling the

collation of data about each element. Modifications have occurred to the existing system to improve accuracy, efficiency and sustainability. It is hoped over time the sticker content will be integrated into department admission forms as they are revised.

Between November 2009 and January 2010 the new system was piloted in three areas of the hospital system. The pilot applied the same change management process intended for the wider hospital rollout:

Establish a department steering group

Ensure NMDHB policy and department policy is aligned

Systems and procedure for the use of the sticker are agreed upon

Evidence supporting the introduction of the system provided

Training and education on the use of the system provided

Roles and responsibilities identified.

Promotion and communication leading up to the roll out date

Monitoring and evaluation, including reporting and feedback post roll out.

During January / February 2010 an evaluation of the pilot took place with staff involved in the pilot being asked to provide verbal feedback or respond to the questionnaire depending on the time they had available.

There is now agreement to proceed with the full roll-out.

5.4.5 Financial

\$'000	Year to Date			Year		
	Actual	Budget	Variance	Forecast	Budget	Variance
Revenue						
PHS	3004	3022	(18)	5929	6044	(115)
NPA	1067	1030	37	2127	2061	66
Development	801	801	0	1603	1603	0
Total Revenue	4872	4853	19	9659	9708	(49)
Costs						
PHS	2707	3004	297	5502	6030	528
NPA	840	1004	164	2007	2007	0
Development	603	698	95	1203	1398	195
Total costs	4150	4706	556	8712	9435	723
Surplus (Deficit)						
PHS	297	18	279	427	14	413
NPA	227	26	201	120	54	66
Development	198	103	95	400	205	195
Total Surplus	722	147	575	947	273	674

YTD Revenue

Revenue for the Public Health Service (PHS) is less than budget by \$18,000 due largely to budgeting errors and the effects of reduced funding from the

MoH core agreement and for B4 Schools Checks through the DHB Price Volume Schedule. This has been partially offset by additional revenue from Nelson Bays PHO for the immunisation facilitation agreement (\$13,000), and additional revenue from the Ministry of Health for completion of the Mapua Health Report (\$10,000) and drinking water facilitation services (\$6,000).

The additional Nutrition and Physical Activity Programme (NPA) revenue is due to a reimbursement by Tasman Regional Sports Trust (TRST) of \$26,000 for discontinued contracted services and additional revenue from Public Health to complete the nutrition programme for the core agreement \$11,000.

YTD Expenditure

Expenditure is lower than budget by \$556,000 largely as a result of:

- The non appointment of the cross sector relationship manager for Primary and Community (\$48,000)
- Personnel time spent on and charged to H1N1 cost centre (\$9,000)
- The non replacement of the Tu Healthy - Health Promoter which has reduced NPA salary costs by \$20,000
- A shift in focus of the development team with greater 'in kind direct support' and less of a focus on providing financial support (\$84,000)
- Lower staff costs in the PHS (\$218,000) due to:
 - reduced staff following the reductions in funding from the MOH core agreement and for B4 Schools Checks; and
 - vacancies being carried pending the completion of the Health Promotion Development Project.
- The remainder is due to the phasing of expenditure primarily in NPA.

Year Forecast

Forecast revenue is lower than budgeted due to

- a. A reduction in PHS revenue of \$115,000 largely due to a combination of:
 - Budgeting errors of \$48,000 with Mental Health Smokefree shifting to Mental Health Services
 - Reductions in Ministry of Health Revenues of \$134,000 for Healthy Eating Healthy Action, Fruit in Schools and B4 Schools Checks; and
 - Additional revenue from the Food Safety Authority (\$28,000), work on the Mapua Health Report (\$10,000), Immunisation facilitation (\$25,000) and drinking water facilitation services (\$6,000).

This represents a \$6,000 improvement over the previous forecast following notification from the MOH that the new variation to the drinking water facilitation services agreement had a price increase of \$1,000 per month from July - December 2009.

- b. An increase in the NPA revenue of \$40,000 relating to income from the PHS for the delivery of the community nutrition programme and a one off reimbursement from TRST of \$26000 for discontinued contracted services. The additional revenue from the PHS is offset by increased internal charges in the PHS.

Overall costs are lower than budget \$723,000. This is primarily due to lower staff costs of \$686,000 that have arisen from:

- The non appointment of the cross sector relationship manager (\$90,000);
- Not replacing the Tu Healthy position when that became vacant in the NPA programme (\$50,000) which has been offset by an increase in funding for Maori development initiatives; and
- Public Health Service staff reductions (\$545,000) as a result of:
 - the reduced income from the Ministry of Health (\$225,000)
 - ensuring that PHS contract lines are fully contributing to DHB overheads (\$130,000)
 - vacancies held pending the completion of the health promotion development project (\$190,000). This has been partially offset by increases in outsourced costs and internal charges to ensure PHS contractual obligations are met.
- Other notable changes in costs include:
 - Reduced outsourced costs in P&C Development arising from a shift in focus of the development team with the change in government (\$107,000). This has seen more 'in kind direct support' and less of a focus on providing financial support. This is evidenced by the stronger support being provided in the Golden Bay Integration Project and Shifting Services and lower than expected payments to the PHOs for project management services and improving access to services
 - A reduction in outsourced costs as a result of an over accrual last year (\$50,000).

RECOMMENDATION

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

5.5 REPORT FROM DIRECTOR OF MAORI HEALTH

5.5.1 Whanau Ora Programme

New Services

Service reviews have now been completed on the Hauora Tane, Palliative Care and Kaumatua Services. CPHAC will recall that lead Maori Health providers were selected for each service stream supported by two other local Maori providers. There have been some issues to emerge from the review. District wide service coverage was highlighted as a key challenge. The needs of Wairau and Nelson vary and there were challenges about getting enough resource out into the community. Other highlights include challenges with communication and service coordination, as well as some points raised on the service specification guiding the contract programme. The DHB is working with these providers to improve the current contracts.

Coalition and Hubs

A key development to the Whanau Ora programme is the service hubs and Maori health provider coalition. Work to model the coalition and service hubs is now under way. The model will explore governance, shared service arrangements, service integration and funding opportunities. This phase will be completed by April 2010. Maori health providers will be consulted on the findings and the preferred pathway for Maori health services. This work complements Government direction toward integration of health services.

5.5.2 He Taura Tieke Implementation

The DHB has now completed a review (October 2009) on the He Taura Tieke Tool. To date, 33 service departments from across the DHB Provider Arm have now completed service reviews using this tool. The findings were reported to the DHB in December 2009 and the results show improved awareness and commitment of services toward Maori health. Of particular note is that the report identified a greater need for ongoing Treaty of Waitangi training to improve understanding and awareness of Maori issues.

Using the results as a base, the tool has been rolled out to Kimi Hauora Wairau and Nelson Bays PHO; Regional Hospice; and Planning, Funding and Performance. It will also be extended into the DHB Provider Arm to include IDSS and Administration Services.

RECOMMENDATION

THAT THE REPORT FROM THE DIRECTOR OF MAORI HEALTH BE RECEIVED.

6 PRESENTATIONS

Time	Topic	Presenter
1:30 – 2:00	PROMs Trial	Faye Ryan

7 MEMBERS' ISSUES

Time	Topic	Member
2:00 – 2:30	Te Roopu Tupu Tahi: <ul style="list-style-type: none">• Terms of Reference Review• Reports to CPHAC• Duplication of services.	Liz Richards

8 FOR INFORMATION

- Acute Care Review: update on progress (Appendix A)
- CYAERG report: Early Childhood Education (Appendix B)

9 GENERAL BUSINESS

10 APPENDIX A:



Nelson Marlborough
District Health Board

MEMO

To: CPHAC
From: Bruce Moorhead
Date: 12 February 2010
Subject: Acute Care Review - Update on Progress

Purpose

The purpose of this note is to update CPHAC on the progress being made in addressing the issues identified in the Acute Care Review

Background

The key findings of the acute care review were as follows:

1. Patients appear to be utilising Emergency Department (ED) services as a default primary care service for a number of possible reasons:
 - a. Difficulty in enrolling with a GP; or
 - b. Accessibility of GP appointments; or
 - c. Preference not to pay the GP co payment.
2. ED services appear to be responding to the demand and are not filtering out inappropriate presentations and referring patients back to primary care.
3. there has not been any recent effort to publicly promote appropriate use of ED Services
4. Care through the ED department includes easy access to diagnostics
5. There needs to be ongoing use of clinical peer review to ensure that appropriateness of primary care, ED and inpatient treatment managed services are maintained to accepted national clinical standards and benchmarks
6. The development of primary care capacity to manage low level acute need.

We are seeking to address these issues through the Shifting Some Secondary Services to Primary Health Care Project which includes the development of district wide Clinical Services Plans for managing acute presentations and improving GP access to diagnostic services. The key focus of these plans are to:

1. Ensure that patients are able to access the services they need in the most appropriate setting;
2. Ensure appropriate capacity and capability (access to diagnostics; IT, training) in primary health care to address patient needs for acute services; and
3. Free up secondary service capacity.

In developing these plans it has been important to:

- understand the motivation of patients in choosing to attend secondary services over attending their GP;
- have strong engagement between and leadership from GP and ED clinicians as without them we will not get the changes needed; and
- recognise the differences in capacity between Nelson and Marlborough.

It is also important to recognise that a lot of what this involves is:

- about changing behaviours and that will take time to achieve; and
- a number of small steps or actions.

What are we doing?

Although our progress since the last CPHAC has been affected by the availability of key people over holiday period, good progress is being made on a number of fronts. This has included:

- undertaking a survey of triage 4 and 5 patients attending ED to find out why they attended;
- undertaking a campaign promoting the appropriate use of GP services and keeping ED for emergencies;
- agreeing on the development a policy that gives ED clinicians greater comfort to filter out inappropriate presentations. This policy will be developed by the clinicians in the first instance;
- agreeing to establish a dedicated phone link between ED and the after hours services to enable patients to be more easily referred/appointments to be made;
- the development of new clinical pathway for the community referred Deep Vein Thrombosis (DVT) cases in Nelson – this will significantly reduce the number of DVT cases being referred to ED;
- the development of a business case to manage patients with cellulitis in primary care;
- encouraging an increase in the enrolment of appropriate patients at low cost access services in Nelson; and
- encouraging the development of a day time services in the after hours building at Wairau

The Public Health Service Health Promotion Team is working with NMIT to help international fee paying students¹ attend GP services and will also extend this work, over time, to include international school students.

¹ These students are insured but a number of them tend to go to ED rather go to a GP

11 APPENDIX B:



Nelson Marlborough
District Health Board

*Planning, Funding &
Performance
DHB Office
Braemar Campus*

MEMO

To: CPHAC
From: Claire McKenzie, Portfolio Manager: Child, Youth & Family
Ext. 7664 email: claire.mckenzie@nmhs.govt.nz
Date: 10 February 2010
Subject: **Early Childhood Education**

In July 2009, your committee received a presentation from the Family Start service indicating that their clients had difficulty in accessing early childhood education (ECE) because of a lack of spaces. This issue was also raised in the media.

You referred this matter to the Child and Youth Advocacy and Expert Reference Group (CYAERG). The group discussed this matter on 8 October and again on 3 December 2009 after seeking more information.

CYAERG now report back to CPHAC as requested.

The Issues

CYAERG noted that:

- The issues appeared to be mostly for children under 2 years of age due to there being fewer places for this age group, but was not confined to that age group
- The issue was mostly in Nelson/Tasman and Marlborough did not appear to have any problems with access
- The government funded policy of “20 hours free” for children aged 3-4 years attending an ECE service has made a difference with more children seeking places for more hours per week
- There has been increase in spaces available recently (last 6 months) in Nelson City including the addition of 25 places in central Nelson City and a new kindergarten in Richmond
- Further places will become available in the future as the Nelson Kindergarten Association is currently consulting with regard to establishing a new centre at Auckland Point School

- NM has high participation in ECE, but this does not encompass information about length of attendance and quality of services
- Some of the issue will be driven by what parents want in terms of times, with most wanting morning places, particularly for younger pre-school children
- This doesn't appear to be an issue for the Marlborough community at this time
- In NZ, there is increasing use of out-of-home care for children, including those under 2 years. While the general benefits of formal childcare have been well established, in particular the quality of care for children in families vulnerable to poorer outcomes, there remain questions about the impact of care, in particular for long periods, on the immediate welfare of infants and on their longer term development. The Office of the Children's Commissioner has a project underway considering the provision of early childhood care and education for infants (under 2s) from a children's interests' perspective².

Information

The report Determinants of Health for Children and Young People in Nelson Marlborough, Draft, November 2009, identifies that:

- In New Zealand, new school entrants (Year 1) reporting regular participation in ECE prior to attending school increased, from 91.0% in 2000, to 94.7% in 2008, although participation remains higher for European than for other groups.
- In Nelson Marlborough, prior participation in ECE amongst school entrants also increased in that period (from 94.9% in 2000 to 97.5% in 2008) and is higher than for NZ as a whole. While prior participation in ECE was higher in NM for European than for Maori children, ethnic differences were less marked than those occurring nationally.

Solutions discussed

CYAERG discussed possible solutions (e.g. Family Start building strong relationships with ECE so families can plan ahead for when a child will be needing ECE; discussion between stakeholders regarding the possibility of prioritising for those who can benefit most) and was prepared to facilitate discussion if needed. A member of the group, from the Education sector, did discuss the matter with Family Start.

However, by November the matter has essentially been resolved due to the opening up of further places, i.e. supply was meeting demand.

² CHILDREN, Spring 2009, No.70; Newsletter from the Office of the Children's Commissioner, Wgtn, NZ.

Conclusion

Access to ECE is not a difficulty at this time and, as further places are planned to come on stream soon, it seems that for the time being there are no longer any issues. The situation could change over time and it would be useful to monitor this.

Claire McKenzie

On behalf of the **Child and Youth Advocacy and Expert Reference Group**

12 GLOSSARY OF TERMS

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
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
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
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
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
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
PFP	Planning, Funding and Performance
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

February 2010