



NOTICE OF MEETING

OPEN MEETING

**The following agenda will be considered at a meeting of the
Disability Support Advisory Committee
of the
Nelson Marlborough District Health Board
to be held on
20 July 2010 at 11.00 a.m. in
Support Services Room 1
Wairau Hospital
Blenheim**

Note: videoconferencing will be available from Nelson's DHB Office Board Room, Braemar Campus, Waimea Road, Nelson

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NEXT MEETING:

21 September 2010 in Blenheim; 11.00am – 2.00pm

AGENDA

PUBLIC FORUM – 11:00 – 11:10 a.m.

- 11:10 a.m. Karakia
- SECTION 1: **Apologies**
- SECTION 2: **Registrations of Interest**
- 11:20 a.m. SECTION 3: **Minutes**
- From previous meeting
 - Matters Arising
- SECTION 4: **Correspondence**
- 11:35 a.m. SECTION 5: **Monitoring Reports**
- Chair
 - GM P&F
 - Health of Older People
 - SupportWorks
 - GM Finance & Commercial
 - IDSS
 - Members' Reports
 - Members' Issues
- 12:00 p.m. SECTION 6: **Presentation 1:**
NMDHB's new Executive Leadership Team Structure
- John Peters, CE NMDHB
- 12.30 – 1.00 p.m. LUNCH BREAK**
- 1:00 p.m. SECTION 6 continued: **Presentation 2:**
Integrated Aged Care
- Janet Parker, Gerontology Nurse Practitioner, Waitemata DHB
 - Robyn Henderson, Director of Nursing and Midwifery, NMDHB
- 2:00 p.m. Closing Karakia

1 APOLOGIES

Nil received

2 REGISTRATIONS OF INTEREST

1) Committee Members (as at 9 July 2010)

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Sharon Brinsdon	<ul style="list-style-type: none"> ▪ Financial interest in husband's GP practice ▪ Husband is employed one-tenth at Nelson Hospital (Eye Department) ▪ Financial interest through husband's shareholding in Nelson Medical Limited (1/6 share) which owns the Health@132 medical centre ▪ Financial interest through husband's shareholding in different companies undertaking medical developments in Collingwood St, Nelson (1/60 share) and Queen Street, Richmond (1/10 share). 		<ul style="list-style-type: none"> ▪ The provision of health and disability services in the Nelson-Marlborough District. 	<ul style="list-style-type: none"> ▪ Husband is a member of executive of Southlink Health (IPA) ▪ Sister is staff nurse at Wairau Hospital.
Graeme Faulkner	<ul style="list-style-type: none"> ▪ Provision of rental premises to DHB clinic ▪ Employee of medical practice. 		<ul style="list-style-type: none"> ▪ District Nurse clinics ▪ Picton Medical Centre a contracted GP service. 	<ul style="list-style-type: none"> ▪ Negotiating DHB contracts for practice.
Judi Billens	<ul style="list-style-type: none"> ▪ Board Member Age Concern ▪ Member Barnardos Advocacy for Children & Young People ▪ NZ Pelim Practitioners Nelson (Kaumatua) ▪ NM Iwi Health Board ▪ Healthcare New Zealand Advisory Committee Member ▪ Committee Member of St John Nelson Bays Area ▪ CYFS Care and Protection Group. 	<ul style="list-style-type: none"> ▪ Member Ngāti Tama Iwi Trust Board ▪ Board of Governance Te Rito Family Violence ▪ Shareholder and owner in Wakatu Inc. 		

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
George Truman	<ul style="list-style-type: none"> ▪ Has an adult son with intellectual disability in residential care ▪ Wife is committee member of Nelson Branch Alzheimer Society NZ ▪ Member of Rescare, National Association of Parents for the Intellectually Disabled (ID). 	<ul style="list-style-type: none"> ▪ Active member of Grey Power (Nelson) ▪ Townhouse resident at Ernest Rutherford Retirement Village. 		
Glenys MacLellan	<ul style="list-style-type: none"> ▪ Cancer Society – Bookkeeping 			<ul style="list-style-type: none"> ▪ Get Sorted (business) – May have contracts with government agencies which may include health and disability agencies ▪ Active at a national level with the Green Party of Aotearoa NZ and spokesperson.
Tahi Takao	<ul style="list-style-type: none"> ▪ Kaumatua – NMDHB ▪ Kaumatua – Te Amo Health ▪ Kaumatua – Te Awhina Marae Health ▪ IHB Member ▪ Adult daughter with intellectual and physical disability ▪ Respite care bed with NZ Care 	<ul style="list-style-type: none"> ▪ Member – National Maori Men’s Coalition. 		
Suzanne Win (ex-officio)	<ul style="list-style-type: none"> ▪ Director of Split Ridge Associates Ltd that provides consultancy services to health & disability organisations ▪ Trustee 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 Career Force Board Member (Currently on leave). 	<ul style="list-style-type: none"> ▪ Provision of consultancy services to health and disability organisations for DHBs or Ministry of Health. 	Partner is <ul style="list-style-type: none"> ▪ Member on PHO Alliance Executive ▪ Chair of West Coast PHO ▪ contracted to MOH to coordinate the implementation of the Cardiac Network ▪ Chair of the Board of Access Home Health Ltd ▪ Director on Management Board of Jack Inglis Friendship Hospital.
Fleur Hansby	<ul style="list-style-type: none"> ▪ Nil 			

2) Strategic Leadership Team Members (as at 9 July 2010)

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. 	
Heather McPherson (Acting CMA)	Nil		<ul style="list-style-type: none"> ▪ 	
Harold Wereta	<ul style="list-style-type: none"> ▪ Ngati Toarangatira Connections 		<ul style="list-style-type: none"> ▪ Tribal Interest 	
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	<ul style="list-style-type: none"> ▪ Wife provides first aid training and confidential help services. 		<ul style="list-style-type: none"> ▪ Provision of services to DHB staff or contracted providers. 	<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.

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Peter Burton	<ul style="list-style-type: none"> ▪ Treasurer, International Society for Health Care Priorities 	<ul style="list-style-type: none"> ▪ NMDHB Representative on Tasman Council’s Regional Land Transport Committee. 		
Robyn Henderson	Nil			
Sharon Kletchko	<ul style="list-style-type: none"> ▪ Member Exceptional Circumstances Panel – PHARMAC ▪ Member St John Northern Region South Island Trust Board ▪ Member RACP NZ Policy and Advocacy Committee. ▪ South Island Representative on RACP NZ Joint Executive. ▪ Member of the Medicine’s Review Committee (Medicine’s Act) MEDSAFE. 	<ul style="list-style-type: none"> ▪ Deputy Chair of the New Zealand Standards Council. 		

3 MINUTES

MINUTES OF THE OPEN MEETING OF THE DISABILITY SUPPORT ADVISORY COMMITTEE (DiSAC) OF NELSON MARLBOROUGH DISTRICT HEALTH BOARD			
Date	18 May 2010	Time	11.00
Where	DHB Seminar Centre, Room 1, Braemar Campus, Nelson	Previous meeting date	16 March 2010
Present	Sharon Brinsdon (Chair), Suzanne Win, Tahi Takao, George Truman, Glenys MacLellan, Fleur Hansby, Judi Billens		
Apologies	Graeme Faulkner		
In attendance	Sharon Kletchko, Mark Garisch, Carole Kerr, Jane Large (Note taker)		
Karakia	Tahi Takao		

	Section	Discussion	Action	Who/ When	Health & Disability Strategy
0	Public Section	<p>Rosemary Callaghan and Karen Tait, two members of the public, attended this section of the meeting. Both have Multiple Chemical Sensitivity (MCS). Based on past experiences of the local hospital system and ambulance service, a lack of awareness in regards to MCS was noted by them. They spoke to this issue and posed two questions to the committee:</p> <p>Question 1: A request was made for consideration to be given to the development of a protocol for patients with MCS for Nelson Hospital and other healthcare settings in this district. Having such a protocol in place could help ensure that measures are in place to prevent a patient's condition getting worse, especially in acute cases where the patient is highly compromised.</p>			10

	Section	Discussion	Action	Who/ When	Health & Disability Strategy
		<p>Question 2: Is there any data in this region on the number of people with MCS? Rosemary and Karen thanked the committee for the opportunity to attend the public section of the meeting. The Chair noted that a response to the above questions will be provided in writing.</p>	Provide responses to questions	Chair/ GM P&F	
1.	Apologies	<p>Apologies received from:</p> <ul style="list-style-type: none"> Graeme Faulkner 	<p>Moved: Suzanne Win Seconded: Glenys MacLellan</p> <p>THAT THE APOLOGY BE ACCEPTED.</p>		
2.	Registrations of Interest	<p>Amendments to Registrations of Interest:</p> <p>Nil</p>	<p>Moved: Judi Billens Seconded: George Truman</p> <p>THAT THE REGISTRATIONS OF INTEREST BE NOTED.</p> <p>AGREED</p>		
4.	Minutes	<p>Matters Arising</p> <p>Noted that the question raised at the last meeting around evidence of dementia due to substance abuse had not been well defined. The members are concerned with the early onset of dementia in younger people. The GM Planning and Funding noted that the health system does not yet understand the triggers. It is an association rather than a causal link.</p>	<p>Moved: Glenys MacLellan Seconded: Tahi Takao</p> <p>THAT THE MINUTES OF THE MEETING ON 16 MARCH 2010 BE ADOPTED AS A TRUE AND CORRECT RECORD.</p> <p>AGREED</p>		10
	Correspondence	<p>List of inward and outward correspondence noted.</p> <p>The Chair advised that she had responded to the letter from</p>	<p>Moved: Judi Seconded: Suzanne</p>		9

	Section	Discussion	Action	Who/When	Health & Disability Strategy
		<p>Claudette Pow, suggesting to take her letter to Rachael Rees (Nelson Council), which Claudette was happy with.</p> <p>The meeting discussed a number of ideas, such as checking the check the availability of St John’s shuttle which provides services for a gold coin donation.</p> <p>It was noted that the other issue raised was the disparity of personal allowance. The letter had been referred to the Ministry of Health for a response in this regard.</p> <p>Following on from the correspondence with Councils regarding beach access for wheelchair users, one member noted that the track to Mount Arthur is excellent for wheelchair access with the exception of one locked gate. The Chair said she was happy to write to the Department of Conversation to see if access could be provided.</p>	<p>THAT THE CORRESPONDENCE BE RECEIVED</p> <p>Approach DOC re: wheelchair access on Mt Arthur track</p>	Chair	9
5.	Reports				
5.1	Chairperson’s Report	<p>Chair’s Report Verbal report given.</p> <p>The Chair advised of a public meeting to be held on the quality of aged care at Nelson’s Suburban Club on 21 May 2010. Noted there is no official invite and the meeting is convened by GreyPower, the Greens and Labour. It was agreed there would be no attendance in an official capacity; however, DiSAC members are able to go as individuals. It was suggested that any issues raised could be answered through the existing interface between NMDHB and GreyPower via the Board Chair and NMDHB CE.</p>	<p>Moved: Sharon Brinsdon Seconded: George Truman THAT THE CHAIR’S REPORT BE RECEIVED.</p> <p>AGREED</p>		10

	Section	Discussion	Action	Who/ When	Health & Disability Strategy
5.2	Report by General Manager Planning, Funding and Performance	<p>Report GM Planning, Funding and Performance GM spoke to her report.</p> <p>Question raised by member: why was the Older Persons Activity Co-ordinator funding cut? Planning and Funding advised that the position had originally been for an 18-month term, and some funding was used for a piece of research. During the period of completing the research, the economic climate changed and the ability to fund the 18-month position could not be realised. The three TLAs are adopting some of the suggestions made and work is progressing to consider how other suggestions in the research report might be realised.</p> <p>The Chair noted that we have historically been under budget in most areas, e.g. HBSS and asked why we are generally over budget now, whether something fundamental has changed? The GM Planning and Funding advised that after carefully looking at the level and type of services the DHB should fund, it had been hoped to introduce changes to HBSS in July 2009. This, however, was delayed due to contract discussions and implementation did not commence until January 2010, which accounts for the current discrepancy between the planned and the actual budget.</p> <p>Support Works Question raised by member: what has caused the urgent placements on page 27? The District Manager noted the reason was an increase of people going into residential homes.</p>			

	Section	Discussion	Action	Who/When	Health & Disability Strategy
5.3	Report by General Manager Finance and Commercial	<p>Report from GM Finance and Commercial Taken as read.</p> <p>The Chair noted the lack of information provided regarding the IDSS Strategy, i.e. where is this at and what is the plan?</p>	<p>Moved: Tahi Takao Seconded: George Truman</p> <ul style="list-style-type: none"> • THAT THE GM REPORT PLANNING AND FUNDING INCLUDING SUPPORT WORKS BE RECEIVED • THAT THE REPORT FROM GENERAL MANAGER FINANCE AND COMMERCIAL BE RECEIVED. <p>AGREED Advise status and next steps of IDSS Strategy</p>	GM F&C/ July	
5.4	Members Issues	<p>Items discussed:</p> <p>Crutches. Comments made on experiences of a friend on crutches, and the number of unexpected problems encountered with mobility, i.e. slipping on vinyl in the rain.</p> <p>Disability car parking Nelson hospital. Walk around hospital car park revealed that all ten disability car parks were full, all with an orange tick. Question raised whether 30-minute duration may not be enough? GM Planning and Funding noted that the future of health services delivery will see only those patients coming to the hospital that need a hospital procedure. Family Health centres will help to deliver services closer to the people, i.e. in the community.</p> <p>Whanau Ora. Noted that Whanau Ora is designed to empower families and, with the help of navigators, reduce the number of</p>			7

	Section	Discussion	Action	Who/ When	Health & Disability Strategy
		<p>agencies that may be involved in the care of individual family members. Funding for this initiative will come from several agencies. Expressions of Interest will be called for on a national level.</p> <p>Public Section. The committee reflected on the presentation given in the public section of the meeting. The General Manager Planning and Funding suggested that we might be able to determine the prevalence of Multiple Chemical Sensitivity in this district through the PHO, and if the number was high, a protocol could be recommended, otherwise an individual care plan might be more suitable for a small number of individuals.</p>	<p>Contact PHOs for MCS prevalence data in NM</p>	<p>GM P&F</p>	<p>10</p>
	<p>Presentations</p>	<p><u>Psycho-geriatric Service in NM</u> Presentation given by NMDHB's consultant psycho-geriatrician Dr Craig Fenwick</p> <p>Dr Fenwick noted that there are a number of extremely challenging issues facing the DHB, e.g. ageing population, funding issues. Sees Alexandra Hospital as having a good set-up, works as part of a truly inter-disciplinary team. Their patients present with a range of disorders as well as dementia and co-morbid medical issues. Works with other colleagues in Support Works and Mental Health. Noted that they would like to expand relationship with care homes including education. Working on strengthening the relationship with the mental health team. Noted that linkage to primary care needs to be strengthened.</p>			<p>7</p>

	Section	Discussion	Action	Who/ When	Health & Disability Strategy
		<p>Items from discussion:</p> <p>Number of Maori patients? Noted that numbers of Maori patients and contacts with the Maori community less than expected.</p> <p>Meeting people’s needs?</p> <ul style="list-style-type: none"> • Not a perfect situation with the locality of the building. • Only psycho-geriatrician in the district, serves Marlborough on a fortnightly basis. • There are always people who don’t fit neatly into services. The improvements are about putting heads together to solve problems and meet patients’ needs. Some of this problem solving is needed around Intellectual disability, alcohol problems in aged patients, young people with a head injury. <p>Service development?</p> <ul style="list-style-type: none"> • Alexandra Hospital is unique in that we have acute beds mixed with chronic care beds. There would need to be a creation of D6 beds in community to meet the need if Alexandra Hospital closed. We would need to enhance our community team to meet the need if Alexandra Hospital closed. • GM Planning and Funding noted that NMDHB had recognised the need for service development about four years ago. Question raised if Dr Fenwick had had the chance to explore South Island network? Noted that he has developed links with Christchurch, and locally with geriatricians and psychiatrists. <p>Plans for developing Primary Care? Dr Fenwick is involved in case review with GPs, plans to raise</p>			

	Section	Discussion	Action	Who/When	Health & Disability Strategy
		<p>awareness. Noted that team too small to provide Primary Care liaison, but can provide ARC liaison. Need champions in ARC so that we can work with them to roll out the education. Often the challenge is how you pull things together and co-ordinate.</p> <p>The Board Chair noted that she was pleased that service development is happening, including intellectually disabled people. GM Planning and Funding noted that SISSAL is doing a project about dual diagnosis, and that she would like to nominate Dr Fenwick to become involved. Dr Fenwick noted that while he is not a specialist in Intellectual Disability, he would be happy to take part.</p> <p><u>Home Based Support Services Presentation</u> Presentation by Mark Garisch, Carole Kerr, Jane Large</p> <p>Handouts were provided to show the changes linked to InterRAI assessment system and the new monitoring framework.</p> <p>Items discussed: How well is primary health linked in?</p> <ul style="list-style-type: none"> • Staff use 'Way2Go' in service co-ordination and send care plan to GP. • Assessors linked to individual GP practices. Whole of system approach. <p>Perception of community is that support workers is a job anyone can do. Is that accurate?</p> <ul style="list-style-type: none"> • For high needs patients a competent workforce is required. • Most providers have their training programmes. 	<p>GM P&F to contact SISSAL re Dr Fenwick's involvement in dual diagnosis project</p>	<p>GM P&F</p>	<p>7</p>

	Section	Discussion	Action	Who/ When	Health & Disability Strategy
		<p>Providers are considering collaborating on training as a result of working together at NMDHB quarterly meetings.</p> <p>How often do reviews take place? There are specified times for reviews in place depending on assessed level of need.</p> <p>Supported living or residential care? GM Planning and Funding noted that HBSS assists supported living. Overseas research (PACE) shows that 95% of people can be kept out of aged residential care through services that assist supported living.</p> <p>To what extent do providers buy into InterRAI as a tool?</p> <ul style="list-style-type: none"> • The tool has been well received • Noted that the review information supplied by providers is based on InterRAI system. <p><u>InterRAI Conference May 2010</u> Presentation by Jen Lockwood</p> <p>The potential to use InterRAI as an integrated assessment system was discussed. InterRAI can be used in extended healthcare settings, e.g. in Acute, Post Acute, Mental Health, Intellectual Disability, Home Based Support, Palliative Care, Age Residential Care. This offers the opportunity for a single integrated record.</p> <p>The committee noted that this expanded applicability of InterRAI poses exciting and valuable opportunities for NMDHB which should be communicated to the Board and/ or HAC.</p>	<p>Chair to include InterRAI in report to the Board</p>	<p>Chair</p>	<p>7</p>

Meeting closed at 2.45. Karakia from Tahī Takao

Matters Arising

- **Public Section 18/05/10 re: Multiple Chemical Sensitivity (MCS)**
Public Health Organisations (PHOs) in Nelson Marlborough were contacted regarding prevalence of MCS in this district. No data was available. Documents provided to the DHB were passed on to PHOs for awareness raising purposes.
A letter was sent advising of the outcomes to the enquiry into the prevalence of MCS by the GM Planning and Funding. The letter further advised that hospital responses will be made on a case-by-case basis, and recommends for individuals to develop individual care plans with their respective GPs.
- **Dr Craig Fenwick**: SISSAL was contacted recommending Dr Fenwick for involvement with the Dual Diagnosis Project.
- **Information re: Whangarei Issue (see email correspondence below)**

Sent: Friday, 2 July 2010 7:40 p.m.

Subject: Whangarei issue from last DISAC meeting

Hello,

The Whangarei issue mentioned in feedback from the aged care political meetings - Whangarei having to give approval for people to go into rest homes.

I have discovered that Work & Income has a special office, based in Whangarei, that deals with the pensions/benefits for all those in residential care. Obviously some people have assumed that this office gives approval for people to go into homes when their task is to organise finances for those in/going into care.

I hope this clears up this issue for you.

Regards
Glenys MacLellan

Sent: Monday, 5 July 2010 8:54 a.m.

Subject: RE: Whangarei issue from last DISAC meeting

Residential subsidies are processed through Whangarei. This has always been the case. If an application has been sent through without NASC authorisation they will return to the person asking for this to occur. All NASC's have to sign off authorisation page on the subsidy application form; however, this does not mean that the person then qualifies for a subsidy until Work and Income complete their financial assessment.

Carole Kerr
District Manager SupportWorks

4 CORRESPONDENCE

Incoming:

Date	Sender	Organisation	Regarding
9/4/10	Rachel Kenny	Stroke Foundation	Request for support for pedestrian crossing/ refuge zone in Waikawa Road, Picton

Outgoing:

Date	To	Sender	Regarding
13/7/10	Rachel Kenny, Stroke Foundation	DiSAC Chair	Safe and appropriate access Waikawa Road, Picton

5 MONITORING REPORTS

5.1 CHAIR'S REPORT

Nil

5.2 REPORT FROM GENERAL MANAGER PLANNING AND FUNDING

5.2.1 Financial Report

Statement of Expenditure NMDHB Fund Division – Health of Older People

At the end of the financial year 2009/10, the Health of Older People Fund was over budget by \$1,341k.

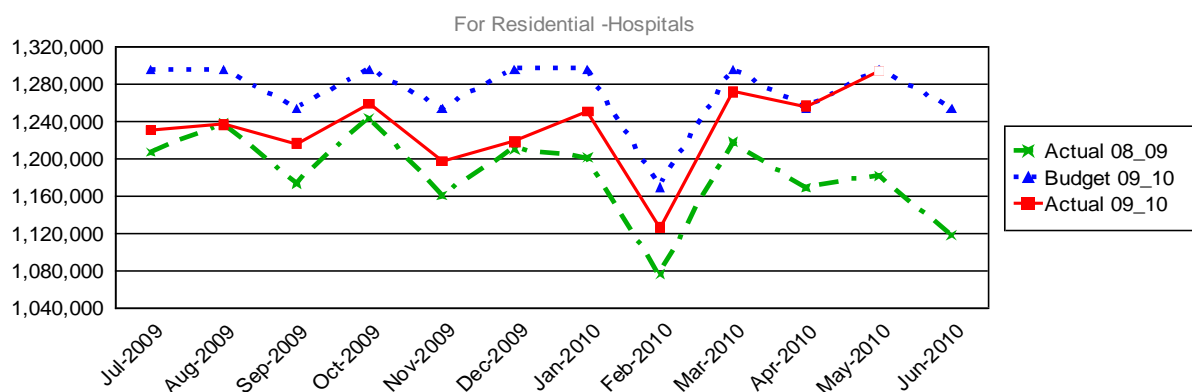
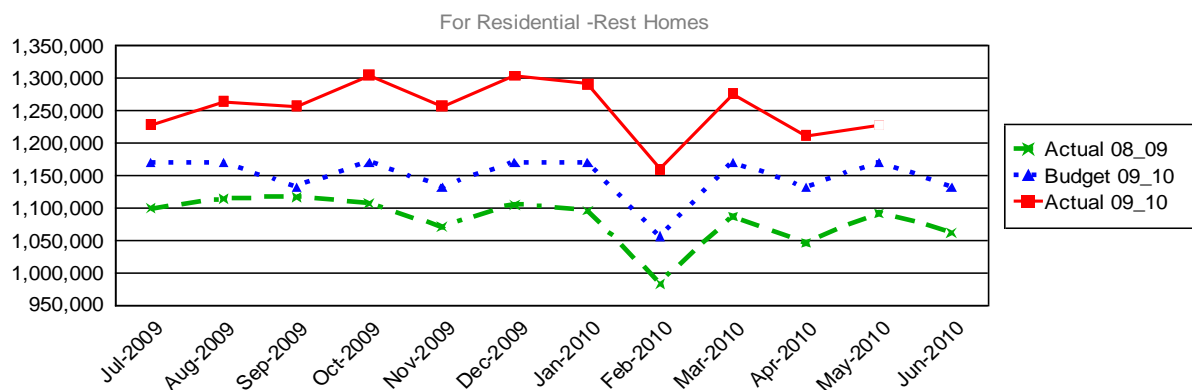
Statement of Expenditure financial year 09_10			
\$000's	Budget 09_10	Actual 09_10	Variance 09_10
	Jun-10	Jun-10	Jun-10
Expenditure			
AT&R	9,714	9,714	(0)
Information & Advisory	51	65	(14)
Service Co-ordination	1,367	1,367	0
Home Based Support	9,254	9,508	(253)
Residential -Rest Homes	13,771	15,273	(1,502)
Residential Care Loans	(555)	(466)	(89)
Residential -Hospitals	15,253	14,657	596
Equipment	461	461	0
Day Programmes	423	420	3
Respite Care	484	562	(78)
IDF Payments	1,948	1,952	(4)
TOTAL EXPENSES	52,170	53,511	(1,341)

The main areas showing variance from budget are:

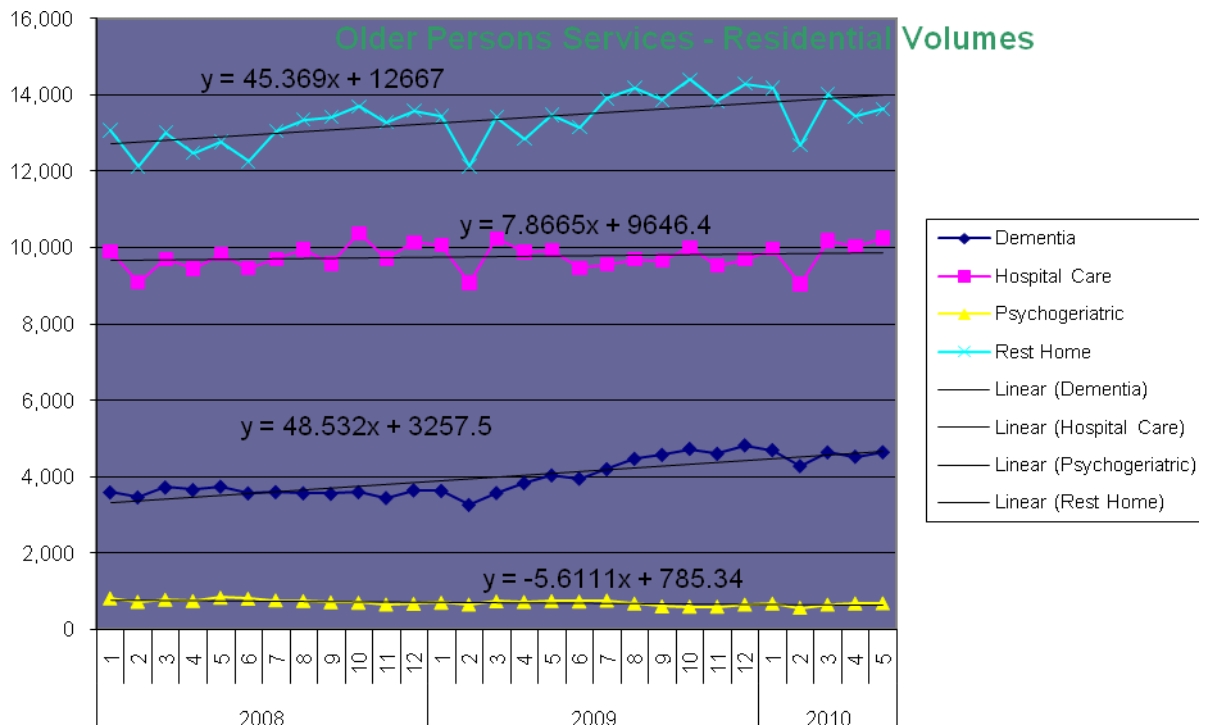
1. Residential Rest Homes and Hospitals

Residential Rest Home level care is over budget by \$1,502k. The reason is the increase in the number of ‘client-occupied’ dementia beds. 19 beds came into service at Ernest Rutherford Village Rest Home in June 2009, and a further ten beds at the Jack Inglis Friendship Hospital in August 2009. This is a demand driven service and there were a number of people in the community who had Geriatric assessments waiting for these facilities to open of whom the NASC and Planning and Funding were unaware. Residential hospitals, on the other hand, are below budget by \$596k and have been tracking below budget for the entire financial year. This could be an effect of the goal based model of home support.

The graphs below and on the following page show the actual cost of services delivered by month. Because these graphs show actual payments, data are only present up to May 2010.



The graph below shows the trend in utilisation of aged residential services since January 2008. Over the entire period, rest home and dementia care have had an upward trend. The increase in dementia care volumes since mid 2009 is very apparent and rest home volumes also continue to increase. Hospital care appears to be relatively static, psycho-geriatric care usage has also been reducing.

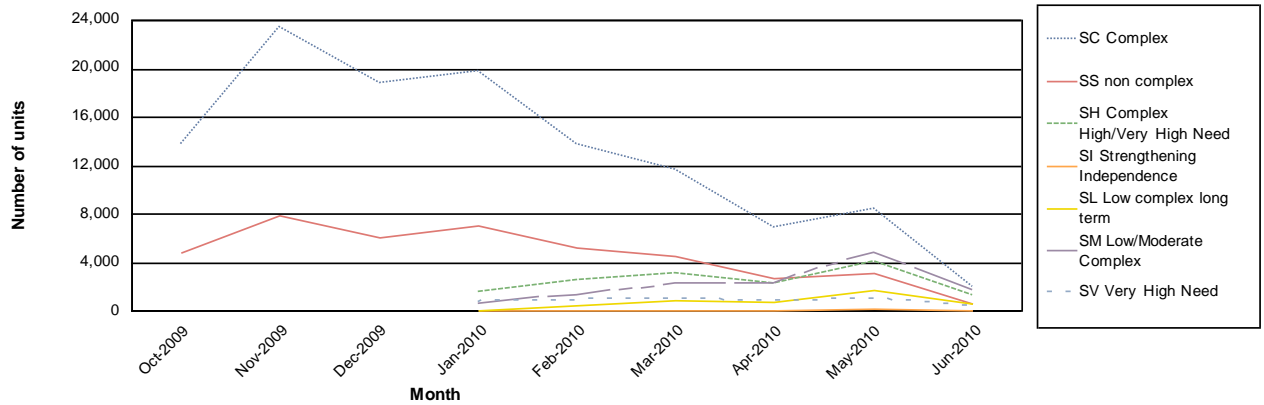


2. Home Based Support

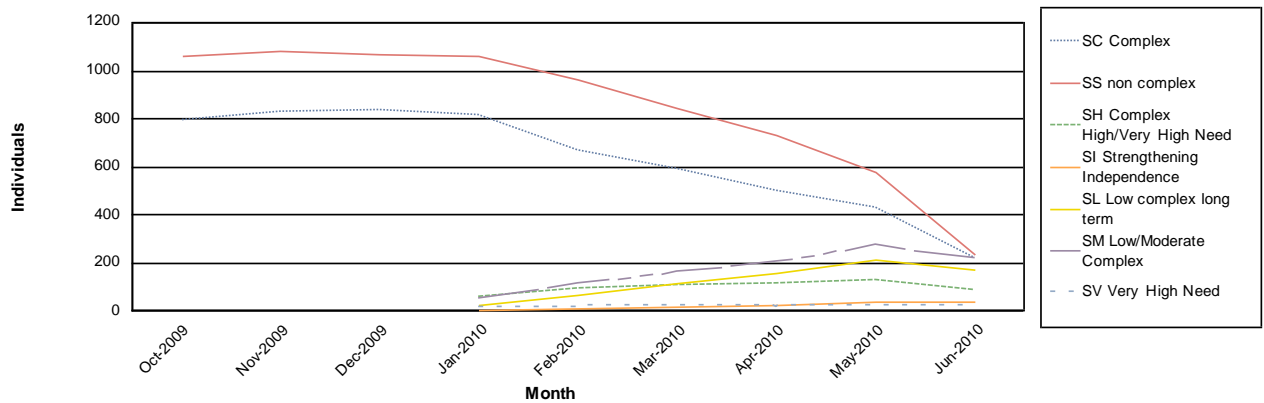
Home Based Support Services are currently overspent by \$253k. The move from the old model of care to the new goal based model of care had occurred for the majority of individuals by January 2010, but some changes to the threshold for the packages of care delivered under the plan have occurred since the budget was set. Individuals receiving household management support alone will not transfer over to the new model and some clients that require household management but not the new goal based model of care have been transferred back to the household management only packages. Additional levels of care packages have been introduced to better target client need.

The graphs that follow show the volumes invoiced to the end of April 2010.

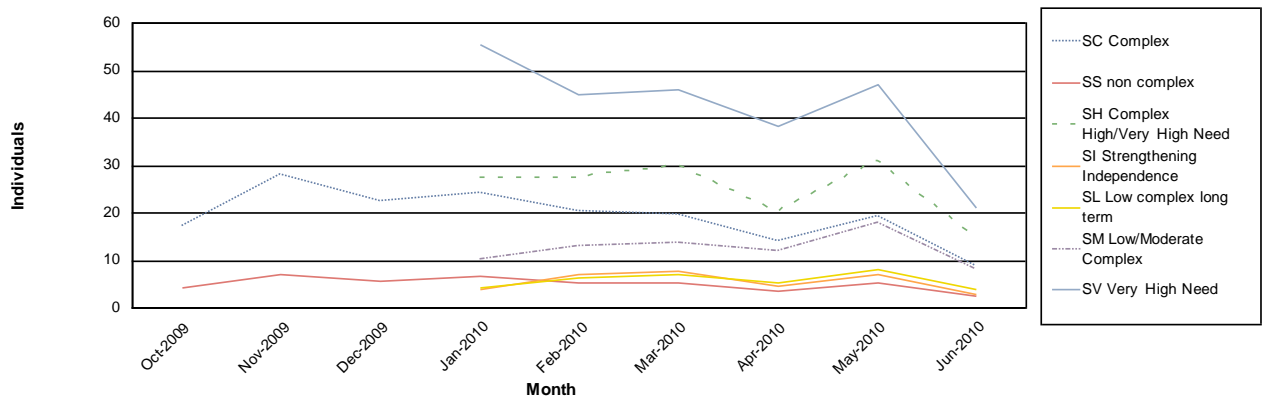
HBSS Volumes invoiced by Month



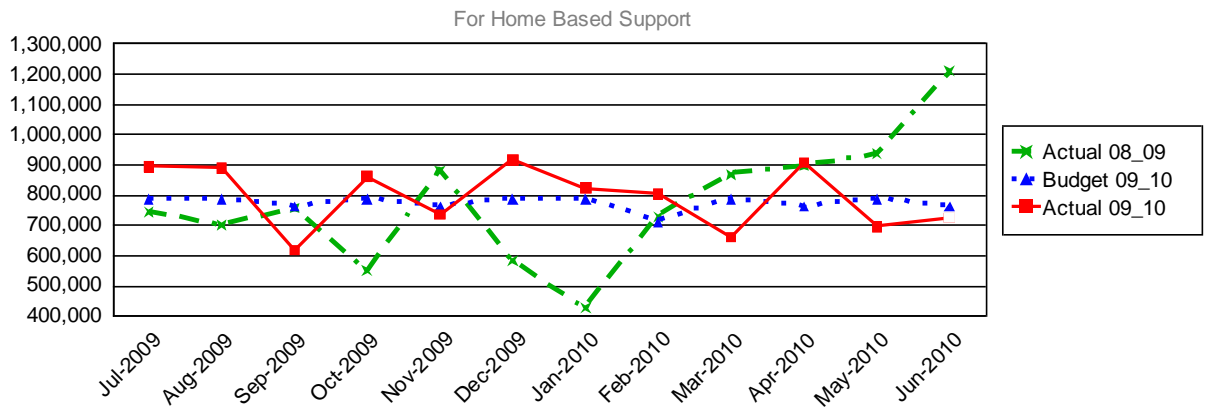
Number of Individuals for whom HBSS services were invoiced by month



Mean number of units per individual per month by service type

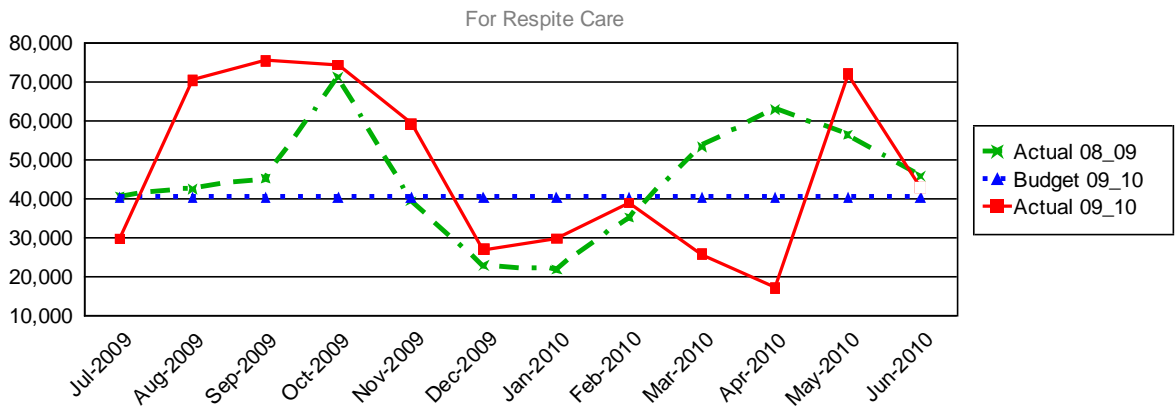


Expenditure has tracked back towards budget.



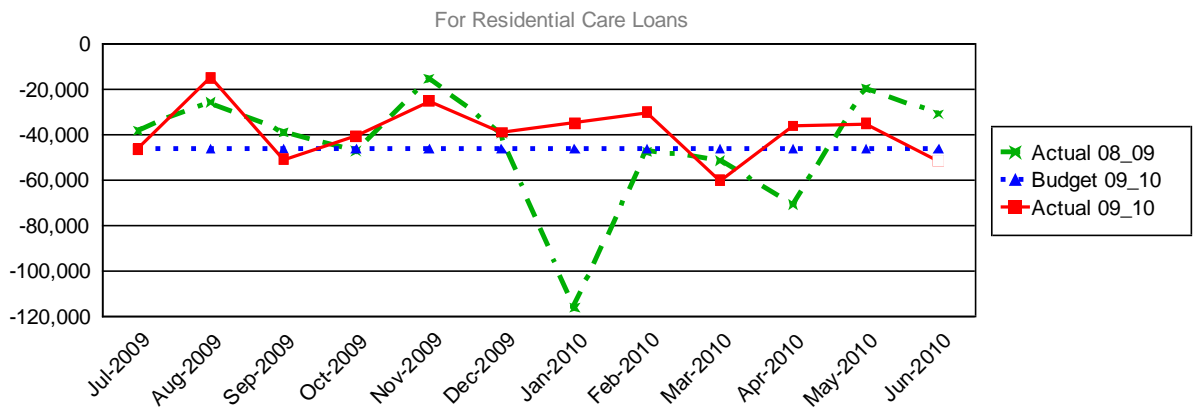
3. Respite Care

This service is \$78k over budget. This is a demand driven service.



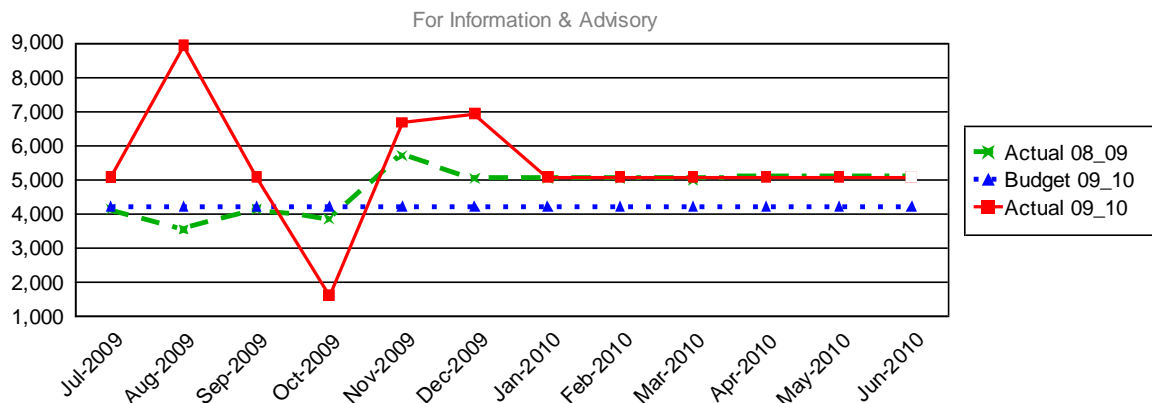
4. Residential Care Loans

This line has been repaid \$89k less than budgeted. It is budgeted with only history to guide. We have no control over what repayments are made to us and when.



5. Information and Advisory

This service is currently over budget by \$14k. One contract (\$11k for the year) was unbudgeted and the Specialist Health of Older People financial review was paid for (\$4k).



In summary, at close of the financial year 2009/10 the Planning and Funding Health of Older People (HOP) Services budget is over budget by one million, three hundred and forty one thousand dollars. This is mainly due to an increase in spending on dementia care beds as a result in the extra 29 beds available to this demand driven service. It is offset to a certain extent by the apparent reduction in demand for hospital level care; this could be an effect of the goal based model of home support which itself is also over budget.

5.2.2 Health of Older People

InterRAI Roll-out

The InterRAI MDS HC Comprehensive Geriatric Assessment Tool is now well embedded into Support Works (NMDHB’s Needs Assessment and Service Coordination Agency). NMDHB is now in the process of rolling out this assessment tool to other areas in order to integrate the tool into clinical practice. Read only access has been introduced to the Allied Health Team so that these staff can access the latest assessment information regarding their clients in order to inform their approach to treating and supporting the patient. Roll-out of full assessment capability to the AT&R unit at Nelson Hospital is planned to commence in July 2010. This will facilitate the delivery of timely, comprehensive assessment information to Geriatricians, providing additional information to support clinical decisions.

Dedicated Respite Beds

NMDHB’s budget for the 2009/10 year was \$484k for aged residential respite care while actual expenditure was \$562k resulting in an adverse financial

variance of \$78k. However, the slight overspend is indicative of a small volume but essential service.

NMDHB has monitored the expenditure and occupancy of the three dedicated aged residential care (ARC) respite beds that are capacity funded across the district. These beds are funded whether they are occupied or not with a view to maximising access to services. Occupancy of the one dedicated ARC respite bed in Marlborough (Ashwood Park) averages over 70% per month while the two dedicated ARC respite beds in the Nelson Tasman areas average over 65% (Stillwater Gardens) and around 15-20% (Tasman Park) per month. The average low monthly occupancy level at Tasman Park Rest Home (20%) means that continuing to fund this bed is not considered good value for money. Accordingly, discussions with the provider have resulted in the NMDHB not renewing the contract with Tasman Park for this service. This results in a saving to NMDHB of around \$38k per year which will be used to offset the budget for respite care overall.

In our opinion, this decision will not impact on the availability of respite beds in the NM district as all Age Related Residential Care providers in the NM district have contracts to provide ARC respite care on an 'as and when required' basis. Support Works (NMDHB's Needs Assessment and Service Coordination Agency) will be monitoring ARC provider bed occupancy to ensure capacity to deliver respite care services is available. At present, there are a number of unoccupied beds in a number of facilities. Support Works also provides information to clients regarding the levels of respite care available at the various facilities in the district and advises on bed availability in these facilities.

Audit of Home Based Support Services by the Office of the Auditor General

The Office of the Auditor General (OAG) is conducting an audit of Home Based Support Services (HBSS) contracted to District Health Boards. As part of the audit, NMDHB has provided the OAG with information regarding HBSS with respect to Strategic and Operational Planning, Service Provision, Contracts, Reporting, Monitoring and Funding of these services.

Regional Activity

NMDHB is engaging actively with other South Island DHBs through the South Island Regional Health of Older People's Forum. This forum has developed a work plan going out to July 2011 which has been agreed by all South Island DHB Chief Executives. The focus of NMDHB's contribution to the work of the forum to December 2010 will be to develop and gain agreement on a common service specification for Restorative Home Based Support Services across the South Island and a funding model to support this service specification.

5.2.3 Support Works

Support Works Financial Position

	YTD May 2010			Full Year Budget	Forecast
	Budget	Actual	Variance		
Govt & Crown agency	924,091	875,695	(48,396)	1,008,099	1,046,544
Non Health	-	-	-	-	-
Internal MoH Income	1,427,556	1,427,556	-	1,557,334	1,557,334
Total Revenue	2,351,647	2,303,251	(48,396)	2,565,433	2,603,878
Personnel	1,715,624	1,567,601	148,023	1,880,947	1,726,715
Outsourced	-	-	-	-	-
Clinical Supplies	148,958	131,634	17,324	162,500	136,290
Infrastructure	312,725	270,394	42,331	341,199	299,472
Internal Charges	75,739	86,654	(10,915)	82,624	127,689
Total Expenditure	2,253,046	2,056,283	196,763	2,467,270	2,290,167
Contribution to Overheads	98,601	246,969	148,367	98,163	313,712
FTEs	31.7	29.8	1.9	31.8	29.8

Revenue: Overall \$48k unfavourable to budget due to discretionary funding not currently invoiced for. The discretionary budget is less than was originally anticipated for the year.

Personnel costs: Overall \$148k favourable to budget a number of positions were held open while work was being completed in the Health of Older People team. A business case is being prepared to support changes to the team structure.

Expenses:

Clinical Supplies:

\$17k under budget this is also in relation to some discretionary payments that are still being processed.

Infrastructure:

\$42k under budget a number of savings have been made through out the year to phone costs etc.

Internal Charges:

\$11k over budget due to technology costs, petrol and car costs.

5.2.4 Support Works Health of Older People

Since the introduction of the new Care and Support in the Community specification in January, most current clients have been transferred into the most appropriate assessed client group. This will ensure for the next financial year that we are able to monitor costs and client numbers. There are a number of people with high levels of support in the community who are remaining at home.

The introduction of InterRAI assessment into areas of hospital services has commenced with staff having more access to the programme.

5.2.5 Support Works Life Long Disability

Training was held with staff around the implementation of individualised funding for all clients. The number of providers who support this service has been extended to include home based providers. A number of them also attended the training day.

The Ministry of Health has increased the information being provided to NASCs around their budgets. There is now additional reporting in relation to Support Package Allocation (SPA) that staff have received. Every quarter, this will be monitored and a report sent through to the Ministry of Health.

The client numbers in the life long team have increased by 5% over the last twelve months.

For 2009/10, Support Works has presented a favourable result.

Further savings to be made in 2010/11 are the upgrade of phones which expects to bring a saving of several thousand dollars.

5.3 REPORT FROM GENERAL MANAGER FINANCE AND COMMERCIAL

5.3.1 Financial Report

Intellectual Disability and Physical Disability Services – June 2010

	June				YTD			
	Actual	Budget	Variance	% var	Actual	Budget	Variance	% var
Govt & Crown Agency	1,068,641	1,046,465	22,176	2	13,639,965	12,734,315	905,650	7
Other Health Related	14,384	9,979	4,405	44	80,197	226,000	(145,803)	(65)
Non Health	(9,498)	7,451	(16,949)	(227)	94,587	89,275	5,312	6
Internal Income	39,118	2,917	36,202	1,241	322,206	35,000	287,206	821
Internal MoH Income	12,106	12,106	0	0	145,275	145,274	0	0
Total Revenue	1,124,751	1,078,917	45,834	4	14,282,229	13,229,865	1,052,365	8
Personnel	1,025,850	1,047,159	21,310	2	12,334,334	12,151,257	(183,077)	(2)
Outsourced	0	250	250	100	0	3,000	3,000	100
Clinical Supplies	18,493	4,466	(14,027)	(314)	137,050	53,055	(83,995)	(158)
Infrastructure	70,764	72,711	1,947	3	740,736	838,513	97,776	12
Internal Allocation	47,737	44,194	(3,543)	(8)	787,557	515,646	(271,910)	(53)
Total Expenditure	1,162,845	1,168,781	5,937	1	13,999,677	13,561,471	(438,206)	(3)
Contribution to Overheads	(38,093)	(89,864)	51,770		282,553	(331,606)	614,159	
FTE	266.81	267.10	0.29		272.97	262.99	(9.98)	

Revenue: Overall \$1,052k additional revenue for the year ended 30th June 2010

Government and Crown Agency: \$906k additional revenue

- Additional residential income for ID Community \$551k and PD \$57k due to Ministry increase on residential contracts and additional clients entering the service
- Additional Day Services income \$243k
 - NZ Care contract transferred to the Ministry of Health funding stream and Ngawhatu DI Day Services income split out from residential income
- MSD Day Services contract \$109k
Offset with a reduction in Physical Disability ACC income \$52k person supported rehabilitated to home and Day Services \$2k.

Other Health Related: \$146k less income

This reduction is the offset of the Day Services income and MSD as above
Plus additional income being received from client contributions

Non Health: \$5k additional revenue due to DHB properties not sold

Internal Income: \$287k additional revenue due to

- additional individual funding agreements \$37k
- internal transfer from ID residential \$250k to Day Services (offset in expenses)

Personnel: Overall \$183k over spent and 9.98 FTE over

Allied Health: \$180k over spent (9.69 FTE over)

- Additional salary costs for Sick leave, ACC and Super
- Budget error – missed budgeting for staffing of one house \$196k 5.96 FTE.
- Additional support staff employed for new clients (offset by additional revenue)

Management/Admin: \$3k over spent (.30 FTE over) Leave not taken

Expenses:

Outsourced Services: Services not utilised at this time

Clinical Supplies: Client related costs incurred

Infrastructure: Reduced conference and courses \$23k, consultants fees \$18k and transport costs \$56k and minor under and overspending occurring in all areas

Internal Charges: internal transfer from ID residential services to Day Services (offset in internal income) and additional transport costs (offset in infrastructure), additional IT and communications costs

5.3.2 IDSS

Summary of 2009/10

IDSS management team identified that to maintain quality and financial sustainability we needed to reduce client vacancies, better manage staff rosters, look at any other areas for efficiency and continue to develop our reputation in the community to grow the service where possible.

From June 2009 to June 2010 IDSS client numbers have increased from 213 to 220. This is the same number supported by IDSS at the closure of Braemar a little over five years ago.

The average age of people supported has reduced with most of the new people supported by IDSS being under 30 years of age.

In July 2009 we closed 659 Main Road, Stoke, and in August we closed 41 Cambria Street, Nelson, following extensive consultation. These two closures assisted IDSS in being able to support new clients without increasing FTEs.

A new home opened for three young men, and two teenage women are currently supported in an NMDHB owned property while a Housing New Zealand Corporation (HNZC) home is completed, they will move in July 2010. These new homes have assisted in continuing to build the reputation of the service.

The service is looking forward to the opening of a home in Daelyn Road, Richmond, in September. This will be home for four people aged in their 20s. This is a purpose-built home and part of its development witnessed the legal passage of the restrictive covenants with a change to the building act prohibiting its on going use.

An increase in the MoH contract for Physical Disability services was achieved and the NMDHB has agreed for IDSS to commence a six bed service in Marlborough as part of this.

Work has continued with the MoH on workforce development strategic planning. IDSS has also worked closely with Career Force to develop a package of learning opportunities. IDSS had 17 Staff complete certificates to graduation and one of these was the first certificate in New Zealand for the certificate in intellectual disability.

Quality systems have been maintained and very good audit outcomes have been achieved.

Achievements within the service are due to the new organisational structure. In particular, a team of very committed managers and team leaders have worked alongside their teams to make change possible. This has resulted in more effective rosters, increased residential and day services co-operation, and commitment to achieving efficiencies where possible.

A review of all housing has been completed, a five-year plan has been established with HNZC. The two organisations are working to this plan. There may be challenges to this in the current financial environment.

The service is working with other Nelson providers in the organisation of the 2011 first NZDSN conference.

The service has continued to develop its relationship with the community in its support for People First and Special Olympics. Relationships with the Bradford Society are very good.

The year has been most successful in its key goal: that the people we support have life opportunities that are meaningful to them and make them happy.

Client Contribution

The business case on client contributions has been completed and will be issued to SLT for their consideration. Decisions are required on the balances at year-end in the house accounts.

The final decision will be communicated to clients and families.

5.4 MEMBERS' REPORTS

Nil

5.5 MEMBERS' ISSUES

Nil

6 PRESENTATIONS

Time	Topic	Presenter
12:00 – 12:30	New Executive Leadership Team Structure and flow-on effects for DiSAC	John Peters, CE NMDHB

12:30-1:00 Committee Lunch Break

Time	Topic	Presenter
1:00 – 1:20	Waitemata DHB's Residential Aged Care Integration Programme (RACIP)	Janet Parker, Gerontology Nurse Practitioner, Waitemata DHB
1:20-1:30	Time for questions	
1:20 – 1:40	Integrated Aged Care in Nelson Marlborough	Robyn Henderson, Director of Nursing and Midwifery, NMDHB
1:40 – 1:50	Time for questions & general discussion	

7 GLOSSARY OF TERMS

ABC	Ask about their smoking status; brief advice to quit; cessation
A4HC	Action for Healthy Children
A&D / AOD	Alcohol and Drug / Alcohol and Other Drugs
ACC	Accident Compensation Corporation
ACNM -	Associate Charge Nurse Manager
ACU	Ambulatory Care Unit
AE	Alternative Education
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
HEeADSSS	Psychosocial tool – Home, Education, eating, Activities, Drugs and Alcohol, Sexuality, Suicidality (mood), Safety
HEHA	Healthy Eating Healthy Action
HEP	Hospital Emergency Plan
HESDJ	Ministries of Health, Education, Social Development, Justice
HFA	Health Funding Authority
HHS	Hospital and Health Services
HIA	Health Impact Assessment
HM	Household Management
HMS	Health Management System
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
IPAC	Independent Practitioner Association Council
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
LIS	Laboratory Information Systems
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
PIA	Performance Improvement Actions
PN	Practice Nurse
PPP	PHO Performance Programme
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
RSL	Research and Sabbatical Leave
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
YTS	Youth Transition Service

July 2010