



**Nelson Marlborough
District Health Board**

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
18 May 2010 at 11.00 a.m. in the
DHB Seminar Centre Rm 1
Braemar Campus, Waimea Road
Nelson**

If you require videoconferencing from Blenheim, please call (03) 5461235
on or before 17 May 2010 to arrange this.

AGENDA

PUBLIC FORUM – 11:00 a.m.

OPEN SECTION – 11:15 a.m.

11:15 a.m.	Karakia	
	SECTION 1:	Apologies
	SECTION 2:	Registrations of Interest
11:20 a.m.	SECTION 3:	Minutes <ul style="list-style-type: none"> • From previous meeting • Matters Arising
	SECTION 4:	Correspondence
11:35 a.m.	SECTION 5:	Monitoring Reports <ul style="list-style-type: none"> • Chair • GM Planning and Funding <ul style="list-style-type: none"> ➢ Health of Older People ➢ SupportWorks • GM Finance & Commercial <ul style="list-style-type: none"> ➢ IDSS • Members' Reports • Members' Issues
12.15 – 1.00 p.m. LUNCH BREAK		
1:00 p.m.	SECTION 6:	Presentations:
1:00-1:30		NMDHB's new psycho-geriatrician
1:30-2:00		HBSS Performance Framework
2:00-2:20		Future Vision InterRAI
2:25 p.m.	Closing Karakia	

Contents

1	APOLOGIES	3
2	REGISTRATIONS OF INTEREST	4
3	MINUTES.....	8
4	CORRESPONDENCE	18
5	MONITORING REPORTS	19
5.1	Chair’s Report	19
5.2	Report from General Manager Planning and Funding.....	19
5.2.1	Health of Older People (HOP).....	19
5.2.2	Financial Report.....	20
5.2.3	Home Based Support.....	22
5.2.4	Respite Care	24
5.2.5	Residential Care Loans.....	24
5.2.6	Day Programmes	25
5.2.7	Information and Advisory.....	25
5.2.8	SupportWorks	26
5.3	Report from General Manager Finance and Commercial.....	28
5.3.1	Financial Report.....	28
5.3.2	IDSS.....	30
5.4	Members’ Reports.....	31
5.5	Members’ Issues	31
6	PRESENTATIONS.....	32
7	APPENDIX: Correspondence.....	33
8	GLOSSARY OF TERMS.....	37

1 APOLOGIES

Nil received

2 REGISTRATIONS OF INTEREST

1) Committee Members

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. 		

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. 	<p>Partner is</p> <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

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	<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.
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 St John Trust Board Northern Region (SI) ▪ Member RACP Policy and Advocacy Committee. 	<ul style="list-style-type: none"> ▪ Deputy Chair of Standards New Zealand Council. 		
Robyn Henderson	Nil			
Harold Wereta	<ul style="list-style-type: none"> ▪ Ngati Toarangatira Connections 		<ul style="list-style-type: none"> ▪ Tribal Interest 	

3 MINUTES

MINUTES OF THE OPEN MEETING OF THE DISABILITY SUPPORT ADVISORY COMMITTEE (DiSAC) OF NELSON MARLBOROUGH DISTRICT HEALTH BOARD			
Date	16 March 2010	Time	11.00
Where	DHB Seminar Centre, Room 1, Braemar Campus, Nelson	Previous meeting date	17 November 2009
Present	Sharon Brinsdon (Chair), Suzanne Win, Liz Richards, Tahī Takao, George Truman, Graeme Faulkner, Glenys MacLellan, Fleur Hansby (late)		
Apologies	Judi Billens		
In attendance	John Peters, Sharon Kletchko, Mark Garisch, Carole Kerr, Nigel Trainor (for duration of GM Finance and Commercial report), Jasmin Brandt (Secretary)		
Karakia	Tahī Takao		

	Section	Discussion	Action	Who/ When	Health & Disability Strategy
1.	Public Section	No members of the public present.			
2.	Apologies	Apologies received from: <ul style="list-style-type: none"> Judi Billens 	Moved: Suzanne Win Seconded: Tahī Takao THAT THE APOLOGY BE ACCEPTED.		
3.	Registrations of Interest	Amendments to Registrations of Interest: <ul style="list-style-type: none"> George Truman: Update entry regarding Ernest Rutherford residence and move to 'Existing Other' column (George Truman) 	Moved: Glenys MacLellan Seconded: Tahī Takao THAT THE REGISTRATIONS OF INTEREST BE NOTED.	Secretary	

	Section	Discussion	Action	Who/ When	Health & Disability Strategy
		<ul style="list-style-type: none"> Tahi Takao: delete Member Te Rau Matatini Suzanne Win: Suzanne no longer Graceland Deputy Chair but remains a trustee; add that her partner is Director on management board of Jack Inglis Friendship Hospital; delete double-up regarding Access Home Health (take out 'independent director' but leave Chair); suggestion made to more clearly identify entries relating to partner Sharon Kletchko: remove Member DHBRF Governance Group and add Member RACP Policy & Advocacy Committee 	AGREED		
4.	Minutes	<p>Matters Arising</p> <p>George Truman gave a verbal report on progress regarding Railway Reserve access for IDSS day services. Following a number of obstacles, access will be granted. Question raised by the Council how long IDSS's lease is for? IDSS home able to be built in a new residential subdivision.</p>	<p>Moved: Suzanne Win Seconded: Glenys MacLellan</p> <p>THAT THE MINUTES OF THE MEETING ON 17 NOVEMBER 2009 BE ADOPTED AS A TRUE AND CORRECT RECORD.</p> <p>AGREED</p> <p>Letter of appreciation to developers of the subdivision</p> <p>Advise timeframe of lease for IDSS land</p>	<p>Chair (George to provide details to Chair)</p> <p>GM F&C</p>	<p>1, 8, 9</p> <p>7, 15</p>

	Section	Discussion	Action	Who/ When	Health & Disability Strategy
		<p>Respite Beds The Ministry have come to an agreement with the provider; this will be announced in due course. Aged Care respite is expected be covered as part of this.</p>			
	Correspondence	Nil.			
5.	Reports				
5.1	Chairperson's Report	<p>Taken as read.</p> <p>Chair's Report The Chair reminded the committee of the environment of constraint we are in, and the challenges that the Board and its Advisory Committees face because of this.</p> <p>Accessibility Workshop (4 March, Council initiated) Attended by three DiSAC members. Good representation from local groups was noted, as well as the fact that Council takes accessibility issues seriously.</p> <p>DiSAC members noted that accessibility here at Nelson hospital has access challenges. For example, some of the hills are too steep to safely manage by wheelchair. Noted that new car parks took this into account, but that there may be a signage issue, as general awareness of these car parks seems to be lacking).</p> <p>Furthermore, it would be helpful if information regarding accessibility would be part of the appointment information that is mailed out to patients. It was suggested to check</p>	<p>Moved: Sharon Brinsdon Seconded: George Truman THAT THE CHAIR'S REPORT BE RECEIVED.</p> <p>AGREED</p> <p>Send memo to GM Finance & Commercial regarding signage of disability parking and to Chief Operations Officer regarding patient information</p>	Chair	1,2,4,6,8, 9

	Section	Discussion	Action	Who/ When	Health & Disability Strategy
		<p>The new home based support packages have been designed to enable people to stay home. At the next meeting, a presentation will be given on the monitoring check list (District Manager Support Works, Portfolio Manager).</p> <p>The two main areas of risk regarding demand driven needs were identified by GM PFP as building of beds and pharmaceutical prescribing. Noted that prescription drug use in NM is apparently now higher than the national average, when traditionally it has been lower.</p> <p>Health of Older People SHSOP report: Actions to come out of the report are better coordination of services across all disciplines/ levels of care with InterRAI appropriately applied. Board Chair noted favourably the comments from the Minister at the recent visit in February, and their request to share our InterRAI experiences with other DHBs.</p> <p>The Chair noted that she was happy with a lot of aspects of the report. Suggested that electronic handling of policy updates (page 29) may improve things.</p> <p>Question raised regarding trend of increase in dementia (early onset memory loss/ dementia): Is there evidence available regarding increasing numbers? GM PFP will source evidence regarding numbers for NM. Support Works noted a group of elderly with alcohol related problems appear to be mainly the group affected.</p>	<p>Diarise for next agenda</p>	<p>Secretary</p>	<p>7</p> <p>10</p>

	Section	Discussion	Action	Who/ When	Health & Disability Strategy
		<p>Physical Activity and Nutrition Coordinator DiSAC Chair noted this role had been controversial since the start of the discussion, as to its effectiveness, and whether it demonstrated good use of resources. The report based on local research has confirmed the initial scepticism. Board Chair noted further that the current Government has a different view on HEHA than the previous Government, and that this had to be taken into consideration.</p> <p>GM PFP noted that there was no doubt that physical activity and the right nutrition are beneficial in terms of health outcomes for individuals of all age groups, including older people, and that there are a number of ways to encourage the right behaviours. The decision made was in alignment with the Minister’s opinion that coordination of services is not considered a front line service.</p> <p>Child and Youth with High and Complex Needs A question about the quantum of children involved was put with the answer that the number is stable, and may be even going down but it was noted that providing appropriate high level services to this group can nonetheless be challenging and average cost per package of care is increasing.</p> <p>Premature babies and children who have experienced other significant medical interventions contribute to this group. Noted that we have around 300 children with high needs. The cost medically, clinically and through disability support is considerable.</p>	<p>Include monetary values in graphs in Support Works report</p>	<p>GM PFP/ DM Support Works</p>	<p>3, 7,13,15</p>

	Section	Discussion	Action	Who/ When	Health & Disability Strategy
		<p>Continuity of care and the number of agencies involved were discussed.</p> <p>Support Works Report The tables on pages 33 and 34 show small portions that relate to the packages of care #3 to #5 on page 28. It was noted that the tables did not reflect monetary values, and that this would be an important piece of information to provide in future, to enable proper monitoring through DiSAC.</p> <p>NMIT Concern noted around the changes proposed to available training for people with disabilities. Issue noted is that 'one shoe doesn't fit all', i.e. one type of training does not work for everyone; however, it was acknowledged that the local industry is not big enough to provide many options. It was noted that a complaint to the Human Rights commission had been laid, which had put changes on hold for the time being.</p>			<p>7</p> <p>3,4</p>
5.3	Report by General Manager Finance and Commercial	<p>Taken as read.</p> <p>Report GM Finance and Commercial The GM spoke to his report.</p>	<p>Moved: Tahi Takao Seconded: Liz Richards</p> <ul style="list-style-type: none"> • THAT THE GM REPORT PLANNING AND FUNDING INCLUDING SUPPORT WORKS BE RECEIVED • THAT THE REPORT 		

	Section	Discussion	Action	Who/ When	Health & Disability Strategy
		<p>Page 37 Occupancy Figures IDSS: question raised as to whether these reflected actual vacancies?</p> <p>GM F&C noted that the number of residents may not necessarily match the number of bed rooms due to suitability of the rooms. This could explain the discrepancy.</p> <p>Client contributions GM F&C noted that the change required significant effort, with new processes and policies being designed, stocktake needed etc. Noted that they were likely to introduce set amounts for phone and similar set expenses. Ambiguity regarding ownership of certain furniture was being worked through at present. Board Chair suggested individual agreements with clients as a useful tool to move forward.</p> <p>NMDHB Properties Debate regarding vehicles taking place, lease vehicles not to be renewed. Staffing for day services is under review. Noted that HNA may be required; however, DM Supportworks noted that it may be problematic to have extra HNA on top of those already scheduled.</p> <p>Houses listed are owned by NMDHB. Noted that 659 The Ridgeway is not the correct address.</p> <p>Member noted that all clients may need to be reassessed</p>	<p>FROM GENERAL MANAGER FINANCE AND COMMERCIAL BE RECEIVED. AGREED</p> <p>Look into actual IDSS bed room numbers and occupancy.</p>	<p>GM F&C</p>	<p>2,7</p> <p>7</p>

	Section	Discussion	Action	Who/ When	Health & Disability Strategy
		<p>for day services.</p> <p>Socrates enables budget management to a degree not experienced before. Board Chair noted that the introduction of Socrates has provided very valuable information as to where money has gone. It was noted however, that if a client dies or leaves the rate as being the same for the provider.</p> <p>MP Tariana Turia spoke at recent NASC meeting. Supports new model. 70% of funding is being spent on 30% of the people on the disability books. Noted that there is a reasonable group of people who do not need services. Question as to who is best to coordinate services. Structural changes are likely to take place sooner rather than later, as they too need to keep their budget on track.</p>			
5.4	Members Issues	<p>NZ Care meeting attended by George Truman George had recently attended a meeting as speaker at graduation ceremony</p> <p>Wheelchair access to beaches George Truman outlined idea for councils regarding beach access for wheelchairs through installation of a pathway to beach front, as seen in Sumner, Canterbury.</p> <p>Members were excited to see how beach access might be arranged and suggested letters be sent to all local councils with photos showing the path at Sumner beach. It was suggested that the idea may even allow for further</p>	<p>Chair to write to mayors re: beach access, also mobility committee Blenheim</p>	<p>Chair</p>	<p>8,9</p>

	Section	Discussion	Action	Who/ When	Health & Disability Strategy
		development to provide options for going into the water.			

Meeting closed at 2.00

Matters Arising:

- Letter of appreciation to developers of subdivision (Chair)
- Timeframe IDSS lease of land (re: property seeking access to railway reserve). Refer to GM F&C report.
- Accessibility/ disability parking. Chair sent memos to COO and GM F&C. The hospital is working with its administration teams to include information regarding disability parking/ shuttle services in patient letters. The communications team has been contacted to include this information on the NMDHB website. Also refer to report from GM F&C.
- Evidence regarding dementia numbers due to substance abuse. GM P&F advised that this data is not being collected at present.
- IDSS – discrepancy between bedroom numbers and occupancy
- SupportWorks report on packages of care to include monetary values

4 CORRESPONDENCE

Incoming (refer appendix)

Date	Sender	Organisation	Regarding
30/03/10	Claudette Pow	N/A	Transport costs
21/04/10	Paul Wylie, CE	Tasman District Council	Tasman Bay Beach Access
01/05/10	Karen Tait	N/A	NMDHB policies to ensure the health of persons with Multiple Chemical Sensitivity in NMDHB health care settings is protected

Outgoing

Date	Sender	Recipient	Regarding
25/03/10	DiSAC Chair	CE Nelson City Council	Wheelchair Beach Access
25/03/10	DiSAC Chair	CE Tasman District Council	Wheelchair Beach Access
25/03/10	DiSAC Chair	CE Marlborough District Council	Wheelchair Beach Access
03/05/10	DiSAC Chair	Claudette Pow	Transport costs

5 MONITORING REPORTS

5.1 CHAIR'S REPORT

Nil

5.2 REPORT FROM GENERAL MANAGER PLANNING AND FUNDING

5.2.1 Health of Older People (HOP)

Regional Health of Older People's Portfolio Manager Network Update

The Regional Health of Older People's Portfolio Manager Network has finalised a work programme through to June 2011. The work programme was approved by South Island DHB CEOs and GMs Planning and Funding in April 2010. The work programme mainly addresses equity and access to services across the region.

The Planning and Funding HOP team presented to the NMDHB HOP Forum on 10 March to explain the restorative model of care and the use of InterRAI.

InterRAI

The Asia-Oceania InterRAI conference in Brisbane on 3 & 4 May 2010 reiterated that InterRAI, as a 'system within a system', can deliver assessment, care planning, screening, prognosis, outcomes, monitoring, resource allocation, and decision support algorithms across services that care for disabled and elderly people. A major benefit of the interRAI suite of comprehensive assessment tools is that they can be used to implement an integrated approach to recording client information electronically. This information is then easily accessible across the continuum of practitioners and supports a single care plan for clinical and support outcomes. InterRAI is reliable internationally against other tools, across the InterRAI suite of instruments and across care settings. A new interRAI instrument for use in acute hospital situations was officially launched at the conference.

Physical Activity & Nutrition (Co-ordinator)

There is no longer any funding available for a Physical Activity and Nutrition co-ordinator for older people. The agencies involved in developing the approach to nutrition and physical activity (NPA) for older people agree that any action should contribute to improving social connectedness and promote an environment that is appropriate for older people. When summarising the work to date, all agencies agreed that there is a need to:

- engage 'natural leaders' i.e. older adults as well as paid roles

- improve the connectedness between already existing activity with a multi-pronged approach
- develop a generic tool to assist connectedness
- Utilise funding for the provision of regular (e.g. quarterly) information sessions for any individuals, organisations, churches etc to come along and develop networks and commit to learning more about their local community and increase the NPA information sharing and increase connectedness to achieve a better quality of life
- A small number of the Physical Activity for Older People group have undertaken to work on:
 1. Identifying the communities of interest
 2. Identifying people/ agencies within those communities that have the ability to distribute information
 3. Developing the information that needs to be shared (NPA and other)

A progress update is due on 18 May 2010.

Provider Visits

The Planning and Funding HOP team visited the following Aged Residential Care providers in April; Stillwater Gardens Retirement Village, Ernest Rutherford Retirement Village, Kensington Court Rest Home and the Jack Inglis Friendship Hospital. Performance against contract and issues of mutual concern were discussed. Providers report an easing of workforce issues, probably due to the present recession.

Home Based Support Services

A new contract for Short Term HBSS services commenced on 1 May 2010. The contract varied access criteria for Post Operative Household Management Services in that eligibility criteria limit this service to Community Service Card holders only.

The first quarterly Provider meeting following implementation of the new Care and Support in the Community Contract will be held on 11 May 2010.

5.2.2 Financial Report

Statement of Expenditure

NMDHB Fund Division – Health of Older People

At the end of the tenth month of the 2009/10 financial year, the Health of Older People Fund was over budget by one million, one hundred and ninety thousand dollars.

\$000's	Budget YTD	Actual YTD	Variance YTD	Annual Budget	Year End Projection	Projected Variance
	Apr-10	Apr-10	Apr-10			
Expenditure						
AT&R	8,095	8,095	(0)	9,714	9,714	-
Information & Advisory	42	55	(12)	51	65	(14)
Service Co-ordination	1,139	1,139	0	1,367	1,367	-
Home Based Support	7,708	8,092	(384)	9,254	9,744	(490)
Residential -Rest Homes	11,470	12,739	(1,269)	13,771	15,290	(1,519)
Residential Care Loans	(463)	(379)	(83)	(555)	(455)	(100)
Residential -Hospitals	12,704	12,134	570	15,253	14,586	666
Equipment	384	384	0	461	461	-
Day Programmes	353	360	(7)	423	432	(9)
Respite Care	404	447	(44)	484	518	(34)
IDF Payments	1,623	1,582	41	1,948	1,906	41
TOTAL EXPENSES	43,458	44,647	(1,190)	52,170	53,628	(1,458)

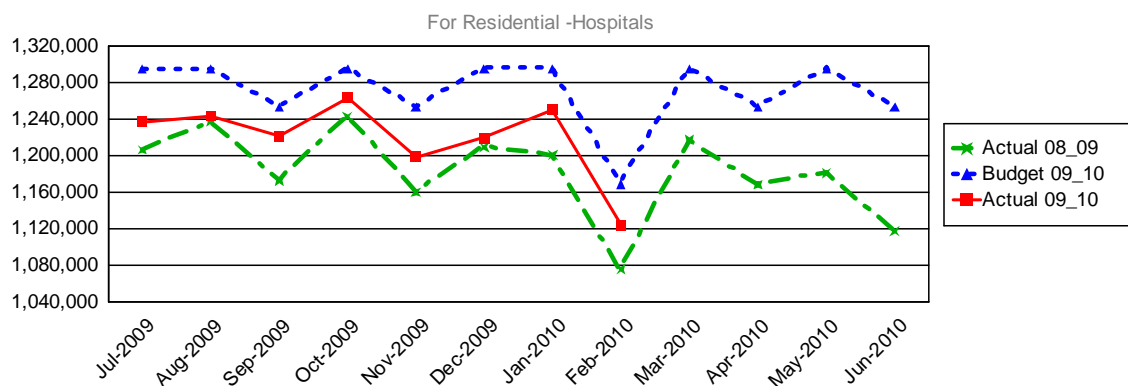
The main areas currently showing variance from budget are:

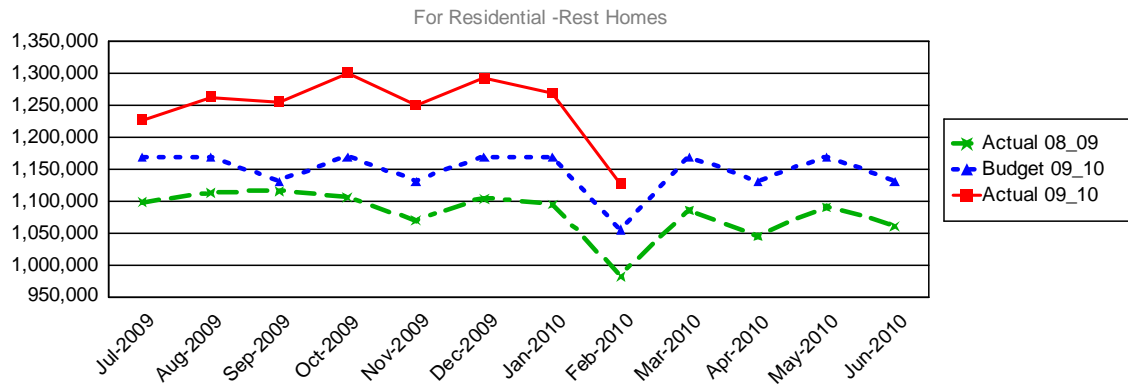
Residential Rest Homes and Hospitals

Residential Rest Home level care is over budget by one million two hundred and sixty nine thousand dollars. The reason for this is the increase in the number of dementia beds. 19 beds come 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 waiting in the community for these facilities to open of whom the NASC and Planning and Funding were unaware.

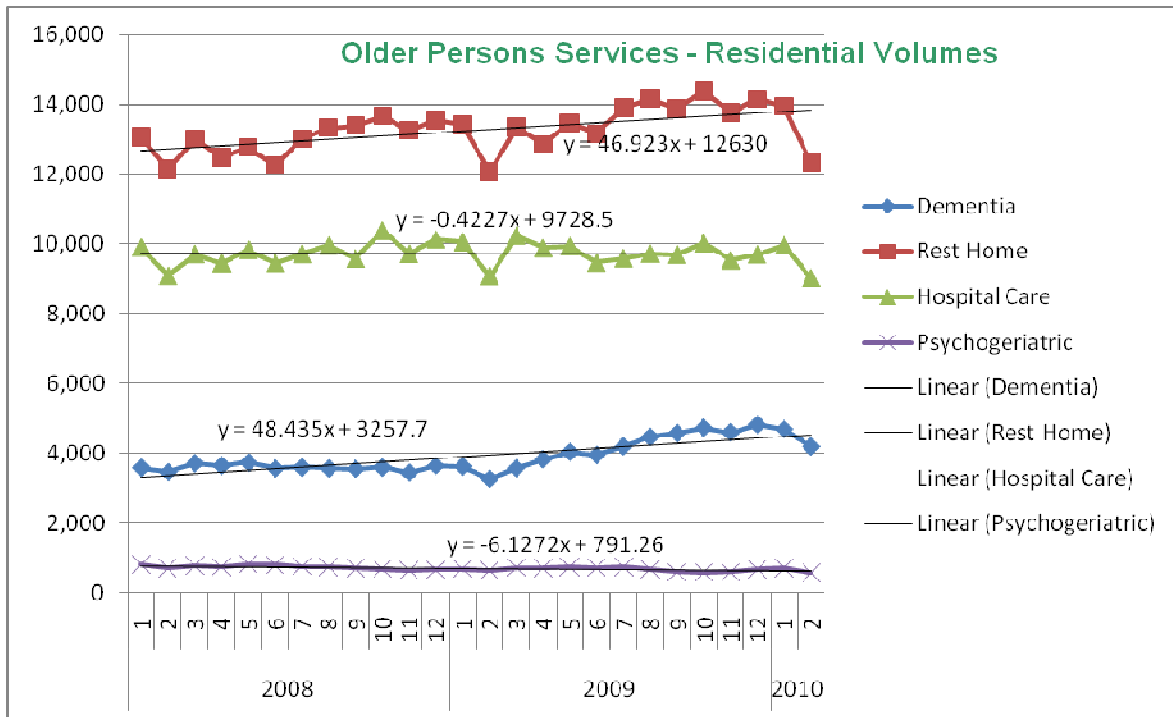
Residential hospitals, on the other hand, are below budget by 570K and have been tracking below budget for the entire financial year to date. This could be an effect of the goal based model of home support.

The graphs below show the actual cost of services delivered by month. Because these graphs show actual payments, data are only present up to February 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 reducing; psycho-geriatric care usage has also been reducing.

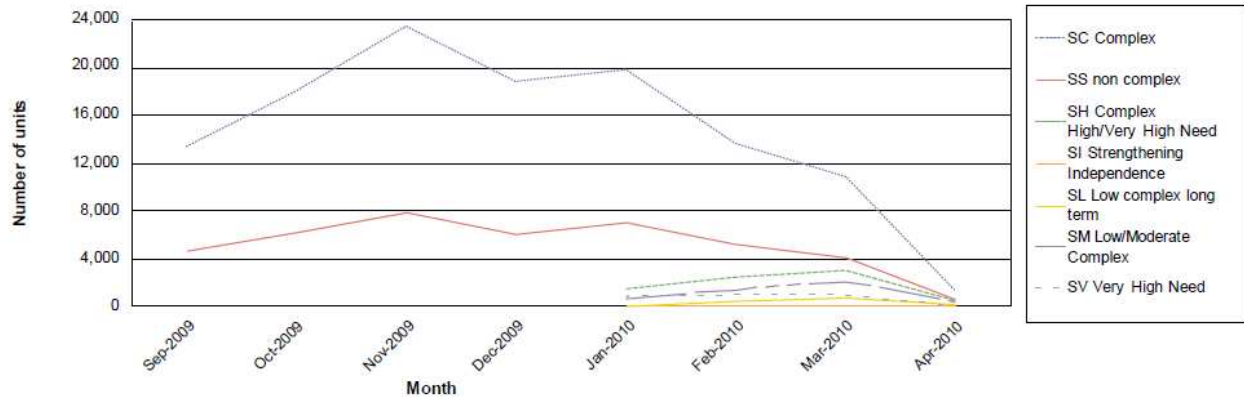


5.2.3 Home Based Support

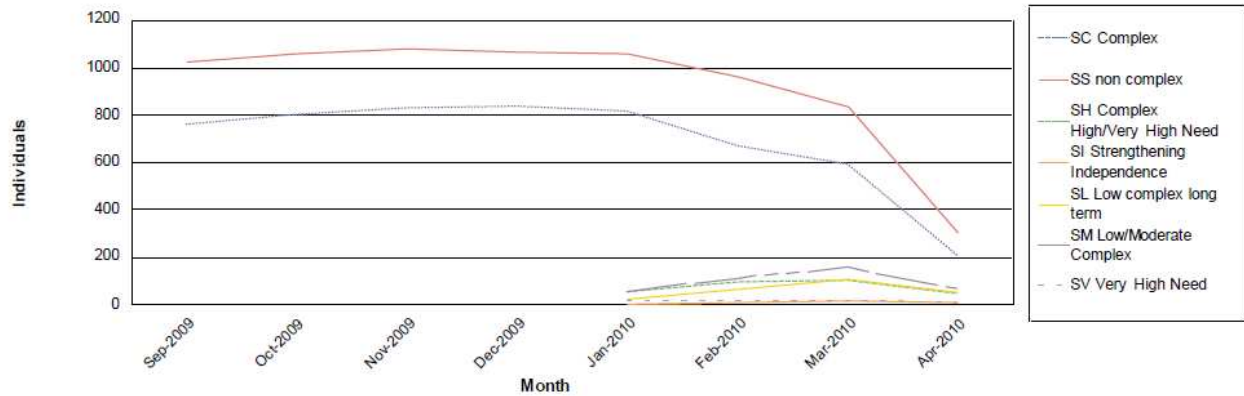
Home Based Support Services are currently overspent by \$384K. The move from the old model of care to the new goal based model of care had occurred for the majority of individuals by January 2010 but some changes to the threshold for the packages of care delivered under the plan have occurred since the budget was set. Individuals receiving household management

support alone will not transfer over to the new model. Additional levels of care packages have been introduced to better target client need. In addition, some clients are being transferred back to the household management only packages. The graphs that follow show the volumes invoiced to the end of April 2010.

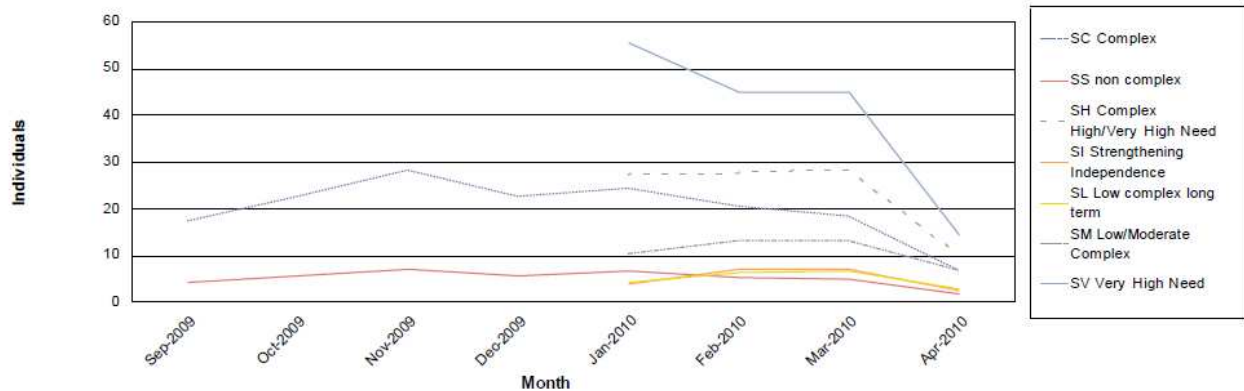
HBSS Volumes invoiced by Month



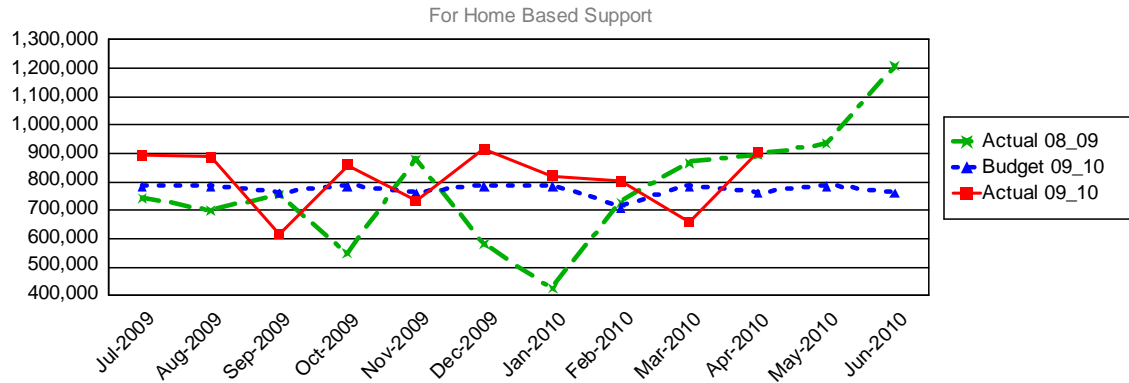
Number of Individuals for whom HBSS services were invoiced by month



Mean number of units per individual per month by service type

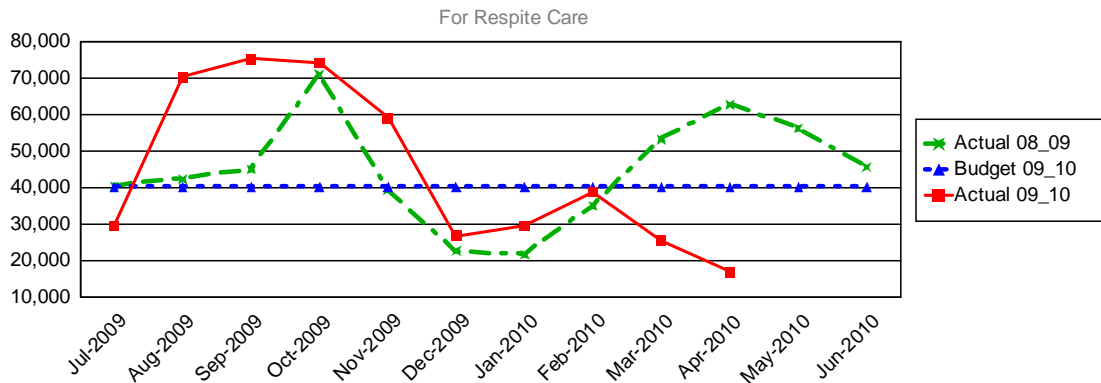


Expenditure is currently over budget; we currently project a 490K overspend at year-end.



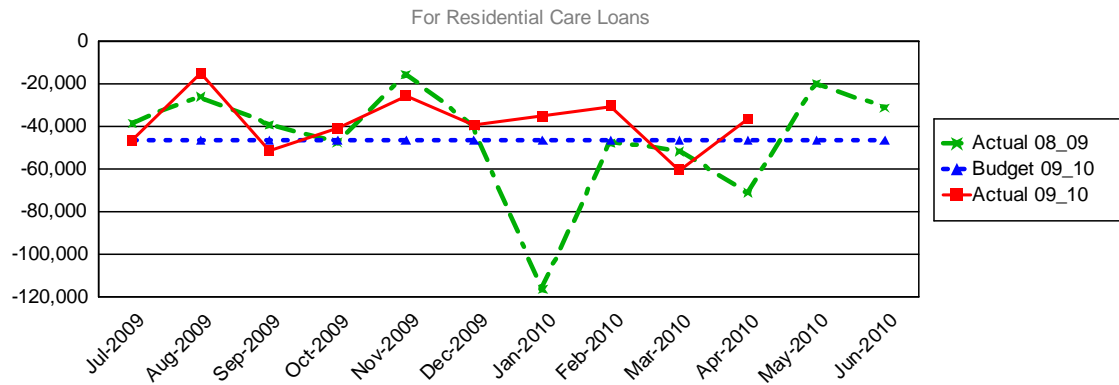
5.2.4 Respite Care

This service is currently \$44K over budget. This is a demand driven service.



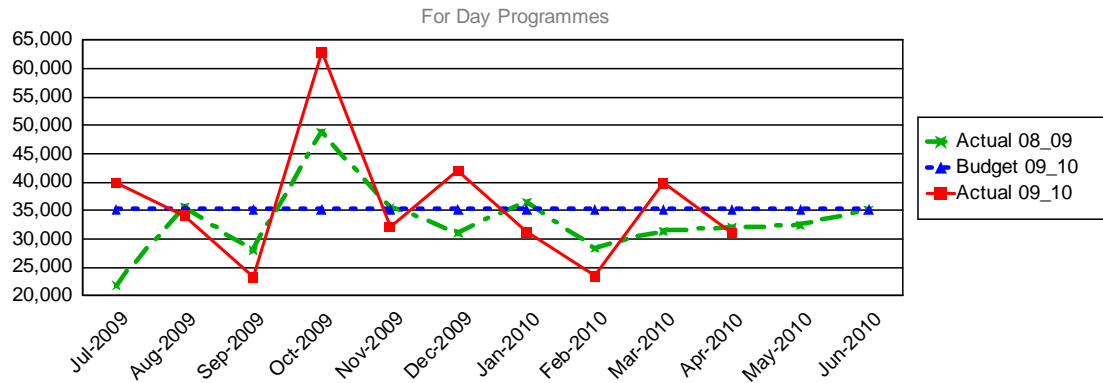
5.2.5 Residential Care Loans

This line has currently been repaid \$83K less than budgeted. It is budgeted with only history to guide. We have no control over what repayments are made to us and when.



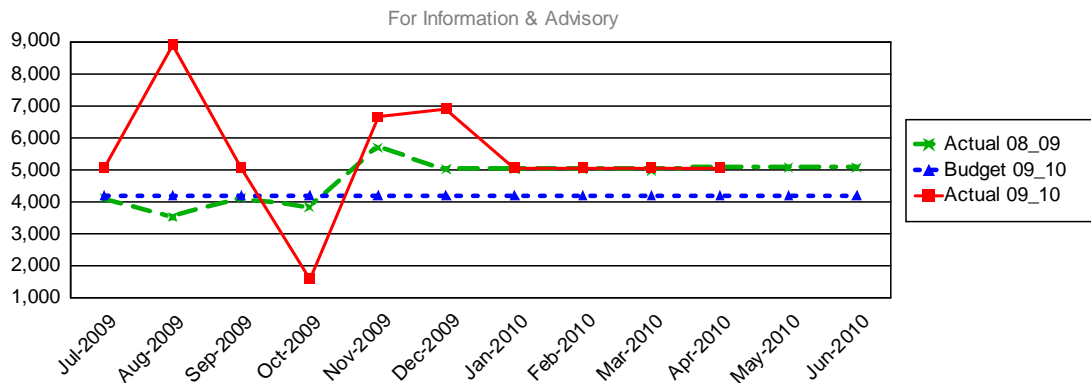
5.2.6 Day Programmes

This service is currently over budget by \$7k. This is a demand driven service.



5.2.7 Information and Advisory

This service is currently over budget by \$12K. One contract (11K for the year) was unbudgeted and the Specialist Health of older people financial review was paid for (4K).



In summary, at the end of the tenth month of the year, the Planning and Funding Health of Older People (HOP) Services budget is over budget by one million, one hundred and ninety thousand dollars. Currently, we are forecasting the HOP expenditure will be over budget by \$1 million, four hundred and fifty eight thousand dollars at the end of the year.

5.2.8 SupportWorks

Support Works Financial Position

	YTD April 2010			Full Year Budget	Forecast
	Budget	Actual	Variance		
Govt & Crown agency	840,082	795,536	(44,547)	1,008,099	1,008,099
Non Health	-	-	-	-	-
Internal MoH Income	1,297,779	1,297,779	-	1,557,334	1,557,334
Total Revenue	2,137,861	2,093,314	(44,547)	2,565,433	2,565,433
Personnel	1,555,651	1,430,184	125,467	1,880,947	1,733,161
Outsourced	-	-	-	-	-
Clinical Supplies	135,417	76,363	59,054	162,500	162,500
Infrastructure	284,827	248,232	36,595	341,199	297,878
Internal Charges	68,853	79,510	(10,657)	82,624	95,328
Total Expenditure	2,044,748	1,834,289	210,459	2,467,270	2,288,868
Contribution to Overheads	93,113	259,026	165,913	98,163	276,565
FTEs	31.7	29.7	1.9	31.8	29.9

Revenue: Overall \$45K unfavourable to budget. This is mainly due to change in discretionary funding through the Ministry of Health. There has been no cost transfer for InterRAI related to Support Works.

Personnel costs: Overall \$125K favourable to budget due to Operational Manager position Life-Long Disability team remaining vacant. There is additional staffing resource being utilised in the Health of Older People team related to InterRAI assessments being completed.

Expenses:**Clinical Supplies:**

\$59K under budget due to a number of large discretionary payments that have not yet been actualised. These relate to a couple of very high needs life-long disability clients.

Infrastructure:

\$37K under budget; partly related to savings made within the team etc and phasing of costs.

Internal Charges:

\$11K over budget due to phasing of charges, especially related to Information Support with computer costs.

Support Works Health of Older People

The staff are continuing to work through assessments related to the Care and Support in the Community Specification. Progress has been steady on the transfer of older people into the most appropriate grouping based on their assessed need. Some additional staffing hours are being utilised to complete this.

Work has been completed on changes to the short term support service specification which commences the first week of May. Support Works referral has been updated to support these changes and information sessions completed with main referrers and providers. All referrals and information are available on the DHB internet site.

The InterRAI development coordinator presented at an international InterRAI conference early May. There has also been a visit from West Coast DHB to gain information about assessment process and work that has taken place with Home Based Providers. Client numbers have been stable related to home based support.

Support Works Life Long Disability

The team has had external training supported by the Ministry of Health related to the National Reviewer role and also the Support Package Allocation tool that was recently updated.

There continues to be work completed within the Ministry of Health related to changes in service specifications and consideration of local area coordination model. Whanau Ora presentations have been given by Minister Turia.

The number of referrals to this team has increased 5% in the last twelve months. There have been a number of urgent placements to residential.

5.3 REPORT FROM GENERAL MANAGER FINANCE AND COMMERCIAL

5.3.1 Financial Report

Intellectual Disability & Physical Disability Services – April 2010

	April				YTD				Annual		
	Actual	Budget	Variance	% var	Actual	Budget	Variance	% var	Forecast	Budget	Variance
Govt & Crown Agency	1,127,127	1,054,627	72,500	7	11,383,923	10,607,670	776,253	7	13,614,313	12,734,315	879,998
Other Health Related	10,165	12,345	(2,180)	(18)	55,529	205,925	(150,396)	(73)	63,756	226,000	(162,244)
Non Health	5,236	7,451	(2,215)	(30)	98,531	74,373	24,158	32	87,700	89,275	(1,575)
Internal Income	4,763	2,917	1,846	63	278,325	29,167	249,158	854	279,562	35,000	244,562
Internal MoH Income	12,106	12,106	0	0	121,062	121,062	0	0	145,274	145,274	0
Total Revenue	1,159,397	1,089,446	69,951	6	11,937,370	11,038,197	899,174	8	14,190,605	13,229,865	960,741
											0
Personnel	1,128,750	1,188,548	59,799	5	10,351,627	10,143,688	(207,939)	(2)	12,490,505	12,151,257	(339,248)
Outsourced	0	250	250	100	0	2,500	2,500	100	1,500	3,000	1,500
Clinical Supplies	12,125	4,411	(7,714)	(175)	107,022	44,178	(62,844)	(142)	122,423	53,055	(69,368)
Infrastructure	55,522	69,193	13,671	20	612,291	696,158	83,867	12	748,285	838,513	90,228
Internal Allocation	47,357	44,194	(3,163)	(7)	692,943	427,257	(265,686)	(62)	737,796	515,646	(222,150)
Total Expenditure	1,243,755	1,306,597	62,843	5	11,763,883	11,313,781	(450,102)	(4)	14,100,509	13,561,471	(539,038)
Contribution to Overheads	(84,358)	(217,152)	132,794		173,487	(275,585)	449,072		90,096	(331,606)	421,702
FTE	283.28	282.07	(1.21)		273.26	263.22	(10.04)				

Revenue: Overall \$899K additional revenue for the year to date to 30/04/10

Government and Crown Agency: \$776K additional revenue

- Additional residential volumes for ID Community \$499K and PD \$53K (includes Ministry increase on residential contracts)
- Additional Day Services income \$157K
 - 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 \$104K
Offset with a reduction in Physical Disability ACC income \$37K - person supported rehabilitated to home.

Other Health Related: \$150K 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: \$24K additional revenue due to:

- Client recreation/activity funds balances carried forward
- Additional rent due to DHB properties not sold

Internal Income: \$249K additional revenue due to:

- additional individual funding agreements \$4K

- internal transfer from ID residential \$245K to Day Services (offset in expenses).

Personnel: Overall \$208K over spent and 10.04 FTE over

Allied Health: \$210K over spent (9.77 FTE over)

- Additional salary costs for Sick leave, ACC and Super
- Budget error – missed budgeting for staffing of one house \$166K 5.78 FTE.
- Additional support staff employed for new clients (offset by additional revenue)

Management/Admin: \$2K under spent (.28 FTE over) Leave taken

Expenses:

Outsourced Services: Services not utilised at this time

Clinical Supplies: Client related costs incurred

Infrastructure: Reduced conference and courses \$25K, consultants fees \$17K and transport costs \$40K 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)

Intellectual & Physical Disabilities		Current Month April 2010			YTD April 2010
Services Provided		IDSS	PDSS	Total ID & PD	Total ID & PD
Current Moh Contract	As per Contracts at month end	165	7	172	
Beds – Individual contracts	As per Contracts at month end	35	2	37	
Beds – Respite contracts	As per Contracts at month end	3	1	4	
Beds – Individual contracts P&F	As per Contracts at month end	1	1	2	
Beds – Individual contracts with ACC	As per Contracts at month end		1	1	
Total number of clients supported	Residential contracts - Actual at month end	204	12	216	
Vacant Beds	Actual at month end	5	-	5	
	Total available beds	209	12	221	
Total number of clients supported	Residential contracts - Actual at month end	204	12	216	
	Personal Cares contracts - Actual at month end	2		2	
		206	12	218	
	Total available bed days	6,270	360	6,630	67,496
Total Occupied Bed days	Actual for full month - includes respite	6,027	350	6,377	64,897
Total Occupied Beds	Based on actual bed days for full month (includes respite volumes)	96%	97%	96%	96%

There are currently 209 useable beds in IDSS of which 204 are occupied (including three respite). There are five vacant usable beds at:

- 35 Ngawhatu Rd
- 75 Saxton Rd
- 33 Kingsford Drive
- 12 Leicester St
- 102 Milton St

Not included in the above figure are seven non-useable beds, these are:

- One at 12 Collingwood Street; client group restricts the use of this room
- One at 22c Wainui Street, fourth bedroom and lounge too small
- 110 and 110a Toi Toi Street; five vacant, awaiting DHB sale.

5.3.2 IDSS

Client Contribution

Work continues to design a system to account for the client contribution. This includes how regular accounts will be paid and how individual house accounts will operate. Decisions are also required on the balances at year-end in the house accounts. Implementation date for the new system is 1 July 2010.

Day Services

IDSS is gathering information on all the day services available in Nelson to identify any gaps given the recent changes to NMIT courses.

New Service

The new home at 31 Daelyn is under construction. Families have been visiting the site and transitioning for the four people involved has commenced.

Accreditation/ Certification

The recent accreditation / certification survey has been completed with a number of community homes being visited. The summation was very complementary of the Disability Support Services.

Packham Crescent

A member asked when the lease of Packham Crescent expires. The lease initially expires in April 2013, with 2 x 3-year rights of renewal. If both renewals were taken up by NMDHB, the lease would go through to April 2019.

Disability Parking – Nelson Hospital

There are ten disability carparks immediately outside the main entrance of Nelson Hospital. These car parks have individual disability car park signs and, in addition, the entire zone has signs on the building. The ten carparks are flat; with a small lip onto the road but there is a footpath in front of the carparks at the same level.

The COO has been requested to make changes to the hospital information for people receiving appointments.

5.4 MEMBERS' REPORTS

Nil

5.5 MEMBERS' ISSUES

Nil

6 PRESENTATIONS

Time	Topic	Presenter
1:00 – 1:30	NMDHB's new Psycho-Geriatrician	Dr Craig Fenwick
1:30 – 2:00	Home Based Support Services Performance Framework	Carole Kerr, Mark Garisch, Jane Large
2:00 – 2:20	Future Vision InterRAI	Jen Lockwood

7 APPENDIX: CORRESPONDENCE

30th March 2010

14 Hoult Crescent
Monaco
NELSON 7011

DISAC
C/o Jasmine Brandt
Nelson Marlborough District Health Board
NELSON.

TO WHOM IT MAY CONCERN

I am a consumer of disability services and I would like to tell you about my situation and how transport affects me.

I have a physical disability.

I use a wheelchair for mobility all the time and rely on support staff to push my wheelchair. I also have sight impairment. Because of my disabilities I can't handle a mobility scooter.

When I go out I use a wheelchair van, as an ordinary vehicle is not suitable for me.

I would like to take every opportunity to do things, but transport is very expensive for me as I have to use a wheelchair van.

I am interested in art and creativity and attend one art programme a week. I used to attend two days a week but I have had to give one day up because of transport costs. Art is the thing I want to do most.

I have to keep up my mobility as much as possible by going to the physio pool at the hospital once a week.

I enjoy going out and meeting people from different cultures at the Multi Cultural social meetings once a month. Every two months I go to the Royal Foundation for the Blind meetings.

If possible I share a wheelchair van from another community home, and that is a real help with cost.

My options for wheelchair vans are through Nelson City Taxis, or the St Johns Shuttle which has a donation for each ride.

When I use the Nelson City Taxi wheelchair van the Total Mobility voucher scheme run by NCC, helps me with the cost. A ride can still cost me from \$25- \$30 each way. It depends on how heavy the traffic is. So an outing can be a big cost.

I live in Stoke. When staff have time they push me to the shops for my personal shopping and hair cut and I get a wheelchair van back.

I have to be careful about using transport . The cost cuts out activities I would like to do.

I can't just hop in a van and go somewhere. I rely on wheelchair vans.
Petrol can only go up so costs will go up in the future.

Having transport means everything to me, the only way I can get out anywhere.
I am stuck at home unless I pay out a lot of money for a wheelchair van. This effects the other people in the house too, as it is complicated for us to go out together.

I have been to look at a place in town for people with physical disability. I found the bedrooms very small. I love to have the crafts I have made and my belongings in my room. My bed takes up a lot of space. I also need my talking computer in my room which I use to write letters to my friends.

For us who live only on the benefit transport is a big issue. Everyone finds it hard just on a benefit and we don't all have families who could help.
Don't think I am whinging. I am grateful for what I have. I know I am not the only one in this situation and I can't speak for everyone.

It would be much appreciated if you could help.
You could help by taking action to get a service contract for people with physical disability that includes funding for transport.

There is no funding provided by the Ministry of Health for transport for someone like me with physical disability .We have our benefit and are supposed to live in town so we don't need transport, but that's not so simple.

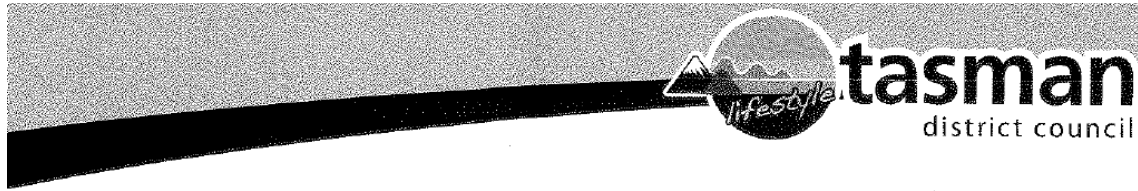
I am not expecting a handout. I am just stating my situation.
This is my opinion.

Thank you

Claudette Pow.



cc Service User Board
Support Works
Mark Nalder
Advocacy Services
John Peters, NMDHB
DISAC



Ref: 31760PR

21 April 2010

Sharon Brinsdon
Chair DISAC
Nelson Marlborough District Health Board
Private Bag 18
Nelson 7042

Dear Sharon

TASMAN BAY BEACH ACCESS

Thank you for your letter regarding the information on the synthetic path for beach access. I will pass this on to staff to assess.

Rabbit Island has accessible toilets in the blocks at the Nelson and Mapua ends of the reserve, the Mapua block being the easier to use as it has a concrete path from the roadway.

I hope this is of help to you.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Paul Wylie', is positioned above the printed name and title.

Paul Wylie
Chief Executive

g:\parks & reserves\beriet\waimael\2010\brinsdondhb.doc

From: Karen Tait [email address withheld]

Sent: Saturday, 1 May 2010 4:23 p.m.

Subject: DiSAC Meeting 18 May 2010

Dear DiSAC Secretary

Re: NMDHB policies to ensure the health of persons with Multiple Chemical Sensitivity (MCS) in NMDHB health care settings is protected

I am writing to you to advise that we, Karen Tait and Rosemary Callaghan will be attending the public section of the DiSAC meeting on 18 May. The purpose of our visit is to establish if there is a policy in place to respond to persons with Multiple Chemical Sensitivity (MCS) in NMDHB health care settings. If no such policy is in place, we would like to ask DiSAC to recommend to the Board that they consider for the DHB to adopt a policy and a set of procedures of care, similar to those examples provided, for all areas of NMDHB's health care service delivery.

We are two individuals with MCS who live in this district and have been personally affected by the lack of procedures in place for patients with MCS at Nelson hospital and other health care settings. Introducing procedures similar to those adopted in other countries would be highly beneficial to protecting the health of those affected by chemical sensitivities.

DiSAC's terms of reference state as the committee's function that they give advice to the Board on the disability support needs of the resident population, and as its aim to ensure that all policies the DHB has adopted or could adopt for people with disabilities promote the inclusion and participation in society. We are therefore hopeful that DiSAC will be interested in supporting our request to enable people with MCS to safely access the services of hospitals and other health care settings.

We furthermore see our request to have appropriate policies and processes in place to be supported by the New Zealand Public Health Disability Act 2000, the purpose of which is to "achieve for New Zealanders the [...] protection of their health" [3 (1) (i)].

We look forward to the opportunity to speak to you on 18 May in person. While we will be wearing protective face masks on the day, it would be appreciated if people would refrain from wearing perfume, aftershave or other strongly scented beauty products on the day.

Regards
Karen Tait

Attachments [available on request from planning.funding@nmdhb.govt.nz]:

David Thompson Health Region - MCS Care of Patients With

David Thompson Health Region - Scent Free Workplace

MCS in the Clinical Setting Poster

Government of South Australia - Guidelines for South Australian Hospitals

When Hospitals Make You Sick (*Health Issues*, 2007, No. 93, pp 21-24) - FYI

MCS and Rehabilitation Planning Implications - FYI

8 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
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
LOS	Length of Stay
LSCS	Lower Segment Caesarian Section
LTC	Long Term Care
LTCCP	Long Term Council Community Plan
LTSFSG	Long Term Service Framework Steering Group
MHDSF	Maori Health and Disability Strategy Framework
MHFS	Maori Health Foundation Strategy
MPDS	Maori Provider Development Scheme
MA	Medical Advisor
MCT	Mobile Community Team
MDC	Marlborough District Council

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

PCI	Percutaneous Coronary Intervention
PCO	Primary Care Organisation
PCT	Pharmaceutical Cancer Treatments
PDR	Performance Development Review
PDRP	Professional Development and Recognition Programme
PDSA	Plan, Do, Study, Act
PFG	Performance Framework Group (formerly known as Services Framework Group)
PHS	Public Health Service
PHCS	Primary Health Care Strategy
PHI	Public Health Intelligence
PHO	Primary Health Organisation
PHOA	PHO Alliance
PHONZ	PHO New Zealand
PHS	Public Health Service
PHU	Public Health Unit
PN	Practice Nurse
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 Tahi
UG	User Group
VLCA	Very Low Cost Access
VRA	Vascular Risk Assessment
WAM	Wairau Accident & Medical Trust
WAVE (Project)	Working to Add Value through E-Information
YTD	Year to Date

April 2010