



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
21 September 2010 at 11.30 a.m. in
Support Services Room 1
via Entrance A, Wairau Hospital
Blenheim**

Note: videoconferencing from Nelson DHB Seminar Centre is available.
Contact (03) 5461235 if you require this service.

AGENDA**PUBLIC FORUM – 11:30 a.m.****OPEN SECTION – 11:45 a.m.**

11:45 a.m.

Karakia

SECTION 1:

Apologies

SECTION 2:

Registrations of Interest

11:50 a.m.

SECTION 3:

Minutes

- From previous meeting
- Matters Arising

SECTION 4:

Correspondence

12:00 p.m.

SECTION 5:

Monitoring Reports

- Chair
- GM P&F
 - SupportWorks
- Acting GM Finance & Commercial
 - IDSS
- Members' Reports

1.00 – 1.30 p.m. LUNCH BREAK

1:30 p.m.

SECTION 6:

Presentation

Older Adults Working Group Update

2:00 p.m.

SECTION 7:

Members' Issues

2:30 p.m.

Closing Karakia

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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. 		

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 Health 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"> ▪ 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 			

As at 9 September 2010

2) Strategic Leadership Team Members

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
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			
Peter Burton	Nil	<ul style="list-style-type: none"> ▪ NMDHB Representative on Tasman Council's Regional Land Transport Committee. 		
Robyn Henderson	Nil	<ul style="list-style-type: none"> ▪ 		

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Sharon Kletchko	<ul style="list-style-type: none"> ▪ Member Exceptional Circumstances Panel – PHARMAC ▪ Treasurer, International Society for Health Care Priorities ▪ 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. 		

As at 9 September 2010

3 MINUTES

MINUTES OF THE OPEN MEETING OF THE DISABILITY SUPPORT ADVISORY COMMITTEE (DiSAC) OF NELSON MARLBOROUGH DISTRICT HEALTH BOARD			
Date	20 July 2010	Time	11.00
Where	Blenheim (Nelson via videoconference)	Previous meeting date	18 May 2010
Present	Sharon Brinsdon (Chair), Tahi Takao, Judi Billens, George Truman, Glenys MacLellan, Graeme Faulkner, Fleur Hansby, Suzanne Win		
Apologies	Liz Richards for lateness		
In attendance	John Peters, Jasmin Brandt (Secretary), Penny Wardle, John Brett, Mark Garisch, Carole Kerr, Jane Large, Robyn Henderson		
Karakia	Tahi Takao		

	Section	Discussion	Action	Health & Disability Strategy
1.	Public Section	<p>John Brett, member of the public Put forth an apology from newly elected GreyPower vice president Maureen Bennett who was unable to attend on this occasion.</p> <p>Issues raised: Transport between Blenheim and Nelson: An incident occurred where patient missed the last bus due to an appointment running late and subsequently incurred a taxi fare of \$180 to get home. How can the transport issue be improved to prevent such problems?</p> <p>Planning and Funding staff noted that it was understood that</p>		10

	Section	Discussion	Action	Health & Disability Strategy
		<p>transport issues had been addressed recently by hospital management; however, this will be followed up. It was further suggested that any future issues with transport be raised with James Bowyer, NMDHB District Manager Clinical Support, directly.</p> <p>St John’s alarms: An incident occurred in the community where because the phone line was down, the St John’s alarm had not worked, potentially putting a life at risk. St John are apparently preparing a response to the Marlborough express article about this.</p> <p>DiSAC’s Chair expressed the committee’s appreciation for former GreyPower president Jean Wilson’s involvement at DiSAC meetings.</p>	<p>Planning and Funding to check with James Bowyer; people to contact James directly where issues arise</p> <p>Put on agenda for next mtg, Assess the issue then in the light of media and St John reports</p>	10
2.	Apologies	<p>Apologies received from:</p> <ul style="list-style-type: none"> Liz Richards for lateness 	<p>Moved: Judi Billens Seconded: Glenys McLellan</p> <p>THAT THE APOLOGY BE ACCEPTED.</p>	
3.	Registrations of Interest	<p>Amendments to Registrations of Interest:</p> <ul style="list-style-type: none"> Existing other for Tahi Takao should read: National Maori Men’s Health Coalition (word ‘health’ currently missing) Suzanne Win is no longer involved in CareerForce – remove. 	<p>Moved: Judi Billens Seconded: George Truman</p> <p>THAT THE REGISTRATIONS OF INTEREST BE NOTED.</p> <p>AGREED</p>	

	Section	Discussion	Action	Health & Disability Strategy
4.	Minutes	<p>Matters Arising</p> <p>HBSS. Secondary tax for carers. Next time the DHB has an industry meeting, we should bring changes coming into effect on 1 October to staff's attention. Special tax code has always been available, but now been simplified.</p> <p>Multiple Chemical Sensitivity. The committee noted the update provided. The Chair noted that Rosemary Callahan and Karen Tait had approached the Director of Nursing since the last meeting, and that this seemed an appropriate step to discuss the development of protocols further.</p> <p>Whangarei Issue. The District Manager Support Works presented two pamphlets that are readily available from Work and Income, which contain useful information regarding NASC needs assessments.</p>	<p>Moved: George Truman Seconded: Judi Billens</p> <p>THAT THE MINUTES OF THE MEETING ON 18 MAY 2010 BE ADOPTED AS A TRUE AND CORRECT RECORD.</p> <p>AGREED</p>	
	Correspondence	<p>Copies of incoming and outgoing correspondence were available for viewing.</p> <p>It was noted that member Fleur Hansby had sent a letter to the Department of Conservation following the last meeting (re Mt Arthur track wheelchair access), which will be followed up with a letter from the Chair.</p>	<p>Moved: Glenys McLellan Seconded: Judi Billens</p> <p>THAT CORRESPONDENCE BE RECEIVED</p> <p>AGREED</p> <p>Chair to send letter to DoC re Mt Arthur wheelchair access</p>	9

	Section	Discussion	Action	Health & Disability Strategy
5.	Reports			
5.1	Chairperson's Report	Verbal report.		
5.2	General Manager's Report	<p>Taken as read.</p> <p>Team Leader Funding & Contracting (F&C) Mark Garisch spoke to the report in the absence of GM Planning and Funding.</p> <p>Member noted that the deficit was less than 3% of the total, to put it in perspective.</p> <p>Aged residential care Team Leader Funding & Contracting noted that number of people receiving subsidies for residential care had increased by 20% over the last five years. Number expected to plateau. Question around people's ability to protect assets discussed.</p> <p>Question raised around pathways into residential care, i.e. does not everyone need a NASC assessment (p 20) to get residential care? It was noted that there had been a gap in the system where referrals were made without NASC assessment, which had been addressed and tightened up. SupportWorks noted that they work with geriatricians so that people may get home based support services before any final decision is made around their care.</p> <p>Rest home beds/ utilisation Member noted that Ernest Rutherford is in the process of expanding their bed numbers, same with Jack Inglis Friendship</p>		7

	Section	Discussion	Action	Health & Disability Strategy
		<p>Hospital in Motueka.</p> <p>Member commented on utilisation of rest homes by Maori population, i.e. Maori prefer to look after their own. Questioned lack of financial help for whanau who make this choice. Noted that entitlement for carers in the family is an ongoing debate on political level.</p> <p>Noted that the graphs on page 22 cannot be read properly in black and white.</p> <p>HBSS audit Do we get funding for this audit to take place? Board Chair noted that because it is over and above our annual audit, NMDHB will not be required to carry the cost.</p> <p>Support Works Question raised who at SupportWorks had carried out the extra work with fewer staff? District Manager noted that she had been doing the job of several people and that this had been part of the organisation's financial recovery plan up until end of June. The committee commended the District Manager for this extra effort.</p> <p>Question raised around reasons for increase in client numbers for life-long disability? Support Works noted that the organisation's profile has increased in the last two years, so there are more referrals generally.</p> <p>Individualised funding has been expanded to all levels of need and across providers. New provider will be on board in a few weeks' time. Will be announced at next meeting.</p>	<p>Secretary to change layout or provide that page in colour.</p>	<p>15</p> <p>10</p> <p>7</p>

	Section	Discussion	Action	Health & Disability Strategy
		The committee congratulated SupportWorks on saving 10% of their turnover while maintaining service. Great effort!		
5.3	GM Finance and Commercial's Report	<p>Taken as read.</p> <p>Meeting noted that it appeared that no progress had been made with the IDSS Strategy. The presentation of NMDHB's CE later that day was expected to shed more light in regards to the strategy.</p> <p>The committee noted that IDSS was no longer in crisis situation and congratulated management on having achieved a tremendous turnaround.</p> <p>Board Chair added that IDSS had seen the need for these changes and had shown the capacity to make them, despite a perceived lack of support from rest of organisation.</p>	<p>Moved: George Truman Seconded: Glenys McLellan</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</p>	8
5.4	Members Issues	<p>Farewell Nigel Trainor, GM Finance and Commercial Nigel to be congratulated for his contributions to DiSAC in his time with NMDHB.</p> <p>New Zealand Relay – VRS Trial Member raised question as to whether an update on progress could be requested from New Zealand Relay regarding the VRS trial they were planning to carry out last year?</p>	<p>Chair to send a letter</p> <p>Secretary to follow up</p>	8

	Section	Discussion	Action	Health & Disability Strategy
6.	Presentation 1	<p>John Peters, NMDHB CE Presentation on “New Leadership Team – ELT”</p> <p>The CE noted that the reasons for NMDHB’s management restructure were no reflection on the existing Strategic Leadership Team. The current issues taking place within the health sector at the present time had called for new approaches, e.g. the involvement of clinicians in leadership, different patient journey.</p> <p>It was noted that the new structure has service delivery at its core, and the CE will take a much more direct involvement with this group than ever before. Each service delivery directorate will consist three equal members, one service director and two clinical directors.</p> <p>Noted that IDSS and the Rutherford Initiative sit under CE’s Office, which will be the place for special projects. Noted that the strategic direction for IDSS should be known within next 12 months and be implemented within 24 months.</p> <p>CE noted that applications for the new positions have closed, with over 80 received. Expected that appointments will take effect from 1 October.</p> <p>Q&A Liz Richards noted favourably the clear split between the operational and the strategic. Thanked John Peters for his informative presentation.</p> <p>Question raised around possible future mergers with other DHBs</p>		

	Section	Discussion	Action	Health & Disability Strategy
		<p>– where does Nelson Marlborough (NM) sit? CE noted that NM has been a dichotomy historically. If it weren't for the Cook Strait, we would be part of Capital DHB. Noted that we refer patients 50/50 to Wellington and Christchurch so have a foot in both camps. CE noted that he puts focus on having local service delivery in a good state so that we are as independent as possible.</p> <p>Question of cost raised around meetings for ELT. Noted that this system cannot be fully costed till new people are on board. Furthermore, it was pointed out that the new structure was not about cost saving in itself but to address such matters in their respective areas.</p>		
	Presentation 2	<p>Janet Parker, Gerontology Nurse, Waitemata DHB Presentation on their “Residential Aged Care Integration Programme” (RACIP)</p> <p>Background to programme – Waitemata did an audit to establish need for long term care. Noted inequality of access to services for people who live rurally, e.g. wound care advice for people in residential care.</p> <p>Noted that the whole programme is built on good relationships. Role of DHB is to support provider staff. Auditing activities are very separate from clinical support facilities – audit activities set in only when issues cannot be resolved by clinical support staff.</p> <p>People in Waitemata get assessed before someone goes into care or changes to a higher level of care. A Memorandum of Understanding was signed with most facilities to this avail.</p>		7

	Section	Discussion	Action	Health & Disability Strategy
		<p>Introduced access to wound care nurse specialist for those facilities, as well as other nurse specialists, e.g. gerontology nurse specialist and clinical coaching. These changes made a big difference in numbers of acute admissions and bed days/ length of stay.</p> <p>Noted that building trust had been the biggest factor to success. Facilities now trust DHBs and freely ring up to discuss issues where they exist.</p> <p>Savings made in first six months of the programme were noted as considerable. Coordination and integration of care had lead to improved health outcomes and quality of life for the patients.</p> <p>Q&A To what extent were PHOs involved? Before the process started, consultation took place which involved PHOs. Furthermore, PHOs were represented on the steering group.</p> <p>Is there ongoing monitoring of cost saving (beyond 6 months)? A project manager has been put in charge of this; however, there have been issues with collecting data.</p> <p>Access Homecare provider present in Marlborough asked if it was likely for people living at home to receive such services? Waitemata noted they do something similar in the community, where they carry out assessments in people’s homes to get to the bottom of why they might have repeat admissions. They look at medication management, issues with chronic illnesses etc. The aim is to teach the carers and the people themselves how/ when to do interventions.</p>		

	Section	Discussion	Action	Health & Disability Strategy
		<p>Janet Parker noted that Waitemata DHB work with whoever is needed to keep the person well (from neighbours to St John staff).</p> <p>Do Waitemata DHB collect ethnicity data? Yes, all referrals across the DHB collect such data.</p> <p>Has input from GPs improved since the introduction of RACIP? Relationships with GPs have improved, they are working together more closely. It is an advantage for the GPs to have a readily available contact person to discuss patients with.</p>		
	<p>Presentation 3</p>	<p>Robyn Henderson, NMDHB Director of Nursing Presentation on integrated care at NMDHB</p> <p>Presented some data for Nelson Marlborough in regards to admissions for older people. Noted patterns around time of admission (weekday/ time).</p> <p>Noted that developments in Waitemata DHB could be beneficial for Nelson Marlborough. How can we look after our residents across the region so they have the best possible outcomes? Noted that Janet Parker has visited NMDHB and worked with clinicians on the model and how we might be able to amend their model to our needs.</p> <p>We have the beginnings of an integration programme here. Education sessions for nurses have been run, e.g. for wound care. Quarterly teaching sessions are planned in conjunction with</p>		<p>7</p>

	Section	Discussion	Action	Health & Disability Strategy
		<p>Waitemata. Plans are in place to do similar work of having a control group and an intervention group to compare effectiveness of this model in NM.</p> <p>Noted that Waitemata’s guideline document for RACIP has become available and is being used in Alexandra Hospital.</p> <p>Q&A</p> <p>Noted that in contrast to Waitemata, Nelson Marlborough has more people receiving home based support services than hospital and residential rest home based care. Hence more work needs to be done on adapting the model for the needs of this DHB.</p> <p>Posters for the carers – can they be made available? Work is being done on adapting the poster to our needs. Noted that the posters are comprehensive documents similar to a flip chart.</p>		

Matters Arising:

- St John’s Alarms – verbal update
- New Zealand Relay – VRS Trial update (see correspondence)
- Wheelchair access Mt Arthur track

4 CORRESPONDENCE

Incoming

Date	Sender	Organisation	Regarding
26/07/10	Bob Lack	Counties Power Ltd	NZ Relay

Refer appendix A

5 MONITORING REPORTS

5.1 CHAIR'S REPORT

Since our last meeting I have met with Councillor Rachel Reese. This meeting, as you will recall, was prompted by Claudette Pow's letter. Its main purpose was to advocate action and partnership following the council initiated workshop. It was a useful meeting, but slightly limited in terms of a clear outcome by its timing at the end of our terms. I would like to think the new DiSAC chair could take this up again, with a sympathetic council representative or the new mayor, early in the new term.

I would like to congratulate Alison Browning on her recent award: Next magazine's Woman of the Year award in the community category. This recognised Alison's eleven years as a special education teacher at Waimea College. It is good to see the value placed on this area of work.

Sharon Brinsdon
Chair

5.2 REPORT FROM GENERAL MANAGER PLANNING AND FUNDING

5.2.1 Health of Older People

InterRAI Roll out

Roll out of full assessment capability to the AT&R community team at Nelson Hospital commenced in July 2010. This will facilitate the delivery of timely, comprehensive assessment information to Geriatricians, providing additional information to support clinical decisions. There are now 67 InterRAI users within NMDHB (a mixture of read only and full home care assessor capability).

Dedicated Respite Beds

The average low monthly occupancy level at Tasman Park Rest Home (20%) means that continuing to fund this bed is not 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.

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. No subsequent feedback or follow up has been received from the office of the Auditor General.

Regional Activity

NMDHB continues to engage with other South Island DHBs through the South Island Regional Health of Older People's Forum. Significant progress has been made towards establishing a common South Island Service Specification for Restorative HBSS and towards developing a common funding and monitoring model for service provision and expenditure.

Dementia Care Pathway

A variety of Clinicians from Hospital and Community Based service providers met on 12th August to commence the development of a clinical pathway for Dementia Care Clients in the Nelson Marlborough district. A series of follow up workshops are planned to complete this work. It is to be newly constructed according to the clinical workstream model for the NM Health Alliance approach.

ARC Audits

Routine certification audits /audits against contract were performed at four facilities in the Nelson Marlborough district during August. NMDHB will review and input into the draft audit findings.

5.2.2 Financial Report

Statement of Expenditure NMDHB Fund Division – Health of Older People

At the end of the second month of the financial year 2010/11, the Health of Older People Fund was under budget by \$29K.

\$000's	Budget	Actual	Variance	Annual	Year End	Projected
	YTD	YTD	YTD			
	Aug-10	Aug-10	Aug-10	Budget	Projection	Variance
Expenditure						
AT&R	1,629	1,629	(0)	9,772	9,772	-
Information & Advisory	10	10	0	61	61	-
Service Co-ordination	229	229	0	1,374	1,374	-
Home Based Support	1,456	1,578	(122)	9,216	9,216	-
Residential -Rest Homes	2,599	2,497	102	15,303	15,303	-
Residential Care Loans	(71)	(47)	(25)	(429)	(429)	-
Residential -Hospitals	2,686	2,633	52	15,811	15,811	-
Equipment	70	70	(0)	421	421	-
Day Programmes	78	78	(0)	461	461	-
Respite Care	113	91	22	666	666	-
IDF Payments	318	318	(0)	1,910	1,910	-
TOTAL EXPENSES	9,116	9,087	29	54,567	54,567	-

The main areas showing variance from budget are:

Home Based Support Services (HBSS)

All older people receiving supports in line with the new service specification that was introduced in January 2010 have been reviewed and placed into the appropriate groupings. The number in the preventative maintenance group has increased to 1214. The number of people receiving more complex support is 1277. These numbers appear to have stabilised (Figure 1). At the time of budgeting, we anticipated that the transition to the groupings would take until February 2011; however, as part of the recovery plan this work was achieved earlier. The budgets have been phased according to the original dates. This means that while Home Based Support Services are currently over budget by \$122K, the later months of the financial year have larger budgets. As a result, we should complete the year well within budget.

Additional levels of care packages have been introduced to better reflect the clients' assessed need. These are shown in Figure 2.

Additional levels of care packages have been introduced to better target client need. These are shown in Figure 2.

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

Figure 1 Clients receiving Home Based Support Services

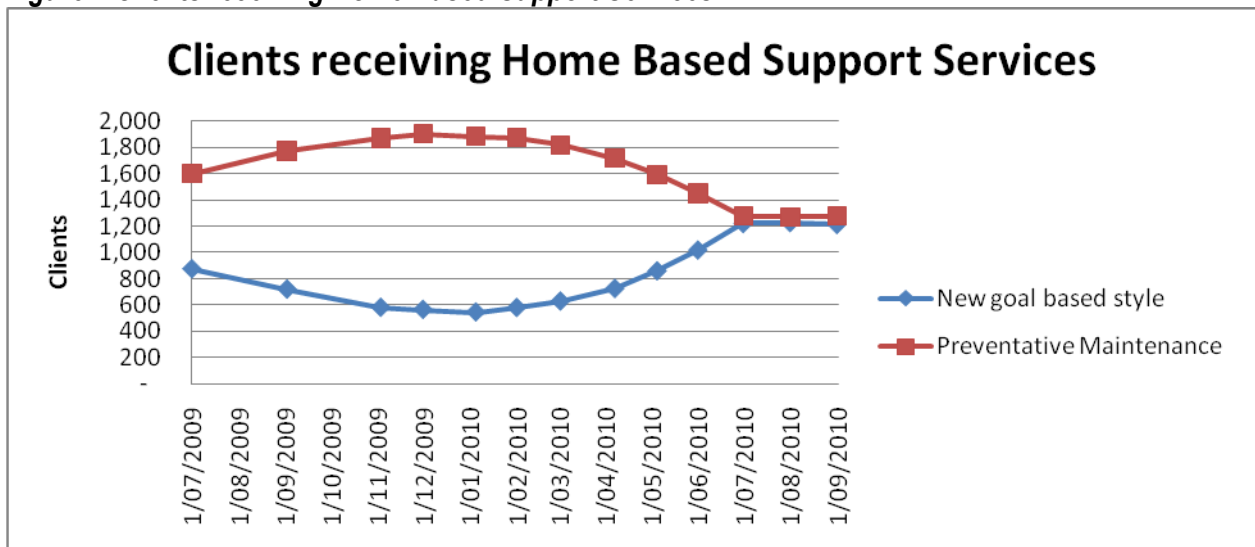


Figure 2 HBSS Volumes invoiced by month

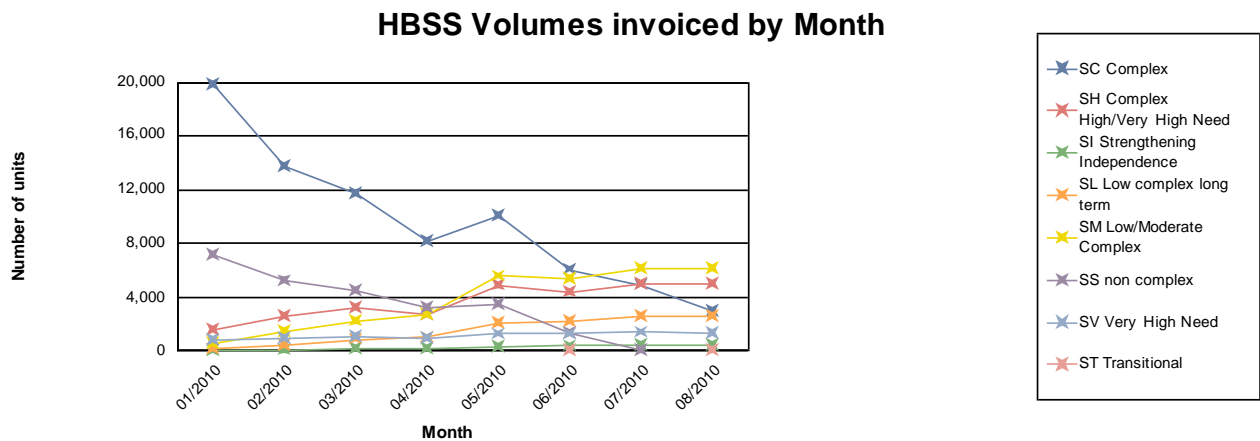


Figure 3 Number of individuals for whom HBSS were invoiced by month

Number of Individuals for whom HBSS services were invoiced by month

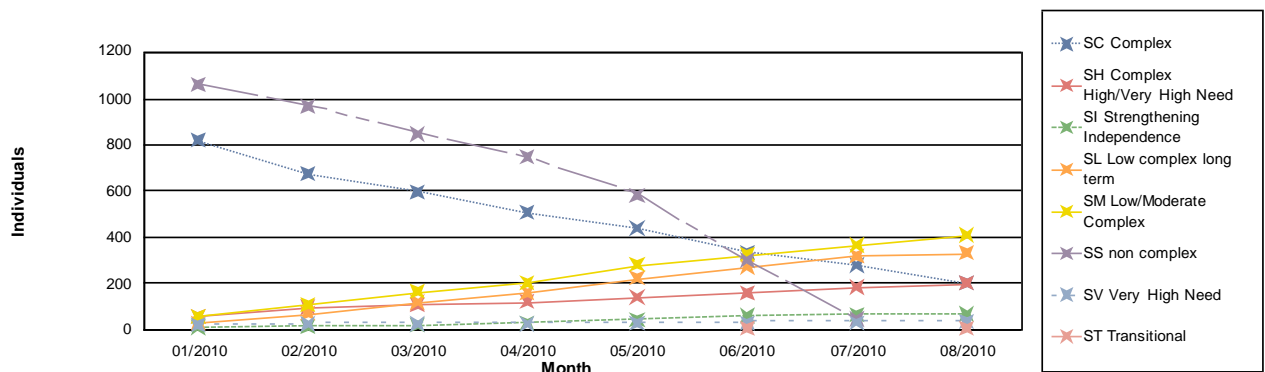
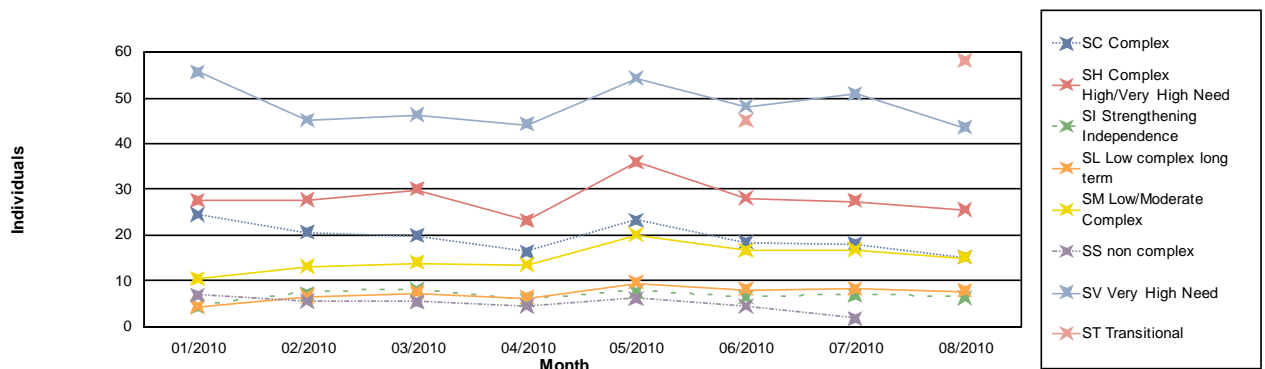


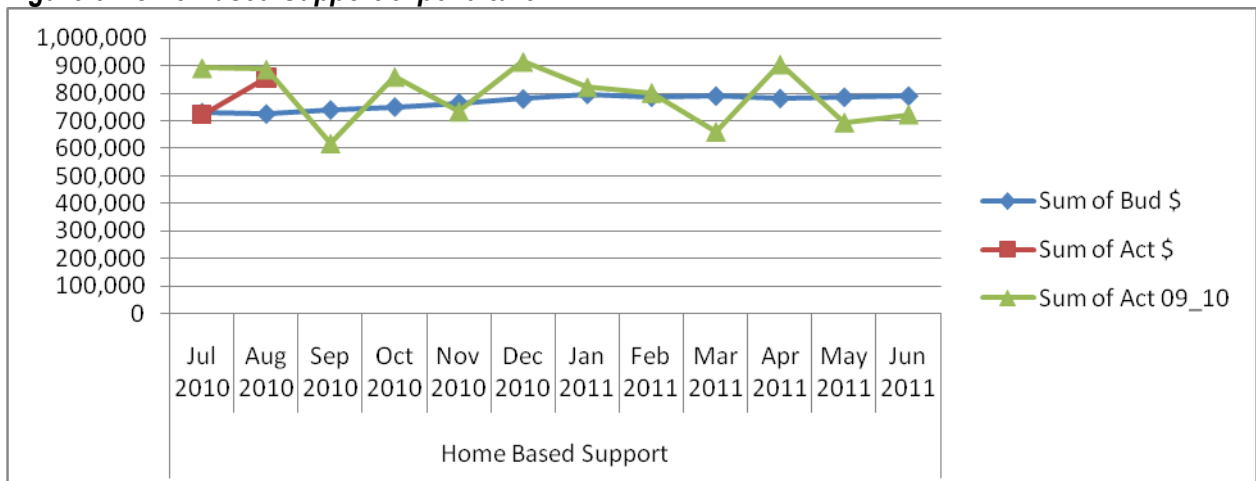
Figure 4 Mean number of units per individual per month by service type

Mean number of units per individual per month by service type



Expenditure has moved away from budget in the second month. This may have been due to an over generous accrual. It is expected to move back toward budget as the year progresses.

Figure 5 Home Based Support expenditure



Residential Rest Homes and Hospitals

Residential Rest Home level care is under budget by \$102k (4% of the budget year-to-date). The budget has been readjusted compared to last year to take into account the increase in the number of dementia beds. 19 beds came into service at Ernest Rutherford Retirement Village in June 2009, and a further ten beds at the Jack Inglis Friendship Hospital in August 2009.

Residential hospitals are below budget by \$25k; which 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 July 2010.

Figure 6 Residential Rest Home payments by month of service



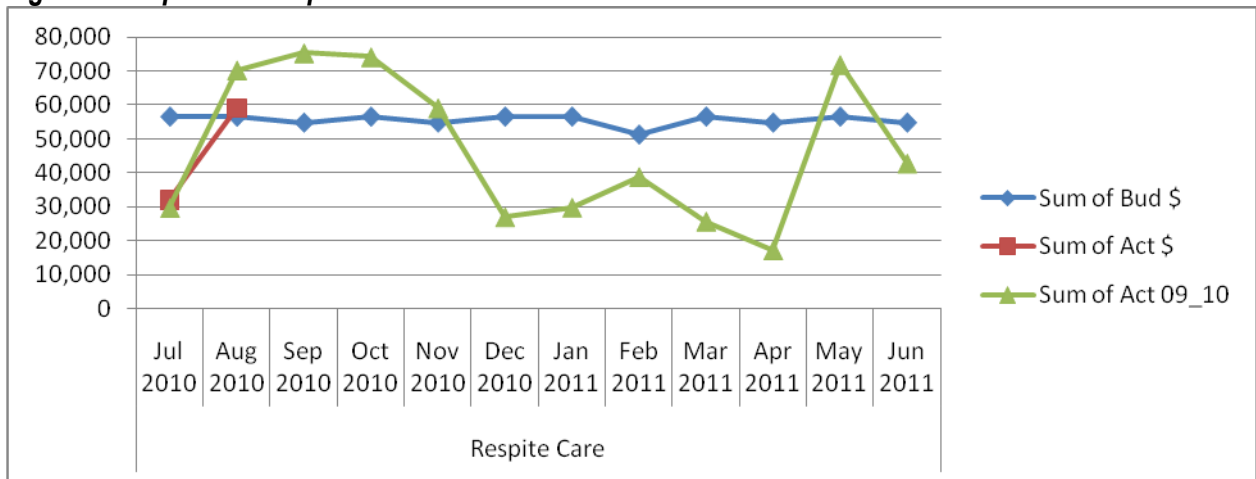
Figure 7 Residential Hospital Expenditure by month of service



Respite Care

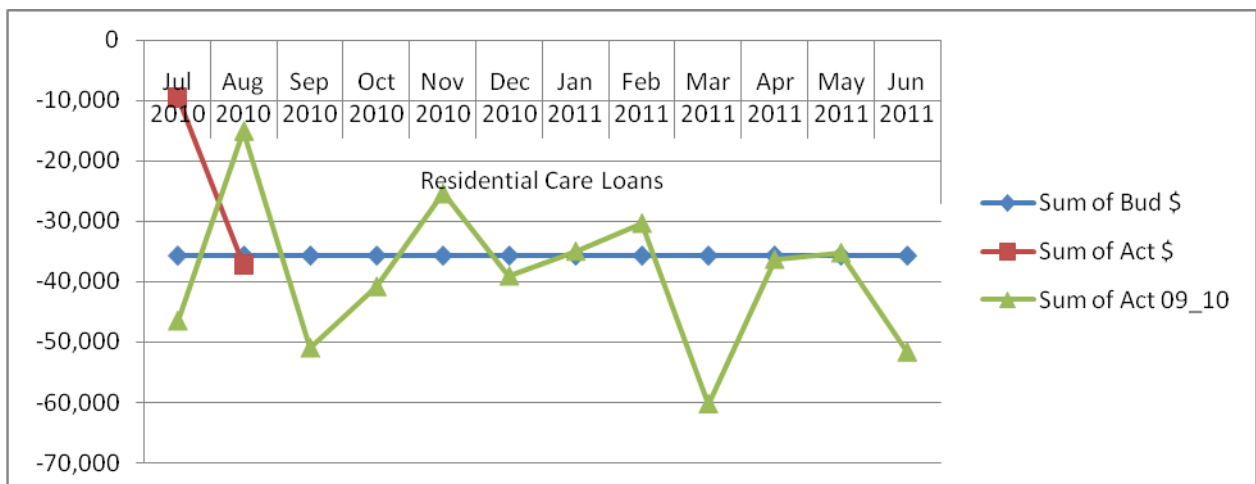
This service is \$22k under budget. This is a demand driven service that has been budgeted for this year to allow for last year’s increased requirement.

Figure 8 Respite care expenditure



Residential Care Loans

This line has been repaid \$25k less than budgeted. It is budgeted with only history to guide. We have no control over what repayments are made to us and when.



In summary, at the end of August 2010, the Planning and Funding Health of Older People (HOP) Services budget is under budget by \$29k.

5.2.3 SupportWorks Financial Position

	YTD August 2010			Full Year Budget	Forecast
	Budget	Actual	Variance		
Govt & Crown agency Non Health	169,779	149,525	(20,253)	1,018,672	1,018,672
Internal MoH Income	-	-	-	-	-
	260,974	260,974	(0)	1,565,842	1,565,842
Total Revenue	430,753	410,499	(20,253)	2,584,515	2,584,515
Personnel	330,569	288,673	41,897	1,972,240	1,972,240
Outsourced	-	-	-	-	-
Clinical Supplies	24,000	3,845	20,155	144,000	144,000
Infrastructure	55,358	47,594	7,764	339,031	339,031
Internal Charges	6,134	5,953	181	36,804	36,804
Total Expenditure	416,061	346,065	69,997	2,492,075	2,492,075
Contribution to Overheads	14,691	64,435	49,743	92,440	92,440
FTEs	31.9	29.4	2.5	31.9	31.9

Revenue: Overall \$20k unfavourable to budget due to discretionary claims and the increase for Ministry of Health NASC payments not being claimed for. This has been addressed with the finance department.

Personnel costs: Overall \$42k favourable to budget; a number of positions are within a proposal to be refilled. This business case is being presented.

Expenses:

Clinical Supplies:

\$20k under budget. Some of this is due to discretionary payments that are due for payment.

Infrastructure:

\$8k under budget; upgrade of phone system to occur which will save further expenditure.

Internal Charges:

Tracking to budget

5.2.4 Support Works Health of Older People

Budget for Care and Support in the Community home based services are being reviewed on a weekly basis. Currently, year-to-date is tracking to budget.

InterRAI has been in use for two years now and staff are completing their recertification of competency. Work continues on the national model and NMDHB continues to be a service that staff from other DHBs request to spend time visiting. Our InterRAI Development Coordinator has provided training to Canterbury trainer recently.

Continuation of workflow with home based providers has supported a sustainable model for the future.

5.2.5 Support Works Life Long Disability

Work in this area continues to expand. A number of new external positions will assist with integrating needs for children and youth with complex health and disability needs. These include a potential pilot for health assessment for children and youth in Child Youth and Family care and Autism Spectrum Disorder coordinator role.

Management of Disability budget continues with a monthly report.

A new home for four young people in the Richmond area will open towards the end of September. IDSS have been working on the development of this house for a considerable period of time.

5.3 REPORT FROM ACTING GENERAL MANAGER FINANCE AND COMMERCIAL

5.3.1 Financial Report

Intellectual Disability & Physical Disability Services – August 2010

	August				YTD			
	Actual	Budget	Variance	% var	Actual	Budget	Variance	% var
Govt & Crown Agency	1,245,563	1,227,489	18,073	1	2,405,914	2,376,978	28,936	1
Other Health Related	14,371	7,707	6,664	86	26,432	15,414	11,017	71
Non Health	7,092	2,331	4,761	204	36,532	4,663	31,869	684
Internal Income	5,292	2,975	2,317	78	9,185	5,950	3,235	54
Internal MoH Income	12,053	12,053	0	0	24,106	24,106	0	0
Total Revenue	1,284,371	1,252,556	31,816	3	2,502,169	2,427,112	75,058	3
Personnel	1,030,057	989,267	(40,791)	(4)	2,010,588	2,024,707	14,119	1
Outsourced	0	250	250	100	0	500	500	100
Clinical Supplies	13,870	10,884	(2,987)	(27)	27,176	21,767	(5,409)	(25)
Infrastructure	68,583	71,500	2,917	4	129,543	143,099	13,556	9
Internal Allocation	27,421	27,003	(419)	(2)	53,706	54,006	299	1
Total Expenditure	1,139,932	1,098,903	(41,029)	(4)	2,221,013	2,244,079	23,066	1
Contribution to Overheads	144,440	153,653	(9,214)		281,156	183,033	98,124	
FTE	256.44	272.97	16.53		260.97	271.46	10.49	

Revenue: Overall \$75k additional revenue for the year to date to 31st August 2010

Govt & Crown Agency: \$29k additional income due to

- Moh – Additional residential volumes for ID Community \$22k and reduced volumes for Physical Disability \$5k (client left after budgets allocated)
- Increase in Ministry of Social Development contract for 2010/11 \$12k

Other Health Related: \$11k additional income due to

- income received from client contribution

Non Health: \$32k additional income due to

- Client recreation/activity funds, Training income received, reimbursement of costs and rental income received

Internal Income: \$3k additional income due to

- Internal transfer from ID residential services to Day Services

Personnel:

Current month variance \$41k over spent

The net change for the month of August is \$41k - this is due to the budget phasing for sleepover allowances payments spread between July and August.

Overall \$14k under spent for the year to date to 31 August 2010 (10.49 FTE under)

Under spending due to

- New service developments budgeted to commence from July and are expected to open in September

Offset with

- Additional cost for employment contract expiring (accrual)
- Additional client support required
- Additional costs due to budget phasing for sleepover allowances payments being incorrect.

Expenses: Overall \$9k under spent

Outsourced Services: Services not utilised at this time

Clinical Supplies: \$5k over spent due to additional client related costs

Infrastructure: \$14k under spent

- minor under and overspending occurring in all areas

Internal Charges: Internal transfer from ID residential services to Day Services (offset in internal income)

Intellectual & Physical Disabilities		Current Month August 2010			YTD August 2010
		IDSS	PDSS	Total ID & PD	Total ID & PD
Services Provided					
Current Moh Contract	As per Contracts at month end	164	7	171	
Beds – Individual contracts	As per Contracts at month end	36	2	38	
Beds – Respite contracts	As per Contracts at month end	1	1	2	
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	202	12	214	
Vacant Beds	Actual at month end	7	1	8	
	Total available beds	209	13	222	
Total number of clients supported	Residential contracts - Actual at month end	202	12	214	
	Personal Cares contracts - Actual at month end	2		2	
		204	12	216	
Total Occupied Beds	Based on actual bed days for full month (includes respite volumes)	97%	94%	97%	97%

5.3.2 IDSS

Client Contribution

A business case for change has been presented to senior management for consideration

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. Work continues with this.

A business case to relocate from Trafalgar Street and Tahunanui Drive day service bases has been presented to senior management for consideration

New Service

The new home at 31 Daelyn is expected to be open at the end of September. The new home at Rata Street opened in August. A proposal for four people has been approved by the CEO and it is planned this home will open in early October; a private rental property is being sought for this service.

Housing NZ have commenced property search in Blenheim in relation to physical disability support services. A new Team Manager has been appointed to the PD service.

Sleepover Court Action

This case returns to court in October.

5.4 MEMBERS' REPORTS

Nil received

6 PRESENTATIONS

Time	Topic	Presenter
1:30 – 2:00	Older Adults Physical Activity Working Group Update	Helen Steenbergen, NMDHB

See Appendix B for further reading

APPENDIX A: CORRESPONDENCE

From: Bob Lack
Sent: Monday, 26 July 2010 1:37 p.m.
Subject: NZ Relay

Jasmin,

Thank you for your time today. As discussed, I have taken over responsibility for NZ Relay from my colleague John Peters.

I'm not sure if you're aware that the core of NZ Relay is a text / speech relay service whereby people who understand English but either do not speak it well or do not hear it well can make and receive phone calls. See <http://www.nzrelay.co.nz/>

The Video Relay Trial has added a new service to NZ Relay. The trial has gone reasonably well. It was initially established for 5 months (July to Nov 2009) however in view of its success government extended funding for a further year, to Nov 2010. Cabinet is shortly to discuss a paper on the whole NZ Relay Service and all the indications are that the Video Relay Service is likely to be made permanent, with longer hours than the trial's 20 per week.

Some of the key points emerging from the trial include:

- There is a real demand for the Video Relay Service; some users have told us it is life changing.
- Many members of the Deaf community cannot readily afford the quality of broadband connection required for the Video Relay Service; of course government's fibre optic rollout plans may assist here.
- The present very small centre (2 NZSL interpreters) doesn't allow for smoothing of call patterns, meaning waiting times are sometimes unduly long.
- The present restricted hours (3 mornings and 2 afternoons a week) can be frustrating for users.

As I mentioned, we are funded for Video Relay, that is a service that allows NZ Sign Language users to make and receive phone calls to and from people using spoken English. The same call centre could be used to provide a Video Remote Interpreting Service which would allow NZSL users to participate in meetings with English speakers while an interpreter is on a video link rather than physically present. We would like to see a VRI service established at least on a trial basis, and discussions are under way with various parties to try to achieve this. One of the key issues is trying to avoid limiting this to one particular platform (e.g. Skype or a proprietary system) but to make it open to a wide range of video technologies.

Of course there is nothing to stop NMDHB experimenting with remote interpreting, whether for business meetings or medical appointments. All you need is a willing interpreter and a functioning video link! If you should decide to do this we'd be happy to compare notes.

I hope this is of some help. I look forward to talking further.

Do you have any NZSL users or other Deaf or speech impaired team members or patients who might benefit from the NZ Relay service? We could arrange for an outreach worker to come and demonstrate what is available if you wish?

Regards,

Bob Lack

Bob Lack | General Manager Commercial | Counties Power Limited
tel: 09 237 0361 | fax: 09 237 0323 | mob: 0274 798 926

APPENDIX B: OLDER ADULTS PHYSICAL ACTIVITY WORKING GROUP UPDATE



Nelson Marlborough
District Health Board

*Primary and
Community*

MEMO

To: DiSAC

From: Helen Steenbergen, Programme Director
Ext. email: helen.steenbergen@nmhs.govt.nz

Date: 30 August 2010

Subject: **Older Adults Physical Activity (and Nutrition) Working Group (OAWG) outline of progress update to DiSAC**

Context

At previous DiSAC meetings this year there has been some discussion on the development of an Older Adults Physical Activity Coordinator and funding support.

This memo provides an update on current activity.

Background

The Older Persons Physical Activity Working Group (OAWG) was established to address the gaps and opportunities identified at the 'Physical Activity for Older Adults: a plan of action for the future' forum held on 5th October 2007 within Nelson, Tasman and Marlborough regions.

The primary objective of the OAWG is to develop and implement a Plan of Action for improving physical activity levels* among Older Persons.

Associated functions of the group may include:

- Improved information flow and involvement between services and the communities within the district through improved collaboration
- Identify new opportunities and areas of need and develop recommendations for change
- Provide a forum for consulting and working more closely with participating stakeholders
- Advisory to wider stakeholders and contracted agencies

In late 2008, Tasman Regional Sports Trust (TRST) approached the NMDHB Nutrition & Physical Activity Programme (NPA) for short term funding to support the establishment of an Older Adults Physical Activity Coordinator.

As the TRST went through their organisational restructure during early 2009, they requested that the funding of the Coordinator position be placed on hold.

The NPA funding was then split into a research component and a delivery component.

Progress

In May of 2009 the OAWG hosted a community consultation meeting to further identify the barriers and opportunities to increasing older person's participation in physical activity. The impetus from this meeting identified the need for research and the development of an action plan specific to the needs of older adults in the region.

The OAWG led an in-depth review of the physical activity and nutrition needs and opportunities for older persons in the region. An Opportunities Plan aimed at improving opportunities for participation was also developed. This project was completed at the end of January 2010.

A key finding of this project was the importance of connecting and supporting older adults *during times of significant life changing events* when physical activity, good nutrition and community participation could be jeopardized.

Opportunities to increase community awareness and capacity to provide support at times of increased vulnerability are now a key focus for the Group. This involves identifying processes for supporting/ skilling and developing networks that interface with older persons and the ways in which these can support continued or renewed participation in all aspects of community activity.

It must be emphasised that the OAWG focus is not on increasing the physical activity levels of the frail elderly, but supporting all older adults to be physically active and maintain good nutritional habits at 'trigger points' as they age (e.g. loss of driving license, death of a spouse, moving out of their own home).

The OAWG also concluded that there was not a need for an older adults physical activity coordinator role.

Next Steps

NPA has committed \$25,000 in 2010/11 towards the development of initiatives to enable more older adults at transition points in their lives to be connected with appropriate activity and nutrition services, by a network of existing support workers.

The focus will be on *increasing the knowledge of those who support older adults, on appropriate physical activity and nutrition options, and establishing and promoting a referral pathway to community services who will connect older adults to appropriate nutrition and activity services*. The 5 key support groups are health professionals, community workers, commercial service providers, community groups and government agencies.

The 'Way to Go' and 'Marlborough community hubs are seen as the potential structure who have the reach, and ability to link older adults to these services in their local community.

The group also continues to encourage the participating agencies to align services and policy to meet with the needs of older adults identified in the local research.

The funding has been allocated to:

1. Support Older Adult Expos across the district
2. Fund three community seminars focussing on nutrition and physical activity for older people
3. Promote, distribute information and regularly liaise with the 5 key groups as listed above, about older adult physical activity and nutrition options
4. Provide two workshops to upskill community hub coordinators in Nelson/Tasman and Marlborough on nutrition and physical activity needs of older adults and the importance of social connectedness

*The group's primary focus is on physical activity however the interconnectedness of all aspects of health and wellbeing including physical, mental, social and spiritual aspects, as well as broader determinants of health, are acknowledged by the OAWG.

GLOSSARY OF COMMONLY USED ACRONYMS, ABBREVIATIONS AND MAORI TRANSLATION

ABC	Ask about their smoking status; brief advice to quit; cessation
A4HC	Action for Healthy Children
A&D / AOD	Alcohol and Drug / Alcohol and Other Drugs
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
ELT	Executive Leadership Team
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
He Kawenata	Covenant, agreement, treaty, testament (PM Ryan Maori Dictionary pg 104)
HEeADSSS	Psychosocial tool – Home, Education, eating, Activities, Drugs and Alcohol, Sexuality, Suicidality (mood), Safety
HEHA	Healthy Eating Healthy Action
HEP	Hospital Emergency Plan
HESDJ	Ministries of Health, Education, Social Development, Justice
HFA	Health Funding Authority
HHS	Hospital and Health Services
HIA	Health Impact Assessment
HM	Household Management
HMS	Health Management System
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
Kotahitanga	Unity, accord, coalition, solidarity (PM Ryan Maori Dictionary pg 127)
KPI	Key Performance Indicator
KHW	Kimi Hauora Wairau (Marlborough PHO)
LA	Local Authority
LCN	Local Cancer Network
LIS	Laboratory Information Systems
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
Manaakitanga	Goodwill, show respect, or kindness to ((PM Ryan Maori Dictionary pg 172)
Manawhenua	Power, prestige, authority over land (HW Williams Maori Dictionary pg 172)
Manawhenua O Te Tau Ihu O Te Waka A Maui	– Referring to the eight iwi who hold tribal authority over the top of the South Island (no reference)
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
NHBIT	National Health Board IT
NASC	Needs Assessment Service Coordination
NBPH	Nelson Bays Primary Health
NCC	National Capital Committee
NCC	Nelson City Council
NCSP	National Cervical Screening Programme
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
NTOS	National Terms of Settlement

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
Rangatiratanga	Autonomy, evidence of greatness (HW Williams Maori Dictionary pg 323)
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

September 2010