

CPHAC/DISAC COMMITTEE

NOTICE OF MEETING

OPEN

**A meeting of the Advisory Committee Members of
Nelson Marlborough District Health Board
will be held on Tuesday 28 June 2011 at
9.30a.m.**

**Support Services Meeting Room 1
Wairau Hospital
Blenheim**

COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE AND DISABILITY SUPPORT ADVISORY COMMITTEE AGENDA

Nelson Marlborough District Health Board
Support Services Room 1, Wairau Hospital
BLLENHEIM

Tuesday, 28 June 2011 commencing at 9.30 am

Public Forum		9.30am	
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Resolution to Exclude Public

12.00pm

PUBLIC EXCLUDED MEETING

RECOMMENDATION

THAT the Committee resolve itself into a Committee of the whole and that in terms of the NZ Public Health & Disability Act 2000, the public be excluded while the following items are considered:

- ***Minutes of a meeting of CPHAC Committee held on 19 April 2011 Clause 34(a) Schedule 4 of New Zealand Public Health & Disability Act 2000).***
- ***IDSS Consultation Plan – To protect information that is subject to negotiation (Clauses 32(a) and (b) Third Schedule NZ Public Health & Disability Act 2000)***

SECTION 1: WELCOME, KARAKIA AND APOLOGIES

SECTION 2: REGISTRATIONS OF INTEREST – CHPAC/DISAC MEMBERS

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Gerald Hope (CHAIR)	<ul style="list-style-type: none"> Chairman Marlborough Hospice Trust 	<ul style="list-style-type: none"> Executive Officer Marlborough Research Centre Director Maryport Investments Ltd 	<ul style="list-style-type: none"> Landlord to Cawthron Laboratory Services Blenheim 	
Fleur Hansby	<ul style="list-style-type: none"> Son is 6th year medical student Disability Funding from ACC 		<ul style="list-style-type: none"> Family member Self 	
Gordon Currie	<ul style="list-style-type: none"> President Nelson GreyPower Wife is Health Representative for Nelson Greypower 		<ul style="list-style-type: none"> Residents over 50 years 	
Jenny Black	<ul style="list-style-type: none"> Life member of Diabetes NZ 			
Jennifer M Black*	<ul style="list-style-type: none"> NMDHB employee part-time 	Recently retired as Hospice Manager, Marlborough		
John Moore	<ul style="list-style-type: none"> Nil 	<ul style="list-style-type: none"> Member Nelson Regional Land Transport Committee Trustee Top of the South Athletics Charitable Trust 		
Jos Van der Pol*	<ul style="list-style-type: none"> Nil 			
Judith Holmes*	<ul style="list-style-type: none"> NMDHB representative on the Mapua, Ruby Bay and Moutere District Health Centre Inc Board 			
Patrick Smith	<ul style="list-style-type: none"> Nil 	<ul style="list-style-type: none"> Own HR practice 	<ul style="list-style-type: none"> Consultancy services 	
Sonny Alesana	<ul style="list-style-type: none"> Nil 			
Mabel Grennell	<ul style="list-style-type: none"> Provides Chaplaincy Services at Wairau Hospital 			
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

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 ▪ National VP 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. 		

*Community Representative - CPHAC

** Community Representative - DiSAC

As at 4 May 2011

REGISTRATIONS OF INTEREST – NMDHB EXECUTIVE LEADERSHIP TEAM (ELT)

Service Delivery	Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
MEDICAL SURGICAL SERVICES DIRECTORATE					
	Dr Bruce King	Nil			
	Dr Elizabeth Wood	<ul style="list-style-type: none"> ▪ Self employed contractor at the Mapua Health Centre as a GP ▪ Work at NRAHDD and a shareholder 			
	Dr Peter Bramley	Nil			
MENTAL HEALTH SERVICES DIRECTORATE					
	Dr Heather McPherson	Nil			
	Dr Jocy Wood	<ul style="list-style-type: none"> ▪ Partner of Nelson East Family Medical Centre. Group GP practice ▪ Shareholder – Nelson Regional After Hours 			
	Robyn Byers	Nil			
COMMUNITY BASED SERVICES DIRECTORATE					
	Dr Nick Baker	<ul style="list-style-type: none"> ▪ Sr Clinical Lecturer, Community Child Health, University of Otago Wellington School of Medicine ▪ Member Steering Group NZ Child and Youth Epidemiology Service (previously Chair of and co-founder of the service) ▪ Chair NZ Child and Youth Mortality Review Committee ▪ Member Child and Youth Network Advisory Group – MOH/PSNZ/NHB ▪ Member NZ Paediatric and Child Health Committee Royal Australasian College of Physicians ▪ Instructor for Advanced Paediatric Life Support NZ 	<ul style="list-style-type: none"> ▪ Wife is a graphic artist who does some health related work 		

Service Delivery	Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
	Dr Bev Nicolls	<ul style="list-style-type: none"> ▪ General Practice owner ▪ Board of NRAHDD and Shareholder ▪ Nelson Bays PHO Clinical Governance Group ▪ GP and recipient of Nelson Bays PHO funds ▪ Member of IT Development, National IT Board ▪ Member National Information Clinical Leadership Group 	<ul style="list-style-type: none"> ▪ Wife and close friend GPs. 		
	Peter Burton	Nil	<ul style="list-style-type: none"> ▪ NMDHB Representative on Tasman Council's Regional Land Transport Committee 		
CLINICAL SERVICES SUPPORT DIRECTORATE					
	Dr Stephen Busby	<ul style="list-style-type: none"> ▪ Shareholder Director, Nelson Radiology Limited 			
	Dr Neil Whittaker	<ul style="list-style-type: none"> ▪ General Practice owner ▪ Board of NRAHDD and Shareholder ▪ Contracted to RNZCGP Medical Educator 		<ul style="list-style-type: none"> ▪ Clinical Director Community 	
	Hilary Exton	Nil			
	James Bowyer		<ul style="list-style-type: none"> ▪ Wife a nurse on Paediatric Ward Nelson Hospital 		
MARLBOROUGH SERVICES DIRECTORATE					
	Dr Jeremy Stevens	Being updated			
	Dr Ros Gellatly	Being updated			
	Carey Virtue		<ul style="list-style-type: none"> ▪ Partner works in the Ministry of Health 		
CORPORATE SUPPORT					
	Nick Lanigan		<ul style="list-style-type: none"> ▪ Wife consultant for 2 Degrees 		
	Denise Hutchins	Nil		<ul style="list-style-type: none"> ▪ Certification/Accreditation 	

Service Delivery	Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
	Dr Sharon Kletchko	<ul style="list-style-type: none"> ▪ Member Exceptional Circumstances Panel – PHARMAC ▪ Treasurer, International Society for Health Care Priorities ▪ Member St John South Island Region 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 ▪ Member DHBFRF Governance 	<ul style="list-style-type: none"> ▪ Deputy Chair of the New Zealand Standards Council ▪ Member of the Board – EVIDEM Collaboration. 	<ul style="list-style-type: none"> ▪ EVIDEM is a Not-for-Profit international research collaboration whose purpose is “To promote public health through transparent and efficient healthcare decision making via systematic assessment and dissemination of the evidence for and value of healthcare interventions.” 	
DONM	Robyn Henderson	Nil			
CMO	Heather McPherson	Nil			
DMH & Whanau Ora	Harold Wereta	<ul style="list-style-type: none"> ▪ Ngati Toarangatira Connections 		<ul style="list-style-type: none"> ▪ Tribal Interest 	
CHIEF EXECUTIVE’S OFFICE					
	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 complementary 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			

As as 22 June 2011

SECTION 3: CONFIRMATION OF MINUTES OF THE PREVIOUS MEETING

MINUTES OF A PUBLIC MEETING OF CPHAC / DISAC COMMITTEES OF NELSON MARLBOROUGH DISTRICT HEALTH BOARD HELD AT THE SEMINAR CENTRE ROOM 1, BRAEMAR CAMPUS, NELSON ON TUESDAY 19 APRIL 2011 AT 9:30 AM

Present:

Gerald Hope (Chair)

Community Representatives: Judith Holmes, Jennifer M Black, Jos Van der Pol, George Truman and Glenys MacLellan

Board Representatives: Patrick Smith, John Moore, Russell Wilson, Fleur Hansby, Gordon Currie and Jenny Black (Board Chair)

IHB Representative: Mabel Grennel

Apologies:

Nil

In Attendance:

John Peters (CE), Peter Burton, Nick Lanigan, Sharon Kletchko and Mike Cummins

Karakia:

Patrick Smith

WELCOME

Gerald Hope (Acting Chair) welcomed the group.

Election of Officers

(To be ratified at Board Meeting)

Chairman

Gerald Hope was nominated by Jenny Black and Fleur Hansby. There were no further nominations.

Deputy Chairman

John Moore was nominated by Gerald Hope and Judith Holmes. There were no further nominations.

It was agreed that a recommendation be made to the Board that Gerald Hope be appointed Chairman and John Moore be appointed as Deputy Chairman.

SECTION 1: APOLOGIES

Nil

SECTION 2: REGISTRATIONS OF INTEREST

Changes were noted from Jennifer M Black, Judith Holmes and Glenys MacLellan.

Moved: Gerald Hope
Seconded: Jenny Black

RECOMMENDATION:
THAT THE REGISTRATIONS OF INTEREST AS AMENDED BE NOTED.

AGREED

SECTION 3: MINUTES OF PREVIOUS MEETING

3.1 Minutes of the CPHAC Committee Meeting 26 October 2010 and DiSAC Committee Meeting 16 November 2010.

Moved: John Moore
Seconded: Gerald Hope

RECOMMENDATION:
THAT THE CPHAC MINUTES OF THE MEETING 26 OCTOBER 2010 BE NOTED.

AGREED

Moved: George Truman
Seconded: Glenys MacLennan

RECOMMENDATION:
THAT THE DiSAC MINUTES OF THE MEETING 16 NOVEMBER 2010 NOTED.

AGREED

3.1 Matters Arising

Internal Allocation

Members were briefed that there are no plans to adjust the internal allocation of PBFF funding based on geographical need.

Joint meeting with Councils

Noted responses still awaited from two Councils.

Audit & Risk Committee meeting of 14 June 2011 were to consider the current seismic report April 2006. A verbal update will be given at this meeting.

3.2 Correspondence

Noted

SECTION 4: REPORTS

4.1 Chair's Report

Report tabled. Noted the combined TOR to be examined at the next Chairs' meeting. A number of challenges for the Committee and level of learning for some new members.

Moved: Gerald Hope
Seconded: John Moore

RECOMMENDATION:
THAT THE CHAIRPERSON'S REPORT BE RECEIVED.

AGREED

4.2 Directorate Report

4.2.1 General

(i) Christchurch Earthquake

Report on local debrief following the 22 February earthquake was noted. The preparedness was outlined, together with the role the DHB has with primary providers to plan for such emergencies. Noted that planning templates and logo had been picked up by other PHOs.

Members discussed primary care preparedness, rest homes with lifts with no emergency power, seismic risk of NMDHB's buildings and lack of records for displaced persons.

4.2.2 For Decision

(i) Licence to Occupy Where Person received Rest Home Level Care
(*George Truman noted a conflict of interest*)

Noted the issue was identified by a concerned relative with the Minister of Health. It relates only to people receiving rest home care while remaining in their own unit under a licence to occupy with an ARC provider.

Aim of recommendation is to get consistency across the district as some provides are making a refund.

A revised recommendation was developed for the Board to consider.

RECOMMENDATION:

THAT THE BOARD ENDORSES THE REQUIREMENT FOR ARRC PROVIDERS TO COMPLY WITH CLAUSE A14 (OF THE NATIONAL AGED RELATED CARE CONTRACT) FOR CLIENTS IN LICENCE TO OCCUPY UNITS RECEIVING DHB SUBSIDISED RESTHOME LEVEL CARE AND THAT THE REFUND BE MADE TO THE CLIENT.

THAT THE BOARD ENCOURAGES ARRC PROVIDERS TO ALSO COMPLY WITH THIS REQUIREMENT FOR THOSE NOT RECEIVING SUBSIDISED REST HOME LEVEL CARE IN A UNIT COVERED BY A LICENCE TO OCCUPY.

**Moved: John Moore
Seconded: Gerald Hope**

THAT THE COMMITTEE RECOMMENDS THAT THE BOARD ENDORSES THE DIRECTION FOR LICENCES TO OCCUPY AS DISCUSSED.

AGREED

4.2.3 Quality

Noted.

4.2.4 Utilisation / Activity

Noted.

4.2.5 Performance to KPIs

Noted.

4.2.6 Financial Report

Noted the reports reflect the internal structure and that the overall reporting is to be discussed at the Combined Chairs meeting.

Members discussed the impact of the reduced ACC revenue and whether the cost base had been reduced. They were advised that the reduced level of ACC funded services is being picked up through an increase in acute admissions.

4.2.7 Emerging Issues

Long term Support – Chronic Health Conditions

Noted the plan to devolve this funding from the MOH. Concerns are that funding will not be adequate for the services currently being delivered. A full report will be made once due diligence has been completed.

ARC Occupancy

Following the Christchurch earthquake this is a pressure area for NMDHB. The aging in place strategy aims to reduce the pressure on ARC providers.

4.2.8 Project Reports or Status

Golden Bay Integrated Health Service

Noted the progress on this project.

After Hours Primary Care Facility at Nelson Hospital

Noted application for approval to lease is being lodged with the Minister of Health.

4.2.9 Health Alliance / Collaboration

Noted.

4.2.10 Progress Against Service Improvement Plans

Noted.

4.2.11 Directorate Profile

(Nick Baker joined the meeting for this item)

Noted the team approach towards the whole health system for Nelson Marlborough. This includes a community focus, patient centred, environmentally sustainable through a range of contracts and service provision. Direction includes balancing access, improving flows through the whole system which will span directorates, reduce duplication and addressing health targets.

Changes are occurring to how Public Health Services across the South Island are being delivered as a result of the 22 February earthquake. The directorate works with the NGO sector which is seen as fundamental to the success of a Nelson Marlborough health system.

Moved: Gerald Hope
Seconded: Glenys MacLellan

RECOMMENDATION:
THAT THE DIRECTORATE REPORTS BE RECEIVED.

AGREED

SECTION 5: FOR INFORMATION

Nil

SECTION 6: MEMBERS ISSUES

To be notified before the meeting to enable research or information to be gathered.

Public Excluded

Moved: Jenny Black
Seconded: Gerald Hope

RECOMMENDATION

THAT the Committee resolve itself into a Committee of the whole and that in terms of the NZ Public Health & Disability Act 2000, the public be excluded while the following items are considered:

- **Minutes of a meeting of CPHAC Committee held on 26 October 2010 Clause 34(a) Schedule 4 of New Zealand Public Health & Disability Act 2000).**
- **Long Term Supports Chronic Health Conditions – To protect information that is subject to negotiation (Clauses 32(a) and (b) Third Schedule NZ Public Health & Disability Act 2000)**

AGREED

Actions Arising from the Meeting

Action	Responsible	Time Frame
Public messages on the seismic risk of buildings	Mike Cummins	June 2011

Meeting closed at 12.00 pm

Members of Public

Nil

SECTION 3.1: MATTERS ARISING

Seismic Risk

This has been reported to the Board and considered by Audit & Risk on 14 June 2011. Work is continuing on assessments of infrastructural areas where NMDHB may be at risk.

SECTION 3.2: CORRESPONDENCE

Organisation	From	To	Date	Subject

SECTION 4: REPORTS

4.1 CHAIRPERSON'S REPORT

GENERAL

No items to report

Gerald Hope
Chairperson

Status

This report contains:

- For decision
- Update
- Regular report
- For information

4.2 DIRECTORATE REPORTS

Status

This report contains:

- X For decision
- ✓ Update
- ✓ Regular report
- ✓ For information

4.2.1 General

i. Mental Health Services Directorate

- a. Apex Union negotiations for Clinical Psychologists continue as do Clerical.
- b. Portfolio Manager met with all NGOs to discuss Directorate Contracts. Renewals now drafted.
- c. Te Roopu Tupu Tahi Network to be discontinued at the end of June in the current form. It is to be replaced by Representative Reference Group for Directorate to meet six weekly. There will be quarterly meetings of Directorate with Contract Providers
- d. CAMHS Unit manager appointed to replace Carolyn Lock who retired after 27 years.

ii. Community Based Services Directorate

Licence to Occupy – Aged Related Residential Care

On 19 April the NMDHB Board considered the LTO payment issues. The Board resolved that the DHB write to residents who are receiving aged related care services in an LTO and to the providers of these services outlining DHB expectations on complying with Clause A14 of the ARRC contract. These letters were sent on 2 May.

To date replies have been received from seven providers of ARRC services. These have outlined repayment formulas of differing kinds. We have yet to complete an analysis of whether these responses discharge provider responsibilities under Clause A14 of the contract. Once this analysis is complete we will then decide on next steps with ARCC service providers.

We have also received a reply from the NZ Aged Care Association. This reply indicates that their advice to members is to delay replying to our letter of 2 May until a national solution has been agreed. They indicate their view that an agreeable national solution will be found shortly.

NMDHB, as a party to the annual DHBs negotiations around the ARRC contract, is aware of this work at a national level. While there will not be any changes to Clause A14 for the 2011/12 year it has been agreed that there is a lack of clarity on the detail as to how A14 is to be applied. DHBs also anticipate that there will be, in the near future, a solution agreeable to all parties, however, this will still require individual DHBs to follow through with individual providers to ensure compliance with clause A14 (as above).

4.2.2 Quality

i. Mental Health Services Directorate

- a. Quality Framework Committee continues; Mental Health has aligned the mandatory National Mental Health KPI domains and measures to NMDHB Balanced Scorecard and Quality Framework components. The aim is to have a suite of measures for the Directorate that meet the requirements for Scorecard, Framework, National KPIs, MOH targets and Monthly Reporting rather than separate measures for each Report. The National KPIs are a well researched, piloted system providing excellent benchmarks for NZ Mental Health Services.
- b. Mental Health Quality Forum monthly meeting and Health and Safety monthly meeting continues.
- c. Progress Report to MOH on Implementation of Te Kokiri (National Mental Health and Addiction Action Plan).
- d. Service Director attended MOH Quarterly Mental Health Meeting. Three interesting presentations: Roles and Intentions of the Health Quality & Safety Commission by Dr Janice Wilson; Mental Health Commission's Service Development Plan (new Blueprint) by Dr Lynne Lane; Update on Primary Mental Health Initiatives and the 2011-2014 Action Plan (MOH).

4.2.3 Utilisation/Activity

i. Mental Health Services Directorate

	May 11	Apr 11	Mar11	YTD Monthly Average
Inpatient Acute Admissions	28	31	34	31
Inpatient Acute LOS	9.6 days	11.5 days	9.6 days	10.6 days
Inpatient Seclusion Use	445.5 hours	301.20 hours	555.2 hours	659.9 hours
Community After Hours Calls	48	65	70	54
Community Caseload Numbers	2848	2955	2985	3008

	May 11	April 11	Mar 11	Total YTD
Community Crisis Contacts	45	127	190	1687

Activity – Total Clients Seen By NGO Services 2010/11 FY

Service	Q1	Q2	Q3	Q4
Richmond NZ	51	77	33	
Gateway Housing Trust	194	180	184	
Mental Health Support Services	38	36	38	
Te Whare Mahana	77	83	61	
Te Rapuora	149	Not provided	210	
Te Ara Mahi	119	99	90	
Health Action Trust (Kotuku)	38	44	44	
Ngati Koata	Not provided	Not provided	138	
Te Awhina Marae	Not provided	89	68	
Horizon Trust	Not provided	44	10	
Care Marlborough	N/A	N/A	N/A	

Service	Q1	Q2	Q3	Q4
Care Solutions	N/A	N/A	N/A	
Schizophrenic Fellowship Nelson	N/A	N/A	N/A	
Schizophrenic Fellowship Blenheim	N/A	N/A	N/A	
St Marks	16	41	59	

Non reporting has been identified as an issue of significance to NGOs. Provider Arm working to assist those with difficulties and addressing reporting requirements in the new Contracts Provider Specific Terms.

NB: Q2 Reporting to Strategy and Planning Portfolio Manager from Te Rapuora and Ngati Koata remain outstanding. Strategy and Planning Portfolio reports Care Solutions, Care Marlborough and SF currently are not required to report NHI data. However, alternative reporting requirements have been included in their contract renewal. The Directorate expects to be informed of the number of families/people supported monthly.

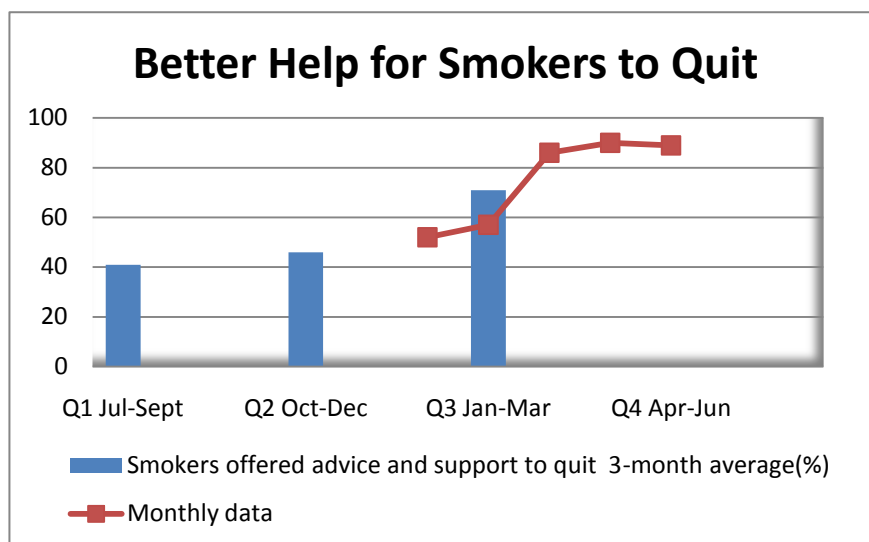
ii. IDSS

Intellectual & Physical Disabilities		Current Month May 2011			YTD May 2011
Services Provided		IDSS	PDSS	Total ID & PD	Total ID & PD
Current Moh Contract	As per Contracts at month end	161	6	167	
Beds – Individual contracts	As per Contracts at month end	43	1	44	
Beds – Respite contracts	As per Contracts at month end	2	2	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	207	11	218	
Vacant Beds	Actual at month end	11	2	13	
	Total available beds	218	13	231	
Total number of clients supported	Residential contracts - Actual at month end	207	11	218	
	Personal Cares contracts - Actual at month end	2	1	3	
		209	12	221	
	Total available bed days	6,758	403	7,161	76,059
Total Occupied Bed days	Actual for full month - includes respite	6,377	329	6,706	73,023
Total Occupied Beds	Based on actual bed days for full month (includes respite volumes)	94%	82%	94%	96%

4.2.4 Performance to KPIs

i. Community Based Services Directorate

- a. **Better Help for Smokers to Quit**
Results continue to track upwards. The result for Quarter Three was 71%, up from Quarter Two (46%). April achieved 90% and May 89%.



There have been good results from the ASH Year Ten smoking survey which will contribute towards strategic goal 1 (Annual Plan 2011/12): people take greater responsibility for their own health. It showed that in Nelson Marlborough:

- Daily smokers have reduced from 7.1% to 4.1% of 14- to 15-year-olds
- Regular smokers have reduced from 13.8% to 8.9% of 14- to 15-year-olds
- Never smokers have increased from 61.7% to 69.7% of 14- to 15-year-olds
- Smoking in the home of families of 14- to 15-year-olds reduced from 19% to 15.1%.

A Tobacco Control Plan workshop was held on the 2nd June at Whakatu Marae for all providers of Smokefree/Tobacco Control services. This covered:

- Health promotion/protection (work of NMDHB Public Health Service, Cancer Society, National Heart Foundation)
- Smoking Cessation ABC facilitation across hospital and primary care settings (Public Health Service, PHOs, Whakatu Marae)
- Cessation services (Aukati Kaipaipa provided by Ngati Rarua, Te Awhina Marae and Whakatu Marae; Public Health Service; PHOs)
- National programme directions
- Leadership through Community Based Services Directorate

The workshop provided an opportunity to discuss all the roles of the participants, and a range of opportunities and challenges were noted. This will be collated with a view to redeveloping the Tobacco Control Action Plan for the next two to three years. The Ministry of Health representative confirmed a Government vision of a Smokefree New Zealand/Tupeka Kore Aotearoa by 2025. It is intended to develop our local plan with this vision in mind.

b. Increased Immunisation

Our most recent coverage has dropped from 89% to 87% to end of April. Analysis of the latest stats shows: decline rate last quarter of 2010 was 4.5%; decline rate to April has risen to 8.5%. We are actively pursuing overdue children. Discussion is occurring with Immunisation Partnership Group and Ministry of Health.

c. Diabetes/CVD Risk Assessment

Our overall performance for Quarter 3 was averaged at 70% which placed us in the bottom 4 of the 20 DHBs, as at last quarter.

For measure 'CVD Risk Assessment' we continue to work with Ministry of Health, Lab Data Warehouse and the Lab provider to ensure more comprehensive information is reported for this component of the indicator.

For measure 'Diabetes Detection and Follow-up' a total of 2701 people with diabetes are recorded as having had a Diabetes Annual Review in this period, against an expected number of 3601. The PHOs have queried the denominator of the number of people with diabetes in this district and considerable work has been done by both PHOs to validate this data. While the MoH has found this work helpful and has adjusted the denominator to a slightly lower level and acknowledge that it is not perfect, they still regard it as a reasonable estimate of the total number of people that who are expected to have diabetes in this district. NMDHB and the two PHO's are working together to identify people who are eligible but have not had a Diabetes Annual Review and also to consider development of guidelines for diabetes care, drawing on previous work in the sector.

For measure 'Diabetes Management' performance is down slightly in this quarter but as Nelson Marlborough results compare well on this component relative to other DHBs, no particular action is felt to be required on this component.

	Health Target (%)	Achieved at Q2 (%)	Achieved at Q3 (%)
CVD Risk Assessment			
Maori	55	59.5	60.7
Pacific	n/a	53.6	55.3
Other	76	69.4	70.7
Total	72	68.6	69.9
Diabetes Annual Check			
Maori	52	52.8	57
Pacific	n/a	n/a	56

Other	76	57.6	61
Total	72	57	61
Diabetes Management			
Maori	72	69	65
Pacific	n/a	53	61
Other	82	83	80
Total	79	81	78
Overall		69%	70%

ii. Mental Health Services Directorate

KPIs/VARIANCE REPORT: MENTAL HEALTH							
Performance Areas & KPI'S	May 10	May 11	YTD	Trend	Forecast end of yr	Target	Comment
Access							
Outpatients/Inpatients Seen Within 2 Weeks After Discharge	100%	100%	100%*			100%	
AOD New Referrals Seen Within 30 Days	74%	88%	79%*	□		80%	
CAMHS New Referrals Seen Within 30 Days	80%	88%	81%*	□		100%	
KSC New Referrals Seen Within 30 Days	77%	81%	80%*	□		75%	
Witherlea New Referrals Seen Within 30 Days	96%	87%	96%*	□		100%	
Crisis Response - (Witherlea, MCT, CAMHS)	100%	100%	100%*			100%	
Staff							
% Contracted FTEs Employed	97.5%	100.9%	96.9%	□		100%	
Turnover	0.83%			□		2%	
Sick Leave	4.3%	2.7%	2.9%	□		4%	
Service Provision							
Crisis Attendance No's - (Witherlea, MCT, CAMHS)	121	45	1687**	□		Monthly No's	
Community Caseload No's - (all Community Teams)	3184	2848	3008*	□		Monthly No's	
Methadone No's	263	277	297**	□		Monthly No's	
AOD Court Assessments	42	27	317**	□		As required	
Average (Acute) Inpatient Length of Stay	10.25	9.6	10.5*	□		14 days	
Finance (Variance from Budget) \$000s							
Total Income	36	16	65	□		Nil Variance	
Total Expenditure	114	114	1,232	□		Nil Variance	
Breakdown Expenditure – Personnel	74	57	807	□		Nil Variance	
Breakdown Expenditure – Other	40	57	425	□		Nil Variance	
Contribution to Overheads	150	130	1,297	□		Cover Overhead Costs	
Quality							
Percentage Discharge Plans	100%		100%*			100%	Discharge planning begins at admission

Percentage Relapse Prevention Plans	95.1%	95.1%	96%*			90% National Target	-
Information Management							
PRIMHD Reporting in Timeframe	100%		100%*			100%	
Reporting Requirements Met (MOH, MHC)	100%		100%*			100%	
Notes: Trend – Indicates Change from Last Month. Trend for Financials Only – Positive variance is favourable, negative variance is unfavourable. Upwards arrow variance moving above budget. Downwards arrow – variance moving below budget. NRM = New Reporting Measure * monthly average YTD ** total YTD							

4.2.5 Financial Report

FUND BY DIRECTORATE

Fund Arm Statement of Financial Performance – May 2011

On following pages.

\$000	May 2011			Year to Date			Full Year		
	Actual	Budget	Variance	Actual	Budget	Variance	DAP	Forecast	Variance
Revenue									
MoH Devolved Funding	29,086	28,787	299	320,426	318,042	2,383	347,292	349,705	2,413
IDF Revenue	629	591	38	6,881	6,502	379	7,093	7,534	441
Other Revenue	10	0	10	66	0	66	0	66	66
Total Revenue	29,725	29,378	347	327,372	324,544	2,828	354,384	357,304	2,920
Expenditure									
Personal Health Expenditure	21,311	21,164	(147)	235,199	234,234	(965)	255,715	255,391	324
Mental Health Expenditure	3,072	3,043	(28)	33,568	33,476	(91)	36,520	36,644	(124)
Public Health Expenditure	250	237	(13)	2,619	2,608	(11)	2,845	2,856	(11)
Disability Support Expenditure	4,837	4,616	(221)	50,786	50,034	(753)	54,567	55,555	(989)
Hauora Maori Services Expenditure	228	228	0	2,502	2,504	3	2,732	2,729	3
Governance Expenditure	458	458	(0)	5,043	5,043	(0)	5,501	4,916	585
Total Expenditure	30,155	29,746	(409)	329,716	327,898	(1,818)	357,879	358,091	(212)
Net Surplus/(Loss) before Interest	(431)	(368)	(62)	(2,344)	(3,354)	1,010	(3,494)	(787)	2,708
Interest Received	71	61	10	884	657	227	715	934	219
Net Surplus/(Loss)	(359)	(308)	(52)	(1,461)	(2,698)	1,237	(2,779)	147	2,926

Community Based Services

\$000	May 2011			Year to Date			Full Year		
	Actual	Budget	Variance	Actual	Budget	Variance	DAP	Forecast	Variance
Revenue									
IDF and NGO Allocation	6,283	6,486	(203)	71,067	70,399	667	76,783	77,483	700
Total Revenue	6,283	6,486	(203)	71,067	70,399	667	76,783	77,483	700
Expenditure									
Personal Health Expenditure	2,736	2,774	38	30,287	30,273	(14)	33,023	33,163	(140)
Public Health Expenditure	13	4	(9)	54	47	(8)	51	54	(3)
Disability Support Expenditure	3,482	3,489	7	37,983	37,667	(317)	41,078	41,382	(304)
Hauora Maori Services Expenditure	219	219	0	2,410	2,413	3	2,632	2,629	3
Total Expenditure	6,450	6,486	37	70,734	70,399	(335)	76,783	77,228	(444)
Net Surplus/(Loss)	(166)	0	(166)	332	0	332	0	255	255

Clinical Services

\$000	May 2011			Year to Date			Full Year		
	Actual	Budget	Variance	Actual	Budget	Variance	DAP	Forecast	Variance
Revenue									
IDF and NGO Allocation	3,621	3,556	64	41,264	40,224	1,040	43,896	45,000	1,104
Total Revenue	3,621	3,556	64	41,264	40,224	1,040	43,896	45,000	1,104
Expenditure									
Personal Health Expenditure	3,620	3,545	(74)	40,487	40,103	(384)	43,763	44,225	(462)
Disability Support Expenditure	11	11	(0)	122	122	(0)	133	133	(0)
Total Expenditure	3,631	3,556	(74)	40,609	40,224	(384)	43,896	44,358	(462)
Net Surplus/(Loss)	(10)	0	(10)	656	0	656	0	642	642

Medical and Surgical Services

\$000	May 2011			Year to Date			Full Year		
	Actual	Budget	Variance	Actual	Budget	Variance	DAP	Forecast	Variance
Revenue									
IDF and NGO Allocation	2,511	2,511	0	27,626	27,626	0	30,137	30,137	0
Total Revenue	2,511	2,511	0	27,626	27,626	0	30,137	30,137	0
Expenditure									
Personal Health Expenditure	2,510	2,509	(1)	27,436	27,602	165	30,111	29,947	164
Disability Support Expenditure	2	2	(0)	(41)	24	65	26	(39)	65
Total Expenditure	2,512	2,511	(1)	27,396	27,626	230	30,137	29,908	229
Net Surplus/(Loss)	(1)	0	(1)	230	0	230	0	229	229

Mental Health Services

\$000	May 2011			Year to Date			Full Year		
	Actual	Budget	Variance	Actual	Budget	Variance	DAP	Forecast	Variance
Revenue									
IDF and NGO Allocation	1,061	1,048	13	11,688	11,531	157	12,579	12,761	182
Total Revenue	1,061	1,048	13	11,688	11,531	157	12,579	12,761	182
Expenditure									
Personal Health Expenditure	96	81	(15)	1,065	886	(179)	967	1,174	(207)
Mental Health Expenditure	978	968	(10)	10,668	10,645	(23)	11,613	11,651	(38)
Disability Support Expenditure	2	0	(2)	12	0	(12)	0	12	(12)
Total Expenditure	1,076	1,048	(28)	11,746	11,531	(214)	12,579	12,837	(258)
Net Surplus/(Loss)	(15)	0	(15)	(58)	0	(58)	0	(76)	(76)

Director of Maori Health

\$000	May 2011			Year to Date			Full Year		
	Actual	Budget	Variance	Actual	Budget	Variance	DAP	Forecast	Variance
Revenue									
IDF and NGO Allocation	8	8	0	92	92	0	100	100	(0)
Total Revenue	8	8	0	92	92	0	100	100	(0)
Expenditure									
Hauora Maori Services Expenditure	8	8	0	92	92	0	100	100	0
Total Expenditure	8	8	0	92	92	0	100	100	0
Net Surplus/(Loss)	0	0	0	0	0	0	0	0	0

Strategy and Planning

\$000	May 2011			Year to Date			Full Year		
	Actual	Budget	Variance	Actual	Budget	Variance	DAP	Forecast	Variance
Revenue									
MoH Devolved Funding	29,086	28,787	299	320,426	318,042	2,383	347,292	349,705	2,413
IDF Revenue	629	591	38	6,881	6,502	379	7,093	7,534	441
Other Revenue	10	0	10	66	0	66	0	66	66
IDF and NGO Allocation	(13,485)	(13,611)	125	(151,736)	(149,872)	(1,864)	(163,496)	(165,481)	(1,985)
Total Revenue	16,239	15,767	472	175,636	174,672	964	190,889	191,824	935
Expenditure									
Personal Health Expenditure	12,350	12,255	(95)	135,924	135,370	(554)	147,851	146,883	969
Mental Health Expenditure	2,094	2,076	(18)	22,899	22,831	(68)	24,907	24,993	(86)
Public Health Expenditure	237	233	(4)	2,565	2,561	(4)	2,794	2,801	(8)
Disability Support Expenditure	1,339	1,114	(226)	12,710	12,221	(489)	13,330	14,067	(737)
Hauora Maori Services Expenditure	0	0	0	0	0	0	0	0	0
Governance Expenditure	458	458	(0)	5,043	5,043	(0)	5,501	4,916	585
Total Expenditure	16,478	16,135	(343)	179,141	178,026	(1,115)	194,383	193,660	723
Net Surplus/(Loss) before Interest & Capital Charge	(239)	(368)	129	(3,504)	(3,354)	(150)	(3,494)	(1,836)	1,658
Interest Received	71	61	10	884	657	227	715	934	219
Net Surplus/(Loss)	(168)	(308)	140	(2,620)	(2,698)	77	(2,779)	(902)	1,877

i. Community Based Support Services Directorate

Community Based Services Statement of Financial Performance - Consolidated

\$000	May 2011			Year to Date			Full Year		
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	DAP	Variance
Revenue									
MoH Revenue	172	192	(20)	2,348	2,301	47	2,586	2,556	30
Other Govt Revenue	18	40	(22)	347	458	(111)	385	499	(114)
Other Income	34	36	(2)	517	391	126	594	426	168
Internal Revenue									
PVS	1,645	1,634	11	18,565	18,543	22	20,439	20,402	37
NGO & IDF	6,283	6,486	(203)	71,067	70,399	667	77,396	76,783	612
Internal Charge	5	8	(3)	83	92	(8)	96	100	(4)
Total Revenue	8,159	8,397	(238)	92,927	92,184	742	101,496	100,766	729
Expenditure									
Personnel Costs	1,001	1,072	71	10,794	11,676	882	11,768	12,773	1,005
Outsourced services	150	153	3	1,596	1,710	115	1,731	1,870	138
Clinical Supplies	390	237	(153)	2,588	2,565	(23)	3,012	2,798	(214)
Infrastructure and Non Clinical	96	88	(8)	845	951	106	898	1,039	141
Provider Payments									
IDF & NGO									
Personal Health	2,736	2,774	38	30,287	30,273	(14)	33,150	33,023	(127)
Public Health	13	4	(9)	54	47	(8)	54	51	(3)
Disability Support	3,482	3,489	7	37,983	37,667	(317)	41,486	41,078	(409)
Hauora Maori Services	219	219	0	2,410	2,413	3	2,629	2,632	3
Internal (PVS)									
Internal Expenses	59	57	(1)	701	632	(68)	789	691	(98)
Total Expenditure	8,145	8,094	(51)	87,257	87,933	677	95,518	95,955	436
Net Surplus/(Loss)	14	303	(289)	5,670	4,251	1,419	5,978	4,812	1,166

FTE's - Community Based Services Directorate

Staff Type	May 2011			Year to Date			Full Year		
	Actual	Budget	Variance	Actual	Budget	Variance		DAP	Variance
Medical Personnel	2.1	1.7	(0.4)	1.9	1.6	(0.3)		1.6	0.0
Nursing Personnel	82.3	81.8	(0.6)	80.3	81.0	0.7		81.1	0.0
Allied Health	58.9	65.9	7.0	55.4	64.2	8.9		64.4	0.0
Hotel Services	6.0	6.1	0.1	6.0	6.1	0.1		6.1	0.0
Management/Administration	22.9	28.9	6.0	24.4	28.0	3.6		28.0	0.0
Total FTEs	172.3	184.4	12.1	168.0	180.9	12.9		181.2	0.0

Summary of Significant Variances

Revenue variance favourable(\$742K) due mainly due to unbudgeted reimbursements from Marlborough Primary Health Organisation (\$33k) an increase in revenue for School Dental training (\$34K), Drinking Water Facilitation (\$20K) , Smokefree DHB (\$47K), donations received (\$12K) and increased allocation from the fund for NGO-IDF (\$667K). Offset by lower than budget ACC revenue (\$113K).

Personnel is favourable (\$882K) due mainly to Public Health (\$620K) pending the initiation of the Health Promotion Development Plan, Community Based Directorate Governance (125K, Diabetes and Health Education (\$95K) and Health of Older People (\$207K) with staff vacancies in a number of other departments (\$102K). This has been offset with additional costs to District Nursing (\$263K).

Outsourced are favourable (\$115K) mainly due to over budgeting in Primary & Community Development (\$60K), errors in coding for NPA (\$56K), reduced outsource cost in the Public Health Service (\$19K), reduced expenditure for RMO fee for rural service and contract nursing services (\$22K). This has been partially offset by unbudgeted costs for sleep apnoea studies in Wairau District Nursing (\$40K)

Clinical supplies are unfavourable (\$23K) mainly due to over budgeting in the now completed HPV programme (\$10K), Oral Health and school dental clinical equipment (\$18K) this has been offset with overspend in Oral Health clinical equipment depreciation (13K), Vac (negative pressure wound therapy) dressings (14K) and equipment rentals (\$48K)

Infrastructure is favourable (\$106K) mainly due to Health of Older people reduced cost in laundry, rents and utilities (\$59K), lower rent by vacating Trafalgar Street office space (\$18K), over budgeting NPA Programme (\$16K) plus minor savings in a number of departments.

Internal charges are unfavourable (\$68K) due mainly to additions to Finance and corporate charge - relocation of service directors salaries (\$72K) and sundry internal charges (\$16K) which has been offset by lower transport charges (\$20K)

NGO – IDF (\$336K unfavourable). This has been offset with NGO increased allocation (\$285K) and IDF increased allocation (\$50K) CYFS IDF Outflows

ii. IDSS Service

Business Development Statement of Financial Performance

\$000	May 2011			Year to Date			Full Year		
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	DAP	Variance
Revenue									
MoH Revenue	1,159	1,140	18	12,672	12,323	350	13,811	13,426	385
Other Govt Revenue	19	19	0	241	195	45	248	212	36
Other Income	197	10	187	1,167	110	1,057	1,323	120	1,202
Internal Revenue									
PVS	12	12	-	133	133	-	145	145	-
Internal Charge	5	3	2	50	33	17	53	36	17
Total Revenue	1,392	1,184	208	14,263	12,794	1,469	15,579	13,939	1,640
Expenditure									
Personnel Costs	1,056	1,041	(15)	11,348	11,720	372	12,430	12,812	382
Outsourced services	-	0	0	-	3	3	0	3	3
Clinical Supplies	86	11	(75)	545	120	(425)	625	131	(494)
Infrastructure and Non Clinical	150	72	(79)	1,161	788	(373)	1,320	860	(460)
Provider Payments									
IDF & NGO
Internal (PVS)									
Internal Expenses	29	27	(2)	316	297	(19)	343	324	(19)
Total Expenditure	1,322	1,151	(171)	13,369	12,927	(443)	14,718	14,129	(589)
Net Surplus/(Loss)	70	34	37	893	(133)	1,026	861	(190)	1,051

FTE's - Business Development

Staff Type	May 2011			Year to Date			Full Year		
	Actual	Budget	Variance	Actual	Budget	Variance	DAP	Variance	
Allied Health	268.7	258.6	(10.1)	259.0	266.0	6.9	266.4	0.0	
Management/Administration	14.2	14.4	0.2	14.0	14.0	0.0	14.0	0.0	
Total FTEs	282.9	273.0	(9.9)	273.0	279.9	6.9	280.4	0.0	

Revenue: \$1,469k additional revenue for the YTD period ended 31st May 2011

MoH Revenue: \$350k additional revenue due to

- Additional residential volumes for ID Community \$345k, Christchurch earthquake clients \$69k and reduced volumes for Physical Disability \$91k (client left after budgets allocated)
- Additional Day Services volumes \$27k

Other Govt Revenue: \$45k additional revenue due to

- Additional contracted volumes from Ministry of Social Development and ACC

Other Income: \$1,057k additional income due to

- income received from client contribution \$977k – IDSS are now receiving the client contribution from 1st December 2010 (offset by additional expenses)
- additional income received \$80k - Client recreation/activity funds, Training income, Day Services private payers, reimbursement of expenses and rental income

Personnel: Year to date total variance \$372k under spent & 6.9 FTE under

Under spending due to

- New service developments budgeted to commence from July and not opened until the end of September
 - Efficiency gains due to changes in current rosters being worked
 - Under spending in Physical Disability due to budgeting for staffing, NMIT property and the client who has now left the service (offset with reduced income)
 - Reduced costs due to budget phasing for sleepover allowances and penal payments
- Offset with additional client support required in some areas

Expenses:

Clinical Supplies: \$425k over spent due to additional client related costs
IDSS are now paying fixed payments to clients as from 01/12/10

Infrastructure: \$373k over spent due to additional client related costs – power, phone, rents
(Both Clinical Supplies & Infrastructure costs are offset with client contribution income)

iii. Mental Health Services Directorate

Mental Health Services Directorate Statement of Financial Performance

\$000	May 2011			Year to Date			Full Year		
	Actual	Budget	Variance	Actual	Budget	Variance	Forecast	DAP	Variance
Revenue									
Other Govt Revenue	18	16	2	213	181	32	230	197	33
Other Income	1	6	(5)	26	61	(35)	29	67	(38)
Internal Revenue									
PVS	2,086	2,067	18	22,810	22,742	68	24,896	24,809	86
NGO & IDF	1,061	1,048	13	11,688	11,531	157	12,761	12,579	182
Internal Charge	7	7	0	78	79	(0)	86	86	(0)
Total Revenue	3,174	3,145	29	34,815	34,594	221	38,001	37,739	263
Expenditure									
Personnel Costs	1,604	1,659	54	17,419	18,193	775	19,064	19,902	874
Outsourced services	44	55	12	457	608	151	503	665	161
Clinical Supplies	11	13	2	95	146	52	106	160	54
Infrastructure and Non Clinical	80	120	40	1,114	1,332	218	1,226	1,451	225
Provider Payments									
IDF & NGO									
Personal Health	96	81	(15)	1,065	886	(179)	1,174	967	(207)
Mental Health	978	968	(10)	10,668	10,645	(23)	11,651	11,613	(38)
Disability Support	2	0	(2)	12	0	(12)	12	0	(12)
Internal (PVS)									
Internal Expenses	38	42	3	458	462	4	501	506	4
Total Expenditure	2,854	2,938	84	31,288	32,273	985	34,238	35,262	1,061
Net Surplus/(Loss)	320	207	112	3,527	2,321	1,206	3,764	2,476	1,323

FTE's - Mental Health Services Directorate

Staff Type	May 2011			Year to Date			Full Year		
	Actual	Budget	Variance	Actual	Budget	Variance		DAP	Variance
Medical Personnel	19.9	18.9	(1.0)	18.1	18.0	(0.1)		18.0	0.0
Nursing Personnel	106.7	104.7	(2.1)	103.9	105.4	1.4		105.4	0.0
Allied Health	70.2	68.6	(1.6)	64.7	66.6	2.0		66.8	0.0
Hotel Services	3.7	4.5	0.8	3.6	4.6	1.0		4.6	0.0
Management/Administration	33.2	34.5	1.3	31.7	33.9	2.2		33.9	0.0
Total FTEs	233.7	231.1	(2.6)	221.9	228.4	6.5		228.7	0.0

Overall Mental Health Directorate Year-to-Date Contribution \$1,206k above budget adjusted for the Rutherford initiatives (Apr \$1,094k) with:

Income up by \$221k (Apr \$192k) YTD with MoH providing:-
Additional \$157k (Apr \$143k) funding for Youth Addictions and the Suicide Prevention Pilot, and
Additional \$68k (Apr \$50k) funding for Addictions for Opioid treatment

Expenditure under-spent by \$985k (Apr \$901k) YTD where:-

Personnel costs are lower than budget by \$775k (Apr \$721k) with 6.5 less FTE than budget mainly in Nursing, Allied and Management/Admin staff as well as lower Medical costs with a lower senior medical staffing mix.

Outsourced Services lower by \$151k (Apr \$139k) with \$36k (Apr \$33k) in Medical Outsourcing Fees and \$73k (Apr \$69k) in NASC Outsourced/Respite/Clinical Outsourcing

Clinical Supplies positive by \$ 52k (Apr 50k) mainly in Client related and Psychology costs, and

Infra-structure and Non-Clinical positive by \$218k (Apr 178k) under in various cost categories.

Funder Personal Health spend is over by \$214k (Apr \$187k) with \$179k (Apr \$164k) spend on a Youth AOD & Suicide Prevention pilot and \$71k adverse in IDF's offset by \$41k less spent on under-delivered residential support and the non-renewal of the \$44k Richmond Fellowship contract.

Capital Projects

All the 2009/10 carried forward projects have been approved with only one incomplete.

Of the 2010/11 projects 13 projects totalling \$60k (Apr \$52k) approved with \$40k (Apr \$32k) spent, and a number of projects currently being spent on or scoped.

4.2.6 Emerging Issues

- i. **Community Based Support Services Directorate**
 - a. **Long Term Supports – Chronic Health Conditions Programme Funding Devolution.** Funding for this is being devolved to the DHB in 1st July; contracts with service providers will be devolved in August, and current services will be maintained. The funding offer from the Ministry has yet to be confirmed. It is likely that most of this has already been committed to existing services/clients. NMDHB has successfully worked with South Island DHBs to agree on processes for managing the risk pool around new referrals on a regional basis.
 - b. The Ministry of Health provided one-off funding via CFA for **Child Development Services** around the assessment and diagnosis and intensive behavioural support of children and young people with developmental needs (to reduce/clear waiting lists or provide behavioural support). As waiting lists are not an issue here, it was decided to use the opportunity to provide earlier intensive behavioural support services to a number of young people who were identified with high needs, some of whom had already been referred to services. Seven children will be supported through this funding, and two providers have been engaged, via letters of agreement, to provide the service.

ii. Mental Health Services Directorate

- a. Inpatient Continuum – considering Acute Adult Admissions – ID/MH – Co-existing and Psychogeriatric Inpatient Mode1.
- b. Ongoing discussions of the Provider Arm Structure.
- c. Mental Health Commission Blueprint.
- d. Maori NGO Provider issues.
- e. Co-Existing Disorder (AOD/MH) Plan completed to be incorporated into Regional Plan for MOH by 30 June 2011.
- f. Watching brief on Sleepover Payment risk. NGOs completing template to assist risk assessment.
- g. Awaiting national document on Dual Disabilities (ID/MH) contributed to and continuing with our local solution (still have an inappropriate admission (young male) 8 months on).
- h. Regional Service Models of Care documents collated by SiSSAL from district workshops across the South Island delayed by earthquake.
- i. Mental Health and PHO are in discussion with private practice Clinical Psychologists on involvement in Pain Clinics and shared trainings.

4.2.7 Project Reports or Status

i. Community Based Support Services Directorate

a. **Community Oral Health Service**

The gradual transition from the old School Dental Clinics to the new Community Based Oral Health Clinics is about to commence. Official openings are occurring at the five sites with fixed hubs over the next few months – Henley School, Richmond; Nayland Primary, Stoke; corner of Franklyn/Tipahi Sts Nelson; Parklands School, Motueka, and Innes House, Blenheim. The mobile unit which will service the rural Tasman area (Mapua, Tapawera, Wakefield, Collingwood, Takaka, Upper Moutere and Lower Moutere) has arrived; the second unit, for Marlborough, will be delivered April 2012. Negotiations continue with staff. This new model of care addresses three key areas: need to prevent oral disease in children by an increasing emphasis on oral health promotion and prevention; provision of strategically located, multi-chair modern facilities which improve access and investment in the oral health workforce.

b. **Golden Bay Integrated Family Health Centre**

Following consideration by the Board of the Draft Report on the financial feasibility of the proposed Golden Bay IFHC and an Analysis of Governance options by Cranleigh Merchant Bank, refinements to the preferred governance option were discussed with the current Trustees of Golden Bay Community Health and Cranleig. The financial models are being updated for the refinements which include:

- The DHB purchases the land required for the project and leases the whole site to the Trust.
- Trust builds on the site with the DHB managing the construction.

- A mechanism is established for the repayment of the bridging loan – may include payment from accumulated surpluses.
- The DHB bridging the community fund raising as a loan to the Trust.
- The DHB takes the head lease from the Trust, reducing the rental portion in the service agreement.
- The PHO is given a licence to occupy by the DHB.

A meeting was held with Golden Bay DHB staff to update them on the progress on the project and provide an overview of the process and timelines from here on the transfer of employment to NBPH.

c. Nelson Extended Primary Care and After Hours Services Facility

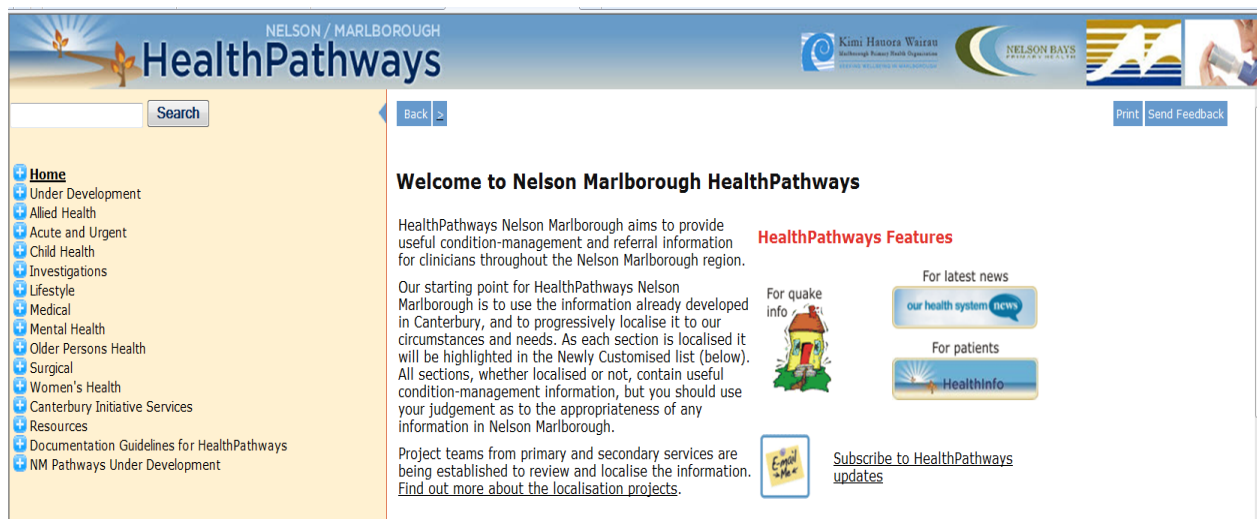
- The location of the building relative to the Emergency Department is being worked through with clinicians;
- The proposed lease agreement has been finalised and agreed with MoH officials. Minister of Health approval is being sought; and
- The preliminary design is being reviewed to bring costs down as the initial estimates slightly above budget.

4.2.8 Health Alliance / Collaboration

i. Marlborough Services Directorate

Website Development

The pathways website is now in draft form as below:



It will be further customised to Nelson Marlborough over the next week or so and be ready for release more widely. The Partnership Steering Group is working with Streamliners (the contracted IT supplier) on localising examples of existing Nelson Marlborough pathways to understand the extent of work required to load these. They are also looking at which of the Canterbury Pathways to localise to NMDHB context. The first Nelson Marlborough pathway (Measles) has been loaded in draft form.

A project website had been developed locally called 'Nelson Marlborough Clinical Networks' for use by local GPs to follow conversations about pathway development, host CME material etc., and to host pathways documents and PSG meeting minutes, etc. This will have a link from the Pathways home page.



Once finalised by the PSG, this will be ready for release more widely across both PHOs and with links from the PHO and DHB websites.

Pathway activities

Skin lesion pathways development is underway both in Nelson and Marlborough.

A number of ideas submitted to the PSG for consideration and identified as service change ideas, have been forwarded to the appropriate directorates for follow up, as follows:

Issue	Actions
DVT management and Warfarin testing in Wairau ED	To Clinical Services Support Directorate May 2011
Cellulites management	To Clinical Services Support Directorate May 2011 When way forward clearer then work on pathway
Hospital in the Home	To Community Based Services Directorate May 2011
Interdisciplinary Rapid Response Services / Hospital at Home	To Community Based Services Directorate May 2011
Multiple attendees ED	To Community Based Services Directorate May 2011
Aclasta can be prescribed by GPs and so should be a patient choice whether they wish to pay	Information to website when available Follow up with Medical Surgical Services directorate

Pain pathway

A pathway has been developed and a service redesign proposed for pain services in the NM district. There is agreement to develop a better understanding of the funding opportunities across the directorates and the PHOs, and to design a service using existing resources where possible. A paper will be developed to describe an affordable option for a community pain service and bring back to directorate and PHO representatives for agreement.

Cardiopulmonary rehab

This service exists in different forms across the district but lacks coordination. A paper will be developed to describe an option for a more coordinated service and then bring this back to directorate and PHO representatives for agreement.

E-referrals

Nelson Marlborough District Health Board, Marlborough Primary Health Organisation (Kimi Hauora Wairau) and Nelson Bays Primary Health are investigating the options for electronic referrals between General Practitioners and the District Health Board (DHB). The goals of an electronic referral system for Nelson Marlborough are:

- Accuracy of demographic information, minimising duplicate records and improving information exchanges
- Accuracy of clinical information via secure and structured communications between referrers and referees, promoting safety, error reduction and reduced duplication of clinical and administrative effort
- Cost-efficiencies by supporting integration of systems between the DHB and PHOs, with a corresponding decrease in miscommunication and associated risks
- Coordination of services, from diagnosis to interventions, leading to more integrated care delivery across the district.

The long term aim will be to support:

- Referrals between other providers including NGO's and private providers and internal referrals within the DHB
- Integration of referrals into the DHB patient management system including electronic tracking and triaging of referrals.

The development of the technical solution to this is being progressed. There are four developed options for consideration across New Zealand. These are in place in Auckland, Northland, Waikato and Canterbury.

A RFP has been released inviting the vendors of these options to provide a proposal and demonstration to clinicians and managers of the three organisations. The demonstration is planned to occur at the clinical

governance meetings at each PHO in July and will include invitations to DHB staff.

Outpatient referral business process

Exploratory workshops are being held in Nelson and Wairau hospitals looking at the current business processes supporting referrals. The objective is to:

To develop a single process for managing referrals received by the NMDHB by:

- Agreeing where we want to be
- Documenting where we are now
- Addressing the gap between where we want to be, and where we are now.

4.2.9 Progress against service improvement plans

i. Community Based Support Services Directorate

- a. Better Sooner, More Convenient: is progressing under the Health Alliance Framework, 4.2.9.
- b. Community Oral Health Service/Business Case is progressing as described in 4.2.8 a.
- c. Golden Bay Integrated Family Health Centre is progressing as described in 4.2.8 b.
- d. After Hours Primary Care Facility developing is progressing as described in 4.2.8 c.

ii. Mental Health Services Directorate

- a. Psychogeriatric Service redesign continues
 - Service Plan completed
 - Positions advertised 3/6/11
 - Interviews 23/6/11 – 26/6/11
 - Mental Health Service Director continues to visit Alexandra Hospital weekly to talk with Staff/answer queries
 - Newsletter every 10 days
 - Tasman Park Dementia Care & Resthome will begin receiving appropriate residents from 22 August 2011 for 2 – 3 weeks
 - RFP for ID/MH “Graduate” group in final draft, hopefully transition will synchronize with Tasman Park
 - 1 July 2011 Mental Health takes over management responsibility for all three streams until transitions complete
- b. Montrose redevelopment for Mental Health Community Team underway
- c. Inpatient Service commences 10 June, including looking at options for location of best practice facility model.
- d. Adult Mental Health Community Teams facility refurbishment commenced. Teams to shift in October 2011.

**RECOMMENDATION:
THAT THE DIRECTORATE REPORTS ARE RECEIVED**

4.2.10 Directorate Profiles

- i. Marlborough Services Directorate
Presentations to cover:
 - Marlborough Service
 - e referrals
 - Quality Framework for NMDHB
- ii. Community Oral Health Service (see appendix one)

SECTION 5: FOR INFORMATION

SECTION 6: MEMBERS ISSUES

Sign Language Week, Sign Interpreters

During sign language week in May I attended a 'taster class' for NZ Sign. After the hour long class I spoke with the tutor briefly about the current situation in regard to interpreters locally - there aren't any. She would "Love to train as an interpreter but as I have 4 small children, 3 years in Auckland is not possible."

At a conference I attended over Queens Birthday Weekend I spoke with one of the 3 interpreters there. She told me that now it is possible to do the first year through Victoria University Deaf Studies course through distance learning, however she could see no other way to do second year other than full time at AUT. She did suggest that with the newer technologies now, talking with AUT could be useful. As an official language, NZ Sign needs better funding from Government.

As all regional centres in NZ have either no, or are short of, interpreters, and the need is high in health as well as in other sectors, training people who will live in regional areas and who want part time work is necessary.

In the last DHB term DiSAC arranged to list Sign interpreters on the health careers list. We also had a presentation on a skype-type telephone link for the deaf with an interpreter and eg their GP being developed, I understand this is running now. These need to be well advertised.

I would like the Board to consider action with other DHBs and relevant agencies to collectively raise awareness of the urgent need for more interpreters, funding for their training to increase and more training options to be available. It would be advantageous if the DHBs and other agencies collectively approached AUT to discuss more varied training options and the viability of them.

Glenys MacLellan

SECTION 7: 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
AP	Annual Plan with Statement of Intent
ARC	Aged Residential Care
ARF	Audit Risk and Finance
ARCC	Aged Residential Care Contract
ASD	Autism Spectrum Disorder
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
BSMC	Better, Sooner, More Convenient
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
CCT	Continuing Care Team
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)
CeTas	Central Technical Advisory Support
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
CPO	Controlled Purchase Operations
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
CVDR	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
DGH	Director General of Health
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
EMPG	Emergency Management Planning Group
ENT	Ears, Nose and Throat
EOI	Expression of Interest
ESA	Electronic Special Authority
ESOL	English Speakers of Other Languages
ESPI	Elective Services Patient Flow Indicators
ESR	Environmental Science & Research
ESU	Enrolled Service Unit
EVIDEM	Evidence and Value: Impact on Decision Making
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
HBI	Hospital Benchmarking Information
HBSS	Home Based Support Services
HBT	Home Based Treatment
H&DC / HDC	Health and Disability Commissioner
HDSP	Health & Disability Services Plan Programme
HDU	High Dependency Unit
HEA	Health Education Assessments
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
HP	Health Promotion
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
JOG	Joint Oversight Group
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 Caesarean Section
LTC	Long Term Care
LTCCP	Long Term Council Community Plan

LTO	Licence to Occupy
LTS-CHC	Long Term Supports – Chronic Health Condition
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
NETP	Nursing Entry to Practice
NGO	Non Government Organisation
NHCC	National Health Coordination Centre
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

OAG	Office of the Auditor General
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
QIPPS	Quality Improvement Programme Planning System
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
SIA	Services to Improve Access
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
WEII	Whanau Engagement, Innovation and Integration
WIP	Work in Progress
YTD	Year to Date
YTS	Youth Transition Service

June 2011

SECTION 8: APPENDICES

APPENDIX 1

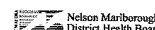
Community Oral Health Service

Peter Burton (Service Director)
Kaye Hannagan (Project Manager)



Background

- School dental service was established in 1921;
- Model has been successfully picked up internationally;
- Funding for establishing, maintaining and running clinics is split (Education and Health)



Background

- DHB is responsible for providing Oral health services;
- Ministry of Education (schools) provide buildings
- Basic dental care is free to all children from birth to year 12 (18 yrs);
- Delivered by Dental Therapists from fixed site facilities up to year 8;



Oral Health Strategy

- Good Oral Health, for All, For Life (August 2006)
- Government investment in strengthening community based oral health services for young people
- National Programme