

COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE

AGENDA

For the meeting of the Advisory Committee Members of
Nelson Marlborough Health held on
Tuesday 28 March 2017 at 11.00am

Seminar Room
Arthur Wicks Building
Wairau Hospital

Section	Agenda Item	Time	Attached	Action
	<i>PUBLIC FORUM</i>			
1	Welcome, Karakia, Apologies, Registration of Interests	11.00am	Attached	Resolution
2	Confirmation of previous Meeting Minutes and Correspondence		Attached	Resolution
2.1	Action Points		Attached	Resolution
3	GM Strategy Community & Primary Report		Attached	Resolution
3.1	Strategy Primary & Community Dashboard – A4		Attached	Note
3.1.1	Strategy Primary & Community Dashboard – A3		Attached	Note
4	Presentation: Health of Older People by Hayley McElwain (Alliance Support Manager – HOP)	11.30am	Verbal	
5	Glossary		Attached	Note
	Public Excluded	12.15pm		
	Meeting finish	12.30pm		

PUBLIC EXCLUDED MEETING
Resolution to exclude public

12.15pm

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/DiSAC Committee Members held on 22 November 2016 (Clause 34(a) Schedule 4 of New Zealand Public Health & Disability Act 2000)*
- *GM Strategy Primary & Community Report - To protect information that is subject to a delegation of confidence (Clauses 32(a) and (b) Third Schedule NZ Public Health & Disability Act 2000)*

WELCOME, KARAKIA AND APOLOGIES

Apologies

Gerald Hope

REGISTRATIONS OF INTEREST – CPHAC/DiSAC MEMBERS

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Patrick Smith (Chair)	<ul style="list-style-type: none"> Member of IHB 	<ul style="list-style-type: none"> Managing Director, Patrick Smith HR Ltd Member on Board of Nelson Tasman Chamber of Commerce 	<ul style="list-style-type: none"> Consultancy services Contracts held 	<ul style="list-style-type: none"> Focus on primary sector and Maori Working with Maori Health Providers who hold contracts
Gerald Hope		<ul style="list-style-type: none"> CE Marlborough Research Centre Director Maryport Investments Ltd CE at MRC landlord to Hill laboratory services Blenheim Councillor Marlborough District Council (Wairau Awatere Ward) 	<ul style="list-style-type: none"> Landlord to Hills Laboratory Services Blenheim 	
Judy Crowe	<ul style="list-style-type: none"> Co Convenor of Educate Don't Fluoridate 	<ul style="list-style-type: none"> Friend is owner of Electric Bike Hub NZ 	<p>Education in sound oral health and nutrition practices as an effective and risk free option for preventing dental caries</p> <ul style="list-style-type: none"> Possible future purchasing 	<ul style="list-style-type: none"> NMDHB has made enquiries and had demonstrations with electric bikes
Jenny Black (Marlborough)		<ul style="list-style-type: none"> ACP Practitioner 		

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Brigid Forrest	<ul style="list-style-type: none"> ▪ Doctor at Hospice Marlborough (employed by Salvation Army) ▪ Locum GP Marlborough (not a member of PHO) ▪ Member of SI Alliance Palliative Care Workstream ▪ Daughter's partner owns a house rented by DSS ▪ Daughter in Law employed by Nelson Bays Primary Health as a Community Dietitian 	<ul style="list-style-type: none"> ▪ Small Shareholder and director on the Board of Marlborough Vintners Hotel 	<ul style="list-style-type: none"> ▪ Functions and meetings held for NMDHB 	
Dawn McConnell	<ul style="list-style-type: none"> ▪ Te Atiawa representative and Chair of Iwi Health Board ▪ Director Te Hauora O Ngati Rarua 	<ul style="list-style-type: none"> ▪ Trustee, Waikawa Marae ▪ Regional Iwi representative, Internal Affairs 	<ul style="list-style-type: none"> ▪ MOH contract 	

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Alan Hinton	<ul style="list-style-type: none"> Nil 	<ul style="list-style-type: none"> Trustee, Richmond Rotary Charitable Trust Trustee, Natureland Wildlife Trust Trustee, Garin College Education Trust Trustee, Nelson Christian Trust Director, Solutions Plus Tasman Ltd General Manager, Azwood Ltd Secretary, McKee Charitable Trust 	<ul style="list-style-type: none"> Support of local worthy causes Education and support of endangered species Assisting students with financial assistance Local, national and international support Business consultancy Heating fuels and landscaping facilities Tertiary scholarships and general philanthropy 	Supply of heating fuel to NMDHB
Allan Panting	<ul style="list-style-type: none"> Chair Orthopaedic Prioritisation Working Group Chair General Surgery Prioritisation Working Group Chair Vascular Services Tier Two Specification Group Panel member to review Auckland DHB Orthopaedic Service 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	
Stephen Vallance	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	

Name	Existing – Health	Existing – Other	Interest Relates To	Possible Future Conflicts
Craig Dennis	<ul style="list-style-type: none"> Trustee of Nelson Region Hospice Investment Trust 	<ul style="list-style-type: none"> Partner of CFO on Call Business consultancy Director of CD & Associates Business consultancy Director of Scott Syndicate Development Company Ltd Property Developer Director of 295 Trafalgar Street Ltd Director of KHC Dennis Enterprises Ltd Chair of Progress Nelson Tasman 	<ul style="list-style-type: none"> Property investor Property investor Unincorporated society 	
Jenny Black (Board Chair)	<ul style="list-style-type: none"> Chair of South Island Alliance Board Chair of National Chairs Chair of West Coast DHB Member of West Coast Partnership Group 			

As at 3 March 2017

**MINUTES OF A PUBLIC MEETING OF CPHAC/DISAC COMMITTEES OF
NELSON MARLBOROUGH DISTRICT HEALTH BOARD HELD IN SEMINAR
CENTRE ROOM 1, NELSON HOSPITAL ON TUESDAY 22 NOVEMBER 2016 AT
9.30AM**

Present:

Judy Crowe (Chair), Patrick Smith (Deputy Chair), Judith Holmes, Glenys MacLellan, Jenni Gane, Jenny Black (Marlb), Brigid Forrest, Pat Heaphy, Jenny Black (ex officio), Luke Katu

Apologies:

Gerald Hope, Ros Gellatly, Eric Sinclair (GM F&P)

In Attendance:

Alan Hinton, Jessica Bagge, Dawn McConnell, Peter Bramley (Acting CE), Cathy O'Malley (GM Strategy Primary & Community), Nick Baker (CMO), Pam Kiesanowski (DoNM), Hilary Exton (DAH), Gaylene Corlett (Minute Secretary)

Karakia:

Judy Crowe

SECTION 1: PUBLIC FORUM

Nil.

SECTION 2: APOLOGIES AND REGISTRATIONS OF INTEREST

Noted.

Moved: Judith Holmes
Seconded: Glenys MacLellan

RECOMMENDATION:

**THAT THE APOLOGIES AND REGISTRATIONS OF INTEREST BE
ACCEPTED.**

AGREED

SECTION 3: MINUTES OF PREVIOUS MEETING

3.1 Minutes of the CPHAC/DISAC Committee Meeting held on 26 July 2016

- Page 2-3: Query raised under the SI Public Health Partnership around the SI Alliance having CWF as one of three projects, however it was noted that this decision has not been made yet as the issue around CWF is still before cabinet
- Page 2-7: Noted name of programme in Denmark is Nexo.

Moved: Judith Holmes
Seconded: Glenys MacLellan

RECOMMENDATION:

THAT THE CPHAC/DISAC MINUTES OF THE MEETING 26 JULY 2016 BE ADOPTED AS A TRUE AND CORRECT RECORD ONCE AMENDMENTS HAVE BEEN MADE.

AGREED

3.2 Matters Arising and Correspondence

Nil

3.3 Action Points

Item 1 – Completed

Item 2 – Carried forward to 2017

Item 3 – Completed

Item 4 – Carried forward to 2017

Item 5 – Carried forward to 2017

SECTION 4: GENERAL MANAGER'S REPORT

4.1 Performance Reporting

Health Targets

Concern was raised that clients in the Mental Health Unit were not offered support to quit smoking. **It was agreed** that the GM Strategy Primary & Community would follow this up as support to quit smoking should be available to all clients in all areas of the DHB.

Discussion was held on the new target (started 1 July 2016) around identifying children who are obese and referring them into services to support their activities and better nutrition. A number of initiatives have been implemented.

Discussion was held on the obesity programmes in primary care noting there are a number of initiatives being introduced for families. Training has been provided to practice nurses and relevant staff in the Marlborough Health Hub on the Be Smarter tool. Noted this is in Wairau only at this stage. It was noted that the Triple P healthy weight programme has been provided to two local providers. The SI Alliance is looking at measuring outcomes across the South Island for healthy weight interventions. NMDHB is participating in this.

It was noted that there is significant inequity between Maori and non Maori in regards to cervical screening. Discussion was held on whether conversations on sexual health are held with teenagers when they receive their HPV vaccine. It was noted that sexual health education is not mandatory to be given in schools.

4.2 Planning

System Level Outcome Measures

The System Level Outcome Measures plan has been finalised and signed by the three CEs of ToSHA. **It was requested** that ASH be added to the Glossary.

4.3 Primary and Community

Primary & Community Health Strategy

Noted 12 community engagement meetings have been held across the region. The final Strategy will be presented to the Board at the first meeting in 2017 for approval.

Palliative Care

Noted Northland DHB developed a resource on ACP specifically for Maori. **It was agreed** that clarification be sought on whether the new ACP that has been circulated across the region is this document.

Smokefree Pregnancies Incentives Project

Noted the project includes the biological benefits for pregnant mother's to stop smoking, patches to assist in quitting, monitors that can determine if mum is still smoking, vouchers to incentivise mother's to give up smoking. Data that has come through from other areas show a success rate of 60-70% of those that enrol in the programme. It is a very effective way to support the giving up of smoking to protect young babies from health problems. The vouchers are for food, or products for baby, noting they cannot be used for alcohol or tobacco.

4.4 Maori Health

Noted national Maori health data shows only one target has been met. This highlights the need to get target initiatives in place to address the inequity for not only Maori but other disadvantaged groups. Noted the trends are as important as the traffic lights to show whether programmes/initiatives that are introduced are working (or not).

Discussion held on Maori mothers and breastfeeding noting there are initiatives in place to encourage all mums to breastfeed, which provides a wide range of health benefits.

4.5 Rural Hospitals

Murchison Health Centre & Aged Residential Care Hospital

Discussion held on the increase in traffic patterns due to the earthquake in Kaikoura.

4.6 Mental Health & Disability Support Services

Seclusion Reduction

The final report from Te Pou has been received. The recommendations will be incorporated with the other recommendations being considered and prioritised by the Integration Steering Group.

The Admission Unit had a period of 80 days being seclusion free which was a fantastic effort by all staff. Since then seclusion levels continue to remain low and there is an ongoing effort to keep the use at a minimum.

4.7 Aged Residential Care/Home Based Support Services

Aged Residential Care for Maori

Discussion was held on the low number of Maori in aged residential care facilities and what plans are in place for the future in supporting Kaumatua that are not accessing this care, especially around respite care. It was noted that the proportion of elderly Maori are set to increase in the next 10 years. It was also noted that NASC assessors are very cognisant of what the Maori community can offer to their whanau and if they need to come into residential care, they work with the rest home to accommodate their needs.

Moved: Jenny Black (Marlb)

Seconded: Judith Holmes

RECOMMENDATION:

THAT THE GENERAL MANAGER'S REPORT BE RECEIVED.

AGREED

OPEN RECONVENED AT 11.00AM

SECTION 5: PRESENTATION

Annette Milligan (Clinical Director Women Child & Youth) and Lee-ann O'Brien (Adolescent Nurse Specialist) attended to present on the Youth Survey 2016.

It was noted the last survey of young people's needs was in 1995. Whilst they have contributed to youth surveys developed by Middlemore Hospital, the last one was 2012 with only about 80 young people from Nelson Marlborough contributing to the survey.

Getting the youth voice was pivotal.

In October last year the team met with young people to start the process of making a survey. During February-April 2016, some 3,327 young people aged 12-24 years participated in an online or paper based survey, or a focus group. The results indicate multiple gaps in access to healthcare. Options to improve access include school based healthcare services, Youth One Stop Shop, quality improvement and workforce development.

Results of surveys received was:

68% aged 12-13 years

48% aged 14-15 years

35% aged 16-18 years

Of that number:

52% were Asian

51% MZ European

32% NZ Maori

36% Pacifica

61% identified as female and 38% identified as male

Service utilisation was:

23% had been to ED in the last year

73% had seen a dentist in the last year

75% had seen a doctor in the last year

32% had seen a nurse in the last year

From those numbers above, 34% of rainbow young people have used five or more services in the last year, and 9% of males have used five or more services in the last year.

Important services for young people included don't judge, confidentiality, no cost, close to school, late appointments, cost <\$10, walk in appointments and 0800.

Satisfaction of services used by young people included confidentiality, private, service good, follow up, greeting, making appointment, waiting time.

It was noted that the majority of young people who contributed to the survey were from the Nelson Tasman area. It was noted that focus groups are to be held in Marlborough.

The next stage is what do we do with the information gathered. One work stream is youth involvement (bring youth consumers together into a reference group to provide ideas). Further work stream are to be developed.

To further partnerships, Annette is meeting with a collective health, education, social services, youth development group that has been resurrected to get connected with other agencies.

Discussion:

Noted the Youth Development Trust in Marlborough are building a youth facility which may be a good place for a health information hub.

Discussion held on the benefits of speaking to those surveyed 20 years ago to see if the services we provide were of any use to them.

Noted children are not sure about what to do and when, eg going to the dentist for free up to age 18, when they can go to the doctor for birth control, when they can have an abortion without parents, when they get their drivers licence, etc.

Uncertainty exists for them of when you stop being a young person, and when you become an adult.

Noted the One Stop Shop concept was not successful in the past, but may be looked at in the future.

Noted there appears to be a rise in levels of anxiety in the community – so much uncertainty which can develop into something more serious with young people (like mental health issues). Need to teach resiliency in young people

Discussion held on getting the young people voice to the Consumer Council noting one young person could be the link in liaison to work between the Youth Group and the Consumer Council.

Discussion was held on opportunities for local sports clubs, workplaces, etc to provide health information. It was noted 12-13 year olds tend to get health information from parents, older age group get internet based information and most did not access schools for health care.

Suggested having Maori or Pacific on the group would be of value good given 50% of the Maori population are under the age of 24.

Sexual Health Information

Annette Milligan responded to a query about sexual health information noting schools do not provide sexual health like they used to. Teenage pregnancy used to be very high internationally (30 years ago our rates were 33% per 1000 people, however in the latest figures our numbers have dropped). Noted Scandinavian countries have lowered their rates hugely. It is believed that sexual education starts at the early childhood age. There are almost no secondary schools that meet the standards on sexual health that are ideal as it is not compulsory curriculum.

Primary & Community Health Strategy

Cathy O'Malley (GM Strategy Primary & Community) presented on the Primary & Community Health Strategy.

The Strategy was produced so the people of Nelson Marlborough live well, get well, stay well. It is to provide services closer to home, ensure sustainability of services, and addresses specific challenges like population growth (significantly older and elderly population), Maori, older age of GPs who will be retiring by 2028 (73 existing GPs).

Our healthcare model has personal healthcare in the centre (people and families), tertiary services on the outside, and community healthcare and top of the south healthcare in the middle.

The Strategy consists of six key elements:

- Healthy families and communities
- Integration
- Equity
- Technology
- Accessibility
- Evidence led

We engaged with our community with 12 meetings being held across the district, three hui on marae and with more than 120 public participants.

Feedback was received verbally at the meetings, electronic feedback forms, hard copy feedback forms and written submissions.

Overall feedback was positive with some good suggestions.

Next steps are to reflect, revise the Strategy and have the final Strategy signed off by the Board early 2017, then re-share it with the community.

Discussion

Noted there was great value in being connected with the community. The challenge going forward is to have a good plan and be responsive to our community – share with them (showcase) the good things we are doing – invite their feedback on issues.

It was agreed that it would be useful to have consumers read through the Strategy to ensure the language is understandable.

Glossary needed for definitions.

It was noted that if consumers put their name on their feedback/submission, they will receive acknowledgement, noting most interaction was through the community meetings.

Discussion was held on the amount of staff feedback received noting attendance was variable at the staff meetings with limited feedback being received. It was thought this is a missed opportunity around getting staff engaged. Need to make it real to all staff. It was suggested that the Strategy could be raised during performance appraisals that staff can go to the DHB website and make comments.

The Strategy life will be 5-10 years. **It was agreed** that the life span be changed to 5 years before the next review.

SECTION 6: GENERAL BUSINESS

Nil

The Chair thanked the Committee for their contribution to CPHAC/DiSAC for the past three years.

Glenys MacLellan has been involved for three terms on Advisory Committees, and thanked members for their contribution. Glenys gave a brief analogy for her time on the Committee noting she started on DiSAC and had visits to providers, saw the start of InterRAI, and enjoyed getting to know the other people on the Committee.

Judith Holmes thanked the Committee for their contribution. It was noted Judith has been on the Committee for three terms. Judith thanked members for their integrity.

Thanks were expressed to the CE and management for their contribution to the Advisory meetings.

Thanks were expressed to Judy Crowe for Chairing the CPAHC meeting for the last three years.

MOVED INTO PUBLIC EXCLUDED AT 10.40AM

Moved: Patrick Smith
Seconded: Jenny Black (Marlb)

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/DiSAC Committee held on 26 July 2016 Clause 34(a) Schedule 4 of New Zealand Public Health & Disability Act 2000)***
- ***Presentations – To protect information that is subject to a delegation of confidence (Clauses 32(a) and (b) Third Schedule NZ Public Health & Disability Act 2000)***

AGREED

Meeting closed at 12.30pm

ACTION POINTS – NMDHB – CPHAC / DiSAC Open Meeting

Held on 22 November 2016

Action Item #	Action Discussed	Action Requested	Person Responsible	Meeting Raised In	Due Date	Status
1	GM Report: Aged Care	The GM and IHB representative to discuss the low number of Maori accessing rest home care and how we support Kaumatua, including having the issue discussed at a future IHB Board/DHB Board meeting	Andrew Lesperance / Luke Katu	22 March 2016	2017	IHB agenda item
2	Discussion: Employing Disabled People	Present on the current number of disabled staff the DHB employs, what we currently do to attract disabled people and how we might recruit differently in the future	Heather Smith	26 July 2016	2017	Carried forward to next meeting
3	Presentation: Maternity Child & Youth Integration Project	Look into acknowledgement of NMDHB for the Well Child phone app	Jane Kinsey	26 July 2016	2017	Contact was made. Awaiting a response. GM will contact again.
4	GM Report: Health Targets	Follow up on clients in Mental Health Unit not being offered stop smoking support	Cathy O'Malley	22 November 2016	March 2017	Support to stop smoking will be provided by the Smoking Cessation provider

Action Item #	Action Discussed	Action Requested	Person Responsible	Meeting Raised In	Due Date	Status
5	GM Report: System Level Outcome Measures	Add ASH to the Glossary	Gaylene Corlett	22 November 2016	March 2017	Completed
6	GM Report: Palliative Care	Clarification be sought on whether the new ACP that has been circulated across the region is the document developed by Northland DHB	Cathy O'Malley	22 November 2016	March 2017	Verbal update to be provided at the meeting

MEMO

To: CPHAC/DiSAC Members
From: Cathy O'Malley, GM Strategy, Primary & Community
Date: 22 March 2017
Subject: **General Manager's Report**

Status

This report contains:

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

The dashboard for CPHAC/DiSAC is attached as item 3.1 showing performance for Mental Health, Community and Health of Older People. The dashboard is presented in A4 and A3. Hard copies will be provided at the meeting.

A presentation and patient story will also be given at the meeting on Health of Older People.

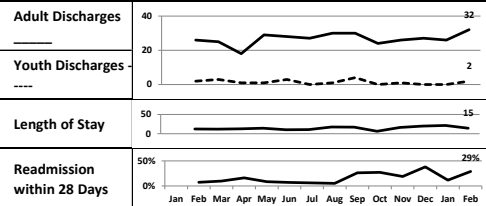
Cathy O'Malley
General Manager Strategy, Primary & Community

RECOMMENDATION:

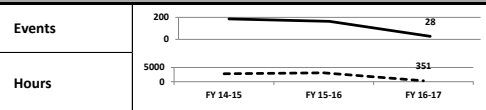
THAT THE GM STRATEGY PRIMARY & COMMUNITY REPORT IS RECEIVED.

Mental Health

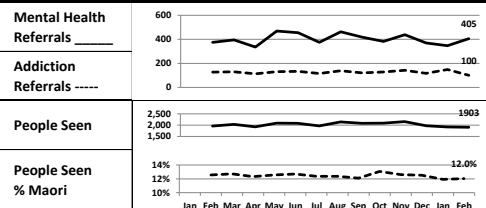
Inpatient



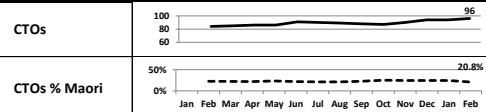
Seclusion



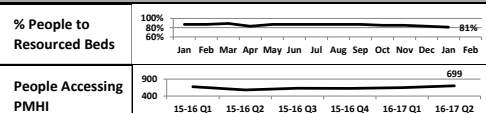
Community Services



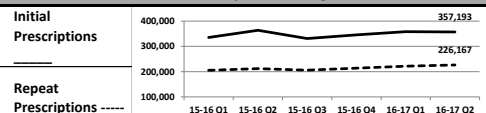
Community Treatment Orders (EOM)



NGO\PHO

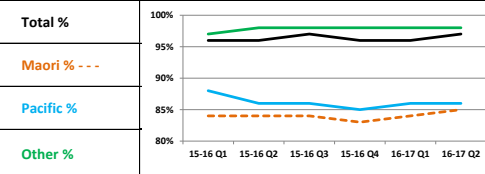


Community Prescribing

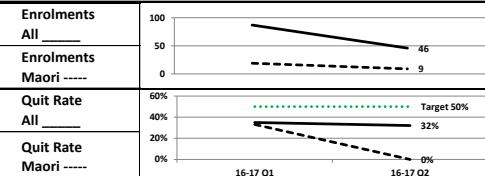


Community

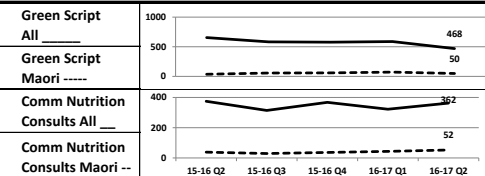
PHO Enrolment



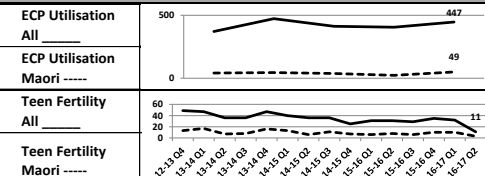
New Stop Smoking Service



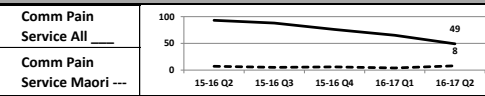
Nutrition and Physical Activity



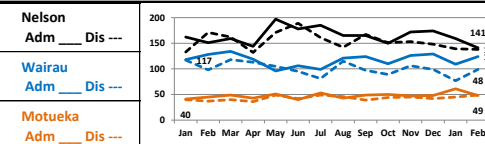
Sexual Health



Chronic Conditions

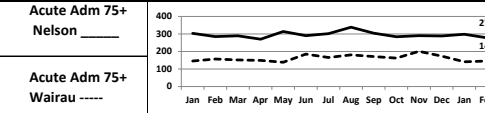


District Nursing

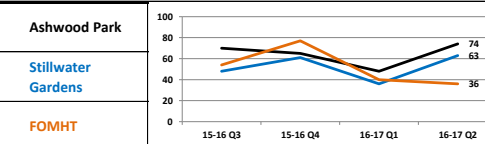


Health of Older People

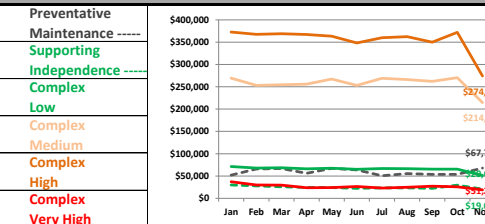
Acute Inpatients



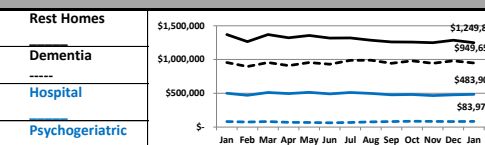
Capacity Respite Bed Days



HBSS Costs



ARC Levels of Care Costs



Bed Day Expenditure Per Capita Past 12 Months

Nelson	\$1,096
Marlborough	
South Island	\$1,427

Bed Day Volume Per Capita Past 12 Months

Nelson	11.6
Marlborough	
South Island	14.6

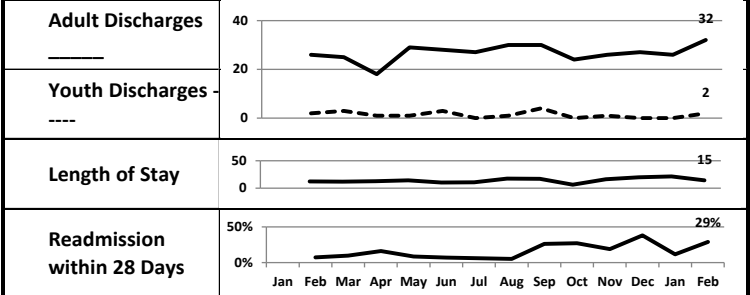
Utilisation by Ethnicity

Maori in HBSS	2.7%
Maori in ARC	1.1%
All Ethnicities in HBSS	7.9%
All Ethnicities in ARC	3.8%

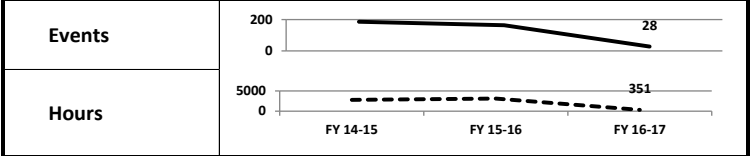
Mental Health	Inpatients - Adult Discharges	Monthly total of all adult discharges from Mental Health Inpatient facilities
	Inpatients - Youth Discharges	Monthly total of all youth discharges from Mental Health Inpatient facilities
	Adult Length of Stay	Monthly adult length of stay for Mental Health acute discharges
	Readmissions within 28 Days	Monthly percentage of patients readmitted to any hospital department within 28 days of a prior discharge
	Seclusion Events	Year to date total count of seclusion events occurring at Wahi Oranga Mental Health Admission Unit
	Seclusion Hours	Year to date total count of hours of seclusion occurring at Wahi Oranga Mental Health Admission Unit
	Mental Health Referrals	Monthly total of new referrals to Community Mental Health teams where the patient was seen, or is planned to be seen.
	Addictions Referrals	Monthly total of new referrals to Community Addictions teams where the patient was seen, or is planned to be seen.
	People Seen	Monthly total of all people where one or more contacts/appointments occurred during the month
	People Seen - % Maori	Monthly percentage of total people with one or more contacts/appointments during the month who identify as Maori
	Community Treatment Orders	Number of people subject to a community compulsory treatment order (under the MH (CAT) Act) on last day of the month
	Community Treatment Orders - % Maori	Monthly percentage of people subject to a community compulsory treatment order who identify as Maori
	% People to Resourced Beds	Monthly percentage of resourced NGO supported accommodation beds occupied on the last day of the month
Community	People Accessing PMHI	Quarterly total of all people who accessed funded Primary Mental Health Initiative (PMHI) services
	Community Prescribing - Initial	Quarterly count of the number of items dispensed from a prescription for the first time
	Community Prescribing - Repeat	Quarterly count of the number of items dispensed at a time subsequent to an initial dispensing from a prescription
	PHO Enrolment	The number of people enrolled with a PHO contracted general practice divided by the projected population, reported quarterly
	New Stop Smoking Service Enrolments - All	Quarterly count of the number of people referred to the Stop Smoking Service where a face to face contact has been made, all ethnicities
	New Stop Smoking Service Enrolments - Maori	Quarterly count of the number of people referred to the Stop Smoking Service where a face to face contact has been made, Maori ethnicity
	New Stop Smoking Service Quit Rate	Those who have reported not having had a single cigarette puff 4 weeks after setting a quit date, divided by total enrolled in the Stop Smoking Service, reported quarterly, all ethnicities
	New Stop Smoking Service Quit Rate - % Maori	Those who have reported not having had a single cigarette puff 4 weeks after setting a quit date, divided by total enrolled in the Stop Smoking Service, reported quarterly, Maori ethnicity
	Green Script	Quarterly count of the number of people enrolled with the Green Prescription service, all ethnicities
	Green Script - % Maori	Quarterly count of the number of people enrolled with the Green Prescription service, Maori ethnicity
	Community Nutrition Consults	Quarterly count of the number of people enrolled with the community nutrition service, all ethnicities
	Community Nutrition Consults - % Maori	Quarterly count of the number of people enrolled with the community nutrition service, Maori ethnicity
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	Community Pain Service - Maori	Quarterly count of people who have enrolled with a community pain service in Nelson Marlborough, Maori ethnicity
	District Nursing - Nelson Admissions and Discharges	Monthly total of Nelson District Nursing Service admissions and discharges
	District Nursing - Wairau Admissions and Discharges	Monthly total of Wairau District Nursing Service admissions and discharges
	District Nursing - Motueka Admissions and Discharges	Monthly total of Motueka District Nursing Service admissions and discharges
Aged Care	Acute Inpatients Age 75+ Nelson	Monthly total of acute admissions of patients 75+ Nelson
	Acute Inpatients Age 75+ Wairau	Monthly total of acute admissions of patients 75+ Wairau
	Capacity Respite Bed Days Used - Ashwood Park	Quarterly utilisation of NMH funded Respite Bed by bed days – Marlborough
	Capacity Respite Bed Days Used - Stillwater Gardens	Quarterly utilisation of NMH funded Respite Bed by bed days – Nelson
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Points to Note - This Report - Mental Health Inpatient Adult Discharges Feb higher than usual - Feb 2017 lowest Seclusion hours in 7 years - new stop smoking service expected to trend upward significantly in future - Last Q drop in teen fertility follows nationwide trend - HBSS High and Moderate Complexity reducing, normal variation - Bed Day Expenditure and Volume considerably lower in NM than South Island, driven by demographics and rehabilitation success in home based support		

Mental Health

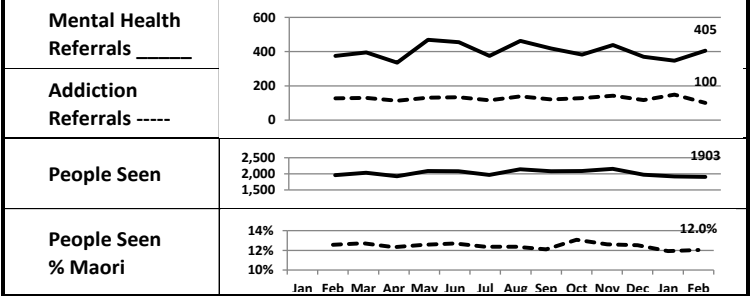
Inpatient



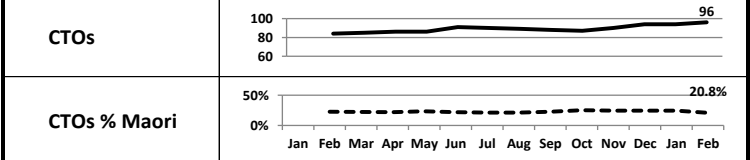
Seclusion



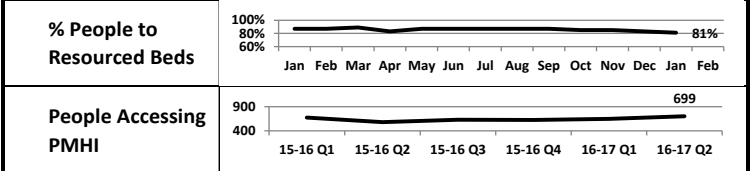
Community Services



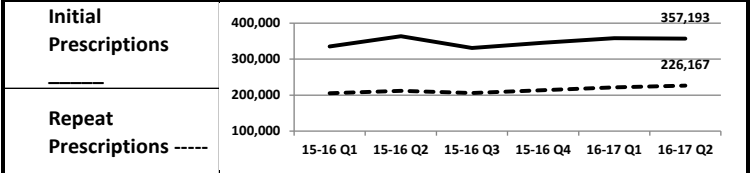
Community Treatment Orders (EOM)



NGO\PHO

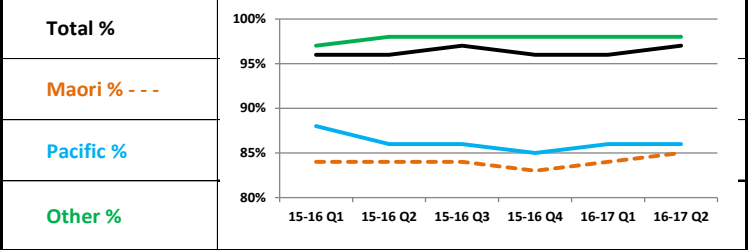


Community Prescribing

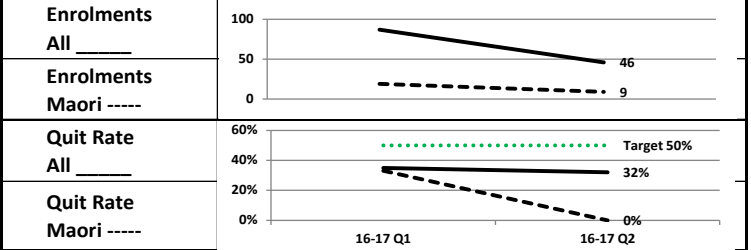


Community

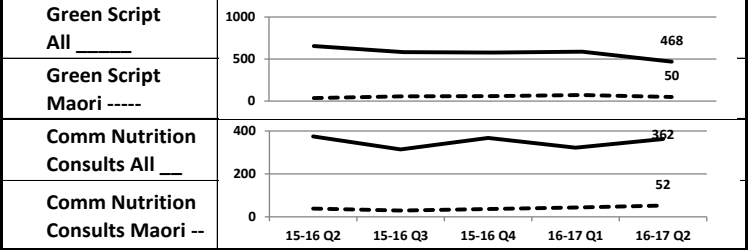
PHO Enrolment



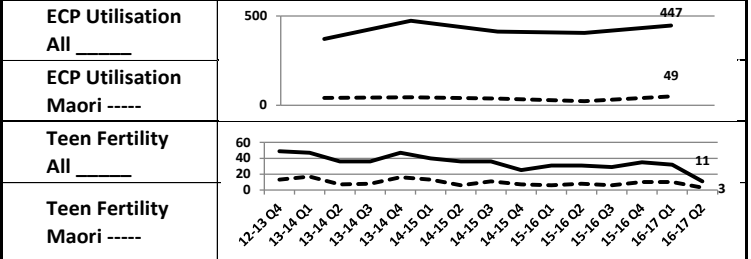
New Stop Smoking Service



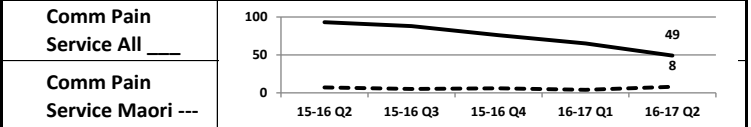
Nutrition and Physical Activity



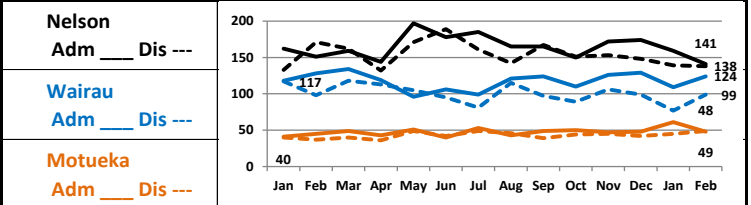
Sexual Health



Chronic Conditions

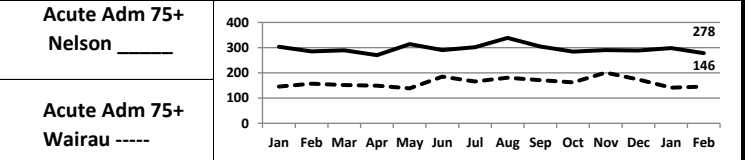


District Nursing

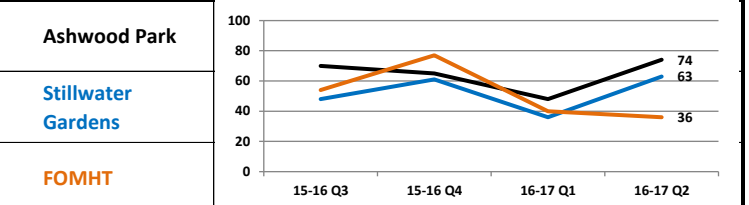


Health of Older People

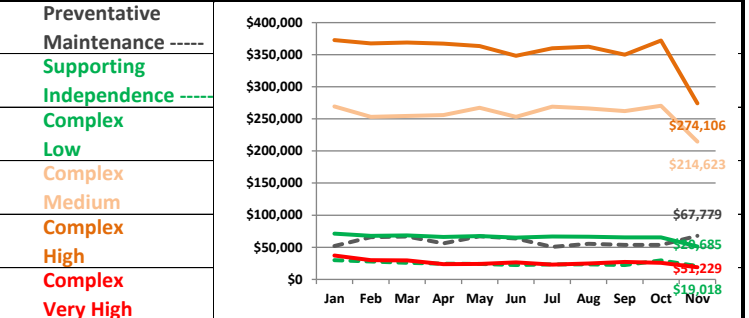
Acute Inpatients



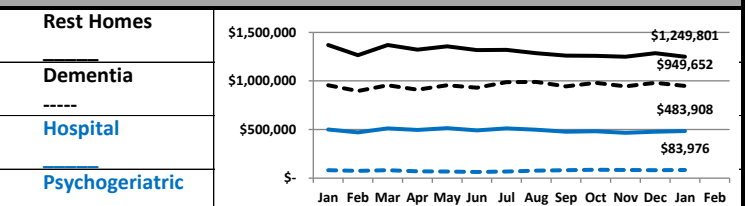
Capacity Respite Bed Days



HBSS Costs



ARC Levels of Care Costs



Bed Day Expenditure Per Capita Past 12 Months

Nelson	\$1,096
Marlborough	
South Island	\$1,427

Bed Day Volume Per Capita Past 12 Months

Nelson	11.6
Marlborough	
South Island	14.6

Utilisation by Ethnicity

Maori in HBSS	2.7%
Maori in ARC	1.1%
All Ethnicities in HBSS	7.9%
All Ethnicities in ARC	3.8%

Section	Measure	Definition
Mental Health	Inpatients - Adult Discharges	Monthly total of all adult discharges from Mental Health Inpatient facilities
	Inpatients - Youth Discharges	Monthly total of all youth discharges from Mental Health Inpatient facilities
	Adult Length of Stay	Monthly adult length of stay for Mental Health acute discharges
	Readmissions within 28 Days	Monthly percentage of patients readmitted to any hospital department within 28 days of a prior discharge
	Seclusion Events	Year to date total count of seclusion events occurring at Wahi Oranga Mental Health Admission Unit
	Seclusion Hours	Year to date total count of hours of seclusion occurring at Wahi Oranga Mental Health Admission Unit
	Mental Health Referrals	Monthly total of new referrals to Community Mental Health teams where the patient was seen, or is planned to be seen.
	Addictions Referrals	Monthly total of new referrals to Community Addictions teams where the patient was seen, or is planned to be seen.
	People Seen	Monthly total of all people where one or more contacts/appointments occurred during the month
	People Seen - % Maori	Monthly percentage of total people with one or more contacts/appointments during the month who identify as Maori
	Community Treatment Orders	Number of people subject to a community compulsory treatment order (under the MH (CAT) Act) on last day of the month
	Community Treatment Orders - % Maori	Monthly percentage of people subject to a community compulsory treatment order who identify as Maori
	% People to Resourced Beds	Monthly percentage of resourced NGO supported accommodation beds occupied on the last day of the month
	People Accessing PMHI	Quarterly total of all people who accessed funded Primary Mental Health Initiative (PMHI) services
Community	Community Prescribing - Initial	Quarterly count of the number of items dispensed from a prescription for the first time
	Community Prescribing - Repeat	Quarterly count of the number of items dispensed at a time subsequent to an initial dispensing from a prescription
	PHO Enrolment	The number of people enrolled with a PHO contracted general practice divided by the projected population, reported quarterly
	New Stop Smoking Service Enrolments - All	Quarterly count of the number of people referred to the Stop Smoking Service where a face to face contact has been made, all ethnicities
	New Stop Smoking Service Enrolments - Maori	Quarterly count of the number of people referred to the Stop Smoking Service where a face to face contact has been made, Maori ethnicity
	New Stop Smoking Service Quit Rate	Those who have reported not having had a single cigarette puff 4 weeks after setting a quit date, divided by total enrolled in the Stop Smoking Service, reported quarterly, all ethnicities
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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
A&R	Audit & Risk Committee
ACC	Accident Compensation Corporation
ACMO	Associate Chief Medical Officer
ACNM -	Associate Charge Nurse Manager
ACU	Ambulatory Care Unit
ACP	Advanced Care Plan
ADR	Adverse Drug Reactions
ADM	Acute Demand Management
ADON	Associate Director of Nursing
AE	Alternative Education
AEP	Accredited Employer Programme
AIR	Agreed Information Repository
ALOS	Average Length of Stay
ALT	Alliance Leadership Team (short version of (TOSHA)
AMP	Asset Management Plan
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
ARRC	Aged Related Residential Care
ASD	Autism Spectrum Disorder
ASH	Ambulatory Sensitive Hospitalisation
ASMS	Association of Salaried Medical Specialists
AT&R	Assessment, Treatment & Rehabilitation
BSCQ	Balanced Score Card Quadrant
BA	Business Analyst
BAU	Business as Usual
BCTI	Buyer Created Tax Invoice
BFCI	Breast Feeding Community Initiative
BFCI	Baby Friendly Community Initiative
BHE	Blenheim
BOT	Board of Trustees
BS	Business Support
BSI	Blood Stream Infection
BSMC	Better, Sooner, More Convenient
CAR	Corrective Action Required
CaaG	Capacity at a Glance
CAMHS	Child and Adolescent Mental Health Services
CARES	Coordinated Access Response Electronic Service
CBAC	Community Based Assessment Centres
CBF	Capitation Based Funding
CBSD	Community Based Service Directorate
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)
CCDM	Care Capacity Demand Management
CCDP	Care Capacity Demand Planning

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
CGC	Clinical Governance Committee
CHFA	Crown Health Financing Agency
CHS	Community Health Services
CIMS	Coordinated Incident Management System
CIO	Chief Information Officer
CLAB	Central Line Associated Bacteraemia
CLAG	Clinical Laboratory Advisory Group
CME	Continuing Medical Education
CMI	Chronic Medical Illness
CMO	Chief Medical Officer
CMS	Contract Management System
CNM	Charge Nurse Manager
Concerto	IT system which provides clinician's interface to systems
COHS	Community Oral Health Service
COO	Chief Operating Officer
COPD	Chronic Obstructive Pulmonary Disease
COPMI	Children of Parents with Mental Illness
CPHAC	Community and Public Health Advisory Committee
CPIP	Community Pharmacy Intervention Project
CPNE	Continuing Practice Nurse Education
CP	Chief Pharmacist
CPO	Controlled Purchase Operations
CPSOG	Community Pharmacy Services Operational Group
CPU	Critical Purchase Units
CR	Computed Radiology
CRG	Christchurch Radiology Group
CRISP	Central Region Information Systems Plan
CSR	Contract Status Report
CSSD	Central Sterile Supply Department
CSSD	Clinical Services Support Directorate
CT	Computerised Tomography
CTA	Clinical Training Agency
CTC	Contributions to Cost
CTC	Computerised Tomography Colonography
CTANAG	Clinical Training Agency Nursing Advisory Group
CTU	Combined Trade Unions
CVD	Cardiovascular Disease
CVDRA	Cardiovascular/Diabetes Risk Assessment
CWD	Case Weighted Discharge
CYF	Child, Youth and Family
CYFS	Child, Youth and Family Service
DA	Dental Assistant
DAH	Director of Allied Health
DAP	District Annual Plan
DAR	Diabetes Annual Review
DBI	Diagnostic Breast Imaging
DBT	Dialectical Behaviour Training

DHB	District Health Board
DHBNZ	District Health Boards New Zealand
DHBRF	District Health Boards Research Fund
DIFS	District Immunisation Facilitation Services
DiSAC	Disability Support Advisory Committee
DGH	Director General of Health
DMH	Director of Maori Health
DNA	Did Not Attend
DONM	Director of Nursing and Midwifery
DR	Disaster Recovery
DR	Digital Radiology
DRG	Diagnostic Related Group
DSP	District Strategic Plan
DSS	Disability Support Services
DT	Dental Therapist
DWCSP	District Wide Clinical Services Plan
EAP	Employee Assistance Programme
EBID	Earnings Before Interest & Depreciation
ECP	Emergency Contraceptive Pill
ECWD	Equivalent Case Weighted Discharge
ED	Emergency Department
EDA	Economic Development Agency
EDaaG	ED at a Glance
EFI	Energy For Industry
ELT	Executive Leadership Team
EMPG	Emergency Management Planning Group
ENS	Ear Nurse Specialist
ENT	Ears, Nose and Throat
EOI	Expression of Interest
EPA	Enduring Power of Attorney
EQP	Earthquake Prone Building Policy
ERMS	referral Management System
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
FCT	Faster Cancer Treatment
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
FPSC	Finance Procurement and Supply Chain
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
hA	healthAlliance
HAC	Hospital Advisory Committee

HBI	Hospital Benchmarking Information
HBSS	Home Based Support Services
HBT	Home Based Treatment
H&DC / HDC	Health and Disability Commissioner
H&S	Health & Safety
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
HNA	Health Needs Assessment
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
HSP	Health Services Plan
HQSC	Health Quality & Safety Commission
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
ILM	Investment Logic Mapping
IM	Information Management
InterRAI	Inter Residential Assessment Instrument
IoD	Institute of Directors New Zealand
IPAC	Independent Practitioner Association Council
IPC	Intensive Patient Care
IPC Units	Intensive Psychiatric Care Units
IPG	Immunisation Partnership Group
IPSAS	International Public Sector Accounting Standards
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
LTIP	Long Term Investment Plan
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)
MA	Medical Advisor
MAC(H)	Medicines Advisory Group (Hospital)
MCT	Mobile Community Team
MDC	Marlborough District Council
MDM	Multidisciplinary Meetings
MDO	Maori Development Organisation
MDS	Maori Development Service
MDT	Multi Disciplinary Team
MECA	Multi Employer Collective Agreement
MEND	Mind, Exercise, Nutrition, Do It
MHAU	Mental Health Admission Unit
MHC	Mental Health Commissioner
MHD	Maori Health Directorate
MHDSF	Maori Health and Disability Strategy Framework
MHFS	Maori Health Foundation Strategy
MHINC	Mental Health Information Network Collection
MHSD	Mental Health Service Directorate
MHWSF	Maori Health and Wellness Strategic Framework
MMG	Medicines Management Group
MOE	Ministry of Education
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
MPDS	Maori Provider Development Scheme
MQ&S	Maternity Quality & Safety Programme
MRI	Magnetic Resonance Imaging
MRT	Medical Radiation Technologist (or Technician)
MSD	Ministry of Social Development
MSD	Marlborough Services Directorate
MSSD	Medical Surgical Services Directorate
NPA	Nutrition and Physical Activity
NRAHDD	Nelson Region After Hours & Duty Doctor Limited
NRL	Nelson Radiology Ltd (Private Provider)
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
NM	Nelson Marlborough
NMDHB	Nelson Marlborough District Health Board
NMDS	National Minimum Dataset
NMH	Nelson Marlborough Health
NMIT	Nelson Marlborough Institute of Technology
NN	Nelson
NPA	Nutrition and Physical Activity (Programme)
NPV	Net Present Value
NRAHDD	Nelson Regional After Hours and Duty Doctor Ltd
NRSII	National Radiology Service Improvement Initiative
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
OECD	Organisation for Economic Co-operation and Development
OIA	Official Information Act
OIS	Outreach Immunisation Services
OPD	Outpatient Department
OPF	Operational Policy Framework
OPJ	Optimising the Patient Journey
ORL	Otorhinolaryngology (previously Ear, Nose and Throat)
OSH	Occupational Health and Safety
OT	Occupational Therapy
PACS	Picture Archiving Computer System
PAS	Patient Administration 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
PCBU	Person Conducting Business Unit
PCI	Percutaneous Coronary Intervention
PCO	Primary Care Organisation
PCT	Pharmaceutical Cancer Treatments
PDO	Principal Dental Officer
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
PICS	Patient Information Care System

PIP	Performance Improvement Plan
PN	Practice Nurse
PPE	Property, Plant & Equipment assets
PPP	PHO Performance Programme
PSAAP	PHO Service Agreement Amendment Protocol
PSR	Preschool Enrolled (Oral health)
PT	Patient
PTAC	Pharmacology and Therapeutics Committee
PRIMHD	Project for the Integration of Mental Health Data
PVS	Price Volume Schedule
Q&SGC	Quality & Safety Governance Committee
QA	Quality Assurance
QHNZ	Quality Health NZ
QIC	Quality Improvement Council
QIPPS	Quality Improvement Programme Planning System
RA	Radiology Assistant
Rangatiratanga	Autonomy, evidence of greatness (HW Williams Maori Dictionary pg 323)
RDA	Resident Doctors Association
RDA	Riding for Disabled
RIF	Rural Innovation Fund
RIS	Radiology Information System
RFI	Request for Information
RFP	Request for Proposal
RICF	Reducing Inequalities Contingency Funding
RIS	Radiology Information System
RM	Registered Midwife
RMO	Resident Medical Officer
RN	Registered Nurse
ROI	Registration of Interest
RSE	Recognised Seasonal Employer
RSL	Research and Sabbatical Leave
SAC1	Severity Assessment Code
SAC2	Severity Assessment Code
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
SI	South Island
SIA	Services to Improve Access
SIAPO	South Island Alliance Programme Office
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
SLA	Service Level Agreement
SLATs	Service Level Alliance Teams
SLH	SouthLink Health
SM	Service Manager
SMO	Senior Medical Officer
SNA	Special Needs Assessment
SOI	Statement of Intent
SOPD	Surgical Outpatients Department
SOPH	School of Population Health
SPaIT	Strategy Planning and Integration Team
SPAS	Strategy Planning & Alliance Support

SPE	Statement of Performance Expectations
SSBs	Sugar Sweetened Beverages
SSE	Sentinel and Serious Events
SSP	Statement and Service Performance
TCR	Total Children Enrolled (Oral health)
TDC	Tasman District Council
TLA	Territorial Local Authority
TOW	Treaty of Waitangi
TOR	Terms of Reference
ToSHA	Top of the South Health Alliance
TPOT	The Productive Operating Theatre
TRTT	Te Roopu Tupu Tahī
UG	User Group
USS	Ultrasound Service
U/S	Ultrasound
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
WR	Wairau
YOTS	Youth Offending Teams
YTD	Year to Date
YTS	Youth Transition Service

As at 15 March 2017