



PHOCUS Newsletter

Issue 18, June 2010



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Welcome...

to the second issue of PHOCUS for 2010. This morning has to be the worst frost I've experienced since being back here... the yard (and everything else) was completely white and my dog's water bowl was solidly iced over. So we can definitely say that Winter has well and truly set in!

It has been a really good opportunity meeting up with the practices for the communication interviews over the last few months, so if you feel you ever need me to attend one of your staff meetings, just email or phone me. It may be in relation to communication or any other issues that I can assist you with, within my role.

I have recently sent the Whanganui DHB an outline of how Barb Cornor and I can support the DHB within our roles - the purpose being to improve primary/secondary communications. This will be going into their next newsletter.

Karen Veldhoen - PHOCUS Editor



CEO message

Greetings one and all

This is the first day back for me following a period of bereavement leave following the passing of my Mum. I had the privilege of nursing her for her last week of life and once I had regained some personal confidence with my nursing skills I found it a wonderful experience that reminded me what a pleasure it is to be involved in such a caring profession. It made me acutely aware of how effective professional relationships with service providers are critical to achieving the best outcomes for the patient. No words can express the gratitude I have for Wanganui Hospice or my mother's General Practitioner. Respect for each others roles and a willingness to communicate effectively with each other gave our family confidence that we could manage caring for Mum at home.

A number of us in the WRPFO team have been affected by personal tragedy over the last few months through bereavement and accidents that have affected those close to us that we care about deeply. The aroha and strength of support offered is truly remarkable and for me personally it has demonstrated once again that the values this organisation stands for are well embedded within the souls of everyone that works here.

Back at the desk the only thing I find on my first day back is the 'fairy' hasn't been to clear my desk and I seem to have the same precariously piled pieces of paper that I left hurriedly two weeks ago, so my mission this week is to leave on Friday with a clear desk! However, a new financial year has ticked over in my absence and we are now thinking about a new beginning and what that might hold for us for 2010/2011. Change is certainly going to be a feature, but with change comes challenge and opportunity. The WRPFO 2010/2011 Annual Plan has been signed off by WDHB and will soon be transferred to the website for your viewing. The planning process was somewhat simplified this year as it was influenced significantly by two key processes; one being the EOI document that was endorsed as the agreed way forward by both TOIHA and WRPFO Boards' in 2009 and the second was the key strategies and direction outlined for the region in the WDHB



We can be contacted at:

WRPFO
Level 1
76 Guyton St
P O Box 4260
Wanganui
Ph (06) 348 0109
Fax (06) 348 8205

wrpho@wrpho.org.nz
www.wrpho.org.nz

Annual Plan for the same period. Clinical leadership across primary and secondary care is critical to the achievement of the strategy objectives. WRPHO has four Clinical Directors who have willingly agreed to support the three managers and the team to deliver on our plans and to work with us as we create collaborative new beginnings with our partners, such as the Hospital Provider and Funder, Hospice Wanganui and Te Oranganui Iwi Health Authority. The establishment of a collaborative strategic Clinical Governance structure will be one tangible outcome from this alliance and it is anticipated this group will create change through working on some pieces of work together that will improve the patient journey for patients and their families.

Strategically I have been exposed to discussion that talks about clinical planning moving to a scale of a million people. How might that look and what do we have to do to prepare for this level of change? A recent discussion at WDHB CPHAC committee meeting has created an opportunity for the WRPHO Clinical Directors and Managers to present some of the strategies we have thought through with committee members and WDHB Board members, so we can start having some open and honest debate around the future and what that might look like for our population and our communities. As the Taihape community are now realising, it's never too early to start understanding the complicated world of delivering health services within a financially constrained environment. Fear creates crisis thinking and effective strategy works best if it has time to be modified and shaped by a greater group of stakeholders as all parties have a valid view to contribute.

Back at the coal face we welcome Brian Scrimshaw to private general practice within Wicksteed House and acknowledge the closing of the doors of Whanganui City Health. It was a difficult time for both patients and staff alike, however I wish to acknowledge the wide group of people who supported the change process and mitigated risk as it raised its head. Congratulations to both Gonville Health and Whanganui City Health employees for maintaining a professional approach to this significant change process and who collectively worked together to ensure the transition for patients was as smooth as possible.

I wish everyone the best of health and wellbeing as we cope with the crisp winter mornings and long dark nights.

Best wishes to you all Jude.

World Smokefree Day - 31 May 2010

The Big Cig was back to celebrate world Smokefree Day with friends.

Pictured from left to right:
Chloe Newton – ABC Smoking Coordinator (Whanganui Regional PHO)
Neihana Pari – Te Haa Ora Coordinator (Te Oranganui Iwi Health Authority PHO)
Matt Rayner 'Big Cig' – Projects Administrator (Whanganui Regional PHO)
Julie Tolladay-Poulton – Smokefree Coordinator (Whanganui DHB)
Barry Thackwell – Regional Smoke Free Officer – (MidCentral DHB)



World Smokefree Day is celebrated every year on the 31st of May. The theme this year

was: "Me mutu – kia kaha / Give quitting a go – you can do it!" Practice teams do a fantastic job in motivating and supporting many patients to 'Give quitting a go'. So this World Smokefree Day we really wanted to acknowledge the role that GPs and Practice Nurses play in making smokefree a reality. Thank you for all your work encouragement. Chloe Newton - Project Coordinator



That's Right!

Monty's Surprise Apple Competition - 10th April

PRESS RELEASE:

River Traders Market coordinator Annette Main and tree breeder Mark Christensen of Central Tree Crops Research Trust celebrate a prize-winning Monty's Surprise apple at the market last weekend.

Big day out for winning apples.

Monty's Surprise apples were polished, weighed, tattooed and decorated for their big day out at the River Traders Market on Saturday in a celebration of the plan started to have the potentially disease inhibiting fruit growing in as many backyards as possible.

Prizes sponsored by the River Traders Market were awarded for a range of apples, with the biggest circumference awards going to Leon Casson of Aramoho, and Roselene and Jim Kerr of Springvale.

Project coordinator Mark Christensen, of the Central Tree Crops Research Trust, said more than 7000 trees had now been given away and most were now producing super-sized and tasty fruit.

"We felt it was time to celebrate and it was great to see so many people coming to the market to show what they had achieved. It felt as though the project was coming full circle and as our scientific research confirms the special properties of Monty's Surprise it's good to know that people of all ages are getting the benefits."

River Traders Market coordinator Annette Main said the Monty's Surprise giveaway programme had been a highlight for market visitors over the years and was a good fit with the emphasis on healthy eating and sustainable local produce.

"The huge turnout we get week after week shows people are very aware of the benefits of healthy eating and our traders enjoy good sales of plants and trees to gardeners. But the Monty's Surprise programme is a special part of what the market stands for and we were delighted to be able to recognise both the organisers and the home-growers who are so enthusiastic about the fruit their trees are producing."

Mr Christensen said ongoing scientific research into a range of apple varieties had identified Monty's Surprise as having potential

for inhibiting disease in humans.

"It's a New Zealand seedling apple variety that was discovered growing in April 2000, but the original tree is estimated to be about 90 years old," said Mr Christensen. "It's an excellent eating apple as well as a cooking apple. It is disease resistant and ideal for a home garden or organic situation."

Mr Christensen said testing by Tree Crops was showing Monty's Surprise to be a unique apple variety with the skin of the fruit, leaves and even flowers possessing exceptional medicinal qualities. "It's very high in the kinds of compounds that are known to be health promoting and disease inhibiting, such as flavonoids, procyanidins and phenolics.

"And we know the trees produce exceptional fruit in our conditions," said Mr Christensen. "So if you are going to eat an apple a day to stay healthy, then we advise you to eat Monty's Surprise, as we believe it to be the highest quality eating apple in the world."

Other winners of vouchers from the River Traders Market were: Joe Thomas, Fox Road, best 'arty' apple; Jacob Wylie, most interesting apple; Lindsay Gullery, Patea, furthest away apple; Suhas Prasad, Ikitara Road, most interesting story; Hannah Berryman, Swiss Ave, best apple tattoo; Barbara McGrail, RD 4, interesting appearance; Barbara McCullough, RD4, best shaped fruit.

Sponsors of the competition were The River Traders Market, Springvale Garden Centre, Whanganui Regional Primary Health Organisation, The Central Tree Crops Research Trust and TreeLife Organic Nursery.



Annette Main and Mark Christensen



Barb McCullough
BEST SHAPE



Barbara McGrail
REDDEST & MOST CHARACTER



Hannah Berryman
BEST APPLE TATTOO



Jim & Roselene Kerr
1st EQUAL CIRCUMFERENCE



Jacob Wylie
MOST INTERESTING APPLE



Joe Thomas
BEST ARTY APPLE



Leon Casson
1st EQUAL CIRCUMFERENCE



Sushant & Suhas Prasad
MOST INTERESTING STORY



Sushant Prasad
MOST INTERESTING STORY



Lynsey Gullery
FURTHEST AWAY APPLE



Caitlin & Jayden Fergusson



Jessica & Brendan Bamford-Short

Community Advisory Group Member Story

Greetings, I'm Richard Safey, a member of the Whanganui Regional PHO Community Advisory Group (CAG), which I have been involved with since about the middle of 2009. I'm now in my mid 40's and the youngest in the group that meets once every two months. We are Wanganui and surrounding districts residents that comprise of a group of motivated people with community sector interest and a desire to influence improved health outcomes for the community. This CAG group keeps me active and involved, learning new ideas. I'm still an ACC beneficiary, with two part-time jobs and voluntary work around Wanganui.

You may already know that I almost died as a result of a motor vehicle accident in March 1992. Over the past eighteen years I have been involved in a wide variety of health services, under surgeons and various doctors and specialists to improve my health to better myself, I would like to personally thank all those doctors and health specialists who assisted me to improve my health, to allow me for being where I am today. I have been a member of the Wanganui Head Injury Association and now Brain Injury Whanganui since 1993, where I am on the Board of this group.

Before I became a member of, or even knew about CAG, I was selling raffle tickets for Brain Injury Whanganui in June 2009 at the New World Supermarket. We were also selling the first copies of 'Everest Within - Life with Brain Injury' which was published in 2000 for \$5. I am one of thirty people from throughout New Zealand who has a story of the way I received my brain injury and my outcome. If I was there selling raffle tickets, I would personally sign any books that I sold.

'Everest Within - Life with Brain Injury' is available from the Brain Injury Whanganui office in Community House, where there are a few books remaining and can be purchased for the cost of a donation, and there is a book at the Wanganui District Library.

While at New World, two ladies came to buy some tickets. One lady said "Hello Richard", but I had no idea who she was. It was Rihi (pictured above with Richard) and it appears she was a nurse at the Wanganui Hospital when I was a patient back in 1992. Rihi remembered me while I was still in a coma (which I had been in for three weeks and had been in Wellington Hospital for two weeks) and moved from the ICU to another ward. Rihi brought a copy of 'Everest Within', which I signed for her. I offered to pass onto her my unofficial second part of the Everest Within of my story from 2000 up to at least the end of 2009 - I keep my second part saved on the computer and update it every now and then.



Rihi now works in the Wellness Support Team of the WRPHO. I visited her at her office and she gave me a conducted tour of the WRPHO offices, and I gave her a copy of my part two story of Everest Within. Rihi admitted that she doesn't remember all her patients names over all her years of nursing, but she does remember my name ever since I was a patient back in 1992! There are a couple of other ladies at WRPHO who remember me as a patient, in my worst state of health.

I sent Rihi an email offering my assistance to the WRPHO in any way I could. Rihi sent me a reply mentioning that Judith, the CEO of WRPHO, had asked me to be on the Community Advisory Group, to which I volunteered.

If you have read 'Everest Within - Life with Brain Injury' and wish to read my Everest Within - Part Two story, feel free to contact me.

Richard Safey

Matariki and the Maori New Year

In some traditions Matariki and Puanga (Rigel) ascended into the heavens from their mother Raro (below, beneath). As the end of the Maori year approaches Matariki sinks below the western horizon (into the underworld). By the end of the twelfth month the three bright stars of Tautoru (Orion's belt) are lined up vertically on the horizon, while Takurua (Sirius) is directly above them. Matariki, Tautoru and Takurua together make a post of stars. Like a fence post, its base (Matariki) is buried in the ground, Tautoru sits on the horizon at ground level, and Sirius marks the top of the post. The post stands tall and straight exactly on West. This is the post of Hine-nui-te-Po, the great goddess of death. It marks the end of the year.

"The Pleiades hold the highest rank among the stars, inasmuch as they usher in the New Year and are also visible at its close. These are the phases: in the twelfth month [of the Maori year] they set, to return again with the new year... Rigel is hostile to the Pleiades because it wishes to rule the year itself."

For a while in late May, Matariki remains out of sight, too close to the Sun to be seen. Then in the dawn of early June the same line of stars (the post) appears in the east. The first bright star to rise is Puanga, rising close to east. In some parts of Aotearoa, the Maori New Year began with the rising of Puanga. Puanga gives notice of the approaching dawn as if "the sun itself is pushing it from behind."

Over the next few days the rest of the post again appears as a downward slanting pole, with Matariki highest in the northeast, Tautoru in the middle, exactly on east and Takurua at the lowest position in the southeast. Matariki marks the Sun's rua (the place where it will rise) at Takanga o te ra (the turning of the Sun, the winter solstice).

The Tapu period of the year was the time when Matariki appeared above the horizon in the morning. That was the occasion on which our elders of former times held festival, when the people rejoiced, and women danced and sang for joy as they looked on Matariki.

"Sirius, the Pleiades and Orion's Belt are important seasonal stars... and the Pleiades [marks] a plentitude of food supplies; hence the saying regarding it scooping up food products of land and sea." Puanga (Rigel) is also one of the food bringers thus the name Puanga kai rau, denoting early winter, a season of plenty.



WHANAU ORA - frequently asked questions

What is Whānau Ora?

Whanau Ora is a different way of working with families, which builds on their strengths so they can take ownership of their own needs. It focuses on whanau as a whole, rather than dealing with individuals and their problems.

Why is Whānau Ora needed?

There is a better, more effective way of using the hundreds of millions of dollars of taxpayers' money already being spent by various government agencies trying to help whānau across New Zealand.

The Government has listened to feedback from families who are tired of having to deal with multiple agencies in an uncoordinated, fragmented way. This

'five cars up the driveway' approach is not giving whānau the results they want and need, so the government is trying a new approach.

How will Whānau Ora work for families?

Whānau Ora will work in a range of ways, influenced by the approach the whānau chooses to take. Whānau Ora is not a one size fits all approach. It is deliberately designed to be flexible to meet family needs.

Some whānau will want to come up with their own ways of improving their lives, and they may want to work on this with a hapu, iwi, or a non-government organisation (NGO). Other whānau will want to seek help from specialist Whānau Ora providers, who will

offer them wrap-around services tailored to their needs. Whānau will have a champion to work with them to identify their needs, develop a plan of action to address them and broker their access to a range of health and social services.

How will it work for providers?

Through Whānau Ora, the Government wants to free up health and social service providers from the dozens of separate contracts for services that currently tie them up. Whānau Ora providers will have streamlined contracts that will be focused on results. They will be funded to work with whānau rather than just individuals.

Government agencies will coordinate efforts at the national and local level to integrate and convert existing contracts. Regional leadership groups will also work to promote effective working relationships between providers and government agencies at the local level.

Why will Whānau Ora be more successful than existing programmes?

Successive Governments have tried to get agencies to work together, and some of these initiatives have worked quite well. Whānau Ora takes this a step further by putting families at the centre, because they are the best people to make decisions for themselves. This is likely to be more successful because families will have real ownership of their solutions.

How much money will Whānau Ora be getting?

In Budget 2010, Whānau Ora will receive \$134.3 million of new funding over four years. In addition to this new money, participating providers will retain the funding they receive through existing contracts, which will be developed into Whānau Ora contracts. It's not possible to put a concrete value on this funding as the first 20 providers have not yet been selected. However, it is estimated the combined value of these contracts will be around \$100 million a year.

How will it be spent?

Some of the new money in the Budget will be used to invest in whānau capacity and capability. At the heart of the Whānau Ora approach is building and maintaining the capability of whānau to be self-managing. Funding will be made available for a range of activities that support local engagement with whānau as they transition to greater self-reliance, including building whānau capability; strengthening whānau connections and supporting the development of whānau leadership. In a practical sense this will mean providing funding to a range of non-government organisations, which will have submitted proposals to Te Puni Kōkiri. Funding will also be used to help providers to change their business models, train staff, and improve their IT systems.

Where is the money coming from?

Of the new money for Whānau Ora, \$120 million is coming from funds that were ring fenced by the previous government for community-based services, under a policy called Pathway to Partnership. Whānau Ora is a promising new approach worthy of investment, so part of that money has now been allocated to Whānau Ora. The money that is being used was not previously committed to any particular initiative or programme. The remaining \$14.3 million is being funded through reprioritisation within Te Puni Kōkiri's baseline.

Will other programmes be cut?

No. The new money for Whānau Ora is uncommitted. Some providers who are already contracted to deliver particular programmes may look to use their existing funding in a different way as they develop their own Whānau Ora approach. The Governance Group will consider those proposals on a case by case basis.

There has been speculation Whānau Ora might receive \$1 billion – why is it getting less?

The Government is rolling out Whānau Ora in a tight fiscal environment, in which it is seeking to better use existing funding where possible. The money invested in Whānau Ora will grow over time as further existing contracts are integrated and converted. Integrating contracts takes time and 20 is a realistic number for the first year.

While many providers have indicated their interest in being involved with Whānau Ora, not all will be in a position to hit the ground running in the first year. It is expected that there will be successive waves of providers, from those already suited to implement Whānau Ora, to those not yet ready but who will be able to engage in the process at later stages.

When and how will Whānau Ora start?

Decisions regarding the selection of providers will be made by the Whānau Ora Governance Group, following an open Expression of Interest process in June and July. Initial assessments will be completed by the end of September. The Governance Group will then work with providers who are selected through the Expressions of Interest process on implementation. It is expected that implementation of Whānau Ora will begin from October.

Regional Leadership Groups will have an important role in considering proposals for funding to support whānau to work with hapu, iwi and NGOs on their own initiatives. These groups will be established across 10 regions and will have representatives of local agencies including Te Puni Kōkiri, the Ministry of Social Development and District Health Boards, along with community representatives appointed by the Minister Responsible for Whānau Ora.

Who can apply for the funding?

Providers will be selected against specific criteria developed by the Governance Group, based on recommendations in the Whānau Ora: Report of the Taskforce on Whānau-Centred Initiatives. Criteria may include providers who:

- are delivering effective health and social services direct to whānau;
- are effectively managing multiple contracts in the health and social services area; and
- have a demonstrable record of effective service delivery to whānau.

Who can access Whānau Ora?

Whānau Ora will be available on the basis of need. It is a Maori designed approach and it is likely to have high appeal in the Maori community. But it will be available to all.

How will families who need Whānau Ora become involved with it?

Families can get involved with Whānau Ora in a number of ways. For example, they may hear about a Whānau Ora provider in their community and decide to give it a go. Or, they may get referred to a Whānau Ora provider by a government agency like Work and Income or by someone like their local budget advisory service. Or, they might find their medical centre has become a Whānau Ora provider and is now offering Whānau Ora services. Some Whānau Ora providers and champions may also choose to be proactive, and get out in the community to talk to people about Whānau Ora.

How will you measure the success?

Success will be measured in terms of the outcomes achieved for whānau, for providers, for communities and for the New Zealand population. As whānau will

be setting their own goals they will have the opportunity to track their own progress. Success will also be measured in terms of the value and benefits gained for government investment.

In keeping with the intent of the Whānau Ora concept, a research, evaluation and monitoring programme is being developed to provide concrete measures and a practical process for measuring and reporting achievements.

When will we see results from Whānau Ora?

It is expected that the Government will see changes in the way that providers do business at the end of year one. Proven results for families will be demonstrable by the end of year two through the Whānau Ora research programme.

How will providers be held accountable for the money?

Whānau Ora contracts will be focused on results. This means that providers will be held accountable for what they achieve with government funding, rather than just what they do.

Where providers have existing contracts with government agencies to deliver programmes and services, providers will continue to be accountable through those agencies for those contracts. For new contracts to support the development of new approaches, providers will be accountable through Te Puni Kōkiri for what they achieve with the funding provided.

The Whānau Ora Taskforce recommended an independent trust – why isn't there one?

The Government has decided that during the establishment phase of Whānau Ora, it is important that there is close Ministerial and departmental oversight and ownership of Whānau Ora.

ABC Alcohol Pilot



The ABC alcohol pilot has now been rolled-out to all practices. This pilot aims to reduce alcohol related harm through asking and recording alcohol consumption, offering brief advice and referral pathways where appropriate.

It has been encouraging to see the enthusiasm of many practice teams in promoting the message,

and to also hear a positive public response. Gonville Health staff (above left) and Jabulani Medical Ltd (above right) get the thumbs up for being part of 'T-Shirt Fridays' (Jabulani being the first practice to start the trend). All that black and white certainly makes an impact. Chloe Newton - Project Coordinator



“On Time” Immunisation Project Summary

In November 2009 WRPHO undertook a project focussing on immunisations with the main aim to improve the timeliness of the under two year old childhood immunisations. This project was named “On Time” and Erin Cvitanovich (pictured) was contracted to roll out this project. The Ministry of Health had set national targets at 85% to be achieved by 2009 / 2010, 90% to be achieved by 2010 – 2011, 95% to be achieved by 2012.

At the onset of the On Time project, Whanganui baseline data from the NIR for the 12 month period 30/11/2008 – 30/11/2009 showed milestone ages final dose (excluding PCV7) at 84% for fully completed age appropriate immunisations by the 24 month age.

All general practices within the WRPHO area were contacted and given the opportunity to participate in the On Time Immunisation Project. Many of the practices were already doing well in their immunisation rates, it was found that the main contributing factors were:

- Having an appointed 'Immunisation Champion' - a staff member who managed the process and took responsibility for the overall effectiveness of immunisations
- Having a set of predetermined, standardised processes which are carried out on a regular basis, e.g. creating a weekly immunisation recall list
- Having a very good working knowledge of MedTech, Dashboard and Dr Info
- Working together as a team and involving, all members of staff, including the administration and support staff
- Sharing monthly immunisation statistics at regular staff meetings
- Proactive planning of future immunisations
- Having an open door policy that allows parents to bring the child in for an immunisation, even though an appointment had not been made
- Utilisation of external resources and assistance, i.e. The Practice Facilitators, Immunisation Co-ordinator and the NIR administrator based at WDHB
- Utilising the WRPHO out reach service



Equally, there were reoccurring themes that were shared amongst practices whose immunisation rates were at or below the set MOH targets. Themes included:

- Having no established system or process in place for managing immunisations recalls within their practice
- Having no written policy on how or why the practice immunises its babies and children
- Not meeting with other practice nurses to discuss Best Practice
- Working in isolation. Not effectively communicating or seeking assistance from WRPHO team members or Wanganui Hospital staff. Essentially some stakeholders appear not to consider themselves as part of a larger team working together to provide a holistic approach for a common cause
- Not assigning time and staffing resource on a regular basis, to generate recalls and or use an immunisation process
- Not being able to immunise the child because the child was unwell

It was important from the outset of the project to be able to provide useful resources and information to support the practices ability to immunise children 'On time, every time'. These resources included a software package called TXT2Remind, a standardised recall process, a newly designed birth card and badge that has the slogan IMMUNISE – ON TIME, EVERY TIME for practices to use, a review of the Outreach immunisation service, the writing of an standard immunisation operating manual, and a focus on how the intranet can be utilised more for the dissemination of information.

Several recommendations also came out of this project, and we look forward to progressing with these as time and resources allow. The WRPHO thanks Erin for her hard work in this area over the last six months and we wish her well for the future. If you have any queries or comments about this project please contact Angela.

Erin Cvitanovich
“On Time” Immunisation Project Facilitator

Angela Johnson
WRPHO Projects Leader