

RURAL CANTERBURY
Primary Health Organisation
Te Roopu Hauora Matua O Waitaha Taiwhenua

Rural Canterbury Primary Health Organisation

Rural Canterbury Primary Health Organisation
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www.rcpho.org.nz

Annual Report

Rural Canterbury Primary Health Organisation



1 July 2007 - 30 June 2008



Vision Statement

The Rural Canterbury PHO will strive to maintain and improve the health of its population and will encourage access to effective health services that help to reduce inequalities.

We will do this by ensuring services are of a high quality through effective communication. We will treat people with respect, valuing individual, cultural and professional diversity.

We will seek to establish agreed goals and values and respect the rights of all who belong and subcontract to the organisation.

Guiding Principles


- **Health Care**
In times of ill health, people should have ready access to skilled, competent and caring health professionals who they can know and trust.
- **Health Promotion**
The population should be encouraged to pursue a healthy lifestyle within a healthy environment.
- **Better Health**
Emphasis will be given to population health, health promotion and preventative care.
- **Innovation**
Improving accessibility, affordability and appropriateness of services (based on local needs).
- **Excellence**
Improving coordination and continuity of care.
- **Resourcing**
Providing and funding services according to the population needs, in addition to a fee for service, when people are unwell.



Directory

For year ended 30 June 2008

Principal Business:	Primary Health Organisation
Address:	PO Box 6032, Level 9, 10 George Street, Dunedin
Directors:	K Adams resigned 01 November 2007 R Crighton N Cruickshank appointed 27 November 2007 L Davis S Lowndes A Marriott appointed 27 November 2007 G Marshall T Potiki P Richardson appointed 29 January 2008 A Robinson M Tarry
Auditors:	WHK Taylors
Solicitors:	Anderson Lloyd Lawyers
Bankers:	ASB Bank



Audit Report

To the shareholder of Rural Canterbury PHO Limited

We have audited the financial statements on pages 4 to 11. The financial statements provide information about the past financial performance of the company and its financial position as at 30 June 2008. This information is stated in accordance with the accounting policies set out on pages 7 and 8.

Directors' Responsibilities

The Directors are responsible for the preparation of financial statements which give a true and fair view of the financial position of the company as at 30 June 2008 and the results of its operations for the year ended on that date.

Auditors' Responsibilities

It is our responsibility to express an independent opinion on the financial statements presented by the Directors and report our opinion to you.

Basis of Opinion

An audit includes examining, on a test basis, evidence relevant to the amounts and disclosures in the financial statements. It also includes assessing:

- the significant estimates and judgements made by the Directors in the preparation of the financial statements;
- Whether the accounting policies are appropriate to the company's circumstances, consistently applied and adequately disclosed.

We conducted our audit in accordance with New Zealand Auditing Standards. We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to obtain reasonable assurance that the financial statements are free from material misstatements, whether caused by fraud or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial statements.

Other than in our capacity as auditors we have no relationship with or interests in the company.

Unqualified Opinion

We have obtained all the information and explanations we have required.

In our opinion:

- proper accounting records have been kept by the company as far as appears from our examination of those records;
- the financial statements on pages 4 to 11 :
 - comply with New Zealand generally accepted accounting practice;
 - Give a true and fair view of the financial position of the company as at 30 June 2008 and the results of its operations for the year ended on that date.

Our audit was completed on 10 October 2008 and our unqualified opinion is expressed as at that date.

WHK Taylors
Dunedin

Total Financial Solutions
In association with WHK Group Ltd Australia and WHK (NZ) Ltd

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Chair and CEO's - Report

This year has been one of major 'change' but at the same time one of consolidation. Rural Canterbury Primary Health Organisation (RCPHO) has now completed its third year of operation with funding for a number of new initiatives being secured.

During the year our Management Services provider, South Link Health, gave notice of its intention to exit services. This opportunity allowed the RCPHO Board to reflect on its organisational goals and strategic direction, which has led the Board to forming a Trust and employing its staff. In April 2008 Rural Canterbury PHO became a 'stand alone' entity, appointed a Chief Executive Officer and staff previously employed via South Link Health were transferred to RCPHO's employment.

Christchurch PHO also made the decision to employ its own Manager and now sub contracts services for Child Health Liaison, BIC Mental Health and Education Coordination from RCPHO.

We would like to thank our Team, for their determination to succeed, their continued enthusiasm, self motivation and confidence. They have always kept the needs of our enrolled population, our GP practice teams, and other contractors, foremost in their minds.

Our thanks to members of the Planning and Funding Team of Canterbury District Health Board for their support and work with RCPHO staff to provide funding for programmes and initiatives for the benefit of our enrolled population.

With funding support from CDHB and RCPHO our general practice teams have been able to offer a number of additional services. These include:

- Chronic Disease Management
- Maori Chronic Disease Management
- Discretionary Funding
- Youth Mental Health Brief Intervention Pilot Service
- Child Health Services
- Respiratory Services
- Acute Nursing Contracts - Oxford, Diamond Harbour, Akaroa and Ashburton

An increasing range of services are being made available through General Practice for acute interventions at the medical centre or at home as an alternative to hospitalisation. For their patients with chronic and multiple diseases, General Practice are able to provide ongoing support and care using our CarePlus programme.

RCPHO is a member of the PHO Alliance, an association of 33 other PHOs throughout New Zealand. This has enabled us to exchange information and experiences with other regions and to benchmark our own operations. We have appreciated the opportunity to attend these quarterly meetings.

RCPHO is continuing to develop relationships with community groups, NGOs and Maori providers to ensure that our enrolled population receives quality health care services.

The delivery of health care is all about people and the RCPHO is exceedingly fortunate in the quality of our people providing primary health care to our communities, providers, our various advisory committees and to our staff. Their energy and enthusiasm are the most valuable asset we have and we acknowledge their support and loyalty.

We would also like to record the valued services of fellow directors, representing both providers, Maori and the community.

During the year our Interim Chair, Steve Lowndes, handed over the reins to Allan Marriott (October 2007). We are grateful for Steve's leadership, support and guidance over a six month period.


Thank you also to our Board members who have retired - thank you for your many hours of service and good governance. To those who have recently joined us, we look forward to working with you in the coming years. The Board has carried out its governance responsibilities with confidence in the professionalism of the CEO and staff.

Finally, by working together, RCPHO can achieve its vision:

"To maintain and improve the health of our population, and to encourage access to effective health services".




Allan Marriott
Chair, RCPHO


Bill Eschenbach
CEO

Notes to the Financial Statements (contd)

for the year ended 30 June 2008

Note	2008 \$	2007 \$
3. Cash and bank balances		
ASB Current Account	82,295	30,000
ASB Term Deposit	1,600,000	950,000
	1,682,295	980,000
4. Accounts Receivable		
Trade Receivables	822,275	358,668
Sundry Receivables	27,587	19,244
	849,862	377,912
5. Plant and Equipment Computer Equipment & Plant		
Cost	44,670	3,941
Accumulated depreciation	4,502	399
Net book value	40,168	3,542
Total plant and equipment	40,168	3,542
6. Accounts Payable		
Trade payables	297,468	322,211
Sundry payables	239,024	6,038
	536,492	328,249
7. Commitments and Contingencies		
As at 30 June 2008 the Rural Canterbury PHO Limited was not aware of any commitments or contingencies (2007: nil).		
8. Lease Commitment		
The company is party to an agreement for a property. The commitments outstanding at year end are as follows:		
	2008 \$	2007 \$
Falling due within 1 year	89,953	55,496
Falling due after 1 year	349,247	388,548
	439,200	444,044
9. Related Party Transactions		
Rural Canterbury PHO Limited is related to South Link Health Inc as a result of South Link Health Inc being the sole shareholder of Rural Canterbury PHO Limited		
During the year South Link Health Inc provided Finance, Information Technology, Management and Education & Quality Improvement Services to the PHO, these services were provided on a commercial basis.		
As at 30 June 2008 the Rural Canterbury PHO Limited owes South Link Health Inc \$146,313 (2007: \$188,923)		
South Link Health Inc has a contract with Rural Canterbury PHO Limited to provide management and additional services until 31 March 2010.		
Dr M Tarry who is a director of Rural Canterbury PHO Ltd has received capitation and other payments from the PHO in his capacity as a GP member of the PHO. All transactions have been carried out at arms length.		
10. Equity		
As at 30 June 2008, 100 ordinary shares have been allocated to the shareholder and remain unpaid. All shares rank pari passu.		

Notes to the Financial Statements for the year ended 30 June 2008

	Note	2008	2007
		\$	\$
1. Operating Revenue			
Contract Funding		11,535,838	9,268,702
Sundry Income		161,040	2,640
		11,696,878	9,271,342
2. Operating Expenses			
Accounting Fees		-	520
Advertising		1,267	3,713
Audit Fee		3,674	2,825
Audit Compliance Expenses		-	1,429
Bank Charges		256	171
Board Expenses		16,153	16,780
Board Meeting Fees		47,250	51,228
Broadband Follow-up		-	5,076
Clinical Governance		9,473	10,529
Conference Expenses		3,340	1,955
Consultancy Fees		12,985	230
Contract Payments		10,903,953	8,819,440
Depreciation		4,103	399
Education Meetings		250	2,640
Electricity		5,114	-
Elective Waiting List		-	3,289
General Expenses		4,259	2,347
Health Promotion Promoter		101	188
Health Promotion Adjustment from 2003/04 year		-	25,864
Insurance		6,256	6,605
Legal Fees		1,069	3,010
Management Services		231,913	182,374
Motor Vehicle Lease		3,083	-
Motor Vehicle Running Costs		1,793	-
Office Relocation Expenses		4,660	12,310
Office Cleaning		4,098	1,927
Operational Contracts		62,472	-
Pandemic Planning		-	154
PHO Alliance Membership		1,835	1,223
PHO Chair Forum		1,153	750
PHO Management / Wages		72,808	-
Printing & Stationery		6,019	-
Project Officer		28,515	51,285
Repairs and Maintenance		806	-
Rental		61,229	35,261
Special Projects		6,210	17,393
Telephone & Tolls		3,846	-
Telephone Triage (SIA)		58,202	32,264
		11,568,145	9,293,188

Organisational Structure and Governance

RCPHO Board	1 July 2007 - 30 June 2008
Kath Adams	Waimakariri District Council - Community representative [to October 2007]
Neil Cruickshank	Waimakariri District Council - Community representative [appointed November 2007]
Ros Crighton	GP Representative, Waimakariri Territorial Local Authority (TLA)
Anne Robinson	Community Nurse Representative
Steve Lowndes	Banks Peninsula TLA Community representative [to June 2008]
Pam Richardson	Akaroa/Waiwera Community Board representative [appointed January 2008]
Gavin Marshall	Ashburton District Council TLA Community Representative
Allan Marriott	Independent Chairman (appointed October 2007)
Mick Tarry	GP Representative, Ashburton TLA
Tracey Potiki	Maori Representative (Manawhenua ki Waitaha) [to January 2008]
Maire Kipa	Maori Representative (Manawhenua ki Waitaha) [appointed May 2008]
Louise Davis	Practice Nurse Representative [appointed June 2007]

RCPHO Board

The Rural Canterbury Primary Health Organisation (RCPHO) operates as a charitable company and trust, and has a governance board of 11 members: three community representatives (one from each of the geographic areas covered), two Maori representatives, three provider representatives, one Practice Nurse, one Community Nurse and an Independent Chair (a three year term).

Each Board member contributes according to their background and all report back to their representative groups on PHO activities. They are also available to the public as a link to ensure relevant health issues are brought forward to the PHO.

The Board holds monthly meetings, usually the last Tuesday of each month.

RCPHO Management and Staff

Over the year a number of staff have been employed to undertake additional contracts. We anticipate that over the next twelve months a number of additional contracts will be secured which will allow this office to either sub contract for services with community groups or other health professionals.

Chief Executive Officer	Bill Eschenbach
Project Administrator	Dianne Walker
Reception / Administration	Helen Thompson
Projects and Planning Manager	Geraldine Clemens
Performance Programme and Education Coordination	Alison Wilkie
Mental Health Demonstration Model / Consultant Clinical Psychologist	Paul Wynands
Primary Care Mental Health Liaison	Susan Kovacs
Health Promotion and Services to Improve Access Project Officer	Jill Robinson
Mental Health Brief Intervention Coordinators (BICs)	Karen Daws, Mel Doornenbal, James O'Donoghue, Andi Kirk, Anne Kerr [Ann Richards, CPHO]
Youth Brief Intervention Coordinator	Victoria Ravenscroft



Back Row: Paul Wynands, Helen Thompson, Geraldine Clemens, Alison Wilkie, Susan Kovacs, Bill Eschenbach. **Front:** Jill Robinson and Dianne Walker

RCPHO Population

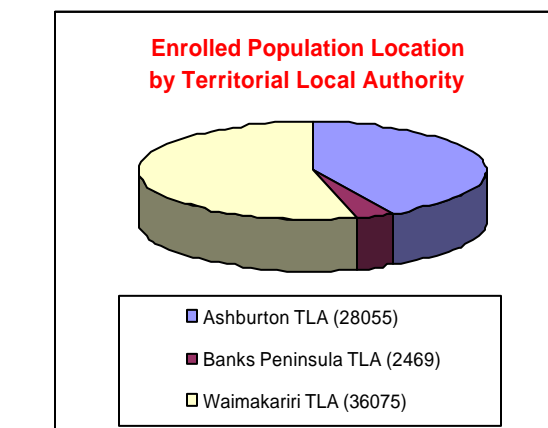
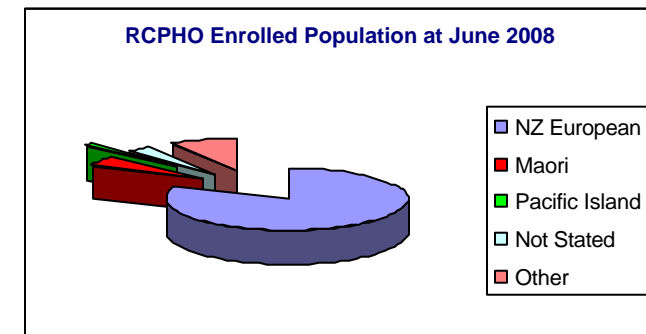
Enrolled Population

RCPHO has 22 general practices with 56 General Practitioners (not full time employees) and 59 Practice Nurses (not full time employees). The enrolled population includes residents of Ashburton, Tinwald, Rakaia, Methven, Akaroa, Diamond Harbour, Kaiapoi, Rangiora, Woodend and Oxford.

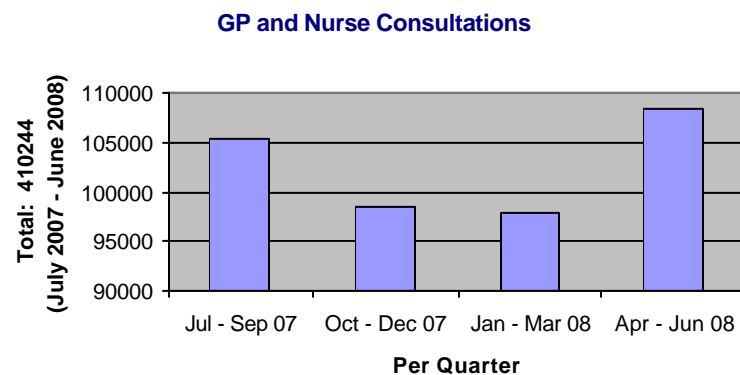
Over the course of the year in review, the enrolled population increased from 63,613 to 66,599.

In May 2008 RCPHO welcomed the addition of a new practice in Rangiora (Southside Health) which increased the number of member practices to 22.

RCPHO Enrolled Population at June 2008	
NZ European	54361
Maori	3338
Pacific Island	540
Not Stated	2493
Other	5867
TOTAL	66599



Member Practices
Akaroa Health Centre, Akaroa
Allenton Medical Centre, Ashburton
Diamond Harbour Medical Ltd, Diamond Harbour
Doctors on Blackett, Rangiora
Dr Martin's Practice, Rangiora
Kaye Buchan Medical Centre, Kaiapoi
Good Street Medical Centre, Rangiora
Dr Fairhall, Kaiapoi Family Doctors, Kaiapoi
Dr Page, Kaiapoi Family Doctors, Kaiapoi
Kaiapoi Medical Centre, Kaiapoi
Kaiapoi Medical Clinic, Kaiapoi
Medical Corner Doctors, Rangiora
Methven Medical Centre, Methven
Moore Street Medical Centre, Ashburton
Oxford Community Health Centre, Oxford
Rakaia Health Centre, Rakaia
Rangiora Medical Centre, Rangiora
Sealy Street Medical Practice, Ashburton
Southside Health, Rangiora
The Gym Co Medical Ltd, Ashburton
Tinwald Medical Centre, Ashburton
Woodend Medical Centre, Woodend



Statement of Accounting Policies

for the year ended 30 June 2008

Basis of preparation

The Rural Canterbury PHO Limited is registered under the Companies Act 1993. These financial statements have been compiled in accordance with the Companies Act 1993, the Financial Reporting Act 1993 and generally accepted accounting practice in New Zealand.

The measurement base is historical cost.

Differential reporting

In terms of the framework for differential reporting an entity is exempt from certain requirements of the financial reporting standards if it satisfies the criteria laid down in the framework; such an entity is called a qualifying entity.

The Company is a qualifying entity because it has no public accountability and is not large (as defined in the framework).

All differential reporting exemptions have been adopted, except FRS 19 Accounting for Goods and Services Tax, as the financial statements are prepared GST exclusive.

Plant and equipment

Plant and equipment is stated at cost and depreciated as outlined below.

Where an asset is disposed of, the gain or loss recognized in the statement of financial performance is calculated as the difference between the sale price and the carrying amount of the asset.

Depreciation

Depreciation is calculated on a diminishing value basis to allocate the cost of the asset, less any residual value, over its estimated useful life.

The rates are as follows:

Plant and Equipment 20 - 48% DV

Revenue recognition

Revenue from contracts and interest is recognized in the Statement of Financial Performance as earned. Contract income for which service delivery is yet to occur is then transferred to the Statement of Financial Position and held as "Reserve Funding".

Accounts receivable

Accounts receivable are stated at estimated realizable value after providing against debts where collection is doubtful. Bad debts are written off during the period in which they are identified.

Income Tax

Rural Canterbury PHO Limited is a charitable organization and is therefore exempt from income tax under Section CW 34 of the Income Tax Act 2004.

Goods and services tax

All amounts are shown exclusive of Goods & Services Tax (GST), except for accounts receivable and accounts payable that are shown inclusive of GST.

Changes in accounting policies

The accounting policies adopted are consistent with those of the previous year.

Comparatives

Where applicable, certain comparatives have been restated to comply with the accounting presentation adopted for this year.

Statement of Financial Position

for the year ended 30 June 2008

	Note	2008 \$	2007 \$
Equity		400,439	155,991
Current Assets			
Cash and Bank	3	1,682,295	980,000
Accounts Receivable	4	849,862	377,912
Prepayments		3,825	4,527
GST Receivable		139,999	107,232
		2,675,981	1,469,671
Non current assets			
Plant and Equipment	5	40,168	3,542
		40,168	3,542
Total assets		2,716,149	1,473,213
Current liabilities			
Reserved Funding	6	536,492	328,249
		1,779,218	988,973
Total liabilities		2,315,710	1,317,222
Net Assets		400,439	155,991

Administration

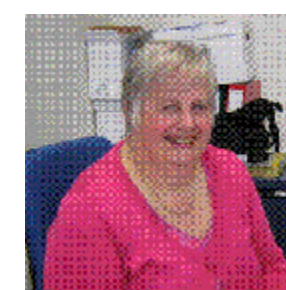
Helen Thompson has been with the PHO since January 2007. As well as carrying out reception and telephone duties she also provides administrative support and assistance for all staff of the PHO and is responsible for minute taking at the weekly staff meetings.

Since April 2008 Helen has also taken on HR functions such as fortnightly recording of wages, recording of leave and coordination of information for HFK Ltd (Hilson Fagerlund and Keyse), administrators of the RCPHO payroll, and overseeing of RCPHO accounts.



Helen Thompson
Reception

Dianne Walker, as the Project Administrator, is responsible for the gathering of data to ensure the continuation of payments such as Capitation Based Funding. Reports are also coordinated for the Quarterly Reporting to the Ministry of Health and Canterbury DHB on the contracts held by the PHO, and also the processes of the Board. Data is also compiled, which is provided by the practices, for completion of 'returns' required by the Ministry of Health and CDHB.



Dianne Walker
Project Administrator

Dianne provides administrative assistance to both the Chair (Allan Marriott) and Chief Executive Officer (Bill Eschenbach) and is Secretary for the RCPHO Board.

Maori Health

Maori Health Implementation Plan

The RCPHO has a contractual obligation to develop a comprehensive Maori Health Plan that addresses inequalities and barriers to primary health care.

A sub committee of the Board, with the support of the Maori Health Manager and the Board's Manager, developed a Maori Health Plan following a series of hui throughout the region. The plan was submitted to the CDHB for approval and we were then requested to develop a Maori Health Action Plan.

Approval of the RCPHO Maori Health Action Plan 2006 (Updated October 2007) was received at the end of October 2007.

There is no additional funding for the implementation of this action plan however the Board agreed to target a portion of its Health Promotion and SIA funds to implement various aspects, as outlined in the Health Promotion and SIA updates in this report.

We are currently in regular dialogue with the CDHB's Maori General Manager and we have appreciated his support to date.

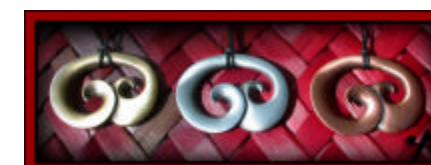
Maori Health Programme Coordinator Kaiwhakarite

Work has commenced on an initiative to employ a Maori Health worker/Kaiwhakarite to undertake the following programme:

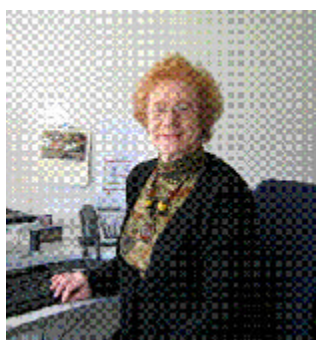
Primary Health, Access, Implementation and Coordination for Maori / Pacific Island peoples

The purpose of this programme is to improve Maori health status for the enrolled Maori population of Rural Canterbury Primary Health Organisation (RCPHO) by implementing appropriate programmes and coordinating health service delivery in conjunction with other key primary health stakeholders.

An application was made to the Canterbury District Health Board for funding which was declined. The RCPHO Board has decided to go ahead with a short term appointment, without funding assistance from the CDHB and the role will be 'scoped' in the first six months. The PHO will then work collaboratively with other PHOs to obtain funding for an extension of the contract, hopefully for two years.



PHO Performance Programme (PPP)



Alison Wilkie
PPP and
Education Coordinator

The twenty two practices within the RCPHO continue with their involvement in the Primary Health Organisation Performance Programme (PPP). [It has changed its name from the previous PHO Performance Management Programme (PMP).]

The PHOPP was implemented by the Ministry of Health in conjunction with District Health Boards New Zealand (DHBNZ) to assess whether the considerable additional funding allocated to primary health care was having any beneficial health impact. Indicators for measurement of performance were developed to measure achievement of the objectives of immunisation to reduce communicable diseases, early diagnosis of some cancers and chronic diseases, and the evidence based treatment of disease.

The performance indicators (PIs) also check relevant aspects of the PHO's performance, and that the PHO wide use of laboratory tests and pharmaceuticals are in line with the national targets of expenditure.

In the first full year of participation in the programme the RCPHO achieved 91.46% of the performance measured. Because RCPHO was one of the first three PHOs in the South Island to enter the programme, there was a six month 'catch up' period.

This means that figures for the full year are not yet available - but the six month achievement (to 31.12.2007) was 52.7 out of a possible 58 points.

Practices are informed of their achievement within the programme, with payments for each six monthly

assessment period being paid. A maximum annual amount equivalent to \$4 per enrolled patient is available for this.

Where the information is available, the RCPHO provides this to practices to assist in addressing areas of non-achievement. The targets to be achieved gradually increase each year by 5% until the nationally set target is reached.

The Performance Indicators (PIs) have changed this year, age appropriate immunizations in children under 2 has been introduced.

One sole practitioner has consistently achieved 100% of what is achievable, three other practices have also achieved 100% of possible achievement of targets within the period of the programme.

Other new performance indicators included an assessment of each practices' capability to implement the planned cardio vascular disease (CVD) and diabetes risk assessment. Writing a plan for the implementation of these proposed PIs was a PI in itself, and RCPHO's Plan was the first approved in the South Island.

National Governance holdups have resulted in considerable delays in the implementation of these CVD/diabetes PIs in the practices. Implementing aspects of the Plan have progressed with the great majority of practices having received training in the use of the

Decision Support tool developed and installed on 2 of the 3 practice management systems in use within the PHO.

A meeting of the PPP Coordinators is held, with excellent cooperation in sharing information and many useful hints being exchanged.

Statement of Financial Performance

for the year ended 30 June 2008

	Note	2008 \$	2007 \$
Operating Revenue	1	11,696,878	9,271,342
Total Operating Revenue		11,696,878	9,271,342
Operating expenses	2	11,568,145	9,293,179
Total Operating Expenses		11,568,145	9,293,179
Net Operating Surplus/(Deficit)		128,733	(21,837)
Interest Income	3	115,715	61,158
Net surplus for the period		244,448	39,321

Statement of Movements in Equity

for the year ended 30 June 2008

	Note	2008 \$	2007 \$
Net Surplus		244,448	39,321
Total Recognised Revenues & Expenses		244,448	39,321
Equity at beginning of year		155,991	116,670
Equity at end of year		400,439	155,991

Statement of Financial Responsibility for the year ended 30 June 2008

The Directors are responsible for preparing the financial statements and ensuring that they comply with generally accepted accounting practice in New Zealand, and give a true and fair view of the financial position of the Company as at 30 June 2008 and the results of their operations for the year ended on that date.


The Directors consider that the financial statements of the Company have been prepared using appropriate accounting policies, consistently applied and supported by reasonable judgements and estimates and that all relevant financial reporting and accounting standards have been followed.

The Directors believe that proper accounting records have been kept which enable, with reasonable accuracy, the determination of the financial position of the Company and facilitate compliance with generally accepted accounting practice in New Zealand.

The Directors consider that they have taken adequate steps to safeguard the assets of the Company, and to prevent and detect fraud and other irregularities. Internal control procedures are also considered to be sufficient to provide a reasonable assurance as to the integrity and reliability of the financial statements.

The Directors are pleased to present the financial statements of the Rural Canterbury PHO Limited for the year ended 30 June 2008

For and on behalf of the Directors:

Director: 

Dated: 9 October 2008

Director: 

Dated: 10 October 2008

Education Coordination

History

The Canterbury District Health Board (CDHB) provided funding for a half time position to coordinate education and training for general practice teams and community providers within both Rural Canterbury and Christchurch Primary Health Organisations. The CDHB requires the Education Coordinator to focus on CDHB and PHO priority areas; regular Continuing Medical and Nursing Education (CME/CNE) has been facilitated through a contract with South Link Health.

Following on from a practice survey of needs, an Education Plan was developed. Many activities identified through that process have been delivered, the Education Coordinator working with the CME/CNE Facilitators for the delivery of many of these programmes.

Nursing training opportunities organized by the RCPHO are regularly offered to NGOs and other relevant providers of health services within the RCPHO area. Nurses from the Ashburton and Akaroa Hospitals, Otautahi Maori Women's Welfare League, Christchurch PHO practices, National Heart Foundation, Occupational Health Nurses, Military staff have attended programmes organized by RCPHO.

Canterbury Acute Demand Management Services

Sessions for implementing this important aspect of "Improving the Patient Journey" have been held in Ashburton and Rangiora for GP Teams. Clinical training face to face sessions and DVDs of presentations have also been provided for staff.



Special skills training

As a result of the implementation of the Canterbury Acute Demand Management Services, additional training has been needed and some has been provided for GP Teams. Partnership Health - subcontracted to Pegasus - is the lead PHO for the training and provision of aspects of the CADMS. DVDs of presentations with print outs of slide presentations have been made available to clinical staff throughout the RCPHO.

The RCPHO has advocated to the CDHB to increase resources and capacity to the Clinical Skills Unit to enable education and clinical skills training to be available to RCPHO staff.

Programmes are planned to accommodate the needs of the RCPHO in the best ways available.

Appetite for Life

This programme, developed by Bronwen King of Community and Public Health, is to increase the knowledge of healthy nutrition and lifestyle choices for women and their families, whanau, communities. Training programmes for staff with tertiary training in nutrition are in place to enable introductory implementation of the programmes in late 2008 and 2009.



Cardiovascular disease and diabetes skills training

Training sessions for 42 practice nurses representing 16 of 22 practices, and general practitioners representing 14 of 22 practices were carried out in preparation for an important new component of the PHO Performance Programme. A folder of patient education resources available from the National Heart Foundation was distributed to all practices.

Other education programmes included: Privacy Training

Three sessions for General Practice Teams.

ACC

Practices requiring assistance in dealing with problems and claiming were linked in with the ACC staff who addressed their training needs.

Diabetes Management

Sessions for Practice Nurses to update in Type 2 diabetes patient management are in progress in Waimakariri and Akaroa.

Website development

The process of separation from South Link Health and Christchurch PHO led to a delay in getting this up and running but good progress has been made.

Newsletters

Regular updates of items of interest and relevance are distributed 4 - 6 weekly, there has been a good response to these.

The CDHB has agreed to fund the education role until 30 June 2009.

Health Promotion and Services to Improve Access

Ashburton Health Promotion Tony Vainerere (Pacific Community Liaison) a joint appointment with Presbyterian Support (South Island)

Tony is employed to provide 0.5 FTE Health Promotion and 0.5 FTE Pacific Community Liaison in the Ashburton District. Over the

year Tony has organised a successful Samoan Day for all the new Samoans to the District. He has been assisting them to set up a Samoan group and has ensured that all families are registered with a GP Practice and that the children have all received their appropriate immunisations.



Tony is on the working Party of the Ashburton Youth Health Centre Trust and he has been working with the Trustees providing background information and support. He has helped facilitate the delivery of separate workshops for

Samoan, Tongan and Cook island communities for SKIP (Strategies with Kids, Information for Parents). New families to NZ have no idea of our Repeal of Section 59 of the Crimes Act (anti smacking) so this was very important information to those communities as well as other strategies for bringing up children. There are several PI families in Ashburton under stress and Tony is working closely with these families to ensure they receive the appropriate assistance. He has also translated a booklet and pamphlet about Ashburton Health Services into Cook Island Maori. Tony has worked diligently over the past year to ensure he supports RCPHO health promotion strategies.

Banks Peninsula Health Promotion Chris Rudin-Jones

Chris is contracted to provide the Falls Prevention initiative – Banks Peninsula through Presbyterian Support (South Island).

Chris continues her Tai Chi classes for flexibility and fall prevention and they are both very well supported in Akaroa and Diamond Harbour.



Chris has undertaken GRx training (Underspend contract with GRx) and has completed Appetite for Life (AFL) training followed by the AFL coaching course. Along with Kristen Corselius-White (dietitian Akaroa) Chris also has the Nutrition and Physical Activity SIA Underspend contract for Akaroa. Both programmes are inter linked so that patients will get ongoing follow up



Jill Robinson
HP/SIA Project Officer

and support utilising group education and one on one for motivation and promotion of physical activity and nutrition. The Health Promotion focus for Chris has been on Men's Wellness and she is promoting the availability of Men's Wellness checks through Akaroa Medical Centre and Diamond Harbour Medical Centre.

Waimakariri Health Promotion eatfit – Katy Patterson

Katy commenced the Health Promotion role on 1 May 08.

Katy is also contracted to deliver Nutrition and Physical Activity Services (SIA underspend funds) in the Waimakariri. Katy operates from the AMI sport and fitness centre in Rangiora and delivers Nutrition and Physical Activity Services not only from there but also in Oxford, Kaiapoi and Woodend.



Language Line

A **FREE interpreter service**, using an 0800 number was introduced to RCPHO practices end of 2007. The service is available 9am through to 6pm Monday to Friday. This service is available to facilitate effective communication between practice staff and their patients within RCPHO. Immigrants entering NZ do not all speak English (or have English as a second language) as they may be a family member of someone who already resides or has come to work in New Zealand. Language Line offers 39 languages (information obtained from Census as to the most common non-English speaking immigrants). This service was introduced to General Practices at the end of 2007. Language Line has been very well received by Practices but there has not been a huge demand for the service as yet.

Ashburton Youth Health Centre Trust

The Ashburton Youth Health Trust was formed in March 2008 with the objective of working towards improving the health and well-being of adolescents within the Ashburton District. It has charitable status and GST requirements have been finalised. In March, the Trust commenced a 2 year contract with RCPHO to provide and manage suitable facilities which will be set up in Ashburton and to employ an 0.5 FTE Youth Health Centre Coordinator. The Coordinator is to work with youth groups and staff at Ashburton and Mt Hutt Colleges to identify the most appropriate ways to improve services to the young people. The Trust has secured premises through funding from Ashburton District Council and has just recently advertised for the Coordinator role.

Financial Statements for the year ended 30 June 2008

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Strategic Planning for 2008 - 2009

Priorities for the next fiscal year, as discussed by the RCPHO Board at its Strategic Planning meeting in 2008, are:

1. Thinking strategically
2. Workforce recruitment and retention
3. Work on relationship with CDHB
4. Education (CME / CNE)
5. Community / website - improve profile
6. Inequalities
7. Spend more money - surplus funds
8. Identify impediments
9. Dinner (for gp teams)

It is anticipated that these topics will be further discussed and implemented for the future direction of the PHO.

Rural Canterbury Primary Health Organisation Board As at October 2008



From Left: Dr Mick Tarry, Pam Richardson, Marina Hughes, Neil Cruickshank, Louise Davis, Ros Crighton, Allan Marriott (Chair), Dr Graham McGeoch, Maire Kipa and Gavin Marshall.

HP and SIA continued

Youth (Year 9 Waimakariri and Akaroa) Research Project

The Collaborative was contracted to undertake the research of the health status of adolescents in the Waimakariri and Akaroa areas in order to provide evidence of need and to also investigate what kind of services young people would see as appropriate to meet that need. This study was completed December 07 and the final report sits with RCPHO Board for discussion and then dissemination to interested parties. RCPHO has made a commitment to improve access to health care for adolescents within its population area.

Green Prescription (GRx), Banks Peninsula

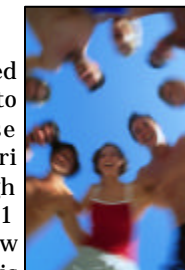
GRx contracts Chris Rudin-Jones (RCPHO Health Promoter Banks Peninsula) to deliver GRx Banks Peninsula. The piloted "Face to Face" consultations (including phone consultations) commenced in Akaroa on 6 May at Heartlands Community Centre and in Diamond Harbour on 1 May at Diamond Harbour Medical Centre. Akaroa has provided strong support for the pilot with referrals increasing at Diamond Harbour.

Nutrition and Physical Activity, Akaroa

This Underspend contract complements the Banks Peninsula Green Prescription Consultation proposal with the Dietitian referring patients to GRx. Chris Rudin-Jones (RCPHO HP Banks Peninsula) and Kristen Corselius-White (Dietitian) are contracted to deliver the Nutritional and Physical Activity services in Akaroa. Akaroa Health Centre refers patients through to the dietitian and the first funded monthly dietitian clinic was held at Akaroa Health Centre on 12 April 08.

Nutrition and Physical Activity, Waimakariri

A signed agreement was completed between RCPHO and [eatfit](#), March 08, to provide Nutrition and Exercise consultation services to Waimakariri patients who have been referred through from their GP. This service provides 1 initial consultation of 1 hour with 5 follow up visits of 20 minutes. Katy Patterson is employed by [eatfit](#) to provide this service plus 0.5 Health Promotion for the Waimakariri District. Katy commenced her role May 2008.



Health Lifestyle Programme, Rakaia

Rakaia Medical Centre had an extension to their existing contract with RCPHO to provide services for the Healthy Lifestyle Programme. Rakaia Clinic reports that they are really seeing some positive results particularly with decreased smoking aided by regular phone contact from the Practice Nurse providing this service. The GP Team also refer patients on to Green Prescription for further advice and support.

Men's Wellness

This programme was launched in RCPHO January 2007. The objective is to invite those males between the ages of 45 – 65 who are identified as being at risk (targeting Maori and Pacific Island peoples or those in the high needs bracket) and who have not had a general health check in the last 2-3 years to come in and have a FREE wellness check. The programme will continue until all allocations have been used.

Men's Wellness Check Report 1 July 2007 – 30 June 2008	
Condition	Total
Physical Activity Less Than 5 Times a Week	252
Consider CASE Screening	49
BMI Greater Than 25	435
Need CVD Risk Management	72
Diabetes	10
HDL Less Than 1	76
High Blood Pressure	427
LDL Greater Than 2.5	458
3 or More Metabolic Syndrome Factors	98
Metabolic Syndrome Report	82
Pre-Diabetes	109
Triglycerides Greater Than 1.6	178
Waist Greater Than 100	253

Age Group	Total
Under 50 Years	157
50 - 55 Years	156
55 - 60 Years	153
60+ Years	97

Ethnicity	Total
Maori	19
Pacific Islander	1
Other	543

Women's Wellness

This programme was launched in June 2008 with Practices receiving an allocation every January through until 2010.

The programme objectives are similar to the Men's Wellness Check ie those females between the ages of 45 – 65 who are identified as being at risk (targeting Maori and Pacific Island peoples or those in the high needs bracket) who have not had a general health check in the last 2-3 years to come in and have a FREE wellness check.

Additional Services

Discretionary Funding

The executed contract for discretionary funding was received at the RCPHO office on 1 July 2007. Funding is available for allocation to patient services within the parameters set by the contract and practices have taken a very responsible approach to requests for this funding.

Funding is being well utilised in the interests of the enrolled population and 56 applications made by 64% of RCPHO practices have been approved for a total of almost \$19,000.



Geraldine Clemens
Manager Projects and Planning

24%. For non Maori, nurse education 57% and exercise 22% were the most frequently occurring services.

A variety of components could be used in a package.

The barrier of no publicly funded services in certain rural areas was overcome for patients with specific needs through this funding stream.

The ability to assist GPTs, through funding, to source the services that their patients require has been highly valued.

In addition, RCPHO does not have a funded smoking cessation programme as do some PHOs and this created an inequality for RCPHO enrollees and thus a barrier to health gain. The cost barriers to smoking cessation were overcome for those who commenced smoking cessation under CDM PoC.

It has been reported that patients have been very motivated by the allocation of the public funding they have received. Weight reduction has been reported for attendees of dietary, exercise and motivation programmes.

CDM PoCs allow the easy incorporation of a wide variety of providers and services into the care of the patient, including self management. It has been raised that a true package of care would be all the services that a patient would require for the given condition and the base that has been established could be expanded to allow for both detection and more complex care. This would of course require redistribution of funding and, it is suggested, would fit well with a care plan that combined primary and secondary services. This would build the package of care to being a complete package.

In addition to funding for clinical activities the contract also provides for funding for education with regard to Chronic Disease.

One General Practitioner wrote about the programme "This is a definite bouquet. A young 21 year old presented recently ... he had no money and I applied for funding through your Chronic Disease Package of Care funding. ... Your Chronic Disease Package of Care funding has meant that this young man's life is likely to be transformed!"

Chronic Disease Management

Maori Chronic Care Management

A Chronic Disease Management (CDM) contract for non Maori and another contract for Maori patients was received 1 July 2007. All practices were visited to explain the programme. In addition other providers both core health providers and others were visited to explain the referral and billing processes. Price lists were constructed from provider information and supplied to practices.

CDM Packages of Care (PoC) were accessed by 73% of RCPHO practices on behalf of their patients. The funding removed the financial barrier to accessing services that many patients face. Some patients required significantly more funding than the package allowed for and these packages were expanded with discretionary funding.

To the end of June 2008 a total 219 CDM PoC were provided with 204 being for patients with newly diagnosed conditions and 15 for patients newly discharged from secondary/tertiary care.

For the non Maori enrolled population 198 PoCs were provided with 43% being for people 40-59 years and 35% for those 60 years and over. For the Maori enrolled population 21 PoCs were provided with 48% being for people aged 20-39 years and 43% for those aged 40-59 years.

For Maori patients CDM PoC were most likely to address overweight/obesity 62% and various stages and types of diabetes 14%. For non Maori patients CDM PoC were also most likely to address overweight/obesity 40%, and diabetic/pre diabetic disease 27%, but also hypercholesterolaemia 20% and cardio vascular disease 12%.

The most frequently occurring service components in Maori packages were exercise (gym membership, swimming and exercise motivation) 57%, dietetic 48%, GP follow up consultations 24% and nurse education

Other Services continued

HPV (Human Papillo Virus)

This vaccination programme will be available for delivery through General Practices in Canterbury.

It is anticipated that the programme will commence in September 2008 for 17 and 18 year olds with younger age groups being included over time. However should a female patient from 12 to 16 years request the vaccination from the practice during this early phase the vaccination may be given under the funded programme.

MSD (Ministry of Social Development)

A contract has been executed with the CDHB for an initiative to encourage the 'out of work' to get back into work. The service will be provided from Heartlands (Hornby) and Piki Te Ora (Linwood), and should be available from November 2008.

Retinal Screening

Application has been made to the Canterbury DHB to provide a retinal screening service in Ashburton and it is anticipated this will be implemented in early 2009.

The aim of screening by means of retinal photographs is to enable early diagnosis and intervention in Diabetic Retinopathy.

Justification for providing this service:

- 5% of diabetics, over 30 years of age become blind.
- Macular injury can be reduced by timely laser treatment
- GP Ophthalmoscopy does not meet the 80% sensitivity requirement.
- Many diabetics do not attend hospital services

A photo screening programme can accommodate all people known to have diabetes, except those who are pre-pubertal, terminally ill or decline participation.



Breastfeeding

Rural Canterbury PHO has been approved as the 'lead provider' for "Provision of Mother to Mother / Peer Support and Lactation Consultant Support Programmes to Protect, Promote and Support Breastfeeding in Canterbury".

RCPHO is currently awaiting the return of the contract to enable the implementation to commence.



RCPHO infrastructure, combined with the skills and knowledge of International Board Certified Lactation Consultants (IBCLC) and trained Peer Support Coordinators, will provide the basis of the programme throughout Canterbury. RCPHO will be working closely with the Ministry of Health's Breastfeeding Advocate for Canterbury and the Canterbury Breastfeeding Network.

Other Services



Susan Kovacs
GP Liaison

Primary Care Mental Health

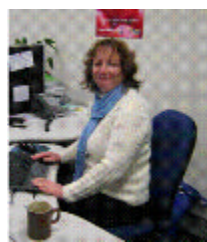
This service has now been available to general practice for twelve months. Mental Health GP Liaison, Susan Kovacs, provides the following to rural general practice teams:

- Education and assistance to assess and plan treatment for clients with identified serious mental illness (ie 0 - 3% moderate to severe mental health issues).
- Followup consultations and assistance in the review of treatment plans
- Education on risk assessment and the development of risk management plans within general practice
- A point of liaison between Specialist Mental Health Services and rural general practice
- Resources in relation to identifying appropriate community agencies and support groups for clients

This service's philosophy is to reduce stigma, achieve early identification and treatment of mental health, thus reducing the impact upon individuals, their families / whanau and the community.

Respiratory Nurse Specialist

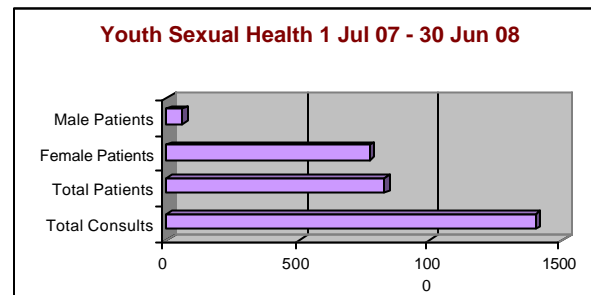
RCPHO was successful with the proposal for a respiratory nurse to support the work of general practice teams in caring for patients with chronic respiratory disease.



Dianne McLaughlin
Respiratory Nurse Specialist

The CDHB required that the original proposal be offered via Asthma Canterbury, but they were unable to progress this. RCPHO then proceeded to employ a nurse and implemented the service in June 2008.

The Respiratory Nurse Specialist is available to offer education, spirometry and other appropriate services to all of the PHO's practices.



Free Youth Sexual Health Consultations

Approval was received in August 2007 for the age range to be amended to 'youth aged up to 20 years plus 364 days'.

This is a free service and includes the following:

- advice on options for contraception
- prescription or provision of the chosen method of contraception
- training as necessary on the effective use of the chosen method of contraception
- laboratory tests as appropriate
- screening for sexually transmitted diseases as appropriate and referral for treatment with appropriate follow up, including contact tracing
- HIV pre test counselling and testing, or referral for these services, and referral for treatment as necessary
- Liaison with other primary care providers with client agreement

Telephone Triage

A number of RCPHO practices subscribe to this after hours telephone triage service. Patients can call their practices after hours and have their call diverted to an 0800 number which is answered by a registered nurse at a call centre. The nurse can provide medical advice to the patient and may refer them to the 'on call' GP, if appropriate.

This service has been extremely well utilised by the general practice teams and their communities.

The 'Pilot', from October 2005 to April 2006, was funded by the CDHB. The RCPHO Board continued to fund the service from May 2006 to December 2007. Further funding was approved by the CDHB to fund this triage service from January 2008.

Additional Services continued

Child Health Services

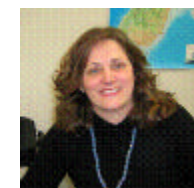
The executed contract for the Child Health Liaison (CHL) role was received on 1 July 2007. RCPHO and Christchurch PHO (CPHO) agreed to combine their contracts to create a role for one worker.

The CHL position was operational from August 2007 after an appointment to this role was made. Orientation to Practices and networking with a vast number of providers in the child health field including secondary services was a key focus.

The appointee left the position in December 2007.

Given the separation from South Link Health and unknown position of CPHO with regard to this role, the role was covered for essential matters by the manager of projects and planning until the end of June 2008.

With the agreement from CPHO to continue with a combined position a new child health liaison nurse was appointed to commence in July 2008.



Marie-Lyne
Child Health Liaison

Referrals from RCPHO Practices during the first six months of operating this programme, were for children from 10 Practices while in the second half year referrals were for children from 9 Practices.

CHL functions to assist the child/whanau to access health services, improve the child/whanau journey and support the delivery of health services in the widest sense by Practices, other health providers and social agencies.

Acute Demand Management

Acute demand management was commenced by Canterbury District Health Board (CDHB) in October 2007. Its aim is to keep people in need of acute care out of hospital whenever it is possible to do so and instead treat the patient close to their home.

Education sessions about the programme were held in all the regions of RCPHO.

There has been a very significant amount of work required of RCPHO to implement this project.

Subcontracts for Community Acute Nursing services have been agreed for Akaroa, Ashburton, Diamond Harbour and Oxford. Service delivery has occurred in all but Ashburton over several months. Ashburton's service will commence in the new financial year.

RCPHO has worked with CDHB and has established funding for Medical oversight for the Acute Nursing Service in the Waimakariri and for the service in the Ashburton territory.

RCPHO have negotiated with Canterbury Community Care Trust (CCCT) over many months and they have since decided to withdraw. Further negotiations are being progressed with another nursing service providers. Negotiations regarding clinical cover for the acute nurses, after hours, are to be held with the general practice teams in Waimakariri.

RCPHO has developed an excellent working relationship with Acute Service Coordination at St John in particular with Angela Dredge and Pip Weeds and their support is acknowledged.

Other Activities

RCPHO has been represented on several Canterbury wide groups run by CDHB.

These include:

- After Hours Steering Groups
- Older Persons Model of Care Steering Group
- Improving the Child Journey
- b4sc (Before School Check – the last of the well child checks)
- Referrals Project
- Laboratory Services Steering Group

Mental Health

The Rural Canterbury PHO Mental Health in Primary Care service has been in operation since February 2006. The service is an innovative approach in the delivery of mental health services and is based on best practice principles, international service models and local initiatives.

Enrolled RCPHO patients are offered six 'strands' of mental health service in rural primary care in Canterbury.

Strand 1: involves the provision of clinical General Practice Team care for the person with mental health difficulties.

Strand 2: provides GPs the opportunity to claim an extended consultation fee for seeing people with mental health difficulties in their practice at no cost to the patient. This gives the rural GP more time to listen to patient's concerns, coordinate treatment options and seek specialist advice when needed. This increased contact time helps the patient disclose their difficulties more fully leading to better identification of mental health needs.

Strand 3: includes the provision of Brief Intervention Coordinators (BIC) for adults (18+ years of age). Patients referred by their GP who have mild to moderate mental health concerns can receive up to five sessions of free psychological intervention and the possibility of onward referral to an identified community agency (including assisted access to secondary services). This provides GPs with a direct referral option that is often not available in rural communities that is responsive to the person's needs. Current allocation is 2.4 FTE across rural Canterbury.

Strand 4: provides adults with severe mental health difficulties access to brief intervention, service coordination and assisted access to secondary services from an experienced psychiatric nurse. Service area crosses three PHOs in rural Canterbury. Current allocation is 1.0 FTE for this GP Liaison role.

Strand 5: involves the services of a clinical psychologist for general practice teams to assess and treat complex cases and to provide mental health education and advice. The clinical psychologist also provides supervision, clinical support and professional development for the BICs and

experienced psychiatric nurse. Further, the clinical psychologist leads any new mental health initiatives undertaken by the RCPHO for the benefit of their enrolled population and their GPs. Current allocation is 0.8 FTE.

Strand 6: provides Waimakariri youth (ages 13-18) and their families with mild to moderate mental health concerns access to a Youth Brief Intervention Coordinator (YBIC) for free sessions of free psychological intervention and onward referral to identified community agencies. Current allocation is 0.9 FTE.

The mental health in primary care service origins came as a result of consultation with rural Canterbury GPs and local community groups. The consistent theme was that patients with mild to moderate mental health concerns in the Ashburton, Waimakariri and Banks Peninsula districts were not receiving an adequate service (if at all). This community consultation coincided with the Ministry of Health (MoH) request for applications for new initiatives in the delivery of mental health services in primary care. The Rural Canterbury PHO submitted their application which was accepted by the MoH in June 2005 and was funded until June 2008 to allow for sufficient evaluation.



Karen Daws, Lois Middleton, Andi Kirk, Ann Richards (Christchurch PHO BIC), Michele Young, Paul Wynands and Anne Kerr

The Brief Intervention Coordination team consists of the Project Manager / Clinical Psychologist, Paul Wynands (0.8 FTE), and the Brief Intervention Coordinators: Anne Kerr (0.5 FTE), Registered Psychologist and Andi Kirk (0.5 FTE), Registered Occupational Therapist, who work

Mental Health continued

in Ashburton and surrounding districts. Karen Daws (0.4 FTE), Registered Psychiatric Nurse, covers Banks Peninsula. Michele Young (0.6 FTE), Registered Psychiatric Nurse and Lois Middleton (0.5 FTE) – latterly replaced by James O'Donoghue (0.5 FTE) - Registered Psychiatric Nurses, are based in the Waimakariri district. The service has been inundated with referrals from the start. From 1 March 2006 – 30 June 2008 there were 1141 referrals to the service.

Seventy two percent of referred clients were female, 93% identified themselves as European and the average age of our clients was 40.5 years. The main presenting problem was depression followed by anxiety. Despite high service demand, clients are seen within one month from date of referral and are seen on average for 3 sessions. During this contact, clients reported overall clinical improvement when asked to complete a pre- and post-treatment Kessler 10 clinical outcome scale.

In addition, RCPHO GPs have made 6498 claims for extended consultation mental health sessions for the period 1 January 2006 – June 30 2008.

In response to a developed satisfaction survey, both clients and GPs report being very satisfied with the service. Clients report that the service is of benefit and value to them, particularly when they feel listened to and treated with respect and dignity. GPs appreciated the access and timeliness of the service with some commenting that the service was 'the best thing to come out of the PHO'.

The service also won the Supreme Award at the 2007 Canterbury DHB Service and Innovation Awards. It is envisaged that the number of BIC workers (2.4 FTEs) within the RCPHO will remain constant in the short-term as this is currently sufficient to meet the needs of the local communities. The BIC Service as it currently stands may evolve from face to face interview work in a GP setting to more community based settings including marae, workplaces and home visits.



Michele Young, Paul Wynands (holding Award), Anne Kerr and Andi Kirk

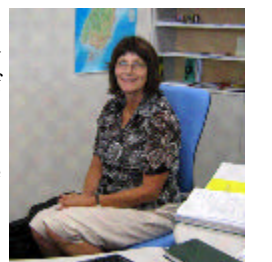
Training and development for primary care mental health workers in this new role is a key concern for this

organisation. BIC training and development requirements are currently maintained by fortnightly supervision and utilizing local training resources. However, there is lack of provision for this on a national level. This organisation looks for guidance from national bodies (MoH, professional colleges, private providers) to produce workshops and training packages that fit the brief intervention model and ensure that professional standards are maintained.

We expect there to be a high and continued demand for the BIC Service in other areas, and anticipate further positions being funded within other PHOs in Canterbury. The desired direction is that the BIC Service model is fully adopted and accepted throughout the primary care sector in Canterbury, both in the rural and urban communities. This direction is also consistent with the recommendations made in the Canterbury DHB Primary Mental Health Positioning Paper (October 2006).

Youth BIC (Waimakariri)

The Youth Brief Intervention Service commenced in February 2008 with the appointment of Victoria Ravenscroft (pictured). This service has continued to grow, which is demonstrated by the increasing number of referrals received. Thirty-six referrals have been received for the period 1 January – 30 June 2008.



Victoria Ravenscroft

The clinical work is varied and interesting. The majority of young people and their families are still presenting with a number of issues, requiring multiple interventions. The BICs aim is to engage a young person (when required) with another agency before discharge.

Relationships have been built with various agencies in the Waimakariri. Victoria is in the Rangiora office on a Monday and Tuesday and works from Kaiapoi on Thursday. This will give the service more of a presence in the community and by becoming more visible other services will utilise the service.

Victoria is also involved with an exciting new venture for young people in Rangiora. The Youth Health Clinic run by Blackett Street Medical centre on a Monday night is free to young people between the hours of 6-8pm.

Victoria attends the Youth Workers monthly meetings and Intersectorial Network meetings and has become the representative from the Youth Workers meetings and attends the Social Services Waimakariri monthly meetings which are held at the Waimakariri District Council.