



You may well have read recently in local media that the DHB is trying to save money by cutting services to the elderly. Let me reassure you, this is absolutely not true.

Over the past few years, we have fallen behind with reassessments of clients of our Home Based Support Services. Now we're putting more staff on the ground to make sure these reviews are up to date. As a consequence, some folk were reassessed late last year after up to four years of receiving ongoing help and no reassessments, in some instances where the home based support was put in initially for a couple of months to help them back on their feet.

As you can imagine, in these circumstances sometimes the support has become embedded in a person's lifestyle, even if medical assessments show they no longer require this type of assistance.

What we're trying to do now is make sure people get the services they need, without us trying to do things for them that will take away their independence. As a consequence of the catch-ups in reassessments, about 17 people on the

whole Coast have had a decision that their support hours will be reduced or stopped over time. At the same time, about 114 people have had decisions to increase or start support hours. We're putting more money and staff into Home Based Support Services, and we really want people to understand our efforts are about a restorative model of care – restoring people to a situation where they are able to stay safe and well in their own homes, looking after themselves until there is a clinical need for further help or support.

If anyone believes someone in the community has a clinical reason for needing Home Based Support Services reinstated, they are able to refer that person (with their consent) to our HBSS Manager [Steve Johnston](#). Or the person can get referred through their GP.

Please help us by correcting the misconceptions out there – we are here to support our elderly to stay well and safe in their own homes, empowered to be independent, mobile and well.

Recent storms created angst for some nurses particularly about getting home, or back to base if they were working out in the community. We've had a number of questions and comments as a result.

In Canterbury staff are directed to Metservice and NZTA websites via all user emails and in the event of snow, people are advised to contact their manager directly if they can't get to work. Most Canterbury staff will have access to alternative routes, but the West Coast does not always have alternatives.

The West Coast team involved with emergency management and Internal Communications Panel have been looking at what can be done to improve communications when these types of events occur.

A couple of suggestions from them:

- Emergency management/communications will endeavour to post updates by email and on the intranet at least three times during the day of such events, i.e. around 8am, noon and 3pm.
- Each department should appoint a "champion" to be available to check websites for any roving staff or staff who are unable to view emails or the intranet, who want to know how they can get back to work or get home.
- Don't believe rumours/speculation. Civil Defence and emergency managers will communicate information as soon as it is available.

I've been advised that planning for this event (and attendance/work) was excellent. Managers checked which staff were most likely to be able to get to work, some staff volunteered to stay with family or friends closer to their local facilities, and others changed their work for the day to help out in different areas.

Our Complex Clinical Care Network (CCCN) Manager Diane Brockbank put an enormous effort into helping Nola Rochford and the Hokitika team with the relocation of residents at private rest home/hospital Allen Bryant.

Thank you to all those who went above and beyond. Now roll on the good weather so we can spend time outdoors on our days off!

David Meates
CEO



Unknot Me helps rebuild sense of self

Like many newcomers to New Zealand, Mary Meek (not her real name) has found the culture difficult to adjust to.

She still struggles with understanding how she went from being a self-confident, possibly even “brash” independent woman, to someone scared of stepping out.

“I didn’t realise I had a problem with anxiety until I was working here.”

She believes she was bullied in the workplace, which she relates to her forthright way of speaking and handling situations.

“I was told I was nasty and aggressive, but what I thought I was doing was questioning the way things were being done, and just getting on and doing things that others were too timid to do. Look, I suppose I could work on softening my approach, but this is who I am.”

As well as the difficult full time job, project managing the building of her home, and missing her family and friends, Mary’s confidence was rattled.

Things became fairly untenable for Mary as she was shunned by colleagues, and by the time she left her job, she was “in a mess”.

She was smoking a lot and eventually approached a Smoking Cessation advisor to try and get support to quit.

“She suggested I try the Unknot Me group sessions, as a way of dealing with my anxieties. I was concerned about who would be there, thankfully everyone was friendly. So I completed that six week course, and now I stay in touch with other anxiety sufferers through our follow-up group meetings.”

Mary has a fear of rats, and when she heard a loud thump recently, she discovered a large brown and white black rodent on the ground outside her



“Mary Meek” is more confident after going to the Unknot Me group.

house. Ducking inside with her heart racing in fear, she employed techniques learned in the Unknot Me group and managed to calm down.

“I looked out from the bedroom window, and focused on its beautiful colours, and thinking about how it might have ended up outside my house. I’ve never seen a rat like that around here, so I suspect it might have been someone’s pet who has been captured by a bird of prey and then

dropped in front of our house. It wasn’t a normal occurrence, and using the Unknot Me tools, I was able to rationalise my fears.”

As a result of processing those fears, Mary was able to leave the house shortly afterward to attend her Unknot Me follow-up group meeting.

“I was able to say, ‘this is what happened today and how I dealt with it’. It felt good.”

West Coast DHB General Manager Māori Health Gary Coghlan (third right) was capped with his Business and Enterprise degree from the University of Napier Edinburgh / Tai Poutini Polytechnic late last year, about the same time he received a post graduate certificate in social welfare from Otago University. For conversations about multi-tasking, contact Gary.Coghlan@wcdhb.health.nz



Noeline Thomson's story

Noeline Thomson has worked as a domestic cleaner at Grey Base Hospital for 46 years and has seen and heard all sorts of things during that time.

Noeline was “a very naïve” 18-year-old when she started.

“It was very strict. I had friends that were nurses and I wasn’t allowed to talk to them in work time. When the matron came up, we had to stand to attention and let her through, act like we weren’t even there,” she recalls.

The cleaning staff certainly weren’t allowed to talk to doctors – a far cry from today.

“Now we’re on first name basis with the doctors and nurses. We work as a team, and we’re treated with respect,” Noeline says.

In her earlier days, three supervisors would go through each ward with a charge nurse every shift, and they would wipe their fingers along window sills and surfaces to inspect for dust or anything out of place.

“I would never work outside my scope, but you do get asked a lot of questions, you have to encourage mums to breastfeed, and I get told heaps of stuff.”

Noeline says the cleaning staff lived in fear of the sharp-tongued charge nurses.

Over the years, Noeline has worked all around the hospital, including 10 years as a gardener, and afternoons as supervisor while her and husband Murray’s two adopted sons were growing up.

When her son Shannon died at 20 in a tragic accident, Noeline was supported by colleagues who understood she found it very hard to work in Morice or Barclay Ward, where she would occasionally have to talk to young male

patients who reminded her of her son.

“My workmates were just great at the time. And in the end I swapped to McBrearty Ward about 10 years ago.”

In McBrearty, part of the job includes having an understanding of breastfeeding procedures, as everyone works as a team to support new mums, but Noeline does not give advice – she refers to the nurses.

“I would never work outside my scope, but you do get asked a lot of questions, you have to encourage mums to breastfeed, and I get told heaps of stuff.”

Noeline says as well as sometimes being a shoulder to cry on, discretion is extremely important, especially when you’ve lived in an area all your life.

“You can’t be judgmental.”

Orderlies and cleaners also get used to dealing with death, although at times they might get a bit of a surprise when nursing staff forget to put a sign on the door of a room where someone has died.

“I’ve walked into a room saying ‘would you like a cup of tea or coffee or milo?’ and the person has passed, and no-one has told me!”

In her own time, Noeline describes herself as a “knit-aholic” and she enjoys cycling and reading. She’s also a very keen gardener and her garden was



Noeline Thomson at work.

open for a Cancer Society fundraiser recently. And she “borrows” her sister’s grandchildren who she loves dearly.

Together with Murray and Brogan, Noeline went on a six week trip to visit a niece in the UK in 2007, but mostly she’s a “homebody”.

Noeline is now looking forward to the wedding of her other son Brogan (29), and there’s a twinkle in her eye when she says she’s hoping for her own grandchildren within a year.

She has no intention of retiring until she’s worked for 50 years, so there’s another four to go.

“I’m holding out for my gold watch,” she says with a laugh.

“I won’t know what to do with myself if I’m not working, I’m dreading that time. So I’ll be here for a while yet.”

It's curtains for Kawatiri

The Kawatiri Curtain Bank is just about to open its doors in the former Kynnersley House so Buller folk can help to insulate their homes.

One of the instigators, Jo Howard, said the Kawatiri Curtain Bank is part of a collaborative venture to address about 850 homes in Buller that were thought to be cold and damp for residents.

The venture is being organised by Community & Public Health, Poutini Waiora – Mana Tamariki Mokopuna, Te Ha O Kawatiri – Healthy Homes Tai Poutini, Community Energy Action in Christchurch and the West Coast DHB.

“The outcome we want for people is warmer, drier homes, and this is a step towards that,”

People could drop off unwanted curtains and blinds in a reasonable condition, and these would be adjusted for those in need.

Anyone referred to the service in need of curtains would be given a choice of colours and styles, and also given information on other forms of insulation.

“The outcome we want for people is warmer, drier homes, and this is a step towards that,” Mrs Howard says.

The curtain bank has already received some donations, and a few curtains have already gone out.

“This initiative has been helped greatly by sponsorship from the Westport Mitre 10, who are supplying batts for a number of high risk families. These will be fitted shortly by Community Energy Action.”

Anyone can arrange to drop off curtains, or suggest someone who needs curtains or other insulation, by contacting Maori health provider Poutini Waiora who are the point of contact for the curtain bank.



Curtains are now being donated for the Healthy Homes Tai Poutini project.



Buller General Manager Kathleen Gavigan donates curtains.

Contact Simmy at the Poutini Waiora office Tuesday, Wednesday or Thursday

between 9am – 1.30pm, phone 027 877 3855 to set up appointments.



Anxiety group programme collaborative win

The Unknot Me anxiety group programme run by the DHB in partnership with non-government organisation Pact has been proving popular with participants and is a good example of inter-agency collaboration.

Started in April 2014 by occupational therapist Rachelle Hunt and Pact mental health consumer advisor Joe Hall, the programme consists of six group meetings, and has expanded geographically and in terms of follow-up.

“When we started, it was a little bit counter-intuitive as most people with anxiety do not get that excited about being in the company of other people. But there’s something about doing group work, a shared wisdom, bringing people together with a similar experience, that just works,” Rachelle says.

Pact has provided the venues – in Greymouth at their networking centre in Marlborough St, and in Hokitika, where the sessions are now run at Heartlands by Jose Timmerman. In Buller it is run by Sue Wells through the Buller Health Medical practice. The possibility of running a series in Reefton is also being explored.

“It’s been so easy collaborating on this programme. Working with Pact has been great,” Rachelle adds.

People can self-refer, or referrals come through health professionals or other organisations. In Hokitika and Greymouth the programme is open to anyone who journeys with anxiety, either themselves or with someone they support.

“It’s a wonderful thing to have those with major mental illness sitting in the same room with others who’ve walked in off the street, both discussing this common experience we call anxiety. That’s undoing stigma right there,” Rachelle says.

The group meetings cover the following themes:

1. What anxiety is and how it affects people
2. “Stinking Thinking” – how to deal with the thinking patterns that keep us anxious
3. Relaxation
4. Mindfulness
5. Feel the fear and do it anyway
6. Lifestyle changes that can bring down our general anxiety level

A maximum of 12 people are accepted for each group, but sometimes groups are smaller. Evening groups are also run from time to time to increase access.

Staff who are prepared to fully participate in the group process are welcome to refer themselves, and will often pick up useful tools for themselves, or for those they work with.

“Un-Knot Me”



A support group, “Staying Unknotted”, started earlier this year as a fortnightly follow-up for people who had been on the programme and wanted to continue to meet.

For information about upcoming groups, keep an eye on the intranet, or contact

Rachelle.Hunt

@westcoastdhb.health.nz.

WEST COAST

HealthPathways



HealthPathways is continually being updated with new content localised for the West Coast. To keep up with the latest changes, make sure you subscribe to monthly updates:

<http://wc.healthpathways.org.nz/13454.htm>

Contact the West Coast Coordinator for the username and password to access the HealthPathways West Coast site (03) 768 1305.

If anyone would like to submit West Coast resources to be included in HealthPathways, or would like to get involved in reviewing or localising the pathways, contact Marie West, West Coast HealthPathways Coordinator, Phone DDI: 03 768 1305 Fax: 03 768 6184, wc@healthpathways.org.nz

Dump the Junk!

Preparing for the move to our new Grey Health facilities. What can I do to prepare?

In order to ensure a successful move – or if you are one of those moving from one part of the current Grey facilities to another – each department will need to undertake a range of activities to prepare for move day. Some things will happen at department level, but some things will be for you to do as an individual.

The relocation process may be as simple as moving some items from an office or workspace, through to a complex exercise involving multiple teams from multiple locations. It's never too early to start thinking ahead, getting ready to move!

If you have any questions about the move at this stage, please email Project Coordinator Karen Robb, karen.rob@westcoastdhb.health.nz and one of the project team will respond.

To help you think about preparing for the move, you may find the **5S framework** useful. The framework was originally developed in Japan to help with moving workplaces. Fortunately the five parts of the framework, which all begin with S in Japanese, translate quite well into English words beginning with S:

- **SORT** – have a big clear-out of anything you don't need.
- **SET IN ORDER** – organise what you do need into sensible categories or places
- **SHINE** – clean, inspect, maintain equipment
- **STANDARDISE** – use best practice, create good systems that everyone understands
- **SUSTAIN** – keep your equipment in working order.

Or, put it another way...

DUMP THE JUNK!

With every item or document you will need to ask these questions:



Ministry of Health Project Manager Jim Coard and Medical Director Facilities Pradu Dayaram on the new Grey Base health facilities site when the first steel went up recently.

- Do I need it?
- When did I last use it?
- Will anybody else have it? e.g. the creator of the document?
- Should this be stored electronically e.g. as a matter of public record? Talk to your manager!
- Could anybody else benefit from it?
- Is this the best way of keeping it?
- Separate all items into one of the following groups:
 - Must keep – clearly label with reason.
 - Cannot decide.
 - Rubbish, recycling and confidential waste.
 - Something personal that I could take home.

Appointment of Canterbury and West Coast DHBs' Director of Midwifery

Please join me in extending a warm welcome and congratulations to Norma Campbell, who has been appointed the Canterbury and West Coast DHBs' Director of Midwifery.

Norma, in her new role, will be working closely with Karyn Bousfield, who will be continuing as the Director of Nursing for the West Coast DHB, and the rest of the maternity services team on the Coast.

Norma is a practising midwife, with extensive clinical midwifery experience. She comes from the New Zealand College of Midwives where she held the position of national midwifery advisor for 17 years. She has been involved in multidisciplinary work across the health sector and was the NZCOM DHB liaison and interface person. Norma led the college on capacity and capability development for midwifery. She was also the Executive Director of the Midwifery and Maternity Provider Organisation (MMPO).

We are thrilled Norma is joining the DHBs and know she will bring strong midwifery leadership and further enhance the relationship between us, the college, and the Ministry of Health.

Norma starts as Canterbury and West Coast DHBs' Director of Midwifery on April 3, 2017.

I would also like to take this opportunity to thank Karyn for the role she has played to date as the Director of Nursing & Midwifery, supporting this service during a time of significant change.

Philip Wheble

Interim General Manager Grey / Westland



Norma Campbell, Canterbury and West Coast DHBs' Director of Midwifery



Pancake Rocks after a storm.



Progress at new Grey Base health facilities site

Minister Joyce, West Coast DHB Chief Executive David Meates, Fletchers Project Manager Allan Shortland, and West Coast DHB Board Chair Jenny Black receive a safety briefing when they visited the site in January.



Do you know what's going on around your part of the DHB?

Join the Internal Communications Panel – we are seeking representatives from across different departments for a monthly meeting (VC for those outside Greymouth) to share snippets of information, discuss communication between staff, make suggestions for Staff Forums and newsletters, and generally make connections. Sharon Pope has recently joined to represent Buller. It would be great if we could uncover a Reefton, Hokitika and South Westland representative, as well as reps from different departments. Talk to your manager, and contact Senior Communications Advisor Lee Harris to indicate interest, lee.harris@wcdhb.health.nz, 03 769 7472.



Special days ...

Rare Disease Day 2017

The last day in February is Rare Diseases Day 2017 – dedicated to raising awareness about the many New Zealanders and their families/whānau affected by a rare disorder.

Ten-year-old Adam Tiedemann has a rare chromosomal disorder, and is the poster child for Rare Disease Day 2017. This year NZORD advertised on social media for a poster child and Adam was selected from many applicants within the rare disorder community. Adam's Mum Michelle shared this with us; "Adam for me is a 'teacher' of many things and I love that about him. I love his perspective on the world, the small things he engages in that most of us would normally walk by'.

There are over 7,000 known rare diseases worldwide, with an estimated 6- 8% 1 of people living in New Zealand affected by a rare disorder, a number collectively larger than diabetes. A large proportion of those rare disorders have genetic origins; in fact, these account for some 80% of the total according to estimates by Eurordis 2005. Due to the genetic and often hereditary nature of these rare disorders it makes sense that over 50% of those affected are children.

To learn more about NZORD please visit nzord.org.nz and to find out more about rare disease day, please visit the website rare diseaseday.org.nz.



Introducing FIRST!

Flexible Integrated Rehabilitation Support Team (FIRST) is a service designed to work with clients in the community to improve their functional performance, allowing them to remain as independent as possible in their own home.

Update: The workforce plan is currently being initiated, with a view to starting a FIRST pilot in the next few weeks.

Optimising a person's ability to remain at home

What is FIRST?

Flexible Integrated Rehabilitation Support Team (FIRST) is a new service that will work with clients in their own homes to improve their function, enabling them to remain as independent as possible.

Integration means combining or coordinating separate elements to provide a harmonious, inter-related whole. Rehabilitation means to restore to a condition of good health. This means FIRST will deliver a coordinated interdisciplinary team response, working with the client and their natural supports to maximise the client's abilities.

Service models similar to FIRST have been operating across New Zealand for a number of years. They add value for clients whose function at home has been compromised due to slowly deteriorating health, a sudden decline, or an exacerbation of a chronic condition. For these people FIRST can make a real difference.

FIRST will be part of the developing Integrated Family Health Service model across the West Coast DHB.

FIRST will enable the following:

- For medically stable inpatients with rehabilitation potential, it will support timely and coordinated discharge home.
- For clients recovering from an acute illness at home, it will provide a flexible and timely response so the client can become more independent, reducing the need for future admissions to hospital.
- Some clients will improve to the point where they no longer need as much support coming into their homes.
- Some will be able to stay at home for longer, before needing to consider residential care.

FIRST will be part of the broader continuum of care for adults ensuring a seamless transfer of services between the hospital and the community. This service is not currently available to people in residential care.

FIRST supports the West Coast DHB to meet the recommendations of both the Health of Older People Strategy (2002) and the Specialist Health Services of Older People Guidelines (2004).

What does FIRST offer?

Health professionals from the FIRST team visit the client at home, working together on goals developed by the client.

FIRST includes:

- An interdisciplinary team with a goal-based focus, including allied health, primary care, nursing and home-based support, providing input for up to six weeks.
- Up to 4 visits a day from Home-Based Support Service (HBSS) workers, who have completed at least a level 3 qualification
- As the client attains their goals and improves their function, visits are gradually reduced.
- If needed, medical review is provided by the client's usual general practice team, with community geriatrician advice available if required.

Entry criteria for FIRST

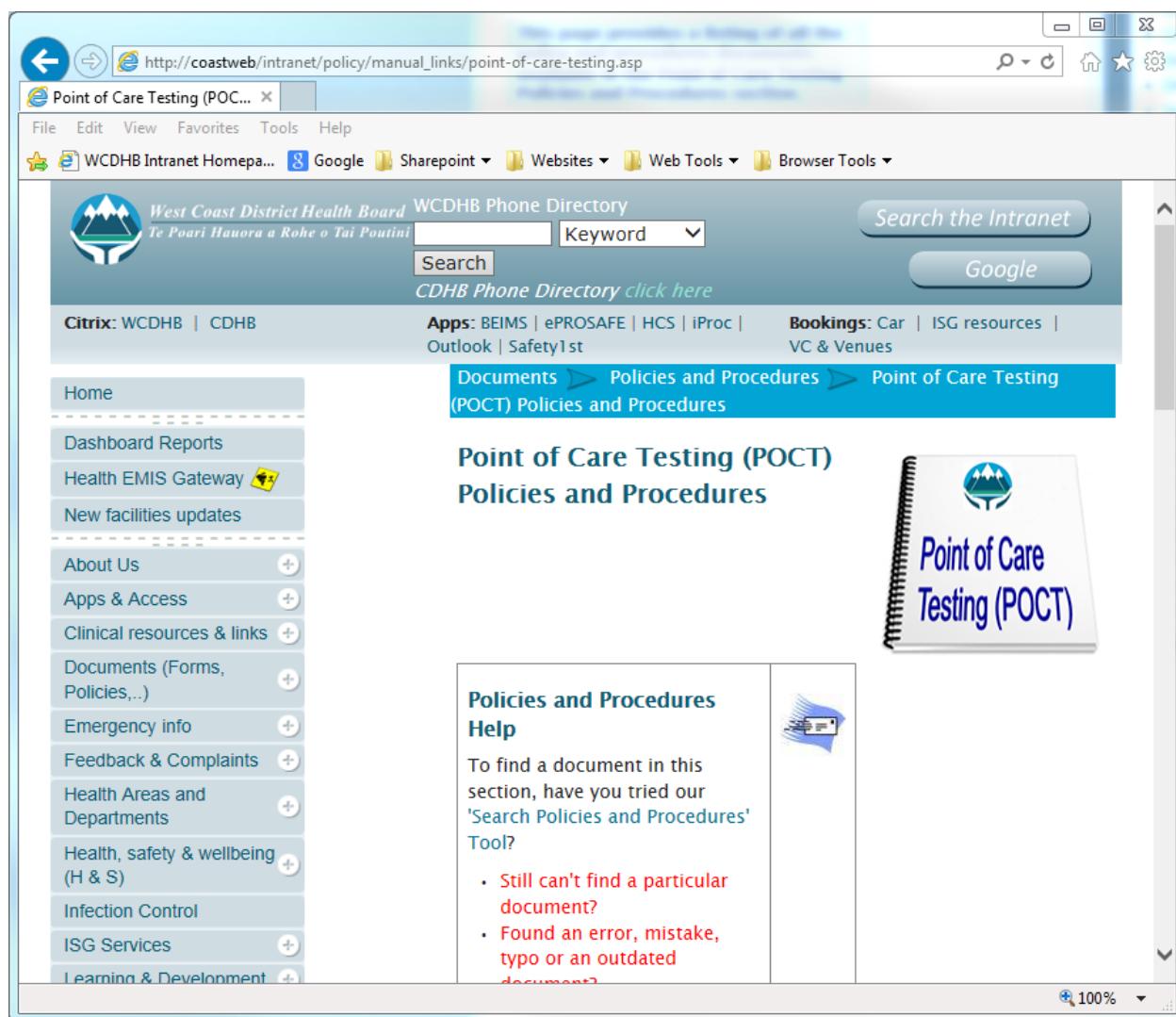
- Medically stable enough to actively participate in the programme
- Recent functional decline
- Potential to benefit from rehabilitation
- Able to transfer independently, or to transfer with the support of their live-in carer.



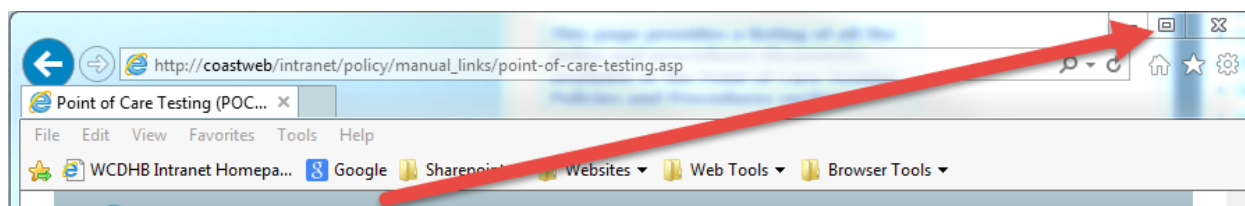


ISG TIP

Not happy with the way the Intranet or a certain page looks?



Try this first: **Click the Maximize button on the top right corner of the Intranet window**



Now inspect the page again. **The page should look much better with all panels showing at the intended locations.**

If not, simply send isghelp@wcdhb.health.nz an email with page details and perhaps even a screenshot and ask the website developer to check it out.



Introducing: The WCDHB Nursing & Midwifery Workforce Development Team

What can we do for
you?



Brittany, Kas, Linda, Kayla, & Brent. Not present: Paula & Kylie.

Learning opportunities:		
	<ul style="list-style-type: none"> • Career planning • Certification standards support • Cultural support • EWS/ISBAR/Speak-up Updates • IV & Medication Safety support • Māori support • Maternity skills • Mental health training & support • NETP Programme support • Nurse in Charge training & support 	<ul style="list-style-type: none"> • Performance Appraisal writing • PDRP • Postgraduate studies support • Preceptor training & support • QLP • Resuscitation skills • Self-directed learning packages • Simulated learning • Student (undergrad) support • Succession planning • And more!

Supporting, enabling, and engaging all West Coast nurses and midwives working within the clinical-to-leadership spectrum to:

- Access
- Develop
- Acquire
- Confidently Apply

the skills required to care for West Coast communities.

For more information, or to request specific learning opportunities, please contact one of the Team.

Team member	Contact details
Brent McKenzie <i>Resuscitation Service Leader</i>	#2462; Brent.mckenzie@westcoastdhb.health.nz
Brittany Jenkins <i>ADON-Workforce Development</i>	#2656; Brittany.jenkins@westcoastdhb.health.nz
Kas Beaufill <i>Nurse Educator</i>	#2462; Kas.beaufill@westcoastdhb.health.nz
Kayla Brown <i>Nurse Educator</i>	#2462; Kayla.brown@westcoastdhb.health.nz
Kylie Parkin <i>Māori Health Portfolio Manager</i>	#2925; kylie.parkin@westcoastdhb.health.nz
Linda Monk <i>Midwife Educator</i>	#2803; Linda.monk@westcoastdhb.health.nz
Paula Mason <i>Acting ADON-Mental Health</i>	#2809; Paula.mason@westcoastdhb.health.nz



How to read the graphs



Quarter two performance (%)	Change from previous quarter	Ranking
1 West Coast 99	-	-
2 Waitemata 97	-	-
3 South Canterbury 96	-	-
4 Bay of Plenty 96	-	-
5 Nelson Marlborough 96	-	-
6 Counties Manukau 96	-	-
7 Hutt Valley 95	-	-
8 Wairarapa 95	-	-
9 Tairāwhiti 95	-	-
10 Auckland 95	-	-
11 Hawke's Bay 95	-	-
12 Canterbury 95	-	-
13 Whanganui 95	-	-
14 Taranaki 94	-	-
15 Southern 94	-	-
16 Lakes 93	-	-
17 MidCentral 93	-	-
18 Northland 93	-	-
19 Capital & Coast 88	-	-
20 Waikato 88	-	-
All DHBs 94	-	-



Shorter stays in Emergency Departments

The target is 95 percent of patients will be admitted, discharged, or transferred from an Emergency Department (ED) within six hours. The target is a measure of the efficiency of flow of acute (urgent) patients through public hospitals, and home again.

Quarter two performance (%)	Change from previous quarter	Ranking
1 Hutt Valley 97	-	-
2 Auckland 95	-	-
3 Hawke's Bay 95	-	-
4 Wairarapa 95	-	-
5 Capital & Coast 95	-	-
6 MidCentral 95	-	-
7 Canterbury 95	-	-
8 Counties Manukau 94	-	-
9 Southern 94	-	-
10 Lakes 94	-	-
11 Whanganui 93	-	-
12 Taranaki 93	-	-
13 Waitemata 92	-	-
14 South Canterbury 92	-	-
15 Waikato 92	-	-
16 Nelson Marlborough 91	-	-
17 Tairāwhiti 90	-	-
18 Northland 89	-	-
19 Bay of Plenty 86	-	-
20 West Coast 80	-	-
All DHBs 93	-	-



Increased Immunisation

The national immunisation target is 95 percent of eight-month-olds have their primary course of immunisation at six weeks, three months and five months on time. This quarterly progress result includes children who turned eight-months between October and December 2016 and who were fully immunised at that stage.

This information should be read in conjunction with the details on the website www.health.govt.nz/healthtargets



West Coast District Health Board
Te Pori Hauora a Rohe o Tai Poutini

Quarter two performance (%)	Change from previous quarter	Ranking
1 Northland 125	-	-
2 Taranaki 112	-	-
3 Whanganui 111	-	-
4 Tairāwhiti 108	-	-
5 Counties Manukau 108	-	-
6 Nelson Marlborough 107	-	-
7 MidCentral 107	-	-
8 West Coast 107	-	-
9 Waitemata 106	-	-
10 Waikato 106	-	-
11 Bay of Plenty 104	-	-
12 Lakes 104	-	-
13 Hutt Valley 101	-	-
14 Hawke's Bay 99	-	-
15 Southern 99	-	-
16 Auckland 97	-	-
17 Wairarapa 96	-	-
18 Capital & Coast 95	-	-
19 Canterbury 95	-	-
20 South Canterbury 93	-	-
All DHBs 103	-	-



Improved access to elective surgery

The target is an increase in the volume of elective surgery by an average of 4,000 discharges per year. DHBs planned to deliver 97,092 discharges for the year to date, and have delivered 3,300 more.

Quarter two performance (%)	Change from previous quarter	Ranking
1 West Coast 91	-	-
2 Lakes 90	-	-
3 Bay of Plenty 90	-	-
4 Counties Manukau 89	-	-
5 Waitemata 88	-	-
6 Hutt Valley 88	-	-
7 Auckland 88	-	-
8 Wairarapa 88	-	-
9 South Canterbury 87	-	-
10 Hawke's Bay 87	-	-
11 Nelson Marlborough 87	-	-
12 Waikato 87	-	-
13 Tairāwhiti 86	-	-
14 Capital & Coast 86	-	-
15 Taranaki 86	-	-
16 Canterbury 85	-	-
17 Whanganui 85	-	-
18 MidCentral 84	-	-
19 Northland 81	-	-
20 Southern 75	-	-
All DHBs 86	-	-



Better help for smokers to quit

The target is 90 percent of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months.

Health target results are sourced from individual DHB reports, national collections systems and information provided by primary care organisations.

Quarter two performance (%)	Change from previous quarter	Ranking
1 Waitemata 90	-	-
2 South Canterbury 90	-	-
3 Auckland 88	-	-
4 Lakes 88	-	-
5 Waikato 86	-	-
6 Canterbury 85	-	-
7 Nelson Marlborough 84	-	-
8 Bay of Plenty 84	-	-
9 Southern 83	-	-
10 Northland 83	-	-
11 Wairarapa 82	-	-
12 Capital & Coast 82	-	-
13 MidCentral 81	-	-
14 Tairāwhiti 80	-	-
15 Taranaki 77	-	-
16 West Coast 76	-	-
17 Whanganui 74	-	-
18 Counties Manukau 74	-	-
19 Hutt Valley 68	-	-
20 Hawke's Bay 65	-	-
All DHBs 82	-	-



Faster cancer treatment

The target is 85 percent of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks. Results cover those patients who received their first cancer treatment between 1 July and 31 December 2016.

Quarter two performance (%)	Change from previous quarter	Ranking
1 Waitemata 100	-	-
2 Auckland 97	-	-
3 Hutt Valley 91	-	-
4 MidCentral 89	-	-
5 South Canterbury 87	-	-
6 Waikato 79	-	-
7 Canterbury 78	-	-
8 Wairarapa 76	-	-
9 Lakes 76	-	-
10 Whanganui 75	-	-
11 Northland 73	-	-
12 Tairāwhiti 66	-	-
13 Southern 64	-	-
14 Counties Manukau 62	-	-
15 Capital & Coast 47	-	-
16 Hawke's Bay 40	-	-
17 Nelson Marlborough 39	-	-
18 Taranaki 36	-	-
19 Bay of Plenty 33	-	-
20 West Coast 0	-	-
All DHBs 72	-	-



Raising healthy kids

The target is that by December 2017, 95 percent of obese children identified in the Before School Check programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions. Data is based on all acknowledged referrals for obese children up to the end of the quarter from Before School Checks occurring in the six months between 1 June to 30 November 2016.

* This result is based on low volumes, six children identified as obese were not referred.



ARTHRITIS
NEW ZEALAND

KAIPONAPONA AOTEAROA

Managing arthritis

How can Arthritis New Zealand help your clients?

In collaboration with the West Coast DHB, Arthritis NZ would like to offer the support and education currently provided in Greymouth/Hokitika & Westport; to clients in the rural regions.

We are exploring the opportunity of access via video conferencing so your consideration and feedback will be gratefully appreciated.

What we can offer:

- **Condition specific education sessions**

Osteoarthritis,
Gout
Fibromyalgia etc

- **Self-management workshops:**

Pain management
Exercise and arthritis etc.

(Sessions are 1-2 hours duration)

What do you need to do?

- In the first instance help identify what topics you/your clients would be interested in.
- Once times are arranged and advertising is sent out, please advise your clients
- Please call or forward your ideas to Te Kani
(See contact details below)

Contact: Te Kani Moore, Arthritis Educator
Ph: 0800 663 463 E: tekani.moore@arthritis.org.nz
This initiative is supported by West Coast DHB