THE WEST COAST HEALTH SYSTEM
– supporting you to be well

West Coast District Health Board Public Health Plan 2016-17

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

CONTENTS

1. WEST COAST DISTRICT HEALTH BOARD'S PUBLIC HEALTH PLAN FOR 2016–17

- West Coast DHB aim: To provide a people-centred, single health system for the West Coast, that is integrated and visible.
- West Coast DHB values:

    Manaakitanga – caring for others

    Whakapapa – identity

    Integrity

    Respect

    Accountability

    Valuing people

    Fairness

    Whanaungatanga – family and relationships.

- This plan accompanies the West Coast DHB Annual Plan 2016-17 and has been endorsed by the Board of the West Coast DHB.
- It describes public health services provided or funded by the West Coast DHB and its Public Health Unit (PHU), Community and Public Health (CPH).
- It describes key relationships with other agencies.
- The plan is based on a South Island planning template utilising the Core Public Health Functions framework.

a. Our Public Health Service

- CPH (a division of the Canterbury DHB) provides public health services throughout the West Coast DHB region, as well as within Canterbury and South Canterbury. Public health services on the West Coast are also provided through the Planning and Funding (P&F) Division of the West Coast DHB and by the West Coast Primary Health Organisation (WCPHO) and Poutini Waiora. The plan focuses on the work of CPH, and also includes activities of P&F, the WCPHO and Poutini Waiora, but does not cover non-DHB funded public health providers, such as non-government organisations (NGOs).
- The West Coast DHB serves a population of 32,150 people (up by 2.6% from 31,330 at the 2006 Census), spread over a large area from Karamea in the north to Jackson's Bay in the south (and Otira in the east) - as such, it has the most sparse population of the 20 DHBs in New Zealand. The population is spread across three Territorial Authorities (TAs): Buller, Grey and Westland Districts.
- The West Coast population is slightly older than the rest of New Zealand, with a higher proportion of people aged over 65 (16.1% in 2013, which was up from 13.8% in 2006). This differs for the Māori population (more than one in ten West Coasters are Māori), which is younger overall. At the time of the 2013 Census, the West Coast population was more socioeconomically deprived than the total New Zealand population. For example, those in the most deprived groups (NZDep2013 deciles 6 – 10) made up 57% of the West Coast population, compared with less than 50% of the total New Zealand population.
- The work of this plan is guided by the following public health principles:
    a. focusing on the health of **communities** rather than individuals
    b. influencing **health determinants**
    c. prioritising improvements in **Māori health**
    d. reducing **health disparities**
    e. basing practice on the best available **evidence**
    f. building effective **partnerships** across the health sector and other sectors
    g. remaining **responsive** to new and emerging health threats.

b. Our Key Priorities

- The West Coast DHB vision is of:

  "An integrated West Coast health system that is clinically sustainable, financially viable and wraps care around the patient to help them stay well".

- In line with this vision - future health services on the West Coast will be:

  People-centred: Services will be focused on meeting people's needs and will value their time as an important resource. Services will minimise waiting times and avoid the need for people to attend services at multiple locations or times unless there are good clinical reasons to do so.

  Based on a single system: Services and providers will work in a mutually supportive way for the same purpose to support people to stay well. Resources will be flexible across services and across the system.

  Integrated: The most appropriate health professional will be available and able to provide care where and when it is needed. Services will be supported by timely information flow to support clinical decision-making at the point of care.

  Viable: The West Coast health system will achieve levels of efficiency and productivity that allow an appropriate range of services to be sustainably maintained in the long term. There will be a stable workforce of health professionals in place to provide these services.

c. Alignment with National and Regional Strategic Health Priorities

- This plan aligns with national and regional priorities and includes activities that support strategic health initiatives, including those set out in the refreshed NZ Health Strategy (publication pending), He Korowai Oranga (2014), and Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2014-18.

- The five South Island DHBs together form the South Island Alliance, which is committed to "a sustainable South Island health system focused on keeping people well and providing equitable and timely access to safe, effective, high-quality services, as close to people's homes as possible."[1]

- A set of high level regional outcomes have been developed by the Alliance, which includes the outcome "Improved environments to support health and wellbeing".

- The plan is aligned with and sits alongside the West Coast DHB Annual Plan and Statement of Intent 2016-17 and the West Coast DHB Māori Health Plan 2016-17. The plan contents reflect Government, Ministry of Health and West Coast DHB priorities. CPH activities are carried out under the public health service specifications as agreed by the Ministry of Health.

- The NZ Public Health and Disability Act lays out the responsibilities that DHBs have in ensuring Māori health gain as well as Māori participation in health services and decision-making. The West Coast DHB works in partnership with Māori to reduce inequalities and improve the health status of Māori.

- The South Island Public Health Partnership (SIPHP) is a collaboration of the three South Island PHUs – Nelson Marlborough Public Health Service (NMDHB), CPH, and Public Health South (Southern DHB). The partnership aims to facilitate the three PHUs working together – collaborating on leadership and sharing planning, resources and strategic work.

  South Island population health priorities for 2016/17 are:

  - Supporting and developing a Māori voice within the South Island Alliance

  - Increasing awareness of the key Māori public health issues in the South Island

  - Development of quality management systems

  - Increased awareness around environmental sustainability and the co-benefits of action in this area for population health

  - Active promotion of a Health in all Policies (HiAP) approach towards the environmental determinants influencing healthy weight, oral health, clean air, warm homes and alcohol harm reduction

  - Monitoring South Island rheumatic fever cases and supporting DHBs to have mechanisms in place to ensure the Rheumatic Fever Prevention and Management Plan is implemented as intended.

- CPH has statutory responsibilities under the Health Act 1956 that are conducted by Medical Officers of Health, Health Protection Officers, and those acting under delegation from the Ministry of Health.

- This plan also outlines how CPH will meet the statutory responsibilities of a PHU and its designated officers in the West Coast DHB, as specified by the Ministry of Health.

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[1] South Island Regional Health Services Plan 2015-16.

- Reporting against this plan will meet the requirements of the Ministry of Health reporting schedule and 'Vital Few' reporting as outlined in the planning and reporting package for 2016-17.

d. A Renewed Focus

- The five core public health functions agreed by the Public Health Clinical Network[2] and included in the draft revised Ministry of Health Tier Two and Three Public Health Service Specifications are:
    1. Health assessment and surveillance
    2. Public health capacity development
    3. Health promotion
    4. Health protection
    5. Preventive interventions.

- This plan groups public health initiatives according to their primary public health function. However, the core public health functions are interconnected; core functions are rarely delivered individually. Effective public health service delivery generally combines strategies from several core functions to achieve public health outcomes in one or more public health issue or setting.

- The appendix outlines how public health strategies from a range of core functions are combined across the West Coast DHB to address priority health issues, and specifies targets for that work.

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[2] Available at http://www.cph.co.nz/Files/CorePHFunctionsNZ.pdf

2. KEY RELATIONSHIPS

The Public Health work of the West Coast DHB involves partnership with many health and non-health agencies. Some key partners of CPH are listed below. Formal agreements are noted in parentheses.

Local authorities:

West Coast Regional Council

Buller District Council

Grey District Council

Westland District Council

District Licensing Committees

Government agencies:

Alcohol Regulatory and Licensing Authority

Department of Conservation

Department of Corrections

Department of Internal Affairs

Environmental Protection Authority

Environmental Science and Research

Health Promotion Agency

Ministry of Business, Innovation and Employment

Ministry of Education

Ministry for the Environment

Ministry of Health

Ministry of Primary Industries

New Zealand Fire Service

New Zealand Police

Worksafe

Māori/Iwi agencies:

Te Runanga o Ngati Waewae

Te Runanga o Maakaawhio

Poutini Waiora

Te Ha o Kawatiri

Education institutions:

Education Facilities and Settings

Tai Poutini Polytechnic

Front-Line

West Coast DHB:

Clinical Board

Public Health Advisory Committee/Disability Support Advisory Committee

Falls Prevention Coalition

Immunisation Coordinator

Immunisation Advisory Group

Infection Control Nurse Specialist, Grey Hospital

Infection Prevention and Control Committee

Public Health Nurses

Rural Nurse Specialists

Suicide Prevention Governance Group

Suicide Prevention Action Group

Tatau Pounamu ki Te Tai o Poutini

West Coast Health Alliance

Non-government organisations/networks:

Action on Smoking and Health

Active West Coast

Alcohol Action NZ

Buller and Westland Sports Trusts

Buller REAP

Buller Interagency Forum

Cancer Society

Education West Coast

Family Planning Association

Heart Foundation

Healthy West Coast Governance Group (Terms of Reference, joint work plan)

Home Builders

Laboratories

Liaison on Alcohol and Drugs

Medical Centres

Mental Health Foundation

New Coasters

Plunket

Potikahua House

Smokefree South Island

Sport Canterbury West Coast

Stroke Foundation of New Zealand

Te Rito network

The Hub/Nurturing the Future

West Coast Well Women's Centre

West Coast Tobacco Free Coalition

West Coast Primary Health Organisation

West Coast Youth Workers Collective

WestREAP

Westland Safe Communities

3. HEALTH ASSESSMENT AND SURVEILLANCE

"understanding health status, health determinants and disease distribution"

a. Strategies

- **Monitoring, analysing and reporting** on population health status, health determinants, disease distribution, and threats to health, with a particular focus on health disparities and the health of Māori.
- Detecting and investigating **disease clusters and outbreaks** (both communicable and non-communicable).

b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
Health assessment	Robust population health information available for planning health and community services	Monitor, analyse and report on key health determinants, including: -alcohol-related harm -smoking status (e.g. from ASH Year 10 data, 2013 Census, and WCPHO reports).	CPH, P&F WCDHB and WCPHO	Number of reports.	Formal/informal feedback. Accessibility of reports, including web statistics.	Availability of information for planning
		Develop health status reports and health needs analyses for specific populations as required.	CPH	Number of reports	Accessibility of reports. Formal/informal feedback.	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Develop disease-specific reports for conditions of concern, e.g. Pertussis.	CPH	Number of reports.	Accessibility of reports. Formal/informal feedback	
		Contribute to Massey CPHR Environmental Health Indicator work around alcohol-related harm indicators.	CPH, SIPHP (Alcohol Workstream)		Timely response to queries Formal/informal feedback	
		Contribute to related work of partner organisations, e.g. WCPHO and WCDHB through the Healthy West Coast Workstream.	CPH, WCPHO and WCDHB	Number of meetings	Records of meetings and outcomes (including joint planning processes and sharing of population health information). Quality of working relationship	
	Improved public understanding of health determinants	Disseminate information in existing and dedicated reports (e.g. WCDHB Quality Accounts, WCDHB website, WCDHB Community Report, print, broadcast and social media, and in one-off reports).	CPH, WCDHB Communications Team and WCPHO	Number of media reports. 4 WCDHB Community Reports 1 Quality Accounts 10 Ask a Professional articles in the Messenger 6-weekly CPHAC/DSAC reports 6-weekly Tatau Pounamu reports	Impact of media reports	Availability of information to public

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
Surveillance	Prompt identification and analysis of emerging disease trends, clusters and outbreaks	Review (via EpiSurv and other sources), analyse and report on communicable diseases data, including via web applications and written reports (e.g. PHI Quarterly, weekly reports on notifiable diseases and influenza – May to September).	CPH	Number of reports. 4 PHI Quarterly Weekly surveillance reports	Accessibility of reports. Formal/informal feedback	Timeliness and effectiveness of reports for identifying trends and outbreaks of concern
		Produce disease-specific reports for communicable diseases of concern, e.g. Pertussis, other diseases causing outbreaks.	CPH	Number of reports.	Accessibility of reports. Formal/informal feedback	
		Review, analyse and report on other disease and determinants data (e.g. alcohol-related harm, and diseases relevant to West Coast context) including via the Environmental Health Indicators.	CPH, P&F WCDHB	Number of reports. Record of progress.	Formal/informal feedback	
		Contribute to Massey University CPHR Environmental Health	CPH, SIPHP		Timely response to queries Formal/informal feedback	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Indicator work around alcohol-related harm indicators.				
		Provide reports to P&F for MoH on SI rheumatic fever incidence.	CPH, SIPHP	Quarterly reports	Formal/informal feedback	

4. PUBLIC HEALTH CAPACITY DEVELOPMENT

"enhancing our system's capacity to improve population health"

a. Strategies

- Developing and maintaining public health **information systems**.
- Developing **partnerships** with iwi, hapū, whānau and Māori to improve Māori health.
- Developing partnerships with Pacific leaders and communities to improve Pacific health
- Developing **human resources** to ensure public health staff with the necessary competencies are available to carry out core public health functions.
- Conducting **research, evaluation and economic analysis** to support public health innovation and to evaluate the effectiveness of public health policies and programmes.
- **Planning, managing, and providing expert advice** on public health programmes across the full range of providers, including PHOs, Planning and Funding, Councils and NGOs.
- **Quality management** for public health, including monitoring and performance assessment.

b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
Public health information systems	Public health information accessible to public health, partner organisations and the public	Review and maintain public health information systems (Common File Structure (CFS); databases; intranet, extranet and public websites, including Healthscape, SIPHAN, GIS systems, Health Pathways, HIIRC, NIR,	CPH, P&F WCDHB and WCPHO	Level of utilisation WC CFS restructure is implemented	Completeness and currency of information Operational systems and documentation in place Staff consistently record their work in Healthscape	Availability and accessibility of public health information

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	**Quality**	**Short Term Outcome Indicators** (how we'll monitor progress towards the results)
		Community Health Information).				
		Contribute to development and implementation of national, regional and local public health information systems, including providing support to other PHUs that are adopting Healthscape.	CPH, WCPHO and WCDHB		Nature and effectiveness of systems, including degree of integration.	
Partnerships with iwi, hapū, whānau and Māori	Effective partnerships with iwi, hapū, whānau and Māori	Take a whānau ora approach to working with local iwi, hapū, whānau and Māori around: -health information and analysis -proposals and policies with health implications -health determinants and outcomes.	CPH	Number of initiatives supported.	Formal/informal feedback.	Joint approaches and initiatives
		Implement CPH Māori Health Plan.	CPH (DLT Māori Health Rōpū)	Progress against plan		

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		SI: Work with Māori GMs and Te Herenga Hauora, e.g. around shared communications.	CPH (GM and Māori Portfolio on SIPHP)		Record of interactions and outcomes	
Partnerships with Pacific and other ethnic leaders and communities	Effective partnerships with Pacific and other ethnic communities	Work with local Pacific and other ethnic leaders and communities around: -health information and analysis -proposals and policies with health implications -health determinants and outcomes.	CPH	Number of initiatives supported. Meet with New Coasters network a minimum of four times per year.	Formal/informal feedback. Record actions and feedback in Healthscape.	Joint approaches and initiatives
		Contribute to WCDHB ethnic specific plans as appropriate.	CPH, P&F WCDHB and WCPHO	Progress towards plan development/implementation.		
Human resources	A highly skilled public health workforce	Implement the CPH Workforce Development Plan, including promoting a focus on specific competencies and contributing to SI workforce development and national networks.	CPH, SIPHP	Training participation (for public health, other health sector and non-health staff). Two Health Protection staff attend required Health Protection competency training to maintain designation.	Training feedback	% staff with appropriate or relevant public health qualifications

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Facilitate training for CPH staff in the Treaty, inequalities, HiAP, Te Reo, Hauora Māori, and undergraduate and postgraduate study in public health as appropriate to staff development needs.	CPH	Extent of training recorded.	Training evaluations. Formal/informal feedback.	
		SI: Contribute to regional processes.	CPH	Record of contribution		
Research, evaluation, economic analysis	Information available on priority public health issues and effectiveness of public health interventions	Support public health research and evaluation with a particular focus on improving Māori health and reducing health disparities.	CPH	Number and accessibility of reports.	Formal/informal feedback	Research/evaluation reports and publications
		Share research (e.g. Buller Community Profile) with relevant agencies to assist in dealing with the impacts of job losses on the West Coast.	CPH	Number of times shared	Formal/informal feedback	
		Media releases about items of interest	CPH	Number of media reports.	Impact of media reports.	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		including Year 10 ASH data, alcohol trends, etc.		Two media releases in West Coast newspapers on Year 10 ASH data.		
		Systematically identify opportunities for conference presentations and peer-reviewed publication where appropriate.	CPH	Number of presentations and publications.	Impact of presentations and publications.	
Planning and advising on public health programmes	Population health interventions are based on best available evidence and advice	Develop reports and advice for health and non-health organisations to support robust public health interventions, with a focus on improving Māori health and reducing health disparities, including evidence reviews, needs assessments, GIS analysis.	CPH, P&F WCDHB and WCPHO, SIPHP	Number of reports.	Accessibility of reports. Formal/informal feedback	Planning advice/reports
		Contribute to national, regional and local public health infrastructure and supports, including Public Health Association, Health Promotion Forum, SIPHP, National Public	CPH	Extent of contribution.	Impact of contribution.	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Health Clinical Network, National HPS Group, New Zealand College of Public Health Medicine, Healthy West Coast Workstream, Promoters Advocating Sexual Health in Aotearoa NZ, West Coast Tobacco Free Coalition, Active West Coast, WCDHB Child & Youth Health Workstream and West Coast Immunisation Advisory Group, WCDHB Suicide Prevention Governance and Action Groups.				
Quality management	A continuous improvement culture and robust quality systems for all public health work	Review and deliver the quality improvement plan including: policy and procedure maintenance, on-call documents available and accessible electronically and off-site, internal audit plan and schedule progressed, and provision of information, training and support to staff.	CPH	Progress against plan, e.g. review of policies and procedures and internal audits		Quality improvement plan and reports Accreditation results

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Maintain CFS work plan. Complete all remaining CFS team and folder migrations	CPH	Number of CFS migrations	Internal audits completed as per audit schedule. CFS structure aligns with agreed work plan	
		Complete CFS team audits	CPH	Number of CFS folder audits	CFS audit improvements identified and implemented	
		Present annual quality report to CPH DLT.	CPH	1 report annually	Progress against improvements and recommendation log.	
		Applications of Health Excellence for CPH	CPH		Health Excellence criteria self-assessed for CPH	
		Contribute to the WCDHB organisation-wide quality programme and Quality Accounts.	CPH	At least one contribution annually to WCDHB Quality Accounts	Progress towards quality programme.	
		Maintain IANZ accreditation of drinking water unit and plan to ensure sufficient accredited Drinking Water Assessors at all times.	CPH/SIDWAU	Number of accredited Drinking Water Assessors. One assessment annually.	Accreditation maintained. Quality Management System continuously improved	
		Address IANZ issued Corrective Action Requests (CARs)	CPH, SIDWAU	CARs closed on time	Monthly unit admin meetings review progress of CAR log.	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		responded to within allocated timeframes				
	Effective regional delivery of public health core functions	Contribute as required to management and work groups as per SIPHP *Plan* 2015-18: -SI Alcohol workgroup -SI Smokefree 2025 network	CPH		Partnership evaluation. Progress against plan. Quality framework assessed for a potential common model for public health services	Reports of SIPHP

5. HEALTH PROMOTION

a. Strategies

> "enabling people to increase control over and improve their health"

- Developing public and private sector **policies** beyond the health sector that will improve health, improve Māori health and reduce disparities.

- Creating physical, social and cultural **environments** supportive of health.

- Strengthening **communities' capacity** to address health issues of importance to them, and to mutually support their members in improving their health.

- Supporting **people to develop skills** that enable them to make healthy life choices and manage minor and chronic conditions for themselves and their families.

- Working in **partnership with other parts of the health sector** to support health promotion, prevention of disease, disability, injury, and rational use of health resources

b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
Building Healthy Policy	Increased numbers of sustainable policies and practices that support health and wellbeing, improve Māori health, and reduce disparities	Develop and make available resources to support health impact assessment (HIA) and a "health in all policies" (HiAP) approach.	CPH (Policy)	Record of contributions.	Impact of contributions	New and reviewed strategies, plans and policies reflect health priorities
		Support health and non-health sector staff with appropriate tools and customised advice to support a HiAP approach, e.g. Te Pae Mahutonga,	CPH (Policy)	Record of contributions.	Impact of contributions	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Health Promotion and Sustainability Through Environmental Design, Broadly Speaking training etc. Ensure these tools are available to all partner agencies and support their implementation.				
		Support settings (workplaces, sports clubs, schools) to develop policies which support health.	CPH	Training opportunities and participation.	Formal/informal feedback	
		Engage with and co-ordinate efforts of key external agencies, including local iwi, to identify and support HiAP opportunities, including relevant MoE initiatives, housing, community resilience and wellbeing in response to job losses.	CPH	Record of contributions.	Formal/informal feedback	
		Develop joint work plans with a range of stakeholders including:	CPH, WCDHB, WCPHO, Poutini Waiora	Measures as specified in nominated work plans	Formal/informal feedback, including evaluation of joint work plans.	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		-Healthy West Coast Work plan -West Coast Tobacco free coalition work plan -WCDHB Māori Smoking Cessation work plan -WCDHB Youth Health Plan -WCDHB Suicide Prevention Plan.				
		Support and coordinate development of WCDHB and regional position statements and submissions on public health issues.	CPH, SIPHP	Number of position statements and submissions	Impact of position statements and submissions	
Built Environments	Built environments promote health, and support healthy choices and behaviours	Encourage the development of well-designed built environments (including transport networks and public spaces) that are universally accessible and promote health.	CPH	Number of submissions	Impact of submissions	Evidence of public health contribution in key decisions
		Submissions on the four Councils' Long Term and Annual plans.	CPH		Number of recommendations Implemented into plans.	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
Creating supportive environments	Settings that support healthy choices and behaviours	Assist organisations and communities interested in gardening and growing food to achieve their goals.	CPH	Number supported Progress towards gardens noted.		Number and type of settings that embed a systems approach to improving health
		Advocate for environments that support active transport, play and community connectedness.	CPH	Number of submissions/workshops	Number of positive outcomes recorded.	
Education settings	ECECs, schools and tertiary settings that support healthy choices and behaviours	Develop and support HPS initiatives reflecting national strategic direction and guided by the service specification.	CPH, WCDHB PHNs	Number of schools engaged and with action plans developed.	Schools fully engaged to implement their action plan. Action plans conform to HPS specifications.	Education settings evaluation reports
		Support school initiatives that meet health and wellbeing needs identified by the school such as promoting student voice, healthy lifestyles and environments, emotional and mental wellbeing, improved attendance, hygiene, and whānau engagement	CPH	Number of schools engaged in the stages of HPS inquiry Number of completed evaluations using the template set out in the National HPS framework.	Information entered into National HPS Database as required.	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Work with young people to encourage healthy choices e.g. Smokefree, alternatives to alcohol.	CPH	Electronic and hard copy distribution of HPS magazine. Record of presentations.		
		Continue to utilise the Good Memories No Regrets campaign, raising awareness of safe sex and safe drinking.	CPH		Outcomes entered into Healthscape.	
Workplaces	Workplaces that support healthy choices and behaviours	Work with priority workplaces to develop health promoting workplaces.	CPH	Number of workplaces engaged.	Outcomes of workplaces initiatives.	Workplace initiatives and evaluation reports
		Work with workplaces to encourage smoking cessation among staff.	CPH and WCPHO	Number of referrals. Number of quit attempts.		
Marae and Other Māori Settings	Marae and other Māori settings that support healthy choices and behaviours	Work in a whānau ora approach with Māori in settings to support healthy choices and make healthy lifestyle changes. Settings include: Kohanga Reo, Marae and Poutini Waiora.	CPH, WCPHO and Poutini Waiora	Number of Māori settings worked with. Record of initiatives	Evaluation findings	Marae and other Māori settings' initiatives and evaluation reports

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
Other community settings	Other community settings that support healthy choices and behaviours	Work with event organisers and other community groups to develop health promoting settings e.g. Waitangi Day, Relay for Life, Waka Ama Festival, Kapa Haka festival.	CPH, WCDHB, WCPHO and Poutini Waiora	Number of events supported	Evaluation findings.	Setting initiatives and evaluation reports
		Support active transport through advocacy and membership on West Coast Road Safety Committee.	CPH, WCDHB	Meetings attended and opportunities of change recorded.		
		Identify ways of working with ECECs to promote health and wellbeing.	CPH, WCDHB and WCPHO	Number of initiatives recorded	Evaluation findings	
Community action	Effective community action initiatives	Support communities to address priority issues, including community engagement initiatives and development of sound health promotion projects, e.g. community resilience and wellbeing in response to job losses, supporting delivery of the Prime Minister's Youth Mental Health initiative,	CPH, WCDHB and WCPHO	Record of new networks established or linked into. Number of initiatives supported and evaluated. Number of groups engaged.	Evaluation findings.	Changes achieved by community partnerships

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		WCDHB Suicide Prevention Plan.				
		Encourage community members to participate in submission-making process including submissions on Alcohol Licence applications.	CPH	Number of submissions made.		
		Support the Putahitanga – funded Te Ha o Kawatiri project in the Buller District.	CPH		Evaluation of CPH input and support of project	
Develop personal skills	People with skills to enable healthy choices and behaviours Communities aware of health issues and healthy choices and behaviours	Enable the delivery of integrated smoking cessation services on the West Coast.	CPH, WCDHB, WCPHO and Poutini Waiora		Evaluation findings.	Smoking quit rates Evaluation of other initiatives
		Develop and deliver other lifestyle intervention support (e.g. Appetite for Life, Green Prescription, fall prevention programmes, breastfeeding support, cooking programmes).	CPH, WCDHB, WCPHO and Poutini Waiora	Numbers of interventions made and evaluated. Number of participants Community linkages engaged with – e.g. Homebuilders, Salvation Army.	Evaluation findings	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Support mental wellbeing initiatives. Support delivery of the Prime Minister's Youth Mental Health initiative and WCDHB Suicide Prevention Plan.	CPH, WCPHO (Primary Mental Health Team) and other WCDHB Teams/Services (e.g. Mental Health)		Level of access to services Awareness of Five Ways to Wellbeing	
		Deliver sexual health resources to priority groups and identify and facilitate training where appropriate.	CPH, Family Planning, WCDHB	Number of training sessions delivered	Formal/informal feedback	
		Develop and implement CPH public health communications strategies.	CPH	Progress against strategies		Communications Plan, record of campaigns and information delivered
		Deliver/support relevant and timely public health information and campaigns (including World Smokefree Day, Mental Health Awareness Week, National Heart Week, White Ribbon Day, the 'It's Not OK' campaign, Matariki, Waitangi Day and Ask a	CPH, WCDHB, WCPHO and Poutini Waiora	Number and type of messaging	Evaluation of reach and impact of individual campaigns	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Professional columns in the Messenger).				
Reorient health service	Preventative and population approaches support healthy choices and behaviours in healthcare settings	Maintain ABC coverage in primary and secondary care including quit card, hospital cessation service and Coast Quit.	WCDHB, WCPHO	Sustained quit attempt rates MoH targets met.		ABC coverage in primary and secondary care. Healthcare initiatives and evaluation reports
		Work with hospital and community healthcare providers to develop health promoting settings (e.g. promoting active transport, Smokefree, and West Coast Health System Healthy Food and Beverage Policy).	CPH, WCPHO,WCDHB and Poutini Waiora	Number of initiatives supported recorded and evaluated. New West Coast Health System Healthy Food and Beverage policy is fully implemented by end 2016.	Evaluation findings	
		SI: Promote a population health approach to tackling obesity with other parts of our DHB and via SI Service Level Alliances and workstreams.	CPH, WCPHO, WCDHB and Poutini Waiora	Record of progress		
		Develop WCDHB Alcohol Harm Reduction Strategy.	WCDHB, WCPHO and CPH	Alcohol Harm Reduction Strategy in place by end of 2016.		

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	**Quality**	**Short Term Outcome Indicators** (how we'll monitor progress towards the results)
		Top three physical activity and nutrition priorities : -Work in partnership with stakeholders to improve and support opportunities for physical activity -Create supportive environments in ECEC and school communities -Deliver community nutrition & cooking programmes with vulnerable/high needs groups	CPH	Record of activity and outcomes Record of activity/progress Number of programmes and participants	Formal and informal feedback Formal and informal feedback Formal and informal feedback	

6. HEALTH PROTECTION

a. Strategies

- Developing and reviewing public health laws and regulations[3].
- Supporting, monitoring and enforcing compliance with legislation.
- Identifying, assessing, and reducing communicable disease risks, including management of people with communicable diseases and their contacts.
- Identifying, assessing and reducing environmental health risks, including biosecurity, air, food and water quality, sewage and waste disposal, and hazardous substances.
- Preparing for and responding to public health emergencies, including natural disasters, hazardous substances emergencies, bioterrorism, disease outbreaks and pandemics.

"protecting communities against public health hazards"

b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
Communicable disease control	Reduced incidence of notifiable diseases Reduced incidence of influenza	Investigate cases and contacts as per protocols and Communicable Disease Control Manual 2012, including timely identification and investigation of notifiable diseases and outbreaks.	CPH, WCDHB (PHNs, RNSs and Infection Control Service)	Disease rates (as compared with previous years).		Notifiable diseases and influenza rates and trends Outbreak rates and trends

[3] Public health legislation covers a wide variety of issues, including communicable disease control, border health protection, food quality and safety, occupational health, air and drinking water quality, sewerage, drainage, waste disposal, hazardous substances control, control of alcohol, tobacco and other drugs, injury prevention, health information, screening programmes, and control of medicines, vaccines and health practitioners.

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	**Quality**	**Short Term Outcome Indicators** (how we'll monitor progress towards the results)
		Quality data entry in EpiSurv in a timely manner.	CPH	Statistics as outlined in the ESR Annual Data Quality Report and Annual Outbreak Report.	Data quality as outlined in the ESR Annual Data Quality Report.	
		Carry out internal audits of selected cases for adherence to protocols.	CPH	1 audit		
		Investigate outbreaks as outlined in the Outbreak Response Procedure and ESR guidelines.	CPH, WCDHB (PHNs, RNSs and Infection Control Service)	Progress against Outbreak Debrief Report action points.	Outbreaks controlled	
		Provide public information and advice, aimed at reducing incidence of communicable disease, including promoting immunisation, hand hygiene and condom distribution.	CPH, WCDHB Infection Control Committee, WCDHB Immunisation Advisory Group	Number of media releases and promotional opportunities undertaken.		
		Work with priority settings and communities to increase immunisation and improve infection control.	CPH	Records of (intra-WCDHB and interagency) meetings attended/settings worked with.	Impact of contribution as evidenced by meeting minutes.	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Provide vaccinator and programme authorisations as per Medicines Regulations.	CPH	Documented numbers of authorised vaccinator & programme applications and approvals.		
		Continue to implement SI Rheumatic Fever Prevention Plan (reported through SIPHP).	SIPHP	Progress against Plan		
		Maintain the rheumatic fever register. Undertake six-monthly reviews of prophylaxis compliance in primary care.	CPH	Six-monthly review carried out and data provided to South Island Alliance and MoH.		
Drinking water quality	Optimised adequacy, safety and quality of drinking water on West Coast	Support local authorities to maintain catchment protection	CPH/SIDWAU	Record of interactions with suppliers concerning their legislative obligations (in SIDWAU filing system).		Numbers of supplies with approved and implemented Water Safety Plans
	Prevention of spread of disease to the public through reticulated water supplies	Review and prioritise all community supplies and work with prioritised communities and TAs and regional bodies to improve water quality.	CPH	Record of interactions with suppliers concerning their legislative obligations		

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Carry out functions and duties of a Drinking Water Assessor (DWA) as defined under the Health Act.	CPH		DWA activities completed within legislative time frames	
		Undertake Annual Survey.	CPH		Annual survey data delivered by required date.	
		Carry out public health grading of drinking water supplies on request.	CPH		Gradings completed and entered on WINZ	
		Undertake water carrier registration where required.	CPH	Record of registration		
		Respond to transgressions and suspected water-borne disease outbreaks and cases.	CPH	Record of responses and outcomes		
Sewage	Reduced incidence and impact of environmental hazards from the treatment and disposal of sewage	Work with councils to promote and ensure safe sewage disposal, including making submissions on regional plans and policies, district plans and policies, resource consents.	CPH	Record of external meetings attended and agreed actions.		Sewage-related outbreaks Environmental contamination events

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Work with councils to manage risks of unplanned contamination events.	CPH	Record of contribution.		
		Liaise with councils to provide public advice on safe sewage disposal, sewage overflows, and waterways contamination.	CPH	Record of contribution.		
Recreational water	Reduced incidence and impact of environmental hazards associated with recreational water	Agree recreational water protocols with councils annually and monitor implementation.	CPH		Agreed protocol in place	Waterborne disease outbreaks

Beach and river water monitoring results |
| | | Work with councils to provide public information and advice, including health warnings and media releases. | CPH | Number of media releases produced in relation to RW including micro quality and algal bloom events. | | |
| | | Promote NZS5862 to Councils and pool managers to maintain or improve pool water quality during any investigations | CPH | Record of information on NZS5862 provided during investigations | | |

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
Housing	Less disease caused by inadequate housing	Work with national, local and community organisations to ensure warm and dry housing, especially for vulnerable groups (including identification and referral of vulnerable households) (also see Air Quality, under Resource Management).	CPH, WCDHB P&F and WCPHO		Actions and/or outcomes from key housing stakeholder meetings/interactions reflect public health input.	Housing quality improvements
Resource management	Public health issues are identified and addressed in decisions made on the sustainable management of natural and physical resources and social environments	Submit on local government policies and plans including policy statements, regional plans, district plans, long term plans, sanitary works infrastructure planning and resource consent applications to ensure public health aspects are considered.	CPH	Number of applications assessed (scoped) Number of submissions made. Number of hearings where submissions/evidence presented.	All submissions are peer-reviewed and follow CPH submission procedure	Evaluation of council decisions, implementation and enforcement. Air quality monitoring results
		Work with stakeholders to identify and address potential health issues.	CPH	Record of external meetings attended and agreed actions. Record of formal advice given.		

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	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
Hazardous substances	Public protected from exposure to hazardous substances	Work with councils and other agencies to reduce public exposure to hazardous substances, including responding to hazardous substance emergencies and complaints. Encourage the development of a West Coast Hazardous Substances Co-ordination Committee (HSCC).	CPH	Progress towards development of HSCC Record of external (including HSCC) meetings attended and agreed actions. Record of formal advice given.		Reports of public exposure
		Conduct investigations where required, including entry into Hazardous Substances Disease and Injury Reporting Tool (HSDIRT) and response to HSDIRT notifications.	CPH	Number of investigations. Provide summaries for the past year (to 30 June) and estimates for the coming year (1 July to 30 June) of the nature and level of hazardous substances activities	Outcome of investigations.	
		Provide public information and advice.	CPH	Record of advice given, including website utilisation.		
		Process applications for application of VTAs under HSNO legislation.	CPH	Number of VTA applications processed.	100% of VTA permissions are peer reviewed	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Conduct field audits of VTA activity where appropriate.	CPH	Number of audits.	Outcome of audits. 100% of permissions are audited either by desk top or field audit (report % of field audits and % of desk top audits).	
Early childhood education centres	Reduced incidence and impact of health issues in ECECs	Visit, assess for pre-licensing and provide advice to ECECs.	CPH	Number of ECECs assessed in terms of meeting requirements of ECC 1998/2008 Regulations.		Compliance with ECC Regulations, including infection control and lead exposure
		Work with councils to ensure appropriate placement of new ECECs.	CPH	Number of meetings held with MoE and TAs.		
Emergency preparedness	WC districts prepared for emergencies impacting on public health	Review and maintain emergency plans.	CPH, WCDHB, WCPHO		Emergency plans are current. Related plans are jointly reviewed and interoperable.	Effective emergency responses as required
		Participate in emergency responses on an as-needed basis.	CPH		Debrief reports	
		Deliver MoH Emergency Management training to new staff and refresher training to established	CPH	Record of training.	Evaluation of training	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		personnel (e.g. CIMS in Health, Health EMIS).				
		Participate in Public Health exercise with Public Health South and Nelson Marlborough Public Health Service, and the National Exercise Shakeout at a local group and district level.	CPH		Performance against exercise performance measures.	
		Complete CPH West Coast Business Continuity Plan and share with other PHUs.	CPH	Progress towards plan completion, implementation.	Feedback from other PHUs	
Sustainability	Greater understanding of and action on sustainability	Raise awareness regarding sustainability and climate disruption, including both adaptation and mitigation strategies.	CPH, SIPHP Sustainability Workgroup		Evidence of activity to improve understanding of sustainability and to promote sustainable practices.	Evidence of increased awareness and development of sustainable approaches within our DHBs and partner organisations.
		Submissions to Councils where appropriate.	CPH	Number of submissions.	Formal feedback received and recorded.	
Tobacco	Reduced tobacco sales, especially to minors	Respond to public complaints.	CPH	Number of complaints	Complaints responded to within 5 days.	Retailer display compliance at inspection. Retailer compliance during CPOs.

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
	Reduced exposure to second-hand smoke					Number and nature of workplace complaints.
		Complete education visit/compliance check prior to CPO/complaint.	CPH	Number of visits/checks	% of retailers inspected.	
		Conduct CPOs.	CPH	Minimum of three CPOs conducted.	CPO compliance.	
		Provide public and retailer information and advice.	CPH	Record of advice, information given.		
Alcohol	Less alcohol-related harm	Support and continuously improve ED alcohol data collection system.	WCDHB, CPH	ED data reports available six-monthly	WCDHB has staff training in place to improve data quality	ED presentations Police data (violence, road traffic crashes) Retailer compliance during CPOs
		Monitor licensed premises.	CPH	Number of licensed premises monitored.		
		Inquire into all on- , off-, club, and special licence applications and provide Medical Officer of Health reports to DLC where necessary.	CPH	Number of licence applications processed	Percentage processed within 15 working days.	
		Conduct CPOs.	CPH	Minimum of 5 CPOs conducted.	CPO compliance.	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
				Number of premises visited during CPO.		
		Contribute to training of Duty Managers	CPH	Record of contribution. Training courses held six-weekly		
		Work with Police and DLC to support community alcohol initiatives, e.g. alcohol accords.	CPH	Record of meetings attended and agreed actions.		
		Support councils' implementation of Local Alcohol Policies (LAPs).	CPH		Health impacts of LAPs.	
		Work with event organisers, e.g. for Wildfoods Festival, to encourage development of Event Management Plans.	CPH	Record of meetings, number of plans in place.		
		Work with SIPHP to facilitate the development of DHB Alcohol Harm Reduction Strategies.	CPH, SIPHP (Alcohol Workstream)	Progress against work plan.		
Other psychoactive substances	Improved compliance with Psychoactive Substances Act 2013	Work with Police and other agencies including CPH Canterbury staff to undertake regulatory	CPH	Number of licensed retail premises assessed for compliance.	CPO compliance	Retailer compliance during CPOs

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		activities in line with the Psychoactive Substances Act 2013 and Regulations.		Number of premises visited during CPOs.		
Other	Public protected from other health hazards	Undertake other regulatory health protection work using a risk-based approach.	CPH	All regulatory health protection work documented in Healthscape	All regulatory health protection work carried out in accordance with Environmental Health Protection Manual	Evidence of harm to public

7. PREVENTIVE INTERVENTIONS

a. Strategies

- Developing, implementing and managing **primary prevention programmes** (targeting whole populations or groups of well people at risk of disease: e.g. immunisation programmes).

- Developing, implementing and managing population-based **secondary prevention programmes** (screening and early detection of disease: e.g. cancer screening).

> "population programmes delivered to individuals"

b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	**Quality**	**Short Term Outcome Indicators** (how we'll monitor progress towards the results)
Immunisation	Increased immunisation coverage, especially for priority groups	Immunisation coordination - work strategically to improve immunisation coverage especially for tamariki and rangatahi.	CPH, WCDHB (P&F, PHNs, RNSs, WCDHB Immunisation Advisory Group) and WCPHO		Record of initiatives. Formal/informal feedback.	Immunisation rates
		Immunisation promotion e.g. Pertussis vaccination among frontline healthcare workers, immunisation within ECECs and schools.	CPH, WCDHB (Communications Team, PHNs and Outreach Co-ordinator), WCDHB Immunisation Advisory Group and WCPHO	Record of promotion initiatives	Record of outcomes	
		Immunisation delivery.	WCPHO, WCDHB (Outreach Co-ordinator, PHNs, RNSs)	Record of delivery initiatives and outcomes.	Record of outcomes	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
Lifestyle interventions	Systematic identification of and response to risk factors	Work with the Maternity Quality and Safety Programme to enhance coverage and effectiveness of Smokefree ABC interventions with pregnant women who smoke.	WCDHB,WCPHO,CPH	Record of progress		Completeness of practice and hospital information on smoking, alcohol intake, and physical activity
		Continue to implement the ABC Smoking Cessation Strategy in primary care and the community.	WCDHB,WCPHO,CPH	Number of practices provided with ABC training.		
		Meet the smokefree health target.	WCPHO,WCDHB	Health Target Quarterly Report		
		Meet IPIF smoking targets, including smoking status documentation and delivery of brief advice and cessation support to smokers.	WCPHO,WCDHB	IPIF Quarterly Reports.		
		Deliver Coast Quit smoking cessation initiatives.	WCPHO	Quarterly report to WCDHB Smokefree manager, including enrolments in cessation programmes.		

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
Screening and early detection	Early detection of cancer	Participate in Cervical Screening Strategic and Working Groups to develop regional strategies to increase uptake.	WCPHO, WCDHB, Poutini Waiora and CPH	Record of strategies	Record of outcomes	Coverage rates for cervical and breast cancer screening
		Maintain current levels of uptake of breast screening through a planned approach.	WCPHO, WCDHB, Poutini Waiora and CPH	Record of strategies	Record of outcomes	
	Early detection of diabetes and cardiovascular disease	Promote CVD risk assessments and diabetes screening in primary care settings and the community to increase uptake.	WCPHO,WCDHB	Quarterly report on utilisation. Numbers, age group, ethnicity and conditions identified.		Coverage of diabetes and CVD screening programmes

8. GLOSSARY/DEFINITIONS

ABC – Ask; Brief Advice; Cessation support. A memory aid approach to smoking cessation for health practitioners.

ASH – Action on Smoking and Health – A charity working to eliminate death and disease caused by tobacco.

CAR - Corrective Action Request

CIMS – Coordinated Incident Management System – The managed response to incidents within New Zealand amongst multiple agencies.

CFS - Common File Structure

CPH – Community and Public Health

CPHAC – Community and Public Health Advisory Committee

CPO – Controlled Purchase Operation

CVD – Cardiovascular Disease

DLC – District Licensing Committee

DLT – Divisional Leadership Team

DSAC – Disability Support Advisory Committee

DWA - Drinking Water Assessment

DWS – Drinking Water Standards

ECC – Early Childcare Centre

ECEC – Early Childhood Education Centre

ED – Emergency Department

EpiSurv – National notifiable disease surveillance database.

ESR – Environmental Science and Research

GIS – Geographical Information Systems

GP – General Practitioner

GM – General Manager

Health EMIS – Emergency Management Information System

Healthscape – The CPH database which records information about CPH activities, and relationships with other organisations.

Healthy West Coast Governance Group – a tripartite alliance of CPH, the WCDHB and WCPHO for joint planning and delivery of health promotion.

HIA – Health Impact Assessment – A systematic procedure to judge what potential (and sometimes unintended) effects a policy, plan, programme or project will have on a population and how those effects will be spread across that population.

HiAP – Health in All Policies

HIIRC – Health Improvement and Innovation Resource Centre. An online resource providing health information.

HPS – Health Promoting Schools

HSDIRT - Hazardous Substances Disease and Injury Reporting Tool

HSCC - Hazardous Substances Co-ordination Committee

HSNO – Hazardous Substances and New Organisms

IANZ – International Accreditation New Zealand

IPIF – Integrated Performance Incentive Framework

LAP – Local Alcohol Policy

MoE – Ministry of Education

MoH – Ministry of Health

NGO – Non-government Organisation

NIR – National Immunisation Register

NZDep2013 – New Zealand Deprivation Index (2013)

PHI – Public Health Information

PHN – Public Health Nurse

PHO – Primary Health Organisation

P&F – Planning and Funding

Pratique – The license given to a ship to enter a port which states that it is free from contagious disease.

Primary Care – Primary care is the level of a health services system that provides entry into the system for all new needs and problems, provides person-focused (not disease-oriented) care over time, provides care for all but very uncommon or unusual conditions, and coordinates or integrates care, regardless of where the care is delivered and who provides it. General practice and PHOs are a main stay of primary care, but not exclusively so as it also involves services such as midwifery, pharmacy, services that support positive behaviour change such as smoking cessation support programme, green prescription and so on and other roles that provide navigation, coordination, and education roles in community settings.

Quality Accounts – Reports provided by health providers on the quality of their services, presented in a similar way to financial accounts showing how an organisation has used its money.

RMA – Resource Management Act

RNS – Rural Nurse Specialist

RW – Recreational Water

SI – South Island

SIDWAU – South Island Drinking Water Assessment Unit

SIPHP - South Island Public Health Partnership

SIPHAN – South Island Public Health Analysis Network

Te Pae Mahutonga – A model for Māori Health Promotion. Te Pae Mahutonga is the Māori name given to the constellation of the Southern Cross: four stars with two stars as pointers.

TA – Territorial Authority

VTA – Vertebrate Toxic Agent

WC – West Coast

WCPHO – West Coast Public Health Organisation

WINZ – Water Information for New Zealand drinking water database

WCDHB – West Coast District Health Board

9. APPENDIX

	Community		Primary Care		Secondary Care	
Tobacco						
Goal Increase the number of successful quit attempts and reduce smoking prevalence amongst the West Coast population. *To reduce the major risk factor of long-term conditions and inequalities in health outcomes, particularly for Māori and Pacific people, who have disproportionately higher smoking rates.*	Three CPOs carried out and appropriate enforcement action taken as necessary.	**CPH**	90% of PHO enrolled patients who smoke will be provided with advice and help to quit.	**WCPHO** **WCDHB**	95% of hospitalised smokers will be provided with advice and help to quit.	**WCPHO** **WCDHB**
	Increase in the number of Year 10 students who have never smoked (base 67%).	**CPH**	4 ABC training sessions are delivered in primary care.	**WCPHO** **WCDHB**	90% of women who identify as smokers at the time of registration with a midwife are provided with advice and support to quit.	**WCPHO** **WCDHB** **CPH**
		CPH	>500 people enrol with the Coast Quit smoking cessation programme	**WCPHO**		
Alcohol						
Goal Reduce the harm caused by alcohol. *To reduce a major risk factor of harm and long term conditions*	≥3 monitoring visits per year to high-risk premises	**CPH**				
	95% of duty managers trained complete the Host Responsibility course.	**CPH**				

	Community		Primary Care		Secondary Care	
						WCDHB **WCPHO** **CPH**
	A West Coast DHB Alcohol Harm Reduction Strategy is developed.					
Nutrition and Physical Activity						
Goal Empower people and communities to take positive action to improve health & wellbeing. *To support healthy eating and physical activity and reduce the risk factors of long-term conditions.*	≥5 community nutrition courses delivered	**CPH**	≥500 Green Prescription referrals (base 478) 75% of infants are fully or exclusively breastfed at 6 weeks. 65% of infants are receiving breast milk at 6 months. ≥100 lactation support and specialist advice consults in the community.	**WCPHO** **WCPHO** **WCDHB** **WCPHO**	95% of mothers are breastfeeding on hospital discharge.	**WCDHB**
Immunisation and Vaccine-Preventable Disease						
Government expectation 95% of 8 months olds will have their primary course of immunisation (6 weeks, 3 months and 5 months immunisation events) on time. **Goal** Decreased number of cases of vaccine-preventable diseases in the community.	Provide public information and advice, including promoting immunisation and hand hygiene.	**CPH**	95% of all West Coast children fully immunised at eight months.	**WCPHO** **WCDHB**	Identify immunisation status of children presenting at hospital and refer for immunisation if not up to date.	**WCDHB**
	Work with priority settings and communities to increase immunisation and improve infection control	**CPH**	95% of all West Coast children fully immunised at 2 years of age.	**WCPHO** **WCDHB**		
	All cases and contacts of vaccine preventable disease investigated per protocols All outbreaks of vaccine preventable disease investigated and control measures instituted as outlined in the Outbreak Response Procedure and ESR Guidelines.	**CPH** **CPH**	98% of newborns are enrolled with a PHO, GP and Well Child Tamariki Ora provider by 3 months of age.	**WCPHO** **WCDHB**		