



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

ADVISORY COMMITTEE MEETING

15 February 2019

10.30am

**St John
Water Walk Road, Greymouth**

AGENDA AND MEETING PAPERS

**ALL INFORMATION CONTAINED IN THESE COMMITTEE
PAPERS IS SUBJECT TO CHANGE**

WEST COAST DISTRICT HEALTH BOARD

ADVISORY COMMITTEE MEMBERS

Michelle Lomax (Joint Chair)

Elinor Stratford (Joint Chair)

Chris Auchinvole

Jenny Black

Lynnette Beirne

Kevin Brown

Sarah Birchfield

Cheryl Brunton

Paula Cutbush

Helen Gillespie

Chris Lim

Jenny McGill

Chris Mackenzie

Joseph Mason

Edie Moke

Peter Neame

Nigel Ogilvie

Francois Tumahai

EXECUTIVE SUPPORT

David Meates (*Chief Executive*)

Ginny Brailsford (*Team Leader, Planning & Funding*)

Gary Coghlan (*General Manager, Maori Health*)

Mr Pradu Dayaram (*Medical Director, Facilities Development*)

Michael Frampton (*Chief People Officer*)

Carolyn Gullery (*Executive Director, Planning, Funding & Decision Support*)

Dr Cameron Lacey (*Medical Director, Medical Council, Legislative Compliance and National Representation*)

Jacqui Lunday-Johnstone (*Executive Director, Allied Health*)

Dr Vicki Robertson (*Medical Director, Patient Safety and Outcomes*)

Karalyn van Deursen (*Executive Director, Communications*)

Stella Ward (*Chief Digital Officer*)

Philip Wheble (*General Manager, West Coast*)

Justine White (*Executive Director, Finance & Corporate Services*)

Kay Jenkins (*Board Secretary*)

AGENDA



WEST COAST ADVISORY COMMITTEE MEETING **To be held at St John, Water Walk Road Greymouth** **Friday 15 February 2019 commencing at 10.30am**

ADMINISTRATION

10.30am

Karakia

Apologies

1. **Interest Register**

Update Committee Interest Register and Declaration of Interest on items to be covered during the meeting.

2. **Minutes of the Previous Meeting**

- 23 November 2018

3. **Carried Forward/Action Items**

REPORTS/PRESENTATIONS

10.35am

4. **Oral Health Presentation**

Bridget Lester 10.35am – 11.15am
Planning & Funding

5. **Community and Public Health Update**

Gail McLauchlan 11.15am – 11.25am
Community and Public Health

6. **Planning & Funding Update**

Carolyn Gullery 11.25am – 11.35am
GM, Planning & Funding & Decision Support

7. **Alliance Update**

Cheryl Brunton 11.35am – 11.45am
Acting Chair, Alliance Leadership Team

8. **Maori Health Update**

Gary Coghlan 11.45am – 11.55am
General Manager, Maori Health

9. **Operational Update**

Philip Wheble 11.55am – 12.05pm
General Manager, West Coast

10. **2019 Committee Work Plan (Working Document)**

Michelle Lomax 12.05pm – 12.15pm
Joint Chair

ESTIMATED FINISH TIME

12.15pm

INFORMATION ITEMS

- West Coast DHB 2019 Meeting Schedule

NEXT MEETING

Date of Next Meeting: Friday 29 March 2019

E Te Atua i runga rawa kia tau te rangimarie, te aroha,
ki a matou i tenei wa
Manaaki mai, awhina mai, ki te mahitahi matou, i roto,
i te wairua o kotahitanga, mo nga tangata e noho ana,
i roto i tenei rohe o Te Tai Poutini mai i Karamea tae noa atu ki Awarua.

That which is above all else let your peace and love descend
on us at this time so that we may work together
in the spirit of oneness on behalf of the people of the West Coast.

WEST COAST DISTRICT HEALTH BOARD ADVISORY COMMITTEE MEMBERS INTERESTS REGISTER



Name	Interests	Pecuniary (Y/N)	Type of Conflict (Actual / Perceived / Potential)
Elinor Stratford Joint Chair	<ul style="list-style-type: none"> Clinical Governance Committee, West Coast Primary Health Organisation The West Coast PHO Clinical Governance Committee (CGC) act as an advisory committee to its Board. The CGC's role is to assist the Board with any clinical aspects that relate to its business. 	N	Perceived
	<ul style="list-style-type: none"> Active West Coast – Committee Member Active West Coast (AWC) is a network of agencies and groups committed to improving the health of West Coasters through the promotion of healthy life styles such as physical activity, nutrition, smoke free, youth and older person's health. 	N	Perceived
	<ul style="list-style-type: none"> West Coast Sub-branch - Canterbury Neonatal Trust – Chairperson 	N	Perceived
	<ul style="list-style-type: none"> Canterbury Neonatal Trust – Trustee The primary focus of The Neonatal Trust (Canterbury) is to support families who are going through or have been through a neonatal journey. 	N	Perceived
	<ul style="list-style-type: none"> New Zealand Federation of Disability Information Centres – President These groups promote and support the provision of impartial disability information and referral services. 	N	Perceived
	<ul style="list-style-type: none"> Accessible West Coast Coalition Group – Member A group that works together to improve access to all aspects of the community. 	N	Perceived
	<ul style="list-style-type: none"> Kowhai Project Committee - Chair The Kowhai Project, is a community project and is raising money to provide an inner courtyard for staff, patients and visitors including plantings for the entry and the parking areas at the new Te Nikau, Grey Hospital and Health Centre 	N	Perceived
	<ul style="list-style-type: none"> MS - Parkinsons New Zealand – West Coast Committee Member MS Parkinsons provides education, information and help people make informed decisions about living with Parkinson's. 	N	Perceived
Michelle Lomax Joint Chair	<ul style="list-style-type: none"> Daughter is a recipient of WCDHB Scholarship 	N	
	<ul style="list-style-type: none"> Community Law Canterbury - Part-time Advisor on Disability Issues 	N	
	<ul style="list-style-type: none"> Streetwise Charitable Trust - Trustee 	N	

Chris Auchinvole Board Member	<ul style="list-style-type: none"> • Director Auchinvole & Associates Ltd • Trustee, Westland Wilderness Trust • Trustee, Moana Holdings Heritage Trust • Justice of the Peace Justices of the Peace carry out important functions in the administration of documentation and justice in New Zealand • Daughter-in-law employed by Otago DHB 	N N N N N	
Lynnette Beirne	<ul style="list-style-type: none"> • Patron of the West Coast Stroke Group Incorporated • Daughter employed as nurse for West Coast DHB • Chair of West Coast DHB Consumer Council • Consumer Representative on WCDHB Falls Coalition Committee • Consumer Representative on WCDHB Stroke Coalition Committee • Running a Homestay for DHB Students • Member, Accessible West Coast Coalition Group • Member of West Coast DHB Clinical Board as Consumer Council Chair 	N N Y Y Y N Y Y	Perceived Perceived Perceived Perceived Perceived
Sarah Birchfield	<ul style="list-style-type: none"> • Member, Accessible West Coast Coalition Group • Member West Coast DHB Consumer Council 		
Jenny Black Board Chair	<ul style="list-style-type: none"> • Chair, Nelson Marlborough District Health Board Appointed as Chair for a third term by the Minister of Health. Member of Statutory Committees and Audit Committee. • Chair, South Island Alliance Board The South Island Alliance enables the regions five DHBs to work collaboratively to develop more innovative and efficient health services than could be achieved independently. • Chair, National DHB Chairs Elected position from the National DHB Chairs. • West Coast Partnership Group This is a Partnership Group set up by government to provide governance for the facilities development of the new Grey Hospital & Health Centre and a health facility at Buller. • Health Promotion Agency (HPA) – Member The Health Promotion Agency is an evidence-based health promotion organisation, influencing all sectors that contribute to health and wellbeing. Their key role is to lead 	Y N N N N	Perceived Perceived Perceived Perceived

	and support health promotion initiatives to: promote health and wellbeing and encourage healthy lifestyles; prevent disease, illness and injury; enable environments that support health, wellbeing and healthy lifestyles; and reduce personal, social and economic harm.		
Kevin Brown Board Member	<ul style="list-style-type: none"> West Coast Electric Power Trust - Trustee The West Coast Electric Power Trust was formed in 1992 as a consequence of the passing of the Energy Companies Act 1992. The six Trustees hold the shares of Westpower Ltd and the associated companies on behalf of the electricity consumers of the West Coast. Diabetes West Coast - Patron and Member West Coast Juvenile Diabetes Association - Trustee Diabetes West Coast provides services for people with diabetes. Greymouth Riverside Lions Club – Member Justice of the Peace Justices of the Peace carry out important functions in the administration of documentation and justice in New Zealand West Coast Rugby League - Hon Vice President West Coast Rugby League is a sporting organisation Wife works part time at the Child and Adolescent Mental Health Service (CAMHS) in Greymouth 	N N N N N Y	 Perceived Perceived Perceived Actual
Cheryl Brunton	<ul style="list-style-type: none"> Medical Officer of Health for West Coast - employed by Community and Public Health, Canterbury District Health Board Senior Lecturer in Public Health - Christchurch School of Medicine and Health Sciences (University of Otago) Member - Public Health Association of New Zealand Member - Association of Salaried Medical Specialists Member - West Coast Primary Health Organisation Clinical Governance Committee Member – National Influenza Specialist Group Member, Alliance Leadership Team, West Coast Better Sooner More Convenient Implementation Member – DISC Trust 	N N N N N N N	
Paula Cutbush	<ul style="list-style-type: none"> Owner and stakeholder of Alfresco Eatery and Accommodation Daughter involved in Green Prescriptions Justice of the Peace 	N N N	

Helen Gillespie Board Member	<ul style="list-style-type: none"> Department of Conservation – Employee - Partnerships Manager. My current role with DOC is to lead Healthy Nature Healthy People – an initiative seeking to make a positive difference to the lives of all New Zealanders through nature. Husband works for New Zealand Police – Based in Hokitika and currently working in the Traffic Safety Team Accessible West Coast Coalition Group - Member - I represent the Department of Conservation in the Coalition Group. The Department, like many other agencies and organisations is seeking to create greater accessibility for people Kowhai Project Committee – Member - I am a member of this committee in a voluntary capacity and am able to share examples of nature in health settings to support patients, staff and visitors. 	N	
Chris Lim	<ul style="list-style-type: none"> No interests to declare 		
Chris Mackenzie Board Deputy Chair	<ul style="list-style-type: none"> Development West Coast – Chief Executive Development West Coast (DWC) was set up as a Charitable Trust in 2001 to manage, invest and distribute income from a fund of \$92 million received from the Government. It is governed by a "Deed of Trust" which specifies DWC's Objects - to promote sustainable employment opportunities; and generate sustainable economic benefits for the West Coast, both now and into the future. Horizontal Infrastructure Governance Group – Chair A Memorandum of Understanding was agreed in September 2013 between the Government and the Christchurch City Council to create this group to focus on lessons learned from one of New Zealand's most challenging civil engineering projects: rebuilding the earthquake damaged pipes, roads, bridges and retaining walls in the city of Christchurch 2011 - 2016. Mainline Steam Trust – Trustee Mainline Steam is an organisation devoted to the restoration and operation of historic mainline steam locomotives. Christchurch Mayors External Advisory Group – Member An External Advisory Group set up by Government and the Christchurch City Council to provide independent advice on Christchurch City Council's long-term capital works programme and related spending plans. 	N	
Jenny McGill	<ul style="list-style-type: none"> Husband employed by West Coast DHB Peer Support – Mum4Mum Member, Accessible West Coast Coalition Group 	Y	

Joseph Mason	<ul style="list-style-type: none"> Representative of Te Runanga o Kati Wae Wae Arahura Employee Community and Public Health, Canterbury DHB 	N Y	Perceived
Edie Moke Board Member	<ul style="list-style-type: none"> South Canterbury DHB – Appointed Board Member; Chair: Disability Support Advisory Committee; Deputy Chair: Maori Health Advisory Committee; and Member: Audit and Assurance Committee Nga Taonga Sound & Vision - Board Member (elected); Chair: Assurance and Risk Committee; and Member: Property Committee <p>Nga Taonga is the newly merged organisation that includes the following former organisations: The New Zealand Film Archive; Sounds Archives Nga Taonga Korero; Radio NZ Archive; The TVNZ Archive; Maori Television Service Archival footage; and Iwi Radio Sound Archives.</p>	Y N	Perceived
Peter Neame Board Member	<ul style="list-style-type: none"> White Wreath Action Against Suicide – Board Member and Research Officer White Wreath is a non-denominational, non-political and anti-discriminatory body supporting people who have been directly affected by suicide and those who are affected by mental illness/disorders. Author and Publisher of “Suicide, Murder, Violence Assessment and Prevention” 2017 and four other books. 	N N	Perceived
Nigel Ogilvie Board Member	<ul style="list-style-type: none"> Westland Medical Centre - Managing Director Thornton Bruce Investments Ltd - Shareholder/Director Hokitika Seaview Ltd - Shareholder Tasman View Ltd - Shareholder, White Ribbon Ambassador for New Zealand Sister is employed by Waikato DHB West Coast PHO - Board Member Wife is a General Practitioner casually employed with West Coast DHB and full time General Practitioner and Clinical Director at Westland Medical Centre Wife is Board Member West Coast PHO 	Y N N N N N Y Y Y	Actual Perceived Actual Perceived
Francois Tumahai Board Member	<ul style="list-style-type: none"> Te Runanga o Ngati Waewae – Chair This is one of 18 Ngai Tahu regional Papatipu Rūnanga which exist to uphold the mana of their people over the land, the sea and the natural resources. Te Rūnanga o Ngāti Waewae is based at Arahura a short distance from Hokitika on the West Coast. Poutini Environmental - Director Poutini Environmental is the authorised body for resource management, cultural impact assessment and resource consent certification. 	N N	

<ul style="list-style-type: none"> • Arahura Holdings Limited – Chief Executive • West Coast Regional Council Resource Management Committee – Member Provides a broad direction and framework for managing the West Coast's natural and physical resources under the Resource Management Act 1991. • Poutini Waiora Board - Chair Poutini Waiora is a Maori Health and Social Service provider that delivers holistic care to whanau across Te Tai O Poutini. • Development West Coast – Trustee Development West Coast (DWC) was set up as a Charitable Trust in 2001 to manage, invest and distribute income from a fund of \$92 million received from the Government. It is governed by a “Deed of Trust” which specifies DWC's Objects - to promote sustainable employment opportunities; and generate sustainable economic benefits for the West Coast, both now and into the future. • West Coast Development Holdings Limited – Director • Putake West Coast – Director This is a joint venture between Development West Coast and Putake Honey to develop a West Coast wholesale honey business. • Ngai Tahu Pounamu – Director Waewae Pounamu is the home of Ngāti Waewae Pounamu carving • Westland Wilderness Trust – Chair • West Coast Conservation Board – Board Member The West Coast Tai Poutini Conservation Board serves a conservation advisory role, along with offering community perspective on conservation management issues for the West Coast region. • New Zealand Institute for Minerals to Materials Research (NZIMMR) – Director • Westland District Council – Councillor • Tatau Pounamu – Committee Member 	N	Actual
	N	
	Y	
	N	
	N	
	N	Perceived
	N	
	N	
	Y	

DRAFT
MINUTES OF THE WEST COAST ADVISORY COMMITTEE
held at St John, Water Walk Road, Greymouth
on Friday 2 November 2019 commencing at 10.30am

PRESENT

Elinor Stratford (Joint Chair – in the Chair); Chris Auchinvole; Jenny Black; Sarah Birchfield; Dr Cheryl Brunton; Paula Cutbush; Chris Lim; Chris Mackenzie; Jenny McGill; Edie Moke; and Peter Neame.

APOLOGIES

Apologies were received and accepted from: Lynnette Beirne; Kevin Brown; Helen Gillespie; Michelle Lomax; Joseph Mason; Nigel Ogilvie; and Francois Tumahai.

EXECUTIVE SUPPORT

David Meates (Chief Executive); Karyn Bousfield (Director of Nursing); Carolyn Gullery (Executive Director, Planning & Funding and Decision Support); Gary Coghlan (General Manager, Maori Health); Pradu Dayaram (Medical Director, Facilities Development); Stella Ward (Chief Information Officer); Philip Wheble (General Manager, West Coast); and Kay Jenkins (Minutes).

IN ATTENDANCE

Item 5 – Dr Brendan Marshall, Rural Generalist

Item 6 – Gail McLauchlan, Community & Public Health

Edie Moke opened the meeting with a Karakia.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

Sarah Birchfield advised that West Coast Autism and MS Parkinsons should be removed from her interests.

Elinor Stratford advised that Arthritis NZ should be removed from her interests.

Declarations of Interest for Items on Today's Agenda

There were no interests declared for items on today's agenda.

Perceived Conflicts of Interest

There were no perceived conflicts of interest.

2. MINUTES OF THE PREVIOUS MEETING

Resolution (5618)

(Moved: Jenny Black/Seconded: Sarah Birchfield - carried)

“That the minutes of the meeting of the West Coast Advisory Committee held on 10 August 2018 be confirmed as a true and correct record.”

3. CARRIED FORWARD/ACTION ITEMS

The Carried Forward/Action Items were noted.

4. EMERGO EXERCISE VISIT

Jenny Ewing, Emergency manager, introduced this item and provided the Committee with some background around the Emergo Exercise. The Committee then visited the Exercise which was underway.

The Chair thanked Ms Ewing for organising for the Committee to view this exercise.

5. ALLIANCE PRESENTATION

Carolyn Gullery, Executive Director, Planning & Funding and Decision Support, provided the Committee with a presentation around Health and Alliances. The presentation provided the background to the use of Alliances in health and also the new approach to Alliancing. This covered: Decision making Framework; why an Alliance agreement approach; Alliancing Principles; making an Alliance work; Alliance charter; the role of the DHB; and the role of and use of data.

The Chair thanked Carolyn for her presentation.

6. COMMUNITY AND PUBLIC HEALTH UPDATE

Gail McLauchlan, Community & Public Health presented this report which was taken as read.

Ms McLauchlan highlighted in particular: Nutrition which is continuing to work strongly in the area and there has been positive feedback; Men's and family groups around which feedback is also positive; and the draft accessibility plan which is a good example of inter-sectorial work.

The update was noted.

7. PLANNING & FUNDING UPDATE

Carolyn Gullery, Executive Director, Planning & Funding and Decision Support, presented this update. The report provided the Committee with an update on progress made on the Minister of Health's Health and Disability priorities and the West Coast DHBs Annual Plan key priority areas as follows:

Key Achievements

- **Health of Older Persons:** West Coast Nursing and Associate Allied Health Directors are bringing together health professionals from across the system next month to workshop what restorative and rehabilitative care should look like on the West Coast.
- **Elective Services:** The West Coast DHB surpassed its target to deliver 1,905 elective and arranged discharges in 2017/18; successfully delivering 1,962 such discharges in the financial year.
- **Health Target: ED Services:** The West Coast DHB remains well ahead of the 95% target for Emergency Department responsiveness, with 97.9% of patients admitted, discharged or transferred from Grey Base ED within six hours in September 2018.

Key Issues & Associated Remedies

- **ESPI 2 | FSA (first specialist assessment):** There were 199 patients waiting over 120 days for their outpatient First Specialist Assessment as of the end of August 2018. Of these, 178 were orthopaedic cases. Both the West Coast and Canterbury DHB orthopaedic services continue to face similar non-compliance issues due to service constraints. There remains a risk that we will face financial penalties for continued non-compliance.

Ms Gullery advised that the Minister of Health has agreed to remove the financial penalties around ESPI compliance.

It was noted that the DHB will be undertaking some investment around Medical discharges.

Discussion took place regarding the breastfeeding data included in the report.

Discussion also took place regarding the waiting list for orthopaedic surgery and it was noted that the challenge for the West Coast is that there is already a high intervention rate in this area and it is important to manage communications and expectations around this and also communicate to the community the challenges we are facing in this area.

The report was noted.

8. ALLIANCE UPDATE

Karen Bousfield, Director of Nursing, presented the Alliance Report which was taken as read. Ms Bousfield highlighted: the work being undertaken by People & Capability around the recruitment and retention strategy; the Alliance Leadership team endorsed the transalpine Oral Health Plan at its last meeting and Norma Campbell joined the meeting for the first time and the Executive of Allied Health will also join in the future.

Discussion took place regarding IT systems not talking to each other and it was noted that with the roll-out of South Island PICs we will need to be thoughtful about how this will operate.

The update was noted.

9. MAORI HEALTH UPDATE

Gary Coghlan, General Manager, Maori Health, presented this update which was taken as read.

Discussion took place regarding the equity tool and Mr Coghlan provided the Committee with some background around this.

The update was noted.

10. OPERATIONAL UPDATE

Philip Wheble, General Manager, West Coast, presented this update which was taken as read.

Mr Wheble highlighted the following as the most notable features of the report:

- Wait times in our GP practices have generally improved but there continues to be vulnerability around the GP workforce. There are a number of activities underway to address this and support our teams and our communities.
- South Westland is experiencing a “baby boom” and the LMC midwife that is providing care to those women is finding it challenging. After a multidisciplinary meeting it was agreed to readjust the model of care and have Rural Nurses and the SMO Rural Generalist doing some of the post-natal and antenatal appointments. We will assess the readjusted model of care in a couple of months.

Mr Wheble commented that there is still a challenge around getting GPs to work on the West Coast and this challenge will not go away quickly. It was noted that a lot of work is taking place in this area.

It was also noted that wait times are fluctuating will Buller back up to 17 days from 6 days, however this will reduce with the use of Locums.

Mr Wheble added that more work is taking place around Rural Generalism with a number of workforces working together in this area.

The update was noted.

11. ADVISORY COMMITTEE FINANCE REPORT

David Meates, Chief Executive, and presented this report which was taken as read.

The consolidated West Coast District Health Board financial result for the month of September 2018 was a deficit of \$433k, which was \$71k favourable to draft budget. The year to date net deficit of \$990k is \$146k favourable to draft budget.

The report was noted.

12. GENERAL BUSINESS

The Board Chair thanked the Committee members and management for their contribution during the year and also thanked Karyn Bousfield for her contribution over the years and wished her all the best in her new role.

INFORMATION ITEMS

- 2018 Committee Work Plan (Working Document)
- West Coast DHB 2018 Meeting Schedule

There being no further business the meeting concluded at 12.20pm.

Confirmed as a true and correct record:

Elinor Stratford, Joint Chair

Date

CARRIED FORWARD/ACTION ITEMS



WEST COAST ADVISORY COMMITTEE CARRIED FORWARD/ACTION ITEMS AS AT 15 FEBRUARY 2018

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
1.	23 November 2017	Water Quality	Presentation with updated data	Mid 2019

UPCOMING PRESENTATIONS

TOPIC	STATUS
Oral Health Update	Today
Ageing Well on the West Coast	29 March 2019

Discussion to take place regarding presentations when the work plan for 2019 is discussed at the meeting

COMMUNITY AND PUBLIC HEALTH UPDATE



TO: Chair and Members
West Coast Advisory Committee

SOURCE: Community and Public Health

DATE: 15 February 2019

Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
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1. ORIGIN OF THE REPORT

This report describes progress against the outcomes and priorities in the 2018-19 Public Health annual plan.

2. RECOMMENDATION

That the Advisory Committee:

- i notes the Public Health Report July – December 2018

3. APPENDICES

Appendix 1: Public Health Report July – December 2018

Report approved for release by: Dr Cheryl Brunton, Public Health Specialist
Community and Public Health

West Coast District Health Board Public Health Report July-December 2018

Community and Public Health West Coast



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1. INTRODUCTION

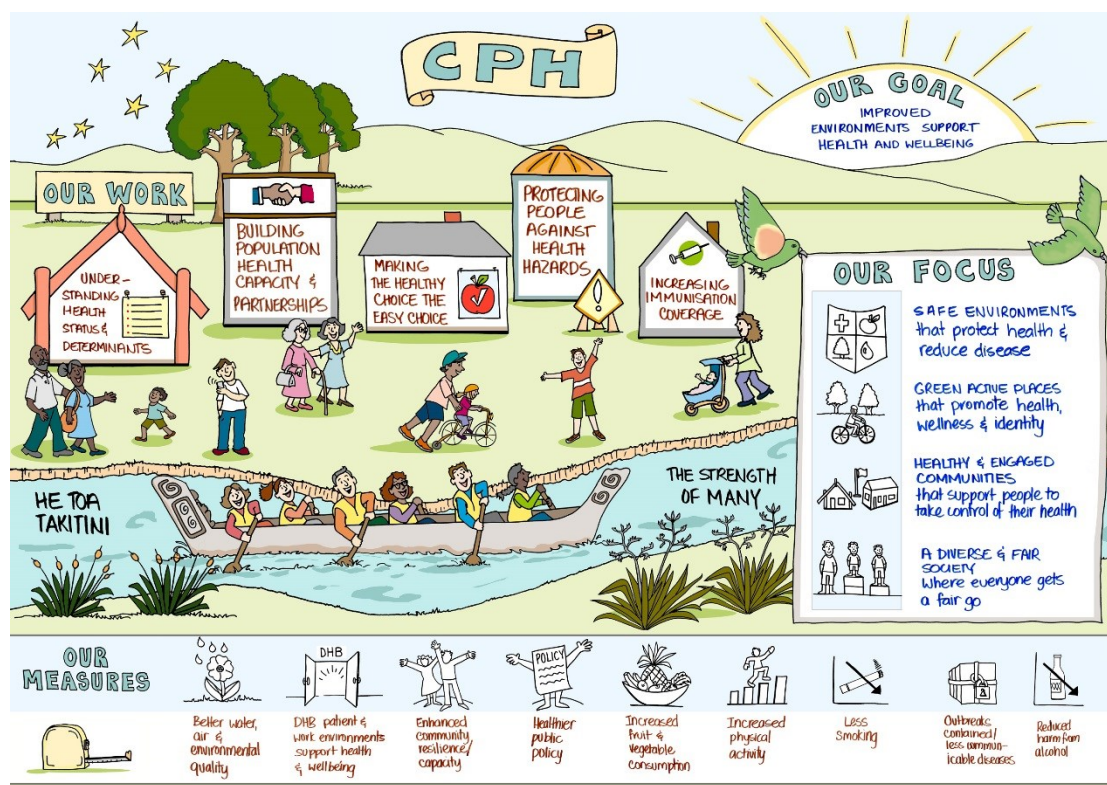
Public health is the part of our health system that works to keep our people well. Our goal is to improve, promote and protect the health and wellbeing of populations and to reduce inequities. Our key strategies are based on the five core public health functions¹:

1. Information: sharing evidence about our people's health & wellbeing (and how to improve it)
2. Capacity-building: helping agencies to work together for health
3. Health promotion: working with communities to make healthy choices easier
4. Health protection: organising to protect people's health, including via use of legislation
5. Supporting preventive care: supporting our health system to provide preventive care to everyone who needs it (e.g. immunisation, stop smoking).

The principles of public health work are: focusing on the health of **communities** rather than individuals; influencing **health determinants**; prioritising improvements in **Māori health**; reducing **health disparities**; basing practice on the best available **evidence**; building effective **partnerships** across the health sector and other sectors; and remaining **responsive** to new and emerging health threats.

Public health takes a life course perspective, noting that action to meet our goal must begin before birth and continue over the life span.

This report describes progress against the outcomes and priorities in our 2018-19 annual plan.



¹ Williams D, Garbut B, Peters J. Core Public Health Functions for New Zealand. NZMJ 128 (1418) 2015.
<https://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2015/vo-128-no-1418-24-july-2015/6592>

2. SURVEILLANCE/MONITORING

“Tracking and sharing data to inform public health action”

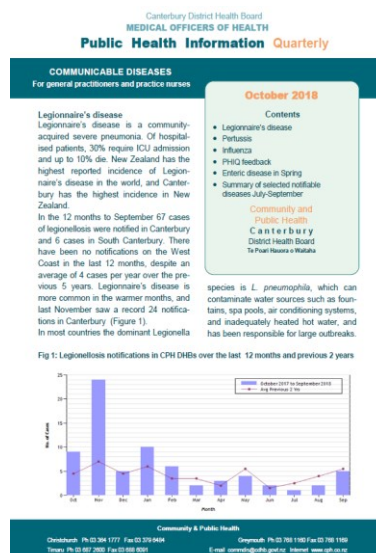
Our key surveillance/monitoring priorities for 2018-19 are:

- To monitor and report on communicable disease trends and outbreaks.
- To contribute to the inaugural South Island Population Health Report.
- To review all our surveillance and reporting systems and products

West Coast health protection staff are responsible for public health surveillance/monitoring of infectious diseases in the West Coast region. They have continued to work on reducing and preventing communicable diseases by **ongoing, systematic collection of data for surveillance purposes and providing ongoing infection control advice** to early childhood centres, schools, medical centres and the general public in the West Coast.

The West Coast Medical Officer of Health and Health Protection Officers participate in the weekly CPH-wide communicable disease surveillance group meeting. This meeting reviews cases investigated during the previous week for Canterbury, South Canterbury, West Coast, Nelson Marlborough and Southern DHBs. In addition, all updated protocols and weekly and monthly reports on notifiable diseases, as well as international communicable disease news are discussed. A West Coast Health Protection Officer also attends the **WCDHB Infection Prevention and Control Committee** meeting which is held at Grey Base Hospital once a month and **discusses infectious control issues** within the West Coast region.

EpiSurv is used to **record all communicable disease notifications** including self-notification, general practitioner, hospital-based practitioners, laboratory, outbreak investigations and other notifications. Health Protection **staff liaise with GP practices, public health nurses (PHNs), hospital records and laboratories** to complete data entry into EpiSurv. All vaccine preventable diseases cases are referred to PHNs and Rural Nurse Specialists to follow up and complete case report forms.



Health Protection staff have also carried out the following tasks:

Mail-out of **Public Health Information Quarterly** to all PHNs, RNSs, and the Immunisation Coordinator and Infection Control Nurse Specialist at WCDHB, maintain current and relevant information for workforce.

Mail-out of public health information regarding legionellosis to all garden centres in the West Coast to promote safer and healthier gardening.

Media release and mail-out of infection control advice during infectious disease outbreaks to all early childhood centres and schools in the area as well as the general public.

The West Coast Medical Officer of Health provides **support to DHB staff to update HealthPathways** when there is updated information or changes regarding public health protocols.

3. EVIDENCE/RESEARCH/EVALUATION

“Providing evidence and evaluation for public health action”

Our key evidence/research/evaluation priorities for 2018-19 are:

- To conduct and support evaluation of public health-focused initiatives.
- To provide evidence reviews and synthesis (both on a request basis and self-initiated) to support the work of other programmes and other public health focused work.
- To collect/analyse and present data to inform public health action.

CPH continues to **evaluate the experience of participants in each of its nutrition and healthy lifestyles courses**, including Appetite for Life and Cooking Skills for Life Skills. Overall **feedback remains very positive** and it is used to inform improvements in course delivery.

In conjunction with the West Coast DHB, CPH has **encouraged collection of standardised data on alcohol involvement in presentations** to the Emergency Department. These data have been examined and now appear to be being collected sufficiently consistently and completely **to enable their use in monitoring the incidence of alcohol-related harm** presenting to the Emergency Department. This will be particularly **useful in monitoring the effects of interventions** designed to reduce alcohol-related harm in the community and also in reporting on alcohol licensing applications.

Each year CPH creates and supplies approximately **400 welcome packs** to Franz Josef and Fox Glacier communities for businesses to give to seasonal workers. These **contain a range of health resources on nutrition, smoking, alcohol, mental health, sexual health, an A-Z information booklet and more**. The aim of these is to minimise health issues in the communities. CPH **has worked in collaboration with the Community Development Officers** from both areas and **developed a survey to be included in the packs this year** to evaluate the usefulness of these. The survey results will be analysed in the New Year.



4. HEALTHY PUBLIC POLICY

“Supporting development of health-promoting policies and approaches in other agencies”

Our key healthy public policy priorities for 2018-19 are:

- To write submissions to influence public policy including, where appropriate, on behalf of Healthy West Coast and/or WCDHB.
- To work with local authorities on policies that affect health, for example, smokefree environments and drinking water.
- To ensure a public health perspective (e.g. equity for Māori health) is part of inter-agency work, including supporting council Long Term Plan processes.

CPH has, **through its involvement with the Active West Coast network, compiled submissions** to the Grey District Walkways Bylaw Review, the draft West Coast Regional Waste Minimisation and Management Plan, and Statistics New Zealand Wellbeing Indicators consultation.

CPH **also compiled Active West Coast’s objection to a new Class 4 Gaming Venue application** for Reefton citing venue and machine density as a main concern. The hearing is set down for early 2019.

CPH has **worked collaboratively** with a large number of organisations, agencies and local authorities in the **development of the draft Te Tai Poutini West Coast Accessibility Strategic Plan**. This is currently in the process of being formally endorsed by councils, local runanga, the WCDHB and the wider Accessibility Coalition. The Strategic Plan focuses on improving inclusion, opportunity and independence through improved accessibility. It aims **to support people and partnerships to reduce and eliminate social and physical barriers in facilities, services and programmes** to enable participation.

CPH participated in both the Social Investment Agency and the Welfare Advisory Group’s **national consultation processes**.



CPH **submitted to the West Coast Regional Council’s Draft Long Term Plan** taking a particular focus on recommending **climate change mitigation, protection of natural resources and the review of the West Coast Walking and Cycling Strategy**.

5. HEALTH PROMOTING HEALTH SYSTEM

“Supporting development of health-promoting policies and approaches across our health system”

Our key health-promoting health system priorities for 2018-19 are:

- To contribute to a WCDHB alcohol harm reduction strategy.
- To work towards alignment of health promotion messages and approaches across the West Coast health system.
- To ensure that health system policies support health and wellbeing, improve Māori health, and reduce disparities.

CPH is an **active member of the West Coast DHB’s Health of the Older Persons’ Workstream and the Community Falls Prevention Coalition**. CPH continues to **provide ongoing support and resources** to community falls prevention and physical activity programmes.



During this time CPH arranged and funded a **Tai Chi for Health NZ Falls Prevention and Reaccreditation workshop** for the four community Tai Chi instructors who provide Falls Prevention Tai Chi classes for older people in Greymouth, Cobden, Reefton and Westport. A referral form for Tai Chi Classes has been provided to the WCDHB Falls Prevention Worker.

In addition to her role as the Clinical Leader for the Healthy West Coast workstream of the West Coast Alliance, CPH’s

Medical Officer of Health is currently **acting Chair of the Alliance**. CPH’s West Coast Regional Manager is **now also part of the Alliance Support Group**. These roles **enable CPH to contribute to improving population health and equity across the health system**.

6. SUPPORTING COMMUNITY ACTION

“Supporting communities to improve their health”

Our key supporting community action priorities for 2018-19 are:

- To provide access to quality health information resources.
- To partner with marae and Māori settings and organisations to deliver culturally appropriate health promotion.
- To support communities to identify and address key health priorities.
- To support the development of local initiatives to improve food security.
- To support promotion of smoking cessation services.
- To work collaboratively to increase smokefree environments across a range of settings.
- The delivery of Smokefree enforcement activities.

Our commitment to improving the lifestyles of families with children under five has continued with various **professional development sessions being offered** and attended by Early Childhood teachers, Lead Maternity Carers, Public Health Nurses and Plunket. These have covered **nutrition, fussy eating, sleep guidelines and active play** (delivered with the support of Sport Canterbury and the Heart Foundation). Similar workshops have been attended by parent/caregiver groups across the region.

CPH Nutrition Health Promoters have been **producing and disseminating Nutrition Bites** on a weekly basis. These consist of a **key nutrition message and a low-cost, seasonal recipe**. They are sent out to community newsletters, schools and healthcare professionals to include in newsletters, emails, intranet publications, in clinic and on social media and have reached all districts in the West Coast region. The **feedback received thus far is that they are enjoyed by the community and are inspiring people to try foods they otherwise may not, and reducing household food waste**.

Community and Public Health worked with **Poutini Waioara to deliver two nutrition programmes**; Appetite for Life and Ko Wai Ahau to kaumātua and rangatahi who have been through youth justice or Oranga Tamariki. The **courses were tailored to suit the needs of the participants and to acknowledge cultural aspects to kai**. Some of the key outcomes of both programmes included an **increased intake of fruit and vegetables, less sugar and butter in cooking, changing from white (low-fibre) to wholegrain (high fibre) bread and having increased knowledge and confidence in preparing and cooking food**.

Additionally, cooking skills sessions have been delivered to a group of men from ‘Safe Men, Safe Families’. Most members of the group are experiencing or recovering from domestic violence, drug and alcohol issues or mental health challenges. The sessions delivered have been practical and included conversations around cooking on a budget, bulking up meals and eating for health and wellbeing.

CPH has continued to **work collaboratively with key stakeholders and event coordinators to increase Smokefree environments**, particularly with Wildfoods and West Coast horse racing events.



7. EDUCATION SETTINGS

“Supporting our children and young people to learn well and be well”

Our key supporting education setting priorities for 2018-19 are:

- Effective engagement with all education settings to identify and address key health priorities.
- To support settings to engage effectively with whānau and the wider community.
- To facilitate the provision of appropriate professional development, resources and support to education settings.

CPH’s Health Promoting Schools facilitator has been **supporting the vision of Greymouth High School** and the school’s Board of Trustees that the **school whare** be a welcoming place for people of all cultures, and especially for rangatahi Māori. On 15 October, 2018 a dawn blessing was held at Greymouth High School to unveil the new whakairo on Te Whare Akoranga. Local carvers have worked on the whakairo for the past two years. They **tell the whakapapa of the district**; of



learning and of beliefs related to everyone. A safe place, a sheltered haven, for the future generation – he whare haumanu, he ahuru mowai mo nga apopo.

CPH delivered an engaging **water-only schools programme with Runanga School** in Term 3, 2018. During this process the principal, students and teachers **were supported in learning about the benefits** of water and milk for the body, mind, environment and Māori culture; as well as the importance of having water instead of sugary drinks. The continuing aim is to support the school’s commitment to becoming a water and milk only school.

There is a **continued commitment from schools on the West Coast to grow and embed mindfulness practice** through the Pause Breathe Smile programme. Representative teachers from eight schools, along with stakeholders participated in a facilitator’s workshop in Buller in May 2018, which CPH attended and contributed to financially. CPH **continues to support teachers** running the programme in schools.

In Term 4, 2018 CPH has **supported teachers** at Runanga School and Barrytown School in delivering the Sexuality Road Programme to senior students.

CPH is **participating and contributing to a core group who are developing a rangatahi database** for the West Coast, in collaboration with schools, whanau and community organisations. The purpose of this database is to help rangatahi be who they want to be and **help strengthen the connections** across those wanting to support their development. A pilot survey is presently being undertaken for the **purpose of understanding what success looks like for Māori on the West Coast** and finding ways that schools, agencies and communities can better support rangatahi in achieving success.

8. COMMUNICABLE DISEASE CONTROL

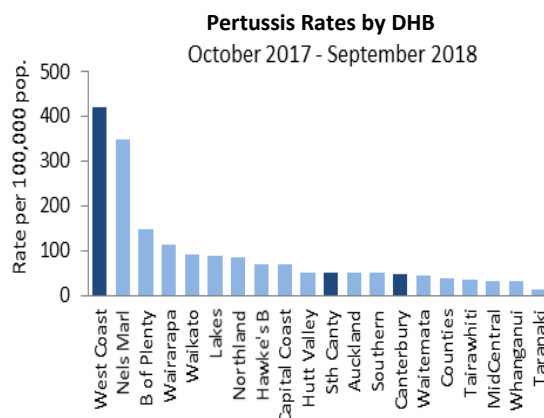
“Preventing and reducing spread of communicable diseases”

Our key communicable disease control priorities for 2018-19 are:

- To follow up notifiable diseases promptly.
- To detect and control outbreaks.
- To promote infection prevention and control and immunisation in community and healthcare settings.

Health protection staff on the West Coast **collaborate with relevant groups including medical centres, public health nurses, rural nurse specialists and council environmental health officers** when responding to outbreaks or for individual communicable disease follow-ups.

This year the West Coast has had the **highest rate of pertussis in New Zealand**. While rates of pertussis are now declining in most districts, **this outbreak is still ongoing in the West Coast region**. The West Coast outbreak first started in the northern Buller district, then spread to the Grey district area and subsequently the Westland and South Westland districts. CPH's West Coast health protection staff **have followed up 229 pertussis cases to date**, 110 of these in the period between 2 July and 5 December 2018.



CPH has **provided immunisation and infection control advice** via media releases, memos and emails to all early childhood centres, schools and medical centres in the area.

Health protection staff at CPH West Coast **provided ongoing support to public health nurses, rural specialist nurses and medical centres** with up to date information and advice around HealthPathways.

Other outbreaks during this period include a **norovirus outbreak in Westport** in late November. CPH was alerted to this outbreak by the local public health nurse. Students and their parents at a local dance school had become unwell with vomiting and diarrhoea. Dance school students had been rehearsing their end of year concert at the NBS Theatre at Westport. This rehearsal involved almost all 85 students at various times over two days. A total of 21 students and adults associated with the school became sick and the outbreak was confirmed to be due to norovirus. **CPH staff worked with the local public health nurse, the WCDHB Infection Control Nurse Specialist, and the Buller District Council Environmental Health Officer to help contain the outbreak**. The NBS Theatre had to be closed temporarily to allow for thorough cleaning.

9. HEALTHY PHYSICAL ENVIRONMENT

“Improving the quality and safety of our physical environment”

Our key physical environment priorities for 2018-19 are:

- To work with local authorities to improve drinking water quality and security of supply.
- To meet our Ministry of Health statutory obligations in relation to the physical environment.
- To work with West Coast Regional Council to improve air quality.
- To work with West Coast Regional Council to improve recreational water quality.
- To manage risks of hazardous substances.
- To work with local authorities to ensure that their plans and policies support healthy physical environments.

CPH’s West Coast Protection Team includes a Drinking Water Assessor (DWA) who is part of the wider South Island Drinking Water Assessment Unit (SIDWAU).

The local DWA, supported by SIDWAU, **undertakes all the regulatory work** in relation to community water supplies, authorised analysts and water carriers on the West Coast. There are three councils, 20 council community water supplies and eight private registered community water supplies on the West Coast.



The DWA has completed the Ministry of Health’s **Annual Survey of drinking water quality for all community water supplies** on the West Coast with population greater than 100. Additionally, **compliance reports have been sent out to each council**. Following on from these compliance reports, water **compliance meetings have been held** between the DWA, the Medical Officer of Health and council water supply staff and contractors at the two councils which did not achieve full compliance. The purpose of these meetings was **to confirm agreed timelines** for implementing improvements to ensure improved overall compliance with the Drinking Water Standards for New Zealand and the Health Act. Progress on these agreed timelines will be subject to regular review over the coming months.

CPH’s West Coast health protection staff **monitor resource consent applications** being made under the Resource Management Act (RMA) and **submit on these when there are public health issues** which need to be addressed. This year submissions have been made on major upgrade works to the Franz Josef Waste Water Treatment ponds. We have supported the upgrade but pointed out that a more long term solution will need to be considered once the question of possible relocation of the Franz Josef township (currently being explored with the community by the West Coast Regional and Westland District Councils) is resolved.

One of the jobs of CPH’s Hazardous Substances Enforcement Officers is to **issue permissions for use of Vertebrate Toxic Agents**, such as 1080. **Permissions for three aerial and nine ground operations have been issued since July 2018**. All applications for permission are subject to a risk assessment and desk top audited. **Field audits of two aerial operations** were also carried out during this period.

10. EMERGENCY PREPAREDNESS

“Minimising the public health impact of any emergency”

Our key emergency preparedness priorities for 2018-19 are:

- To review our Emergency Response plan to ensure alignment with WCDHB Health Emergency Plans.
- To ensure all staff have appropriate emergency response training.
- To participate in local emergency response exercises.
- To enhance emergency response capacity and community resilience.
- To work with local rūnaka to support emergency response capacity of iwi Māori.

CPH **provided feedback to the draft WCDHB Health Emergency Plan**. In particular, we suggested that the public health consequences of the many identified hazards should be added to Appendix G of the Plan. Our suggestion, along with a couple of other observations **were taken on board** by the WCDHB.

CPH has started to develop a **Public Health Key Messages Kit** that will be piloted in communities on the West Coast to **provide essential public health messaging in severe weather events and disasters**.

CPH **promoted Psychological First Aid training** to the community. Four CPH staff also attended the training during this period.

CPH’s West Coast staff have **built and maintain strong relationships** with key emergency stakeholders across the West Coast.

CPH’s health protection staff take a **public health liaison role** with local Emergency Operations Centres (EOCs) in the event of an emergency. Recently there was a big storm which caused two of the three local councils to activate their EOCs. The West Coast Civil Defence and Emergency Management (CDEM) Group was also activated. Public health liaison was maintained, including being sent all situation reports, action plans and media releases from all three centres and the WCDHB.

CPH, Ngai Tahu and Civil Defence presented and **supported a workshop for Ngati Waewae rūnanga to develop the Marae’s emergency preparedness plan**.

To continue **building relationships with iwi Māori** the West Coast Regional Welfare Coordination group, which CPH is part of, held their meeting at Arahura marae. This was attended by **CPH, Civil Defence, St John, Te Puna Kore and West Coast rūnanga**. Both representatives from Te Rūnanga of Makaawhio and Te Rūnanga o Ngati Waewae spoke about a range of activities that were already in place regarding marae preparedness planning. They also reflected on the **potential use of marae as Civil Defence Centres** and **how best to work together** to support the West Coast community in an emergency.



11. SUSTAINABILITY

“Increasing environmental sustainability practices”

Our key sustainability priorities for 2018-19 are:

- To promote sustainability considerations including active transport in relevant submissions to local authorities.
- To support active transport in education settings.
- To reduce CPH’s own environmental impact.

As a result of previous submissions to, and work with Local Authorities (including CPH supporting Rod Tolley’s workshops across the Coast in early 2018, and working with community mobility scooter users), and the increased financial support via the Government Policy Statement on Transport, **all three district councils have signalled increased investment in footpath maintenance** (including the provision of infrastructure to support people with disabilities).

CPH is a Steering Group member of the Sports Trust lead project team focusing on scoping physical activity facilities and their current and potential future use to develop a West Coast Spaces and Places Strategic Plan. An initial meeting was held mid-November. Members of the group include representatives from the two Sports Trusts, the three District Councils and community members.



CPH was **integral in linking schools and resources to establish a pa harakeke** at Greymouth High School, to house some of the harakeke from the Rene Orchiston collection. This resource is available to the wider community. Two raranga (weaving) workshops have been run for community members at Te Whare Akoranga, Greymouth High School, since the pa harakeke has been established. CPH sees value in establishing pa harakeke on school grounds, and is in discussion with other schools for future sites.

CPH has **supported the development of the Incredible Edible West Coast community project** which seeks to **encourage the growing of food in public spaces** as a means to **addressing food security**. Currently the focus is on developing an ‘Orchards of Legends’ which will see a series of community donated fruit trees planted within the Grey District.

12. SMOKING CESSATION SUPPORT

“Supporting smokers to quit”

Our key smoking cessation priorities for 2018-19 are:

- Effective and efficient delivery of quality stop smoking services to all West Coasters who smoke.
- Enhanced health professional and community understanding of how to motivate quit attempts and make quality referrals (including self-referral) to Oranga Hā stop smoking service.

Oranga Hā has continued to work collaboratively with the other two cessation services on the West Coast (DHB and PHO) and others. **The referral system is working well between these services.** A number of referrals are coming from Greymouth Medical Centre and Poutini Waiora, however, the majority of referrals (around 98%) are self-referrals, usually due to word of mouth referrals.

With support from Oranga Hā and the West Coast PHO, Poutini Waiora hosted a smoking cessation group session which was successful with 32 attending. From this session members of the group identified that they wanted to keep active and with the assistance of one Oranga Hā practitioner **a swimming group was started**. This group has continued to meet and **our practitioner no longer needs to attend**. It is a **great social support network** for those making a quit attempt.

A **new extension** has been added to the initial **Smokefree Pregnancy Incentives Programme**. This extension programme provides clients with support for a further eight weeks post birth, and combined with the initial programme provides a total of 20 weeks support. Oranga Hā currently have **ten pregnant females aged 15-42 years** on the initial Pregnancy Programme and **five females on the new extension programme**. The five on the extension programme have all successfully stopped smoking. These clients are predominantly young pākeha.

We have established a **Stop Smoking Clinic** at the Hector/Ngakawau Medical Centre with a presence every Tuesday. **Over the year, 11 clients have been seen with an 81% quit rate.**

We have also established a **Stop Smoking Clinic** at Reefton Outpatient Department of the Reefton Hospital which has taken place every Thursday over the last six months. During this period four clients were given support.

Oranga Hā staff have also **assisted in the development of a West Coast Stop Smoking Pathway** with St John Ambulance to capture patients who are being treated by ambulance staff and left in their homes. Because they aren't admitted to hospital they **would not previously have been offered the 'ABC' approach but this is now occurring**.

Oranga Hā's Stop Smoking Practitioners attended and had a **stand at AgFest** to promote smoking cessation. Previous clients of the practitioners also **attended as volunteers at the stall in order to share their quit stories**.



13. WELLBEING AND MENTAL HEALTH PROMOTION

“Improving mental health and wellbeing”

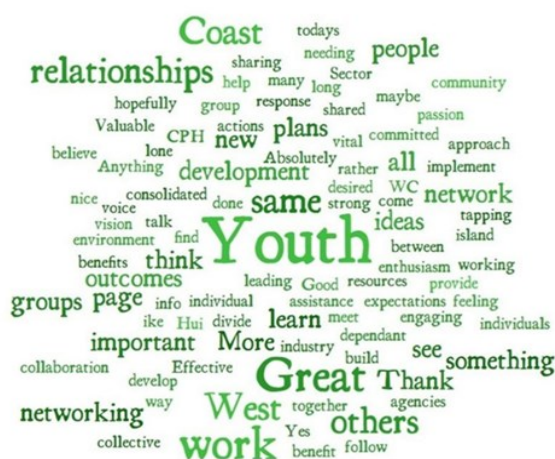
Our key wellbeing and mental health priorities for 2018-19 are:

- To maintain connections with relevant agencies to promote mental wellbeing.
- To work towards alignment of mental health promotion messages and approaches across the West Coast health system.
- To continue to support the West Coast Suicide Prevention Action and Governance Groups.

In July 2018 CPH hosted and facilitated ‘Youth Development on the West Coast’, a **collaborative hui for professionals working with youth on the West Coast**. Twenty-nine participants from across the Coast representing education, mental health, youth work, church, care and protection, local councils, and justice attended. Trish Hunt presented an hour long information session on the Teenage Brain; after which the group was asked to find questions that are relevant to the real-life

concerns. The top three focus questions agreed upon by the group were: How do we build and grow/maintain our capacity to our young people? How do we help young people find an engaged passion/wellbeing?, and How do we create/fund a healthy space to foster wellbeing of young adults?. **Priorities and actions were decided upon collaboratively** with participants leaving with a collaborative focus and broadened relationships.

The **Five Ways to Wellbeing** are promoted across the **West Coast** in collaboration with all stakeholders and agencies to promote wellbeing.



CPH is involved in many interagency and alliance groups across the West Coast health system. One of the focuses at these meetings is **to provide a public health perspective and to ensure that mental health promotion messages, wellbeing and approaches are aligned across the health system.**

The Medical Officer of Health is a member of the West Coast Suicide Prevention Governance Group and **CPH will shortly have new representation on the West Coast Suicide Prevention Action Group.** We also look forward to working closely with the new West Coast Suicide Prevention Coordinator.

14. ALCOHOL HARM REDUCTION

“Reducing alcohol-related harm”

Our key alcohol priorities for 2018-19 are:

- To review and report on all alcohol license applications.
- To maintain an effective tri-agency partnership with Police and district licensing staff.
- To monitor high-risk premises and events.
- To support WCDHB to draft and implement an alcohol harm reduction strategy.
- To support schools and their communities to address alcohol-related harm among young people.

During this period, **34 on-licence, 12 off-licence, 11 club licence and 56 special licence applications** were received and reported on (including renewals). Two applications for new off-licences were opposed and in one case, changes were made by the applicant and the opposition was withdrawn. The remaining opposition will go to hearing in 2019.

Effective tri-agency groups (comprising Police, Council Licensing Inspectors and public health alcohol licensing officer) exist in Westland, Grey District and Buller Districts. The success of these groups is largely due to the regular contact maintained by all personnel involved.

Tri-agency **monitoring** is being conducted across the West Coast, and in light of there being no Local Alcohol Policies on the West Coast, discussions are being held with Hospitality NZ regarding forming a West Coast Alcohol Accord.

Controlled Purchase Operations have been conducted in all three districts with only one sale (out of 25 premises visited) made to the underage volunteers.

Discussions are well underway with ‘Destination Westland’, organisers of the Hokitika Wildfoods Festival, in respect to **alcohol harm reduction** during the 2019 event. The pending West Coast horse racing season between December and March sees racing events in all three districts, and alcohol harm reduction discussions are also underway with organisers of these events.

In November, **the West Coast Medical Officer of Health was successful in her appeal to the Alcohol Regulatory and Licensing Authority (ARLA)** of the issue of a licence to the Cowboy Paradise Saloon by the Westland District Licensing Committee. This means that the original decision to grant the licence is reversed.

CPH is starting to work collaboratively with Community Law Canterbury and communities on the West Coast **to trial a Community Engagement Process** for new off licence applications.

In 2019 CPH health promotion staff will be **commencing work with a number of schools around alcohol and young people**. This follows on from, and will be informed by, a previous Alcohol and Young People Survey carried out by CPH across West Coast schools.



TO: Chair and Members
West Coast Advisory Committee

SOURCE: Planning & Funding

DATE: 15 February 2019

Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
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1. ORIGIN OF THE REPORT

The attached report has been prepared to provide the Committee with an update progress against the initiatives, actions and targets highlighted in the DHB's Annual Plan for 2018/19.

2. RECOMMENDATION

The Committee:

- i. notes the update on progress to the end of quarter two (Oct-Dec) 2018/19.

3. SUMMARY

The attached quarterly report has been prepared to highlight the progress being made against the commitments set out in the West Coast DHB's Annual Plan for 2018/19.

This is a new report which will become a standing quarterly agenda item for the Committee and will be circulated to operational and management teams and shared with the Ministry of Health.

Overall there is good progress across most focus areas. Delays in some areas, related to staff capacity, hospital build delays and confirmation of business cases and proposals for change, are anticipated to be resolved for quarter three.

Key Points to Note:

- A Mental Health Workstream has been re-established under the West Coast Alliance to oversee the implementation of the new model of care, once the proposal for change process is completed. Following a number of engagement hui, a review of Māori Mental Health Services will support the development of a model that provides improved cultural support for Māori.
- All general practices on the West Coast have signed up to the national 'zero fees' initiative for children under 14 years and the initiative to provide 'lower cost general practice visits'.
- A Falls Coalition workshop was held in the past quarter, focused on rehabilitation and promoting improved pathways for older people and Māori at risk of harm from falling.
- A recruitment workshop was held with a broad range of people attending to look at our future workforce strategies, to enable the transformation of models of care and support the sustainability of our system. Out of this communications and recruitment strategy focused around our rural generalist model has been developed and implementation is now underway. Work is also underway on the development of a Maori Workforce Strategy, including applying the Health Equity Assessment Tool to DHB recruitment processes.

Report prepared by: Planning & Funding

Report approved for release by: Carolyn Gullery, Executive Director, Planning & Funding & Decision Support

West Coast DHB Annual Plan 2018/19

Delivery of National Priorities & Targets



Photo courtesy of Wendy Edwood

Status Report Quarter 2 October - December 2018

Status Key:

✓	Completed As Planned
↻	Underway (but not yet completed)
✗	Delayed / At Risk

Mental Health Services

Population Mental Health Services

NZ Health Strategy link - One Team

Status Report for 2018/19

Performance Reporting Link – PP43

Key Actions from the Annual Plan	Milestones	Status	Comment
Establish a Mental Health Workstream under the West Coast Alliance to oversee the implementation of the new model of care.	Q1: Alliance Mental Health Workstream established.	✓	Workstream established with whole of system membership in place.
Expand enrolment in the Long-term Conditions Management (LTCM) Programme to include people with mental health issues. (EOA)	Q4: 50% of practices enrolling people with mental health issues in the LTCM Programme.		
Continue to collaborate with social services, (MSD and Education) through Te Ara Mahi, to support people with mental health issues into employment or further education.	Q4: Increased number of clients supported into employment or education.		Vocational services continue to be promoted to clinical teams.
Realign resources to strengthen community mental health teams and support them to work alongside primary care teams as part of the locality-based community health model. Implement the new Crisis Response model to provide improved access to crisis services across the age and severity continuum.	Q2: Afterhours crisis response phone service established.	↻	This works has been delayed to coincide with commencement of crisis response service in locality teams. Proposal for change document has been released and we are currently in a consultation phase.
	Q4: Mental health services integrated into locality bases.		
	Q4: Additional resource in place in the inpatient unit to respond afterhours.		
Review the current provision of Māori Mental Health Services and develop a complementary model that provides improved cultural support for Māori across the continuum. (EOA)	Q1: Stakeholder Hui held.	✓	Engagement Hui held with a positive participation from across the sector. Feedback has been collated and circulated to stakeholders for further input.
	Q2: Recommendations proposed.	✓	
	Q3: Revised Model Adopted.		
Continue to progress implementation of the national Supporting Parents Healthy Children guidelines and confirm priority actions.	Q2: Implementation Plan agreed.	✓	
	Q3: Priority actions identified.		
	Q4: Progress review completed.		
Coordinate the national Mental Health Inquiry Panel visit and provide opportunities for agencies, providers and consumers to be represented and heard by the Panel.	Q1: Publish submission and feedback dates to encourage participation.	✓	Good participation by a variety of stakeholders with feedback being provided to the Mental Health Inquiry Panel.
	Q1: Actively participate and provide feedback to the Panel.	✓	
Key Performance Measures		Result	Comment
>150 Young people (0-19) accessing brief intervention counselling in primary care.		107	On track for year end.
>450 Adults (20+) accessing brief intervention counselling in primary care.		229	On track for year end.
80% of people referred to specialist mental health services are seen within 3 weeks.		84.9%	We anticipate increased community options and the realignment of resources will improve waiting times going forward.
95% of people referred to specialist mental health services are seen within 8 weeks.		93.5%	

Mental Health Improvement Activities

NZHS Link - One Team

Status Report for 2018/19

Performance Reporting Link – PP7

Key Actions from the Annual Plan	Milestones	Status	Comment
<p>Provide Safe Practice Effective Communication (SPEC) training for inpatient staff.</p> <p>Integrate weekly meetings (with staff and patients) to enable patient participation in decision-making to enhance the environment and safe practices of the unit.</p> <p>Invest in environmental and therapeutic practice changes to support staff to provide a safe therapeutic environment for inpatients.</p> <p>Include cultural expertise in environmental improvements to build cultural awareness amongst staff and improve access to cultural support for consumers and whānau. (EOA)</p>	Q1: 95% of frontline staff receive SPEC de-escalation training.	✓	16 out of 17 staff have completed the SPEC four-day training.
	Q2: Integrated meetings held weekly.	✓	Environmental changes are underway, with set up of a sensory room near completion. A nurse lead role for sensory modulation and talking therapies is in place.
	Q3: Dedicated (additional) Occupational Therapy FTE in place to support sensory modulation and meaningful activity for inpatients.	✓	
	Q4: Safe ward concept embedded into everyday practice.		The safe ward concept is being rolled out with some initial work started and Pukenga input being encouraged.
	Q4: Equity of consumers experiencing seclusion being monitored.		
Commence discharge planning on entry to Mental Health Services, embed the primary nursing model and process for engaging community teams at the earliest opportunity and build patient awareness and participation in transition/wellness planning.	Q1: Transition from inpatient to community services reviewed.	✓	Primary nursing is now embedded with early allocation to Community Mental Health Teams to support the patient journey/pathway.
	Q2: Updated pathway in place.	✓	
	Q3: Patient participation in discharge processes evident.		Family involvement in discharge meetings is the next focus.
Engage staff and patients in the Marama real-time feedback survey to identify opportunities to improve service delivery, particularly for Māori consumers. (EOA)	Q4: 75% of discharged patients complete the Marama survey.		Most feedback has been provided prior to discharge and changes are being implemented to support use of the survey.
	Q4: 75% of discharged Māori patients complete the Marama survey.		
Key Performance Measures		Result	Comment
95% of clients discharged with a transition plan in place (inpatient services)		73%	Two new nursing positions are working with the teams to ensure that transitional planning becomes a firm focus for our clinicians. Policy and process planning for auditing has been signed off.
95% of audited files meet accepted good practice.		73%	

Addictions Services

NZHS Link - Value & High Performance

Status Report for 2018/19

Performance Reporting Link – PP8

Key Actions from the Annual Plan	Milestones	Status	Comment
Realign resources to strengthen community mental health teams and support them to work alongside primary care teams as part of the locality-based community health model.	Q1: Additional mental health respite capacity available in Buller.	✓	Respite is now being provided by a local ARC provider, in partnership with Community Mental Health Team, and this is working well.
Implement the new Crisis Response model to provide improved access to crisis services across the age and severity continuum.	Q2: Additional community-based AOD support options identified.	✓	Proposal for change released.
Investigate options to increase community-based respite, withdrawal management and recovery support, particularly for Māori. (EOA)	Q4: Increased AOD capacity available.	↻	Provider agreement in place for a community based AOD service to be established.
Key Performance Measures		Result	Comment
80% of people referred to specialist addiction services are seen within 3 weeks.		72.6%	We anticipate increased community options and the realignment of resources will improve waiting times going forward.
95% of people referred to specialist addiction services are seen within 8 weeks.		88.4%	

Primary Care Services

Service Access

NZHS Link – Closer to Home

Status Report for 2018/19

Performance Reporting Link – PP22

Key Actions from the Annual Plan	Milestones	Status	Comments
<p>Work with the West Coast PHO to implement the national zero fees policy, extending zero fees for children <13 to zero fees for children <14. (EOA)</p> <p>Work with local Pharmacies to ensure they update systems to align with the national policy. (EOA)</p> <p>Work with the West Coast PHO to implement the national lower fees for Community Services Card holder policy. (EOA)</p> <p>Update the DHB and PHO websites in line with the implementation of zero fees policy, showing details of practices' fee arrangements.</p>	Q2: Proposed new zero fees model communicated and agreed.	✓	<p>All general practices on the West Coast have signed up to the zero fees for children under 14 years and the initiative to provide 'lower cost general practice visits'.</p> <p>Adults with a Community Services Card (CSC) who are enrolled with a general practice will pay no more than \$18.50 for a standard visit and young people (14 to 17), who have a parent or caregiver with a CSC will be charged no more than \$12.50.</p>
	Q2/Q3: Implementation of zero fees model for children <14 (both in and out of hours).	✓	
	Q4: PHO/DHB websites updated to reflect changes in fees.		
	Q4: 95% of children <14 have zero fee access to general practice services and prescriptions.		

System Integration

NZHS Link – Closer to Home

Status Report for 2018/19

Performance Reporting Link – PP22

Key Actions from the Annual Plan	Milestones	Status	Comments
<p>Continue to invest in the West Coast Alliance as a mechanism for leading service and system improvements.</p> <p>Engage system partners in the Alliance's new Mental Health Workstream to support the implementation of the locality-based mental health service model.</p> <p>Ensure a strong Māori voice and focus on Alliance workstreams. (EOA)</p> <p>Monitor system performance against the national System Level Measures (SLM) to identify areas for improvement and focus.</p>	Q1: New Alliance Chair is appointed to vacant role.	↻	<p>Initial advertising and expressions of interest failed to attract a new Chairperson. The Alliance remain committed to seeking an independent Chair and is now advertising through word of mouth, community newsletters and media.</p> <p>Initial work has begun to develop an equity reporting dashboard has been delay by capacity restraints the Alliance aims to complete this work in quarter three.</p>
	Q2: Work plan for the Mental Health Workstream endorsed by the Alliance Leadership Team.	✓	
	Q2: Equity reporting dashboard developed.	↻	
	Q4: Delivery of the actions agreed in the SLM Improvement Plan.		
<p>Work through the West Coast Alliance to refresh and refine the SLM Improvement Plan, outlining collective activity to improve performance in 2018/19.</p>	Q1: Implementation of agreed SLM Improvement Plan underway.	✓	<p>The SLM Plan was agreed and approved by the Ministry and is now being implemented.</p>
	Q1: Quarterly review of progress against the Improvement Plan.	✓	
<p>Continue to develop a rural generalist workforce model to support the transformation of service models on the Coast.</p> <p>Invest in a lead role to support an integrated Dietetic and Nutrition Service, working across DHB, PHO and CPH areas of service delivery.</p> <p>Recruit and develop more nurse practitioners to support care in primary health settings.</p>	Q1: Rural Hospital Medical Specialist (with extended scope in Obstetrics) engaged.	✓	
	Q3: Lead clinician engaged to provide oversight to nutrition services.		
	Q4: Three Nurse Practitioners working in primary care.		

CVD and Diabetes Service Improvement

NZHS Link - One Team

Status Report for 2018/19

Performance Reporting Link – PP20

Key Actions from the Annual Plan	Milestones	Status	Comments
Work with the PHO and general practices to maintain the proportion of the eligible population receiving a CVD and Diabetes Risk Assessment at or above 90%. Engage Poutini Waiora to identify and contact Māori men to lift the Risk Assessment rates for this high-risk population. (EOA)	Q1: Monthly performance reporting by general practice.	✓	West Coast PHO is actively monitoring results by ethnicity and working with Poutini Waiora to implement key actions to support uptake of CVD assessment by Māori men as a high-risk group.
	Q1: Monthly performance reporting by ethnicity.	✓	
Work with Health Quality & Safety Commission to further advance the Whakakotahi work plan by trialling evidence-based care pathway improvements in two primary care pilot sites.	Q1: Two Whakakotahi pilots underway.	↻	One pilot is underway in the Buller region. A second project in Greymouth at High Street Medical Practice has been put on hold due to staff resource shortages.
	Q4: Completion of Phase I of the pilot with assessment of pathway improvements.		
Establish a visiting specialist vascular surgical outpatient service to support diagnosis and treatment for West Coast patients, without the need to travel. (EOA)	Q1: Visiting Specialist Vascular service established.	✓	
Continue to support community-based initiatives to engage and enrol people with diabetes in the primary care LTCM Programme so that people can be supported to make lifestyle changes to help reduce their risk, with a particular focus on Māori as a high needs population group. (EOA)	Q1: Retinal screening expo and clinic in Reefton and Greymouth.	✓	Retinal Screening Expo clinics were held in Reefton and Greymouth in August, with 141 people screened. A further 117 people were seen at clinics in November in Greymouth and Westport. The next series of clinics is scheduled for March 2019.
	Q4: Three pre-diabetes and high risk CVD dietitian clinics delivered.		
	Q4: Three Living Well with Diabetes courses delivered.		
Key Performance Measures		Results	Comments
90% of the eligible population have had a CVD risk assessment in the last 5 years.		89%	
90% of eligible Maori men (35-44) have had a CVD risk assessment in the last 5 years.		76%	Only 22 more Maori men need to be reached to meet this target.
90% of the population, identified with diabetes, have had an annual HbA1c test.		80%	78% of Maori have had their annual HbA1c test.

Pharmacy Action Plan

NZHS Link - One Team

Status Report for 2018/19

Performance Reporting Link – PP22

Key Actions from the Annual Plan	Milestones	Status	Comments
Participate in the national process to develop and implement a new service agreement for integrated community pharmacy services. Offer the new agreements and opportunities to improve integration of local services.	Q2: West Coast pharmacies have new 'evergreen' pharmacy service agreements in place.	✓	All West Coast pharmacies are signed up to the new agreements.
Further develop the Pharmacy Long-Term Conditions Service, to improve access to pharmacist support for people on multiple regular medicines. (EOA) Support more pharmacists to provide medication use reviews (MURs) for people taking many or high-risk medicines. (EOA)	Q3: Two more pharmacists accredited to provide MURs.		
	Q4: >20 people receive a MUR from their pharmacist.		
	Q4: >900 people are enrolled in the Long-Term Conditions Service.		
Work with the national Expert Advisory Group to develop a Minor Ailments (pharmacy) Initiative to ease access to timely treatment for Community Service Cardholders. (EOA)	Q4: Minor Ailments Initiative developed and put forward for approval.		

Newborn Enrolment

NZHS Link – Closer to Home

Status Report for 2018/19

Performance Reporting Link – SI18

Key Actions from the Annual Plan	Milestones	Status	Comments
<p>Establish a process to support general practice enrolment as part of the current new-born multi-enrolment process. Complete a review of the multi-enrolment form to ensure it is meeting the stakeholder needs.</p> <p>Work with Plunket and Poutini Waioira to develop a Kaupapa Māori Pregnancy & Parenting Education Programme. (EOA)</p> <p>Ensure the Programme emphasises the importance of enrolling with primary care to support engagement with health services. (EOA)</p>	Q2: Process to support general practice enrolment developed.	✓	<p>A proposed model for Kaupapa Māori PPE has been developed and this is being shared with consumers for input prior to full roll out.</p> <p>The West Coast is leading the country for new-born enrolments rates and acknowledges the PHO's work in reaching this result. Our Newborn enrolment form is undergoing review and we will continue to work on this process for WCDHB domiciled babies born outside of the West Coast to ensure this is done in a timely manner.</p>
	Q2: Kaupapa Māori PPE Programme developed.	↻	
	Q3: New-born enrolment form review completed.		
Key Performance Measures		Results	Comments
85% of new-borns are enrolled with general practice by 3 months of age.		77%	This equates 55 out of 71 new-borns on the West Coast.

Support to Quit Smoking

NZHS Link - One Team

Status Report for 2018/19

Performance Reporting Link - TBC

Key Actions from the Annual Plan	Milestones	Status	Comments
<p>Identify smoking patients newly enrolling in the primary care LTCM Programme for mental health concerns, with the goal of offering them stronger support to quit smoking.</p>	Q2: Process for capturing new patients established.	✓	
	Q4: Identified patients contacted by Stop Smoking Service.		
<p>Work with the Buller Health Practice to identify Māori smokers and ex-smokers who have not been appropriately screened for COPD. (EOA)</p> <p>Work with Poutini Waioira to engage those patients in spirometry clinics, where screening, smoking cessation advice and other opportunistic referrals can be offered. (EOA)</p> <p>Establish a process for extending invitations to whānau members where appropriate. (EOA)</p>	Q2: Process for capturing Māori smokers and ex-smokers age 35+ established.	✓	
	Q4: Identified patients and appropriate whānau invited for COPD screening.		
<p>Work with the PHO and Well Child Tamariki Ora providers (collecting smokefree status data) to improve data collection and establish how whānau being offered brief advice and cessation support can be captured.</p>	Q2: Data collection for smokefree household measure in place.	↻	<p>The DHB has worked with Karo Data Management to implement the necessary changes to the patient management system. Communications have gone out to advise that this data collection will be mandatory from 1st January.</p>
	Q4: Process for ABC data capture in Patient Management System investigated.		
Key Performance Measures		Result	Comment
90% of PHO enrolled patients who smoke are offered brief advice/support to quit.		89%	Only 26 more patients needed to be reached for brief advice in order to achieve the target.
90% of West Coast households with a newborn have their smokefree status recorded at the first core Well Child check.		Q4	

Child Health Services

Maternal Mental Health Services

NZHS Link – Closer to Home

Status Report for 2018/19

Performance Reporting Link – PP44

Key Actions from the Annual Plan	Milestones	Status	Comments
Continue to support the use of free general practice consultations for pregnant women with medical, mental health or social issues that may be exacerbated by pregnancy. (EOA) Promote the maternal mental health service referral pathway using HealthPathways. Review the timeliness of referrals from LMCs to Well Child providers, with a focus on Māori as a population of higher need. (EOA)	Q1: Review of maternal mental health pathway complete.	✓	
	Q2: Promotion of pathway to increase uptake.	✓	
	Q3: Review of referral timeliness completed and opportunities for improvement identified.		
Identify all community-based DHB funded services and initiatives currently in place to support maternal mental health and the number of women being supported.	Q2: Stocktake report completed.	✓	A stocktake has been complete and submitted to the Ministry of Health, identifying all the current services and initiatives in place.
	Q4: Access report provided to the Ministry of Health.		

Child Wellbeing

NZHS Link - Value & High Performance

Status Report for 2018/19

Performance Reporting Link – PP27

Key Actions from the Annual Plan	Milestones	Status	Comments
Work collectively to increase the number of pregnant women (and partners) engaging in the Smokefree Pregnancy Incentives programme. Extend the schedule for incentives to support continued engagement with cessation services beyond birth, to promote a smokefree home environment for babies.	Q1: Pregnancy Incentives programme model reviewed.	✓	The programme continues to track well with good uptake from women.
	Q2: Opportunities to enhance the Programme actioned.	✓	
	Q4: Successes of women who have successfully quit are celebrated.		
Continue to train volunteer peer supporters through the Mum4Mum programme, with a focus on Māori supporters to extend the reach of the service. (EOA) Investigate strategies to link high need populations to a Mum4Mum supporter. (EOA)	Q2: Opportunities to enhance the programme actioned.	↻	The Mum4Mum volunteers have agreed to provide antenatal support on request. Further work is needed to ensure all LMC midwives are aware of this service and highlight when this is most useful.
	Q4: An increased number of Māori mothers trained as peer supporters.		
Establish a Transalpine Oral Health Service Development Group to support a whole of life approach to good oral health. Promote the Newborn Enrolment Form to support early enrolment of children with the Community Oral Health Service. (EOA) Identify opportunities for health promotion and education for families whose children are hospitalised for dental surgery. (EOA)	Q1: West Coast Development Group membership confirmed.	✓	The DHB is working to engage health promoters, practice nurses and schools in initiatives that promote good oral health and reduce risk factors.
	Q1: Childhood Nutrition/Health Promotion role supporting Early Childhood Centres established.	✓	
	Q2: Practice Nurses complete 'Lift the Lip' checks at immunisations.	✓	
	Q2: 'Water Only' policies in place in West Coast schools.	✓	
Continue to invest in the Violence Intervention Programme (VIP) and activity to support a reduction in harm and adverse health outcomes.	Q1: VIP training sessions ongoing.	✓	
	Q4: VIP audit results >70/100.		
Key Performance Measures		Results	Comments
95% of children (0-4) are enrolled with Community Dental Services.		Q3	
90% of enrolled children (0-12) are examined according to plan.		Q3	
85% of adolescents (13-17) are accessing DHB-funded oral health services.		Q4	

Supporting Health in Schools

NZHS Link – Closer to Home

Status Report for 2018/19

Performance Reporting Link – PP39

Key Actions from the Annual Plan	Milestones	Status	Comments
Support the Health Promoting Schools framework in lower decile and schools with a high proportion of Māori/Pacific students. (EOA)	Q2: Schools recruited to develop 'Water Only' policy.	✓	The Wellbeing Survey data has been reviewed by the Child & Youth Health workstream of the Alliance and time has been made to further analyse this and develop actions in quarter three.
Support the roll out of the 'Water Only in Schools' programme as part of good oral health promotion and an enabler to wellbeing.	Q2: School Wellbeing Survey reviewed.	↻	
Undertake a stocktake of all initiatives currently underway to support health in schools.	Q2: Stocktake report completed.	✓	
Review the 2018 Greymouth Schools Wellbeing Survey and identify actions for improvement.	Q3: Service improvement recommendations developed and agreed.		

School-Based Health Services (SBHS)

NZHS Link – Closer to Home

Status Report for 2018/19

Performance Reporting Link – PP25

Key Actions from the Annual Plan	Milestones	Status	Comments
Engage decile 4 schools in the School Based Health Services (SBHS) programme.	Q2: Stocktake report completed.	✓	There has been good uptake of school-based health assessments by Māori during the 2018 school year, 21/25 students in funded schools and 24/37 in other schools). The DHB is working with schools to communicate the purpose and content of health assessments to parents and establish how best to target their community and parents of Māori children in particular.
Undertake a stocktake of all SBHS currently provided in West Coast secondary schools.	Q2: Barriers to access identified.	↻	
Work with decile 1-4 schools to identify barriers to participation in routine health assessments with particular focus on Māori children. (EOA)	Q4: Implementation plan completed and provided to MOH.		
Work with schools and providers to develop an implementation plan for expanding SBHS to all public secondary schools on the West Coast.	Q4: SBHS in place in all West Coast 1-4 decile schools.		
	Q4: 95% of year nine children receive a HEEADSSS assessment.		

Immunisation

NZHS Link – One Team

Status Report for 2018/19

Performance Reporting Link – PP21

Key Actions from the Annual Plan	Milestones	Status	Comments
Monitor and evaluate immunisation coverage at DHB, PHO and general practice level, to maintain coverage and identify unvaccinated children.	Q1: Quarterly review of vaccination and decline rates by ethnicity.	✓	The process chart has been refreshed and will be distributed in quarter three.
Fill the vacant Māori provider role on the Immunisation Advisory Group to ensure a strong focus on Māori as a priority group. (EOA)	Q1: Māori representative on the Immunisation Advisory Group.	✓	
Continue with a focus on pregnancy vaccinations and LMCs having immunisation conversations.	Q2: Refreshed process chart issued to general practice.	↻	
Share refreshed immunisation process charts and prompts for difficult immunisation conversations.	Q2: HPV and Tdap Information and education resources issued.	✓	
Support general practice to promote the co-delivery model for HPV and Tdap.	Q4: Difficult Conversations training options explored for practice nurses.		
Key Performance Measures		Results	Comments
95% of 8-month-olds fully immunised.		80%	Three children were missed, 16.2% of children opted off or declined.
95% of 2-year-olds fully immunised.		86%	No children were missed, 13.5% of children opted off or declined.
95% of 5-year-olds fully immunised.		71%	There were seven children missed with 22.1% opted off or declining.

Status Report for 2018/19

Performance Reporting Link - TBC

Key Actions from the Annual Plan	Milestones	Status	Comments
Engage a community-based dietitian to work alongside Public Health Nurses to provide advice and support to families regarding healthy weight in childhood at their B4 School Check.	Q2: Dietitian attending B4SC clinic days in Greymouth.	✓	The PHO Dietitian has recently started attending B4 Schools Clinics in Greymouth to provide information/handouts, as well as meeting with families and providing support and advice. This enables direct referrals to the dietitian for weight/growth concerns, with parents already having met the clinician.
	Q4: Resource required to provide support at all clinics identified.		
Provide primary care teams with training and education regarding healthy weight in childhood to support appropriate onward referrals for family/whānau support.	Q2: Training and education needs identified by practices.	✓	In the last quarter there was a trial of the PHO dietitians completing height/weight with each child and discussing eating/growth concerns, but due to time constraints on appointments, it was agreed to go back to Nurses completing this. Each family is directed to the dietitian during the one-stop shop clinic and a referral can be made back to the dietitian if there are any ongoing concerns.
	Q4: Training/education delivered.		
Work with the Ministry of Education to develop an improved process for children with disabilities to access B4 School Checks and discuss healthy weight in childhood with a dietitian. (EOA)	Q1: Process for identifying children with higher needs developed.	✓	
	Q4: Process agreed with Education.		
Key Performance Measures		Results	Comments
95% of children identified as obese at their B4 School Check are offered a referral to a health professional for clinical assessment and family-based lifestyle intervention.		90%	Two children were referred but acknowledgement was received outside of the 30 day target. Work with the primary practices will continue to highlight the importance of acknowledging referrals in a timely way.
<30% of children identified as obese at the B4 School Check decline a referral for support.		19%	Four children declined referral.

Older Person's Health Services

Healthy Ageing

NZHS Link – Closer to Home

Status Report for 2018/19

Performance Reporting Link – PP23

Key Actions from the Annual Plan	Milestones	Status	Comments
<p>Work with partner organisations through the Health of Older People Workstream and Falls Coalition to enhance and integrate falls and fracture prevention services.</p> <p>Engage local providers to accredit community strength & balance classes, including a number specifically designed and targeted towards older Māori. (EOA)</p> <p>Embed the fracture pathway to ensure people with a fractured Neck-of-Femur (NOF) are referred to the in-home Falls Prevention Service.</p>	Q1: St John representative attending Falls Coalition meetings.	✓	<p>ACC referral now goes through CCCN for triage and intervention. This will be updated in Health Pathways in quarter three.</p> <p>A Falls Coalition workshop was held, focused on rehabilitation and promoting improved pathways. The Live Stronger for Longer Dashboard was presented, generating discussion on areas of focus for improving access for Māori and improving falls pathways.</p>
	Q2: Review and integration of osteoporosis and falls prevention referral pathways complete.	↻	
	Q3: Māori focused community strength & balance class accredited.		
	Q3: NOF pathway embedded.		
<p>Encourage service providers to consider Māori health needs from 50+ to enable older Māori to maintain good health. (EOA)</p> <p>Engage the Māori Needs Assessor to complete InterRAI assessments to ensure an appropriate response for older Māori with complex health issues. (EOA)</p> <p>Employ a Clinical Nurse Specialist to embed and promote the early supported discharge service (FIRST) ensuring the screening and referral of older people to appropriate discharge options.</p>	Q2: InterRAI reporting framework in place and assessment rates tracked by ethnicity.	✓	<p>The DHB is working with through its Complex Clinical Care Network to implement the FIRST service and to identify a key resource to support and engage Maori with the service.</p>
	Q2: CNS appointed to support FIRST.	✗	
	Q3: Baseline established InterRAI assessments per 1,000 population.		
	Q4: Three people admitted to the FIRST service.		
<p>Analyse the 75+ cohort presenting at ED and investigate potential interventions.</p> <p>Analyse the 75+ cohort with repeat acute admissions and investigate potential interventions. (EOA)</p>	Q1: Analysis of ED and repeat acute admissions undertaken.	✓	<p>We have reviewed acute admissions from ED and are in the process of identifying areas where alternative community pathways could be used.</p>
	Q2: Strategies to address repeat cohort presentations and admission identified.	↻	
Key Performance Measures		Results	Comments
720 places available at accredited strengths and balance classes.		480	293 people have attended an approved class (year to Dec 2018).
Increased proportion of older Maori (with identified falls risk) referred to strengths and balance or falls prevention services.		Q4	
120 referrals made to the Falls Prevention Service.		Q4	35 referrals were made in Q2, on track to meet target.
95% of long-term Home Based Support Services clients have had an InterRAI assessment and have a completed care plan in place.		Q4	

Improving Systems

Strengthened Delivery of Public Health Services

NZHS Link - Value & High Performance

Status Report for 2018/19

Performance Reporting Link – SI16

Key Actions from the Annual Plan	Milestones	Status	Comments
Implement the planned/ unplanned care model, incorporating a new approach to the provision of after-hours and urgent and emergency care as the DHB transitions to the new Grey Hospital and develops its model of care in Westport. Work with the Ministry to ensure external contracting, reporting and funding mechanisms do not create artificial barriers or restrict development of the new model.	Q2: Communication plan for new planned/unplanned care pathways developed.		Planned and unplanned pathways have been implemented at Grey Medical and we continue to work on improving these and widening the coverage to provide the best possible service to our community.
	Q3: New model allows people to be seen and treated in the right place.		
	Q4: Primary care hours extended to provide greater access to care.		
Establish a centralised Hub for the delivery of assessment and coordination services to enhance the integration of services.	Q4: Centralised support service (that includes bookings and community assessments) in place.		
Realign resources to support implementation of the locality-based services model with three integrated health service spokes in Northern [Buller], Central [Grey] and Southern [Westland].	Q1: Northern integrated health service in place.	✓	Consultation is underway on the proposed realignment of leadership positions to support continued transformation of our system.
	Q4: Central and Southern integrated health services in place.		
Consider the provision of services currently under hospital management and explore how the DHB might better meet the needs of the population as part of the wider integrated service model.	Q1: Review of OT and Audiology Services completed.		The review of OT has been done and we are waiting for a final report to be provided. We have identified someone who has undertaken a similar exercise at CDHB to lead a review of the audiology service.
	Q1: Opportunities to provide greater access to residential dementia services explored.	✓	
Invest in the development of a rural generalist workforce model to enable the transformation of models of care and support the sustainability of our system. Design a communications and recruitment strategy that communicates the rural generalist model and attract professionals interested in this way of working.	Q1: Communications and recruitment strategy implemented.	✓	A Rural Generalist working group has been working with our recruitment and communications team to develop a communications plan focused around our rural generalist strategy. A recruitment workshop was held with a broad range of people attending to look at our future strategy. Out of this a plan has been developed and implementation is now underway. Significant work has also been undertaken to develop a Maori Workforce Strategy, including applying the Health Equity Assessment Tool to DHB recruitment processes.
	Q4: Rural education and training cluster implemented.		
	Q4: Pathways for development of rural medical generalists identified.		
	Q4: Extended scope roles in place.		

Disability Support Services

NZHS Link - One Team

Status Report for 2018/19

Performance Reporting Link – SI14

Key Actions from the Annual Plan	Milestones	Status	Comments
<p>Form a transalpine West Coast/Canterbury DHB Diversity Training Group to develop a diversity education framework.</p> <p>Engage the Disability Steering Group and Māori and Pacific leads to ensure content is consumer focused and culturally appropriate. (EOA)</p> <p>Engage subject matter experts to develop disability training modules, building on the e-learning work completed in 2017/18.</p> <p>Track uptake and feedback on modules as a means of evaluation.</p>	Q1: Diversity Training Group established.	✘	There has been a delay to starting this work due to an internal review of how Anytime Learning for CDHB and West Coast DHB managers and leaders will be delivered, including the use of HealthLearn.
	Q2: Diversity education framework approved.	✘	
	Q2: Development of training modules complete.	✘	
	Q3: Disability training modules launched on HealthLearn.		People and Capability, will review the timeline for content delivery in quarter three and confirm when content will be developed and deployed.
	Q4: Report on uptake of training modules.		
Key Performance Measures		Result	Comment
Percentage of staff completing disability training modules.		Q4	
Percentage of staff rating content positively.		Q4	

Shorter Stays in Emergency Departments

NZHS Link – Value and High Performance

Status Report for 2018/19

Performance Reporting Link - TBC

Key Actions from the Annual Plan	Milestones	Status	Comments
Implement a Short Stay Unit in the new Grey-base Hospital facility, to streamline and support the improved flow and observation of patients.	Q1: Criteria for short stay admission and discharge developed.	↻	This work is underway. Short stay criteria have been developed and workforce projections are completed however, implementation has been held-up due to ongoing delays with the new Grey Base Hospital build.
	Q2: Workforce requirements and FTE determined.	↻	
	Q3: Recruitment underway (timing dependent on new facility opening).		
	Q4: Unit operational.		
Establish a duty nurse (patient flow manager) manager role, within hours, to assist with patient flow and admission and discharge planning across the wards.	Q1 Role scoped and agreed.	↻	A proposal for change is currently being consulted on with a feedback process occurring during January 2019. Once this is complete the roles can be confirmed.
	Q2 Role recruited.	✘	
	Q3 Review of impact and focus.		
Map the journey for Maori across the rural health continuum (primary to secondary care) and determine areas of focus to improve earlier engagement. (EOA)	Q3: Journey Mapped.		
	Q4: Opportunities identified and prioritised.		
Key Performance Measures		Result	Comment
95% of patients are admitted, discharged, or transferred from ED within six hours.		96.5%	97.5% of Maori presenting were seen within timeframes.
<20% of patients are admitted to inpatient wards.		18.9%	580 patients were admitted in Q2.
<64% of presentations to Grey Base ED Reduction are triage level 4-5.		Q4	
>8/10 average for in-patient survey domain rate your experience of communications.		8.5	

Status Report for 2018/19

Performance Reporting Link – PP30

Key Actions from the Annual Plan	Milestones	Status	Comments
Use data/intelligence systems to monitor the 62-day and 31-day wait time targets and support discussions with specialties missing targets.	Q1: Quarterly monitoring of cancer wait times and analysis of any cases where there are delays.	✓	Monitoring of cancer wait time delays for individual patients is actively undertaken by West Coast DHB's Cancer Nurse Coordinator.
Undertake breach analysis for patients outside the 62-day target to assess emergent systemic issues that might need corrective action and identify opportunities to reduce process delays.	Q2: Improvements identified and implementation underway.	✓	Recommendations are made on making system improvements where appropriate; either directly to the service concerned or via the regional Cancer Clinical and Operational Leadership Group.
Work with the Southern Cancer Network to support regional initiatives and tumour stream pathway developments that improve equity of access for West Coast patients. (EOA)	Q3: Adopt learnings from the Southern Cancer Network equity assessment framework pilot.		
Engage locally in the regional Te Waipounamu Māori Cancer Pathway Project to support improved outcomes for West Coast Māori. (EOA)	Q2: Cancer Korero Booklet developed and disseminated.	↻	The Cancer Korero publication is in its final review before going to print. It is anticipated that this will be circulated in quarter three.
Adopt a collective approach to improving cervical and breast screening rates for Māori women.	Q4: Three cancer korero hui held to improve cancer health literacy amongst Māori whānau.		
	Q4: Cultural competency training and education package developed and presented to GP practices.		
Incorporate references and links to Kupe (the national prostate cancer decision support tool) into HealthPathways and HealthInfo to support men and their families to understand the risks and benefits of treatment, before having a prostate cancer check.	Q2: Kupe link on HealthPathways to support GPs to have conversations with their patients.	✓	Kupe links have been established.
	Q2: Kupe link on HealthInfo to support patients and their families to make informed decisions.	✓	
Continue to engage with and provide input into community initiatives that support people and their families following, cancer treatment.	Q2: Input and support provided to the Cancer Society (Living Well Programme) and Poutini Waiora for delivery of survivorship initiatives.	✓	The Living Well workshop planning has begun. Regional feedback sessions on end-of-treatment needs were attended by the DHB's Cancer Nurse Coordinator. The DHB's Cancer Nurse Coordinator also sits on the regional Clinical Governance and Operational Leadership Group.
Engage with the Southern Cancer Network to identify opportunities for the Coast arising from the regional engagement and survivorship initiative pilot.	Q2: Input into regional feedback sessions on end-of-treatment needs.	✓	
	Q4: Review of regional opportunities.		
Key Performance Measures		Result	Comment
90% 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 2 weeks.		70%*	Small numbers make achieving this target challenging with this result reflecting seven patients who were not seen within 62 days (in the six months to Dec 2018). *Results for Q2 are preliminary.
85% of patients receive their first cancer treatment (or other management) within 31 days of date of a decision-to-treat.		89%*	

Elective Services

NZHS Link - Value & High Performance

Status Report for 2018/19

Performance Reporting Link – PP45

Key Actions from the Annual Plan	Milestones	Status	Comments
Establish a clinical governance alliance to support a 'One Service' approach to orthopaedics across Canterbury and West Coast DHBs. (EOA)	Q2: Transalpine Orthopaedic clinical governance alliance established.	✗	Membership yet to be confirmed.
Invest in additional capacity in plastics to improve timely access to treatment. (EOA)	Q2: A Plastics Fellow is in place, as part of the transalpine plastics service.	↻	Several visits by the Plastics Fellow occurred during 2018. We are currently formalising this process.
Review current booking system processes to identify opportunities to improve the uptake of appointments and access to services.	Q1: DNA service level data used to identify initial areas of focus.	↻	A draft process is in place for the electronic delivery of patient appointments. Further work is required to test and agree the process and the areas of focus before this is complete.
Facilitate cross-system collaboration between booking teams and Poutini Waiora to identify solutions for better engaging with Māori. (EOA)	Q2: Electronic delivery of patient appointments enabled.	↻	
Develop criteria to help identify patients who would be suitable for telehealth clinics, to reduce their need to travel. (EOA)	Q3: Business case developed for software-based VC capability.	↻	
Work with the Ministry to develop consistent rules for counting telehealth events, to ensure activity is appropriately captured.	Q4: Telehealth criteria developed.		
Engage with Poutini Waiora to establish closer links with Māori patients at the pre-presentation and discharge phases to support people to attend appointments.	Q3: Process in place to offer Māori patients additional support through their elective patient journey.		The business case for VC software has been approved in principle, formal approval is anticipated in quarter three.
Deliver Tikanga Best Practice training to staff, to support patients to feel culturally comfortable with the care they are given.	Q4: Four Tikanga Best Practice sessions delivered.		
Key Performance Measures		Result	Comment
1,916 elective surgeries delivered.		104%	The West Coast DHB provided 822 elective surgical discharges to Nov 2018, higher than anticipated.
100% of people are seen for their First Specialist Assessment within four months (ESPI2).		79.7%	Additional visiting plastic surgery outpatient and surgical days are planned for early February to help address waiting time delays. (Results as are at Nov 2018)
100% of people receive treatment within four months of the commitment to treat (ESPI5).		92.7%	
Average elective length of hospital stay at or below 1.45 days.		1.20	
Outpatient DNAs and maintained at or below 6%.		7.5%	Progress with an electronic patient appointment system should help to reduce DNA rates.

Service Quality

NZHS Link - Value & High Performance

Status Report for 2018/19

Performance Reporting Link – SI17

Key Actions from the Annual Plan	Milestones	Status	Comments
Provide free seasonal flu vaccinations for people at higher risk including Māori over 65 years, pregnant women and people with a recent asthma related hospital admission. (EOA)	Q1: Analysis of Atlas indicators shared to support targeted actions for high need populations.	✓	Key actions identified and highlighted in the DHB's SLM Improvement Plan.
Engage Poutini Waiora to support practices struggling to reach their target population. (EOA)	Q2: Difference in coverage reporting between the NIR and general practice patient management system is clarified, to better target those who have not had a flu vaccination.	↻	Further work is needed to develop more accurate capture of flu vaccinations given across the primary settings. This work is being undertaken by the Immunisation Service Level Alliance.
Undertake analysis of Atlas indicators to identify opportunities to increase influenza vaccinations for target populations, after hospital admission.	Q4: 75% of the population 65+ have received a free influenza vaccine.		

Service Quality continued...

NZHS Link - Value & High Performance

Status Report for 2018/19

Performance Reporting Link – SI17

Key Actions from the Annual Plan	Milestones	Status	Comments
<p>Work with consumers and staff to co-design and articulate the role of a 'nominated or preferred' contact person.</p> <p>Work with consumers to develop material describing and clarifying the role.</p> <p>Develop an organisational change process, including training and materials for staff who collect patient details, to ensure a patient's nominated or preferred person is identified in the early stages of admission.</p>	Q1: Terminology agreed.	✓	<p>Material (clarifying the nominated person role) is being prepared and work is underway, however the work to update the procedures has been delayed as the staff involved have been focusing on the implementation of the new patient management system South Island PICS. We anticipate moving this forward in quarter three.</p>
	Q2: Procedure for contact details collection updated to include nominated contact person.	↻	
	Q3: Organisational change process confirmed and tested.		
	Q4: Change process approved and implemented.		
	Q4: >65% of inpatients felt 'staff included their family/whānau or someone close to them in discussion about their care'.		

Climate Change

NZHS Link - Value & High Performance

Status Report for 2018/19

Performance Reporting Link – PP40

Key Actions from the Annual Plan	Milestones	Status	Comments
<p>Link into the Canterbury Sustainability Governance Group (SGG) to support development of a Sustainability Strategy.</p>	Q2: West Coast Sustainability Champions Identified.	↻	<p>A Sustainability Governance Group (SGG) has been established and discussions are underway to identify the most appropriate WC staff member to participate. The SGG will have a West Coast member when it meets in Q3.</p>
	Q2: Links into CDHB Sustainability Governance Group established.	↻	
<p>Establish energy monitoring (using Energypro software) to build up a history of energy use and identify opportunities for improvement.</p>	Q1: Energypro monitoring in place.	✓	<p>The system has been introduced and in time will enable accurate data gathering and planning.</p>
<p>Review current inter-hospital truck transport service to identify opportunities to reduce mileage and use of fossil fuels.</p>	Q2: Truck transport review complete and opportunities identified.	✗	<p>Due to capacity constraints this transport review has been delayed until 2019/20. We expect transport kilometres will not reduce this year.</p>
	Q4: Reduction in internal truck transport kilometres by 33%.	✗	
<p>Undertake a stocktake of current initiatives being delivered to mitigate or adapt to the effects of climate change.</p>	Q2: Stocktake of current actions completed.	✓	<p>Stocktake complete and submitted to the Ministry of Health.</p>
<p>With support from Canterbury DHB, seek to introduce the CEMARS and Energy-Mark accreditation programmes.</p>	Q4: CEMARS and Energy-Mark accreditation programmes introduced.	↻	<p>We are working with CDHB to investigate support for improved energy-management systems.</p>

Waste Disposal

NZHS Link - Value & High Performance

Status Report for 2018/19

Performance Reporting Link – PP41

Key Actions from the Annual Plan	Milestones	Status	Comments
<p>Distribute materials to pharmacies for educating patients about returning unused and expired medicines and used sharps.</p>	Q1: Educational materials distributed to pharmacies.	✗	<p>Distribution delayed. To be completed in quarter four.</p>
<p>Undertake a stocktake on current disposal processes for each category of waste to identify opportunities for improving waste disposal arrangements.</p>	Q2: Stocktake report completed and submitted to the Ministry of Health.	✓	

TO: Chair and Members
West Coast Advisory Committee

SOURCE: Alliance Leadership Team

DATE: 15 February 2019

Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
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1. ORIGIN OF THE REPORT

This report is a standing agenda item, highlighting the progress made by the West Coast Alliance.

2. RECOMMENDATION

That the Committee;

- i. Notes the Alliance Update.

3. SUMMARY

Progress of Note:

Alliance Leadership Team (ALT)

At their meeting in November the Alliance Leadership Team (ALT):

- Endorsed the amended Oral Health Service Development Group Terms of Reference and Workplan subject to agreed changes, including the inclusion of an ALT co-sponsor and member on the group.
- Noted the Hui between the South Island Alliance Strategic Planning and Integration Team (SPaIT) office and regional Alliances to discuss how to better communicate and integrate the planning process.
- Agreed to write a letter of support for a research proposal to investigate the impact of Alliancing across New Zealand
- Highlighted the importance of Dementia work across the whole health system and supports the work being done in this space

At their last meeting in December the Alliance Leadership Team (ALT):

- Was advised of the proposals for change that are currently being considered by DHB staff and were invited to feedback.
- Began the process of Annual Planning for 2019/20 by reviewing current National priorities and reconsidering local priorities as well as providing guidance to the workstreams.
- In looking at local priorities the ALT have added “Improved access to services” and “Recruitment & Retention” to the Enablers as well as highlighting the need to “Engage with our communities”.

- The ALT has reviewed the current workstreams and will continue to review these to ensure the right groups and people are given the responsibility to drive the changes.
- The ALT extended their thanks to Karyn Bousfield for her service to the DHB and her contribution to the work of the Alliance and this Leadership Team.

System Level Measures Framework Improvement Plan 2018/19

The ALT reviewed the progress report against this plan for Quarter 1 and were pleased to note the actions were mostly on track. Quarter 2 progress will be reviewed at the meeting in February.

Recruitment of Independent Alliance Chairperson

Recruitment efforts so far have proved unsuccessful, however the ALT remain committed to appointing an independent person to this role.

Report prepared by:	Jenni Stephenson, Planning & Funding
Report approved for release by:	Cheryl Brunton, Acting Chair, Alliance Leadership Team

TO: Chair and Members
West Coast Advisory Committee

SOURCE: General Manager, Maori Health

DATE: 15 February 2019

Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
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1. ORIGIN OF THE REPORT

This report is provided to West Coast Advisory Committee as a regular update.

2. RECOMMENDATION

That the Committee:
i notes the Maori Health Update.

3. DISCUSSION

Maori Health Quarterly Report – Q2, 2018/19

Takarangi Cultural Competency – West Coast

Planning is underway for the 2019 year. At this stage we will deliver a Takarangi hui mid year. A lot of work is still taking place to support current participants through their portfolios.

Poutini Waiora

Poutini Waiora continue to work proactively and deliver innovative approaches to improving access for Maori across the spectrum such as; spirometry clinics, sit and be fit, diabetes, mental health, delivering Hauora checks to corrections programme participants.

Te Ara Mate Pukupuku Ki Te Waipounamu – Improving the Cancer Pathway for Maori

Planning is underway to deliver a series of 'Kia ora – E te iwi – Maori Cancer Support Programme across the rohe. They will be held in Grey, Westland and Buller and will focus on;

- What is cancer?
- Personal reactions
- Nutrition and diet
- Support and services
- Where to from here?

Oral Health Planning

A hui will be held this month to better understand the current system and identify what is working well, what are the gaps in service coverage and what are the opportunities on the West Coast to improve, access and pathways. Equity of access for Maori will be a focus at these hui.

Smoking Cessation

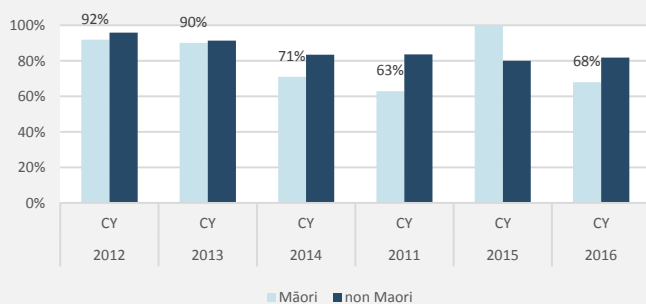
A revised Maori cessation plan is being developed and will focus on being bold, innovative and brave in our approaches to Maori cessation. We are working closely with Oranga Ha on developing a whanau/group approach to cessation.

Tamariki Health and Wellbeing

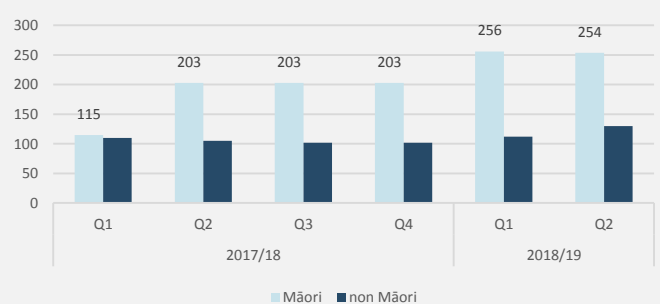


Adult Health and Wellbeing

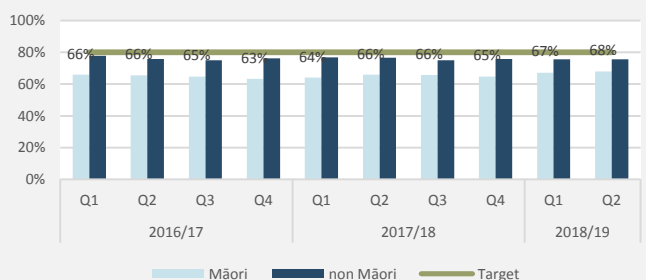
SMOKING
% of women smokefree at two weeks postnatal



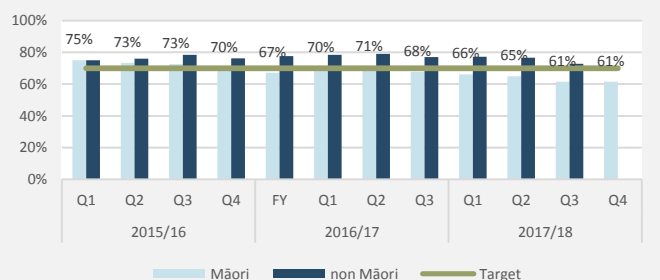
MENTAL HEALTH
Community Treatment Orders Rate per 100 000 people



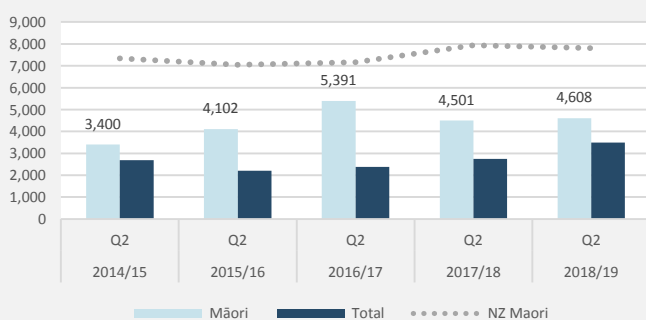
CANCER
% of eligible women aged 25-69 years who had a cervical screen in the previous three years



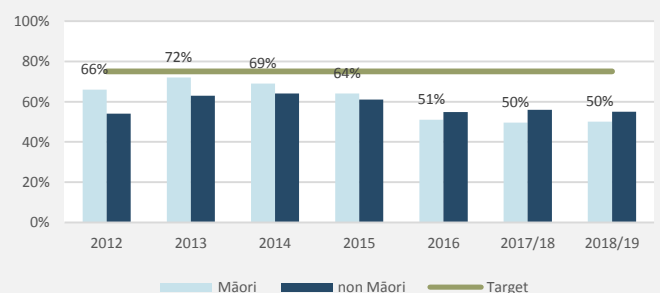
CANCER
% of eligible women aged 50-69 years who had a breast screen in the previous two years



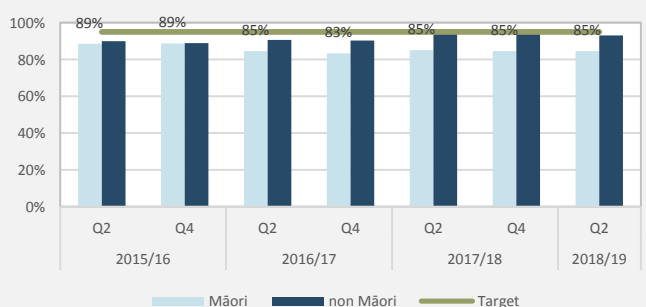
EARLY INTERVENTION
ASH rate per 100 000 people - Adults 45-64 years old



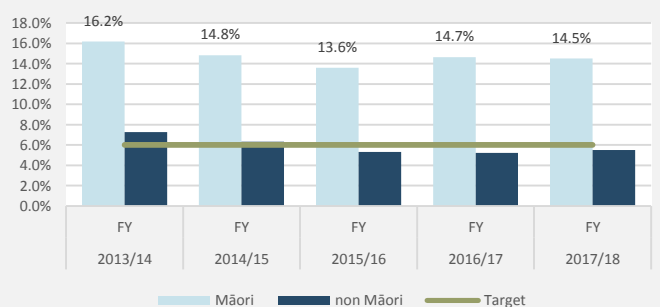
IMMUNISATION - INFLUENZA
% of population (65+ years) who have had a seasonal influenza vaccination



ENGAGEMENT
% of the population enrolled with a PHO



NON ATTENDANCE
% of Did Not Attend responses to outpatient appointments



TO: Chair and Members
West Coast Advisory Committee

SOURCE: General Manager, West Coast DHB

DATE: 15 February 2019

Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
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1. ORIGIN OF THE REPORT

This is a standing report to the West Coast District Health Board Hospital Advisory Committee. It outlines progress in relation to service delivery across the District Health Board's Provider Arm.

2. RECOMMENDATION

That the West Coast Advisory Committee:

- i. notes the Operational Update.

3. SUMMARY

This report is intended to:

- provide greater insights into the nature and flow of activity in, and through, the secondary care component of the West Coast health system;
- reflect a patient-centric view of services, being the 'patient journey' through the system; and
- provide greater clarity of, and focus on, key metrics.

The report is broken into six sections: 4.1 - Activity, 4.2 - Workforce Updates, 4.3 - Patient, 4.4 - Health Targets, 4.5 - Quality, 4.6 - Specific Requests [when applicable]. Further changes to graphics and content will occur as well, including the graphic representation of primary care in the acute patient's journey.

The following are the most notable features of the report:

- Wait times continue to be challenging with Westport at 11 days, Grey at 5 days and Reefton at 6 days for a routine appointment. While people can be seen on the day for an urgent appointment the teams continue to work towards more planned appointments to bring wait times down to our target of 2 days.
- Our Grey based Diabetes Nurse Specialist has achieved Nurse Prescribing rights which will allow the team to provide improved services to our community, in collaboration with our SO's and General Practice.
- The first of our new graduate Physiotherapists has commenced work and we look forward to welcoming two more in coming months. We have also welcomed our dedicated Community Rehabilitation Service Physiotherapist this month.

4. **DISCUSSION**

4.1 Activity

Volumes

This Provider Arm Report includes base service level agreement volumes against delivery for the first half of the 2018-19 financial year (excluding ACC-funded activity).

Inpatient Volumes

Case-weighted discharge [CWD] throughput from Grey Base Hospital is down marginally by just 1.7% from the overall anticipated volume for the six months to 31 December 2018. CWD throughput in surgical specialties was down from anticipated volumes, with fewer acute orthopaedic, general surgery and elective gynaecology CWDs. This was largely offset by higher CWD throughputs in ophthalmology and in general medical and paediatric medical specialty services.

The split between acute and electives were as follows:

CASE WEIGHTS [CWD]	ANTICIPATED YTD	ACTUAL YTD	VARIANCE	% VARIATION
Surgical				
Acute	560.55	398.06	-162.49	-29.0%
Elective	616.38	491.11	-125.27	-20.3%
Sub-Total Surgical:	1,176.92	889.17	-287.75	-24.4%
Medical				
Acute	696.06	951.88	255.83	36.7%
Elective	0.00	0.00	0.00	0%
Sub-Total Medical:	696.06	951.88	255.83	36.7%
TOTALS:	1842.98	1841.05	-31.93	-1.7%

Outpatient Volumes

Provider Arm outpatient delivery for specialist surgical and medical services was down overall from anticipated volumes during the first half of the 2018/19 financial year. Among individual specialties, there have been fewer than anticipated locally-delivered outpatient attendances in the specialties of orthopaedics, general surgery, ENT, plastics, general medicine, dermatology and follow-up rheumatology. First and follow-up attendances are up in ophthalmology, neurology and cardiology, with most other specialties currently tracking to around anticipated volume.

The overall split between first and subsequent outpatient visits during the year were as follows:

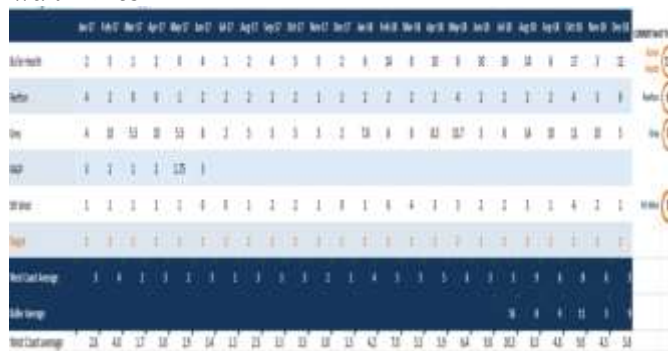
ATTENDANCES	ANTICIPATED YTD	ACTUAL YTD	VARIANCE	% VARIATION
Surgical				
1 st Visit	1,788	1,463	-325	-18.1%
Sub. Visit	2,735	2,148	-587	-21.5%
Sub-Total Surgical:	4,523	3,611	-912	-20.1%
Medical				
1 st Visit	872	719	-153	-17.5%
Sub. Visit	1,923	1,631	-292	-15.2 %
Sub-Total Medical:	2,795	2350	-445	-15.9%
TOTALS:	7318	5961	-1357	-18.5%

Outpatient Clinic DNA Rates

Month	Total number of patients booked	Number of patients attended clinics	Number of patients did not attend [DNA]	Percentage of patients did not attend [DNA]
December 2017	1273	1190	83	6.52%
January 2018	1458	1329	129	8.85%
February 2018	1578	1346	117	7.41%
March 2018	1545	1306	108	6.99%
April 2018	1721	1621	100	5.81%
May 2018	1839	1714	125	6.80%
June 2018	1743	1634	109	6.25%
July 2018	1536	1408	128	8.33%
August 2018	1621	1500	121	7.46%
September 2018	1566	1437	129	8.24%
October 2018	1637	1485	152	9.29%
November 2018	1644	1522	122	7.42%
December 2018	1155	1061	94	8.14%
13 month rolling totals	20316	18553	1517	7.47% Average

Primary Care

Wait Times



MoH System Level Measures

	Smoking Status recorded 90%	CVRA 90%	Brief Advice Given 90%	NCSP Cervical Smear 80%	NIR IMM 8mths 95%	Flu >65yr High needs 65%
Buller	99	84	83	68	75	54
Reefton	99	85	86	65	75	58
Grey Medical	99	88	98	71	74	58
South Westland	99	90.3	88	75	100	56

- Wait times continue to be challenging with Westport at 11 days, Grey at 5 days and Reefton at 6 days for a routine appointment. While people can be seen on the day for an urgent appointment the teams continue to work towards more planned appointments to bring wait times down to our target of 2 days.
- Patient Portal options will be increased to give patient access to results through the system as part of our project of enabling communities to do more online, including booking appointments.

Community

- In Greymouth our Public Health Nurses have joined the Grey Medical team to progress with our new model of care and look for opportunities where both the teams can support each other.
- The Grey Clinical Nurse Specialist team hosted Poutini Waiora staff to share kai and have a discussion around how the teams can work more closely to improve patient outcomes.
- Our District Nurses are working with the inpatient team to look at discharge planning and reviewing the “meet and greet” work they have been doing within the wards. This has been undertaken in conjunction with the IDEAL work in the wards.
- Our Grey based Diabetes Nurse Specialist has achieved Nurse Prescribing rights which will allow the team to provide improved services to our community, in collaboration with our SO's and General Practice.

4.2 Workforce Update

Rural Generalist Workforce Strategy

The rural generalist project changes are slowly being operationalised and additional work is being undertaken on further opportunities to embed the culture and philosophy of the generalist into the medical workforce – this was the focus of the SMO engagement day held on 26 November 2018. Interest in SMO vacancies is sporadic but in the RHM/Generalist space several trainees completing their qualifications wish to return as SMOs.

Nursing

- Culture and Communication – Inpatient wards are working on establishing a care plan that is easy to work with, has a purpose and provides the evidence of patient involvement. The final version was put in place in January for Grey and Buller. A Nursing Operation Centre is in the old educator's area in preparation for CCDM (this is a requirement of CCDM). Electronic boards won't be available until we are in the new facility but paper rosters will be obsolete by the beginning of February.
- Processes and Documentation – Two proposals for change have gone out for consultation; one is for a DNM position through the day, the other is for a ventilator/trauma call roster. This will give nurses the ability to step up into a more senior role but also supports those staff who have been trying to cover on-call rosters for ventilated patients with very few people. It also supports colleagues in the emergency department when they have a multi-trauma.
- Workforce – A significant amount of staff were deployed out to other areas (trending up) which shows the embedding of the generalist workforce and a caring culture within Grey Base.
- Clinical – Overall, hospital occupancy for December was 70%. CCU was up 4% whilst Foote ward was up 7%. Barclay and Morice wards decreased for the month of December. Maternity's occupancy has been inconsistent with the rest of the country due to the way we were collecting occupancy data. This has been corrected with the new upgrade to Trendcare, so from January on we will have reliable data from this area.

Medical

- We have had two applications for surgical work, but this is yet to result in an appointment.
- Elective services continue to perform strongly with current production sitting at 104% which positions us well for the new year and migration to the new facility. Access issues for

orthopaedics continue and recent developments have meant that the regional bariatric pathway has stopped taking referrals. There have been recent changes to the access threshold for cataract surgery although WCDHB is still one of the lowest in the country.

- A secondment into the medical staffing team has occurred to better support general practice with their locum recruitment.
- Another generalist has joined the team working across the hospital and general practice.

Maternity

- Over December and January, we had 33 births at Grey Hospital and 1 birth at Kawatiri. From a total of 34 births, 21 were normal vaginal births, 1 instrumental birth and 12 births by caesarean section (6 emergency and 6 elective).
- McBrearty maternity ward and Kawatiri birthing unit both achieved BFHI (Baby Friendly Hospital Initiative) accreditation. Kawatiri received a Koru statue for their consecutive fourth BFHI accreditation.
- On 4 December, McBrearty received a \$20,000 donation from Countdown. With this donation we are getting a transcutaneous bilirubinometer; 3 new baby cots; 2 suturing stools; a birthing stool; a new-born emergency trolley and a camera and printer to give memories to parents who have lost their baby.
- On 7 December we celebrated the safe sleep day with a display at the entrance of McBrearty ward.
- On 22 November we facilitated a workshop where we presented our improved maternity data collection; the outcome of emergency caesarean sections group discussions and also the outcome of Safety1st group discussions and debriefs. We had a total of 15 participants (LMC midwives and core staff).
- South Westland now has 2 LMC midwives and the re-adjusted model of care of having Rural Nurses and the SMO Rural Generalist doing some of the post-natal and ante-natal appointments is working very well. South Westland women/families and health professionals involved with the re-adjusted model are confident and satisfied with the care provided.
- In December, the Maternity Quality Coordinator, the CMM and the Director of Midwifery participated in “road shows” in Reefton, Westport, Hokitika, Franz Josef and Greymouth listening to feedback from women/families about the care they received during pregnancy, childbirth and post-natal. The feedback collected during the road shows will be presented at the West Coast Maternity Strategy Hui on 22 February. A second goal to achieve from the road shows is to create a consumers committee group.

Allied Health

- We are continuing to work with the funding arm to develop a robust audiology service within the district. Challenges include small numbers in various cohorts and limited regional resource particularly with paediatric audiologists.
- The first of our new graduate Physiotherapists has commenced work and we look forward to welcoming two more in coming months. We have also welcomed our dedicated Community Rehabilitation Service Physiotherapist this month.
- Recruitment remains ongoing for Radiology, Psychology and Occupational Therapy across Hospital Services, Mental Health and Primary & Community teams.
- The transalpine Allied Health leaders continue to develop our RUFUS (rurally focused urban specialist) model of service delivery for all of our Child Development services. This means

that experienced clinicians, both from CDHB and from WCDHB, can support their transalpine colleagues to deliver the specialist care required for this high needs client group.

- The transalpine Allied Health leaders are also reviewing proposals for new graduate programmes that provide opportunities for therapists to work across the various campuses at CDHB and the WCDHB. The aim is to have these rotational programmes defined and ready for implementation at the beginning of 2020.
- Work is progressing on the ePharmacy programme that will align the electronic medication management systems with the South Island regional plan. This piece of work is crucial due to the current system Windose no longer being supported technically as of December 2019.

Recruitment

New Vacancies*	0
Total Open Vacancies	38
Appointed Vacancies	21

- **New Vacancies have been taken as brand new positions, not replacements.*
- *Nursing* – NETP intake starting this month will relieve some pressure from departments; we have had a good response to our current nursing advertisements but vacancies still occur especially in the Buller region.
- *Allied Health* – small number of vacancies within allied at this stage, as a number of placements were made late last year.
- *Corporate* – successful recruitment continues to occur in this area and a number of high level vacancies are receiving good applicants.
- *Medical* – continued challenges in GP recruitment and strong competition occurs with private practice. A number of applications from SMOs who are unable to gain registration in NZ.

4.3 Patient

Patient Transfers

- The number of tertiary patient transfers from Grey Base and Buller Hospitals increased from 40 in September to 58 in October. The majority of transfers in both September and October were for medical and surgical patients, with the principal methods of transportation being via ambulance in September and via ambulance and pressurised aircraft in October.
- The main reason for the transfers in July and August was for ‘Specialty Care not available at Grey Base Hospital’.
- For patients transferred from Buller to Grey Base, the numbers increased from 22 in September to 28 in October. The majority of the transfers in September were for medical patients and in October were for medical and surgical patients. These were transported to Grey Base predominantly via helicopter in both September and October.
- Patient transfers remained steady from Reefton to Grey Base with four in both September and October. These were transported predominantly via private vehicle.

4.4 Health Targets

West Coast DHB national performance measures report

Quarter 2 2018/19: October - December 2018



What are the national performance targets?

This report presents current performance against the national performance measures formerly referred to as national health targets. A new set of high-level measures are being developed, however these have not been released to DHBs.

These measures still reflect Canterbury's performance in a range of significant public and government interest and continue to be tracked by the Ministry as part of the DHB's quarterly performance reporting suite. The targets remain in place until the new high-level measures set is released. We will continue to present performance across these priority areas. Three of the measures focus on patient access and three focus on prevention.

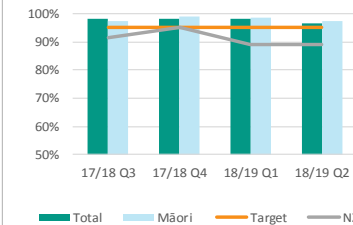


Shorter stays in ED

97%



Patients admitted, discharged or transferred ED within six hours. Target: 90%



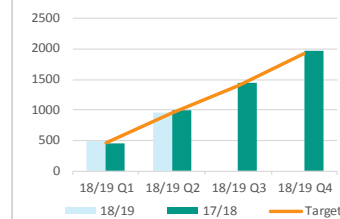
The West Coast continues to achieve the national ED target, with 97% of patients admitted, discharged or transferred from ED within 6 hours during quarter two.

Improved access to elective surgery

102%



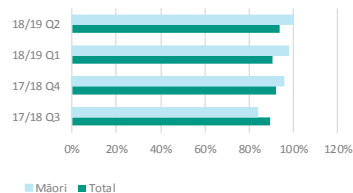
Patients receiving planned surgery Year-end target: 1,916



The West Coast DHB provided 963 elective surgical discharges, higher than anticipated, delivering 102% of planned discharges for quarter two.

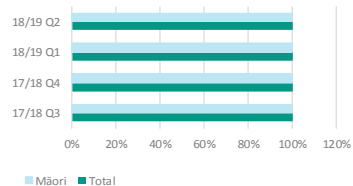
Supplementary indicators

Better help for smokers to quit: secondary smoking



This measure reflects patients in our hospitals, identified as smokers, being offered advice and help to quit smoking.

Better help for smokers to quit: maternity smoking



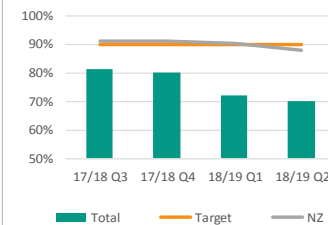
The Ministry sources this data for DHBs from the national Maternity Data Set. It should be noted that the source of the data only represents around 80% of all pregnancies nationally and the measure is still considered developmental. Results are provided for information only.

Faster cancer treatment

70%



Patients getting their first cancer treatment within 62 days. Target: 90%



This quarter 70% of patients received treatment on time. Small numbers are challenging with this result reflecting only seven patients who were not seen within the 62 day period.

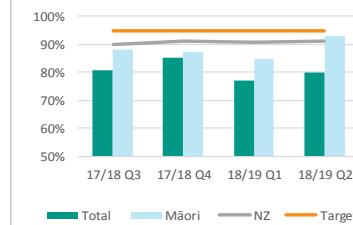
A breach analysis is underway and every non-compliant case individually followed up. Most non-compliant cases are physically, psychologically, or diagnostically challenging.

Increased immunisation

80%



Eight-month-olds fully immunised Target: 95%



Three children were missed this quarter, a drop in performance compared to last quarter.

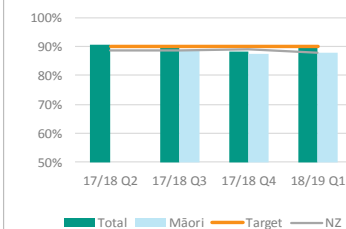
Overall, 96% of eligible (consenting) 8-month-olds were fully immunised. Strong results were achieved for Asian (100%) children.

Better help for smokers to quit

90%



Patients in the community who smoke are offered help to quit. Target: 90%



West Coast health practitioners have reported giving 4,669 smokers cessation advice in the 15 months ending December 2018. This represents 89.8% of smokers against the 90% target.

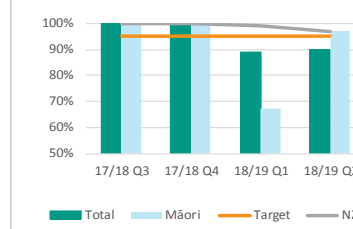
88.4% of Māori and 83.3% of our Pacific populations were given brief advice to quit smoking.

Raising healthy kids

90%



Children with obesity referred for support Target: 95%



During quarter one, 21 children were identified as obese and offered referrals for support. Fourteen of these were an acknowledged referral with one child already under care. Four declined a referral.

Two children were referred but acknowledgement was received outside of the 30 day target. Work with the primary practices will continue to highlight the importance of acknowledging referrals in a timely way.

Elective Services Patient Indicators [ESPI Compliance]

ESPI 2 FSA (First Specialist Assessment)

There were 202 patients waiting over 120 days for their outpatient First Specialist Assessment as of the end of November 2018. Of these, 157 were orthopaedic cases, with plastics and respiratory making up a further 37 and 8 cases respectively. Both the West Coast and Canterbury DHB orthopaedic services continue to face similar non-compliance issues due to service constraints. Additional visiting plastic surgery outpatient and surgical days are planned for early February to help address waiting time delays for patients.

ESPI 5 (Treatment)

Nineteen patients were waiting over 120 days from FSA to surgical treatment as at the end of November 2018. An influx of patients referred to plastic surgery with high suspicion of cancer and of other urgent cases has meant those of lower priority have had extended wait times in that particular specialty. Additional plastic surgery and outpatient sessions are being planned for February 2019 to address the back-log and keep pace with the increased demand. Other patients who were waiting on other lists have since been treated, apart from a couple who either deferred surgery at their own request or had surgery delayed due to concurrent medical illness.

MoH Elective Services Online

Summary of Patient Flow Indicator (ESPI) results for each DHB

DHB Name: West Coast

	2017			2018			2018			2018			2018			2018			2018			2018			2018			2018			2018			2018		
	Dec			Jan			Feb			Mar			Apr			May			Jun			Jul			Aug			Sep			Oct			Nov		
	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.	Level	Status %	Imp. Req.			
1. DHB services that appropriately acknowledge and process patient referrals within required timeframe.	18 of 18	100.0%	0	18 of 18	100.0%	0	14 of 14	100.0%	0	18 of 18	100.0%	0	18 of 18	100.0%	0	18 of 18	100.0%	0	18 of 18	100.0%	0	18 of 18	100.0%	0	18 of 18	100.0%	0	18 of 18	100.0%	0	17 of 17	100.0%	0	18 of 18	100.0%	0
2. Patients waiting longer than the required timeframe for their first specialist assessment (FSA).	99	10.6%	-99	109	11.1%	-109	122	12.2%	-122	138	12.8%	-138	152	14.0%	-152	143	13.6%	-143	145	12.3%	-145	183	18.3%	-183	199	17.4%	-199	181	17.1%	-181	215	21.3%	-215	202	20.3%	-202
3. Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (ATT).	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	0	0.0%	0	1	0.1%	-1	0	0.0%	0	0	0.0%	0	0	0.0%	0
5. Patients given a commitment to treatment but not treated within the required timeframe.	1	0.5%	-1	3	1.5%	-3	3	1.5%	-3	9	4.4%	-9	12	6.9%	-12	14	7.9%	-14	7	3.4%	-7	8	2.3%	-8	7	2.9%	-7	9	3.6%	-9	16	6.9%	-16	19	7.3%	-19
8. Patients in active review who have not received a clinical assessment within the last six months.	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	X	0	0	0.0%	0	0	X	0	0	X	0	0	X	0
8. The proportion of patients who were prioritised using approved nationally recognised processes or tools.	143	100.0%	0	125	100.0%	0	117	100.0%	0	134	100.0%	0	129	100.0%	0	110	100.0%	0	213	100.0%	0	180	100.0%	0	131	100.0%	0	132	100.0%	0	153	100.0%	0	141	100.0%	0

Data Warehouse Refresh Date: 04/Jan/2019

Report Run Date: 07/Jan/2019

Notes:

- Before July 2015 the required timeframe for ESPI 1 is 10 working days, and from July 2015 the required timeframe for ESPI 1 is 15 calendar days.
- Before July 2013 the required timeframe for ESPI 2 and ESPI 5 is 6 months, between July 2013 and December 2014 the required timeframe for ESPI 2 and ESPI 5 is 5 months and from January 2015 the required timeframe for ESPI 2 and ESPI 5 is 4 months.
- ESPI results do not include non-elective patients, or elective patients awaiting planned, staged or surveillance procedures. Medical specialities are currently included in ESPI 1, ESPI 2 and ESPI 5 but excluded from other ESPIs.
- Before July 2016 ESPI 1 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less. DHB Level 'Non-compliant Red' status for ESPI 1 is temporarily removed from the 2016/17 year so from July 2016 ESPI 1 will be Green if 100%, and Yellow if 90% or higher.
- ESPI 2 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.39%, and Red if 0.4% or higher.
- ESPI 3 will be Green if 0 patients, Yellow if greater than 0 patients and less than 4.99%, and Red if 5% or higher.
- ESPI 5 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.99%, and Red if 1% or higher.
- ESPI 6 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 14.99%, and Red if 15% or higher.
- ESPI 8 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if 90% or less.
- From 01 July 2015 the ESPI 8 calculation changed from the tools that were used to prioritise patients who exited during the month to the tools used to prioritise patients during the month.

Please contact the Ministry of Health's Electives team if you have any queries about ESPIs elective_services@moh.govt.nz.

4.5 Quality

Hospital Services Incidents recorded in Safety1st for the 12 months to December 2018



GREY / WESTLAND													
Grey Base & Reefton Hospitals	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Behaviour & Safety	0	0	0	1	0	0	0	2	1	1	0	0	
Blood Product	0	0	0	1	0	0	0	0	0	0	0	1	
Drain and Tube	0	0	1	0	0	0	0	0	0	0	0	1	
Employee	2	3	1	3	5	2	1	3	2	3	2	1	
Facilities, Building & Property	2	0	0	0	0	0	2	0	2	1	1	1	
Fall	5	6	8	6	3	12	8	10	11	3	1	5	
Hazard Register	0	0	0	0	0	0	0	0	0	0	0	0	
Infection	0	1	1	1	0	0	0	0	0	1	1	0	
Intravascular Access Device	0	0	0	0	0	0	1	0	0	1	0	0	
Labs / Specimen	1	5	9	6	2	3	4	8	6	6	6	6	
Labour and delivery	1	1	3	4	2	3	0	1	4	2	0	1	
Medication and IV Fluids	2	4	3	12	9	5	5	1	3	3	4	5	
Provision of Care	1	6	3	5	5	6	6	9	13	5	8	4	
Radiology	0	3	5	1	2	0	0	7	4	1	0	1	
Restraint	0	1	0	0	0	0	0	0	0	1	0	0	
Security	0	1	0	2	2	1	1	2	0	1	1	0	
Skin / tissue	1	0	4	1	1	1	0	1	2	2	1	0	
Totals	15	31	38	43	31	33	28	44	48	31	25	26	

Report prepared by:

Philip Wheble, General Manager West Coast DHB

DRAFT 2019 WORKPLAN FOR WEST COAST ADVISORY COMMITTEE (WORKING DOCUMENT)



	15 February	29 March	10 May	28 June	9 August	27 September	1 November
STANDING ITEMS	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items		Karakia Interests Register Confirmation of Minutes Carried Forward Items
REPORTS	Community & Public Health Update Planning & Funding Update Alliance Update Maori Health Update Operational Update Committee Work Plan	Community & Public Health Update Alliance Update Operational Update	Community & Public Health Update Planning & Funding Update Alliance Update Maori Health Update Operational Update	Community & Public Health Update Alliance Update Operational Update	Community & Public Health Update Planning & Funding Update Alliance Update Maori Health Update Operational Update		Community & Public Health Dashboards Planning & Funding Update Alliance Update Maori Health Update Operational Update
PRESENTATIONS	Oral Health	Ageing Well on the West Coast Service Integration	Child & Youth Wellbeing	Strengthening the Delivery of Public Health Services Service Integration	Maori Health		Mental Health
DISABILITY REPORTING	Disability Support Services Newsletter	Disability Action Plan Update	Disability Support Services Newsletter		Disability Support Services Newsletter		Disability Support Services Newsletter
INFORMATION ITEMS	2019 Schedule of Meetings	Committee Work Plan 2019 Schedule of Meetings	Committee Work Plan 2019 Schedule of Meetings	Committee Work Plan 2019 Schedule of Meetings	Committee Work Plan 2019 Schedule of Meetings		Committee Work Plan 2019 Schedule of Meetings

WEST COAST DHB – MEETING SCHEDULE

FEBRUARY – DECEMBER 2019

DATE	MEETING	TIME	VENUE
Thursday 7 February 2019	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 15 February 2019	Advisory Committee Meeting	10.00am	St John, Water Walk Rd, Greymouth
Friday 15 February 2019	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Friday 29 March 2019	Advisory Committee Meeting	10.00am	St John, Water Walk Rd, Greymouth
Friday 29 March 2019	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 2 May 2019 (in place of ANZAC Day)	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 10 May 2019	Advisory Committee Meeting	10.00am	St John, Water Walk Rd, Greymouth
Friday 10 May 2019	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Tuesday 18 June 2019	Special QFARC Teleconference	2.30pm	Boardroom, Corporate Office
Friday 28 June 2019	Advisory Committee Meeting	10.00am	St John, Water Walk Rd, Greymouth
Friday 28 June 2019	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 25 July 2019	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 9 August 2019	Advisory Committee Meeting	10.00am	St John, Water Walk Rd, Greymouth
Friday 9 August 2019	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Friday 27 September 2019	Advisory Committee Meeting	10.00am	St John, Water Walk Rd, Greymouth
Friday 27 September 2019	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 24 October 2019	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 1 November 2019	Advisory Committee Meeting	10.00am	St John, Water Walk Rd, Greymouth
Friday 1 November 2019	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 28 November 2019	QFARC Teleconference (if required)	1.30pm	Boardroom, Corporate Office
Friday 13 December 2019	BOARD MEETING	10.00am	St John, Water Walk Rd, Greymouth

The above dates and venues are subject to change. Any changes will be publicly notified.