West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING

11 OCTOBER 2012

AGENDA AND MEETING PAPERS

All information contained in these committee papers is subject to change

KARAKIA

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

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.

COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEMBERS' INTERESTS REGISTER

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

COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE REGISTER OF MEMBERS' CONFLICTS/INTEREST

(As disclosed on appointment to the Board/Committee and updated from time-to time, as necessary)

Member	Disclosure of Interest
CHAIR Elinor Stratford **(Board Member)**	• Clinical Governance Committee, West Coast Primary Health Organisation • Committee member, Active West Coast • Chairperson, West Coast Sub-branch-Canterbury Neonatal Trust • Deputy Chair of Victim Support, Greymouth • Committee Member, Abbeyfield Greymouth Incorporated • Trustee, Canterbury Neonatal Trust • Board's Representative on Tatau Pounamu • Committee Member of C.A.R.E. • Committee Member of MS/Parkinson West Coast • Member of sub-Committee for Stroke Conference
DEPUTY CHAIR Kevin Brown **(Board Member)**	• Councillor, Grey District Council • Trustee, West Coast Electric Power Trust • Wife is a Pharmacy Assistant at Grey Base Hospital • Member of CCS • Co Patron and Member of West Coast Diabetes • Trustee, West Coast Juvenile Diabetes Association
Cheryl Brunton	• 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
John Ayling	• Chair of West Coast Primary Health Organisation • Chair of Access Home Health, a subsidiary of Rural Women New Zealand which has a contract with the West Coast District Health Board • Shareholder/Director in Split Ridge Associates Limited (which provides services to the disability sector).
John Vaile **(Board Member)**	• Director, Vaile Hardware Limited
Lynnette Beirne	• President West Coast Stroke Group Incorporated • Member South Island Regional Stroke Foundation Committee • Partner in Chez Beirne (provider of catering and home stay services for the West Coast District Health Board and West Coast Primary Health Organisation) • Contract for the Café and Catering at Tai Poutini • Daughter employed as nurse for WCDHB
Marie Mahuika-Forsyth	• Promoter for Healthy Eating Healthy Action (20 hours per week) • Executive Member of Makaawhio

Member	Disclosure of Interest
	• Member of Tatau Pounamu
Mary Molloy **(Board Member)**	• Director - Molloy Farms South Westland Ltd • Trustee - L.B. & M.E Molloy Family Trust • Spokes woman - Farmers Against Ten Eighty • Executive member - Wildlands Biodiversity Management Group Incorporated • Deputy Chair of West Coast Community Trust
Robyn Moore	• Family member is the Clinical Nurse Manager of Accident and Emergency • Member of the West Coast Clinical Board

MINUTES OF THE COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE held in the Board Room Corporate Office, Grey Base Hospital, on Thursday, 23 August 2012 commencing at 9.00am

PRESENT

Elinor Stratford, Chair, Kevin Brown, Deputy Chair, Peter Ballantyne, (ex officio), Dr Cheryl Brunton, John Ayling, John Vaile, Lynnette Beirne, Marie Mahuika-Forsyth, Mary Molloy and Robyn Moore.

APOLOGIES

Apologies for absence were received and accepted from Dr Paul McCormack, Board's Chair (ex officio)

EXECUTIVE SUPPORT

Wayne Turp General Manager Planning and Funding, Dr Carol Atmore Chief Medical Advisor, Gary Coghlan General Manager Maori Health, Bryan Jamieson Community Liaison Officer, Kay Jenkins Board Secretary and Colin Weeks Chief Financial Manager.

IN ATTENDANCE

Yolandé Oelofse (minute secretary), Jenny McGill and Rodger Jolley Senior Advisory National Health Board Ministry of Health.

WELCOME

The Chair welcomed everyone to the Community and Public Health Advisory Committee (CPHAC) and Disability Support Advisory Committee (DSAC) combined meeting and asked a Committee member to lead the Committee in the Karakia.

1. INTEREST REGISTER

No amendments to the interest register were made.

2. MINUTES OF THE PREVIOUS MEETING AND MATTERS ARISING

Moved John Ayling; Seconded Kevin Brown - carried

"That the minutes of the meeting of the Community and Public Health and Disability Support Advisory Committee held on 12 July 2012 be confirmed as a true and correct record with the following amendments"

Pg 2 Item 4 line 6	should read: "to go to the fixed site dental clinics."
Pg 2 Item 4 action point	should read: "information about the number of people receiving home care and support services be provided."
Pg 2 Item 4 7th bullet point	"Free after hours care for children under six."
Pg 2 Item 5 1st bullet point	It was explained that there are Nursing Entry To Practice (NETP)

CARRIED FORWARD/ACTION LIST ITEMS

The Committee noted the carried forward list.

1 The Workplan focuses on strategic objects and aligns with the Annual Plan and to be aligned with HAC. A draft copy to be made available to the Board.
2 Dental Care: The DHB does not routinely provide for adult dental health apart from medical reasons. Free oral health ceases when the patient turns 18 years of age.
3 To be removed from the list as we have met the target expectation.
4 The number of people receiving home care and support services is yet to be provided.
5 Dementia care: development of support for the families is under development and part of the HOP strategic plan.

3. CHAIR'S REPORT- COMMUNICATIONS

The Chairs report was taken as read.

Items for note:

The process around volunteers within the DHB was taken to the Board who agreed and thought it was a good initiative. Further work is required which includes how it will be managed in future.

The Committee received the report.

4. ORGANISATIONAL LEADERSHIP REPORT

This report was taken as read. The following issues were raised:

- Pg 1 – last paragraph: The letter was endorsed by Dr Cheryl Brunton and not the Chief Medical Officer.

- Gateway Assessments are designed to ensure an integrated approach to support and wellbeing of child and youth who have been identified as "at risk". The coordination process for these is being developed under the leadership of Dr John Garrett.

- B4 School checks: a concern to be noted was the psychological assessment on these young children and the risk of labeling that child, as records are kept.
  Action: The General Manager Planning and Funding to check the procedure for follow up and completion of B4 School checks.

- Transport: The Chief Medical Advisor is the current project sponsor for this piece of work.. Discussions are currently underway with Grey Power and Red Cross as they have expressed an interest in developing a patient shuttle system to Grey Base Hospital.
  Action: The General Manager Planning and Funding to keep the Committee up to date with its progress.

- Eligibility for home insulation through Warm Up West Coast: The PHO is running an extension programme for those people who meet the health needs criteria but do not meet the criteria of also having a community services card.

- Dr J Broadbent: Interim cover for the Geriatric service has been addressed.

- Pg 9 - Dementia respite: Respite is available on an individual package basis.
  Action: The General Manager Planning and Funding to provide an update people using respite services.

National Health Targets:
The committee noted that achievement against most health targets was satisfactory. The committee acknowledged the need to improve performance against the health free targets in community health.

The Committee received the report.

5. CLINICAL LEADERSHIP REPORT

The Committee received this report. The following issues/concerns were raised:

- This report needs to be aligned to the outcomes in the Annual Plan and how they are going to be achieved.
- Working collaborative and closely with CDHB it enables us to reach and get to where we need to be. The Committee was reminded that WCDHB and CDHB are both working to a common end.

The Committee noted the report.

6. FINANCE

This report was taken as read. Comments and issues were raised:

- A question was raised over variation in expenditure against budget and how it could better understand the possible reasons thereof.
- It was suggested that that further explanation of variation and whether these were due unanticipated change in demand for services, or due to variance in cost against budget etc. would be helpful
  Action: The Finance Manager to provide further details on trends and patterns occurring during the financial period to enable better forecasting of year end results and achievement of deficit reduction.

The Committee received the report.

7. BETTER SOONER MORE CONVENIENT / ALT

The General Manager Planning and Funding and the Chief Medical Advisor spoke to this item.

The Committee received the report.

8. MAORI DISABILITY ACTION PLAN

9. The General Manager Maori Health did a Mihi for the Senior Advisory National Health Board Ministry of Health – Rodger Jolley. Roger provided a brief overview of the Maori disability action plan in anticipation of the workshop.

The Disability Support Update from the CPHAC July 12 from CDHB was tabled at the meeting. It was agreed that the Committee would consider this further at a future meeting. Further discussion will take place at the workshop which will be held directly after this meeting.

The Chair thanked the Senior Advisory National Health Board Ministry of Health for his presentation.

The Committee received the report.

9. WORKPLAN

The Workplan is to be reviewed and aligned to the 12/13 Annual Plan at a meeting between the Chairs at the next Board meeting..

10. GENERAL BUSINESS

There were no general business matters arising.

Moved Kevin Brown; Second Elinor Stratford: Carried.

Motion:
"That the Committee accepts the reports received"

Carried.

MAORI DISABILITY ACTION PLAN WORKSHOP

(The Senior Advisory National Health Board Ministry of Health Quality and Patient Safety Manager will hold a workshop at 11:15am at Kahurangi.)

INFORMATION ITEMS

The Committee received information reports in respect to:

- CPHAC and DSAC Terms of Appointment
- CPHAC and DSAC Committee Schedule January 2012 – December 2012
- CPHAC and DSAC Terms of Reference
- PHO Quarterly Report

There were no items for referral back to the Board:

There being no further business the meeting concluded at 10:40am

The next meeting will be held on Thursday, 11 October 2012, at 9am in the Board Room at Corporate, Grey Base Hospital.

Confirmed as a true and correct record:

_____ _____

Elinor Stratford Date
Chair

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

COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE CARRIED FORWARD/MATTERS ARISING AS AT 23 AUGUST 2012

Item No.	Date	Action	Action Responsibility	Reporting Status	Agenda Item Ref
1	12 July 2012	To provide feedback for the August meeting on the cost of dental care for adult oral health	The General Manager of Planning and Funding		Item 4 Organisational Leadership Report
2	12 July 2012	Update on Newborn hearing screening to be provided for the 23 August meeting.	The General Manager of Planning and Funding		Item 4 Organisational Leadership Report
3	12 July 2012	It was suggested that information in the number of people receiving home care and support services be provided	The General Manager of Planning and Funding		Item 4 Organisational Leadership Report
4	12 July 2012	Information to be provided on the availability of dementia care training for families and caregivers.	The General Manager of Planning and Funding		Item 9 Disability Report
5	12 July 2012	Minutes of meeting - 12 July - A briefing was requested on the Report of the Human Rights Commission - *Caring Counts* - May 2012 and its implications for the Coast	The General Manager of Planning and Funding		Item 4 Organisational Leadership Report
6	23 August 2012	Monitoring of outcomes for B4 School check: Check the procedure for follow up and completion of B4 School checks	The General Manager of Planning and Funding		Item 4 Organisational Leadership Report

Item No.	Date	Action	Action Responsibility	Reporting Status	Agenda Item Ref
7	23 August 2012	Update on the transport project.	The General Manager of Planning and Funding		Item 4 Organisational Leadership Report
8	23 August 2012	Dementia respite, an verbal update on people using respite services.	The General Manager of Planning and Funding		Item 4 Organisational Leadership Report

Report received and recommendation to be considered at the next meeting.

CHAIR'S REPORT

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

TO: **Members**
Community and Public Health & Disability Support Advisory Committee

SOURCE: **Chair**

DATE: **24 September 2012**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is a standing agenda item, highlighting information from the Chair.

2. RECOMMENDATION

That the Committee
i. notes the Chair's Report.

3. SUMMARY

The recommendation from the Committee to the Board re position paper on alcohol was endorsed

The Annual Plan has been approved by the Minister of Health for sign off by the Minister.

The Committee Chairs will be meeting to review Committee workplans now that Annual Plan sign off is completed.

On track to deliver on budget with finances for the year

There has been progress on SMO recruitment

Volunteers within the DHB discussed. Suggestion that we reconstitute a volunteer or 'friends of the DHB' arrangement

ORGANISATIONAL LEADERSHIP REPORT

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

TO: **Chair and Members of Community and Public Health Advisory Committee and Disability support Advisory Committee**

SOURCE: **Wayne Turp, General Manager Planning and Funding**

DATE: **28 September 2012**

Report Status – For:	**Decision** ☐	**Noting** ☑	**Information** ☐

1. ORIGIN OF THE REPORT

This report is a standing agenda item, highlighting the progress made on the Minister of Health's health and disability priorities and the West Coast District Health Board (WCDHB) Annual Plan key priority areas.

2. RECOMMENDATION

That the Committee

i. Notes the Organisational Leadership Report.

3. SUMMARY

Key Achievements

- WCDHB continues to achieve the Emergency Department Health Target, with 99.7% of people admitted or discharged within 6 hours; and at 98.7% within 5 hours, and 95.7% within 4 hours, during the 2012/13 financial year to date to 27 September 2012.
- WCDHB delivered at the required level in July to meet our national health target volume towards of 1592 elective surgical discharges for the financial year.
- WCDHB delivered fewer overall outpatient First Specialist Assessments (FSAs) that than planned for July at 94.8% of target, but well over for surgical FSAs at 111.3% of target for the month. The July data is the latest available confirmed data, inclusive of all publicly funded outpatient volumes delivered to West Coast residents at all DHBs.
- Eight-six percent (86%) of Maori eight month old children were fully immunised within the three month period ending 31st August 2012.

Key Issues and Associated Remedies

- WCDHB is compliant in the key Elective Services Performance Indicators (ESPIs), having been non-compliant in two of the indicators last month.

Upcoming Points of Interest

- Work has progressed on the establishment of a pilot transportation option for Buller patients who struggle to get to outpatient services in Greymouth. Red Cross, in conjunction with Buller REAP and West Coast DHB, are looking to commence running a minivan shuttle service between Westport and Greymouth on a weekly basis from the end of October. As a 3-month trial period, the service will

initially run one day a week while demand, transportation needs, and volunteer availability are ascertained. It is hoped that the frequency will be able to increase as the pilot evolves and the service use starts to build. Fridays have been chosen as the initial day for the service as this is generally the day with the most frequent and heavily appointed visiting specialist outpatient clinics that are not otherwise also delivered by DHB resident specialists in Westport. Red Cross and Buller REAP have undertaken to coordinate the booking of the minivan for patients who are referred to go on it by Buller GPs or referring specialists. West Coast DHB outpatient booking staff will endeavour to match patient outpatient bookings as best as possible so that they will be able to coincide with arrival and departure times while the minivan is in Greymouth. It is acknowledged from the outset that not everyone will necessarily be able to be accommodated, but every attempt will be made to try to match patients who need transport with appointment times (and considering other tests, x-rays, scans, etc that may also be required as preliminaries to outpatient appointments. A hired minivan will be used during the period to assess the transportation needs required, before a more permanent vehicle is considered. It is planned to commence the service from 19 October, once volunteer driver safety and first aid training has been conducted to allow them to be able to respond should there be an unexpected need for emergency first aid response *en route*. The service will be closely monitored throughout the pilot period to adjust the plan as required, to provide flexibility to give it the best chance of success; and fully evaluated at the end of January 2013.

- There has been a slight delay to the commencement of the Gateway programme here on the West Coast. A letter of offer has been tendered to West Coast DHB, from which a contract for service will be drawn up by Child Youth and Family upon acceptance. It is anticipated that recruitment of a Gateway Co-ordinator will be undertaken in October. Training of the personnel from the various governmental agencies who will be involved in the Gateway programme will be undertaken by Child Youth and Family trainers, with this now being tentatively scheduled for early November (-dates still to be confirmed). This will include staff from West Coast DHB's paediatric and child, youth and adolescent and mental health services; Child Youth and Family; Youth Justice; and Education.

4. APPENDICES

Report prepared by: Planning and Funding

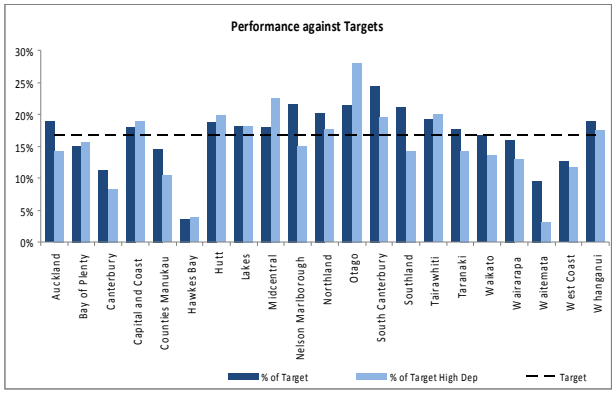
PLANNING AND FUNDING OVERVIEW

Progress against key target areas for the period ending 31 August 2012

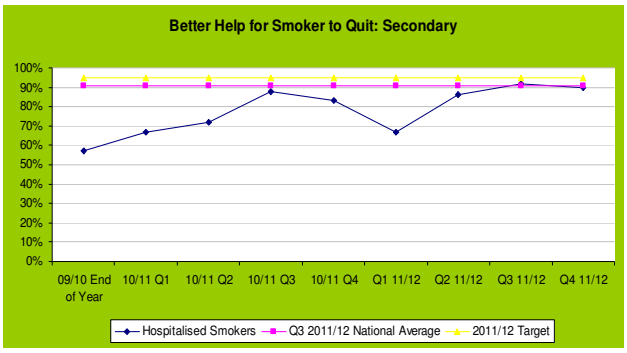
Publication of progress reports against the government's health targets for the period ending 31 August 2012 (unless more recent data is available). Progress reports against internal targets are as follows:

Prevention Services

B4 School Check coverage



Percentage of hospitalised smokers given advice and help to quit

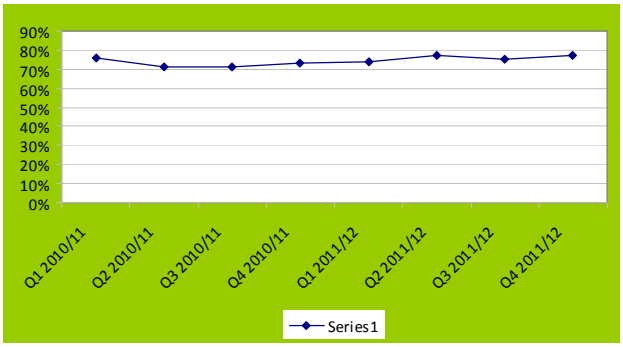


Immunisation – 8 month old milestone.

Immunisation Coverage for 8 month olds for the 3 month period 01 June 2012 – 31 August 2012

	No. eligible	Fully immunised	%
NZE	51	43	84%
Maori	22	19	86%
Pacific	1	1	100%
Asian	3	3	100%
Other	17	8	47%
Total	94	74	79%

Antenatal HIV Screening



ACHIEVEMENTS/ISSUES OF NOTE

Before School Check (B4SC): The target for the B4SC programme remains the same from the previous year, that is, 80% of all eligible target population to have before school checks completed.

For 2012/13, the Eligible population target is :

(i) a minimum of 380 children in the DHB's area as soon as possible after they turn four years old, or at least before they turn 5 years old during by 30th June 2013.

High deprivation target:

(ii) and at least 51 of the children specified in (i) must come from within the New Zealand Deprivation Index Quintile 5.

By the end of August 2012, approximately 12.6% of all eligible target population and 11.7% of high deprivation target population have completed their B4SC check. The WCDHB is one of seven DHB's that have rates below the target rate as percentage of the year gone.

The WCDHB numbers were down due to eight (8) children being assigned to other providers but were provided check by the WCDHB provider while in Hokitika as they have a Hokitika address. The B4SC check programme help desk have been notified of this error and once corrected, the WCDHB rate should improve.

The programme is working to improve data entry in September and increase the number of clinics in Greymouth, Westport and Karamea.

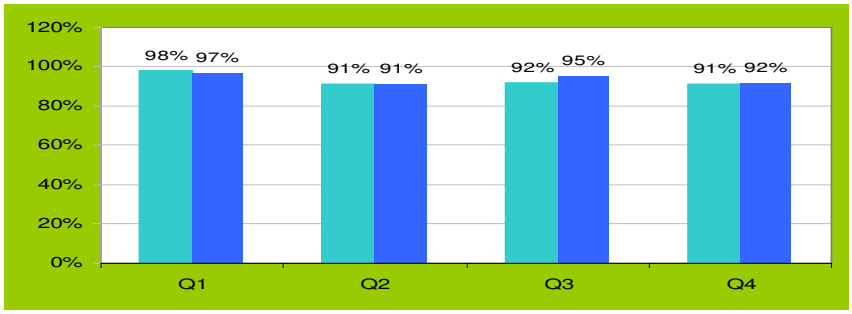
Immunisation – 8 Month old milestone: The new immunisation health target is for 85% of eight month olds to have their primary course of immunisation (six weeks, three months, and five months immunisation events) on time by July 2013, 90% by 2014 and 95% by December 2014.

The WCDHB's contribution to the target in 2012/13 is to have 85% of all eight month olds fully vaccinated with the primary course of immunisation by 1st of July 2013.

Latest immunisation coverage data showed that for the 3 month period ending 31st August 2012, 79% of all eight month old children on the West Coast were fully immunised on time. Maori eight month old timely immunisation is on track with 86% fully immunised within the same period.

Work on reducing the decline rates and achieving the highest possible immunisation coverage rate for two year old is an on-going focus in both primary care and for the Outreach Immunisation Services.

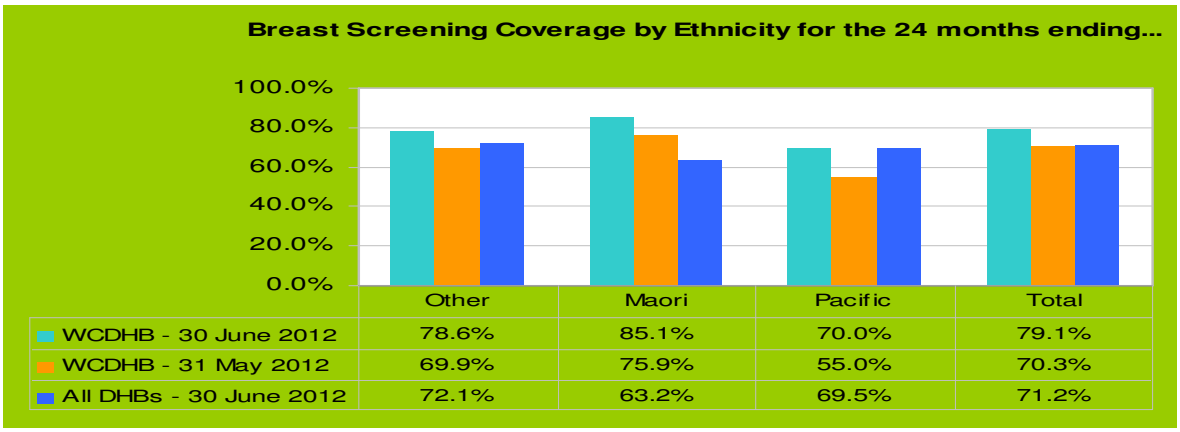
Newborn Hearing Screening:



The rate of newborns that completed hearing screening remains above 90% over the 2011/12 financial year.
No new data available as this is reported quarterly.

Antenatal HIV Screening Programme. The uptake rate for antenatal HIV screening has been stable and remains above 70%. For the period of April - June 2012 the uptake rate is 77% - 2% more than the previous quarter.
There is continued focus on programme education and maintaining linkages and cooperation with health practitioners to ensure effective service delivery for Eligible Pregnant Women.
No new data is available as this is reported quarterly.

Breast Cancer Screening: Approximately 79% of all eligible women aged 45-69 age-groups on the West Coast had undergone breast screening for the 24 month period ending 30 June 2012 – an increase of 9% from the previous 24 month period ending 31 May 2012. The coverage for eligible Maori women is higher compared to other ethnicities on the West Coast. Overall, the breast screening coverage has increased across all the ethnicities for West Coast eligible population with the total breast screening coverage rate approximately 8% higher than the national
average.



	Other	Maori	Pacific	Total
WCDHB - 30 June 2012	78.6%	85.1%	70.0%	79.1%
WCDHB - 31 May 2012	69.9%	75.9%	55.0%	70.3%
All DHBs - 30 June 2012	72.1%	63.2%	69.5%	71.2%

Data Source: Breast Screening Aoteroa.

Note: There are two set of reports; one uses Territorial Local Authority (TLA) data and the other uses DHB data. The data used in this report is by DHB.

Cervical Cancer Screening:

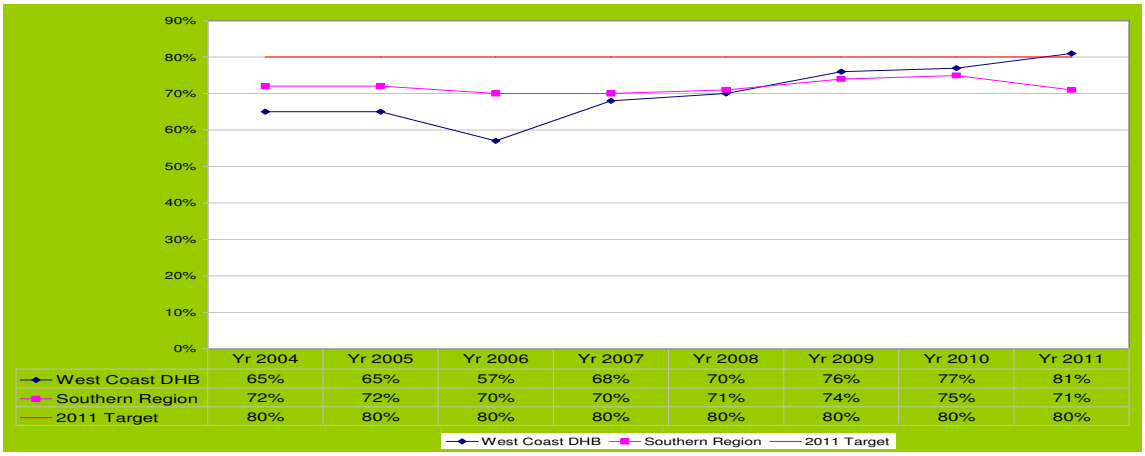
There is no new data available from the National Screening Unit. The National Cervical Screening Programme aims to have increased coverage to at least 80% of all eligible women aged 25-69 by the fourth quarter of 2014 and has applied this target from 1st January 2011.

At the end of 31 March 2012, West Coast cervical screening three year coverage rate has increased to approximately 71% which is a 0.5% increase from the previous quarter. The coverage rate for Maori eligible women remains the same from the previous quarter at approximately 53%.

The West Coast DHB has a NSCP Strategic Plan in line with regional strategies and initiatives to increase the coverage rate of priority women to the required 3 yearly coverage rate of 80%, The Strategic Plan aims to continue collaboration with stakeholders and communities to implement the Regional NSCP Strategic Plan that best meets the unique needs of all eligible women on the West Coast.

	3 year coverage ending…			
Ethnicity	**Sep-11**	**Dec-11**	**Mar-12**	**Change from Dec 11 - March 12**
Total	69.6%	70.3%	70.8%	▲ 0.5%
European/Other	71.3%	72.0%	72.5%	▲ 0.5%
Maori	52.6%	53.0%	52.7%	▼ -0.3%
Pacific	67.8%	74.6%	71.4%	▼ -3.2%
Asian	69.7%	69.4%	72.8%	▲ 3.4%

Child and Adolescent Oral Health: Final figures released by the Ministry of Health on the 10th of August 2012 confirmed that the West Coast DHB has achieved its adolescent utilisation rate for 2011 calendar year by more than 1.6%.



	Yr 2004	Yr 2005	Yr 2006	Yr 2007	Yr 2008	Yr 2009	Yr 2010	Yr 2011
West Coast DHB	65%	65%	57%	68%	70%	76%	77%	81%
Southern Region	72%	72%	70%	70%	71%	74%	75%	71%
2011 Target	80%	80%	80%	80%	80%	80%	80%	80%

School Based Health Services (SBHS): Public Health Nurses' in Westport and Greymouth are providing weekly drop-in clinics now in three (3) Alternative Education sites. Numbers of attendee's at these sites are slowly increasing as trust develops with the students.
Referrals have been made to GP's and Dentists, as well as to a variety of community organisations who work with the youth in both areas. Assessments continue to be provided where consent has been obtained and guest speakers arranged to present health promotion information to the students.

Human Papilloma Virus (HPV): The HPV School Based Programme is performing exceptionally well. All eligible girls (83) who consented to having the cervical cancer vaccine have had dose one; dose two 81 (two girls

moved off the West Coast). The Public Health Nurses are half way through delivering the third dose. The girls completing the course were presented with a congratulations card and a small gift pack (at no cost to the DHB). The Clinical Nurse Manager for the HPV School Based programme spoke with the girls regarding cervical cancer and the need for regular smears from age 20. She believes these young woman will be champions for women's health and will encourage other eligible girls to be immunised against HPV. The expectation is the participation rates will again be up next year.

Secondary Smoking Cessation

Note: Quarter 1 2012/13 results not available yet.

Hospital management senior management is continuing to improve the uptake of the Smokefree Mandatory training. A letter from the General Manager of Hospital Services and General Manager of the DHB has been distributed to staff in Buller who have not attended the training and inviting them to do so, after letters being distributed to Grey Based staff in the last reporting period.

Primary Smoking Cessation

Note: Quarter 1 2012/13 results not available yet.

During this reporting period it was confirmed that Health Stat and the Clinical Audit Tool to practices, this will allow live and regular 'practice specific' feedback regarding the ABC health target. Discussions are under way regarding an establishment of a training suite at the PHO for practice staff regarding the new software.

Alongside invitations to Mandatory Training further training opportunities were available during this reporting period with a Heart Foundation Cessation Practitioner Training 1 & 2 workshop and an advanced Motivational Interviewing Course (smoking cessation specific) held in August.

Warm Up West Coast – Home Insulation Project:

There has been a decrease in the number of application forms received by the Warm Up West Coast Coordinator during this reporting period, it is assumed this is due to the change of seasons. Because of this promotion of the project will be important in the coming months and will be a focus of the Coordinator.

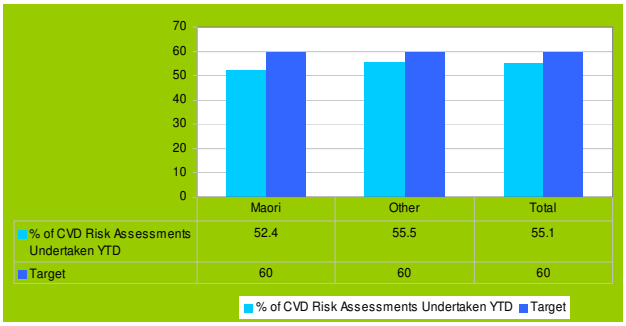
Data below is as of 25th September 2012:

	Number
Applications received by Healthy West Coast	386
Applications forwarded to The Insulation Company	338*
Applications to be processed	12
Number of applicants declined	36
Number of homes insulated	217

* Please note these homes are to be accessed by the installers before final approval is given and the work completed.

Early Detection and Management

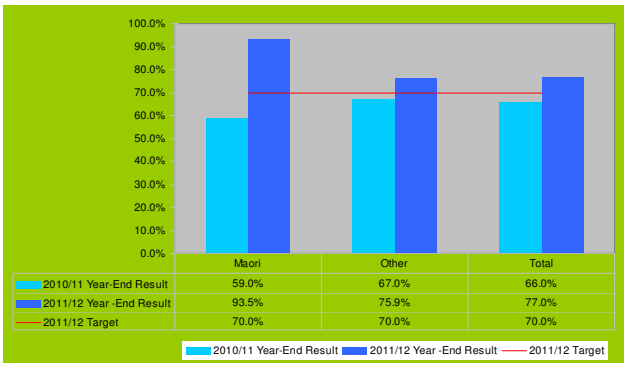
More Heart and Diabetes Checks: Percentage of eligible PHO population who have had a Cardiovascular Disease(CVD) risk assessment.



Measure: Percentage of enrolled people in the PHO within the eligible population who have had a CVD risk recorded in the last 5 years.

Data for period to 30 June 2012 (latest available data). Only measured Quarterly.

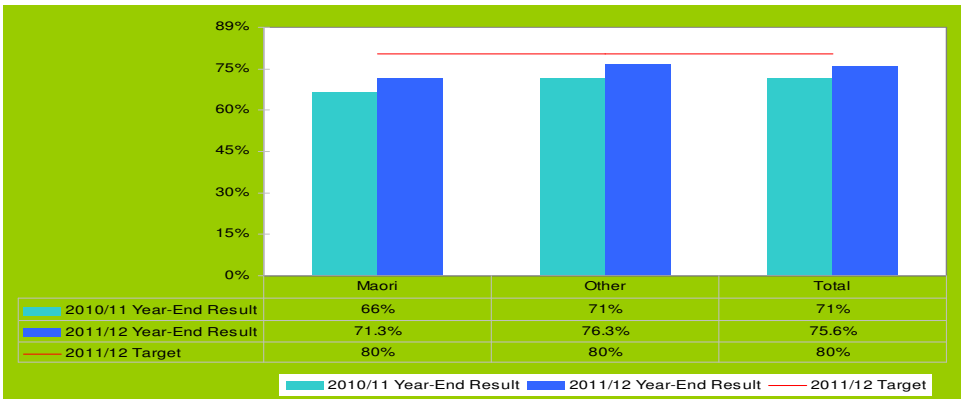
Diabetes Detection



Measures: % of people estimated to have diabetes who have had their annual check during the current year to date, against YTD target

Data for period to 30 June 2012 (latest available data). Only measured Quarterly.

Diabetes Good Management



Measure: % of people with diabetes who have HBA1c levels at or below 8.0 when assesses at free annual diabetes check.

Data for period to 30 June 2012 (latest available data). Only measured Quarterly.

ACHIEVEMENTS/ISSUES OF NOTE

CVD Risk Assessment:

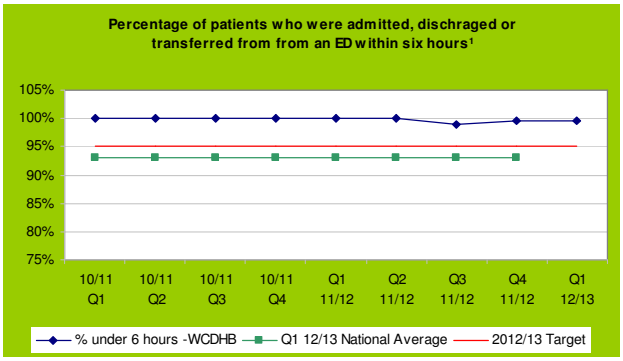
Refer to 'National Health Targets Report" in last meeting papers. Only measured Quarterly.

Diabetes Detection and Management:

Refer to 'National Health Targets Report" in last meeting papers. Only measured Quarterly.

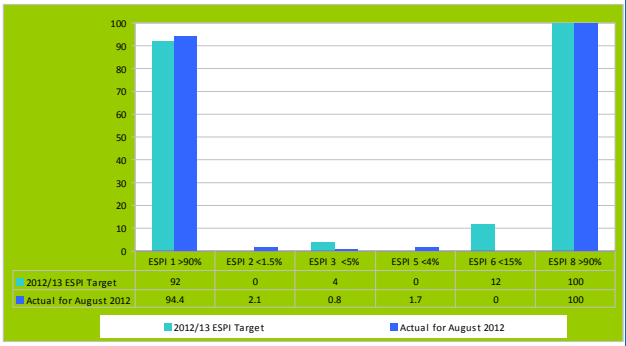
Intensive Assessment and Treatment Services

Emergency Department Waiting Times – YTD Performance to 27 September 2012



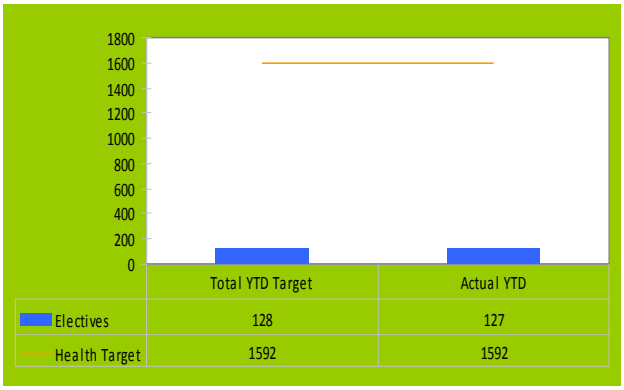
Results for the financial year to date to 27 September 2012 continues to stand at 99.7% of patients seen, treated and discharged within 6 hours.
95.7% were seen, treated and discharged within 4 hours over the same period.

Improving Outcomes for Elective Services: Elective Service Performance Indicators (ESPI)

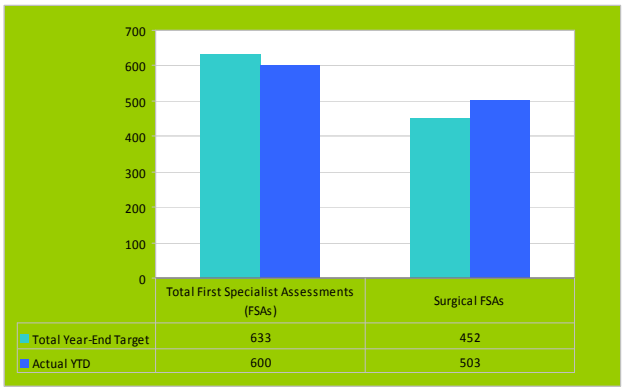


Provisional results to 31August 2012 (as updated by Ministry of Health, 26 September 2012).
West Coast DHB has been non-compliant in the two key ESPI 2 and ESPI 5 measures in July and August, posing a financial risk to realising contestable elective income for the year if this is not able to be rectified. See below for further details.

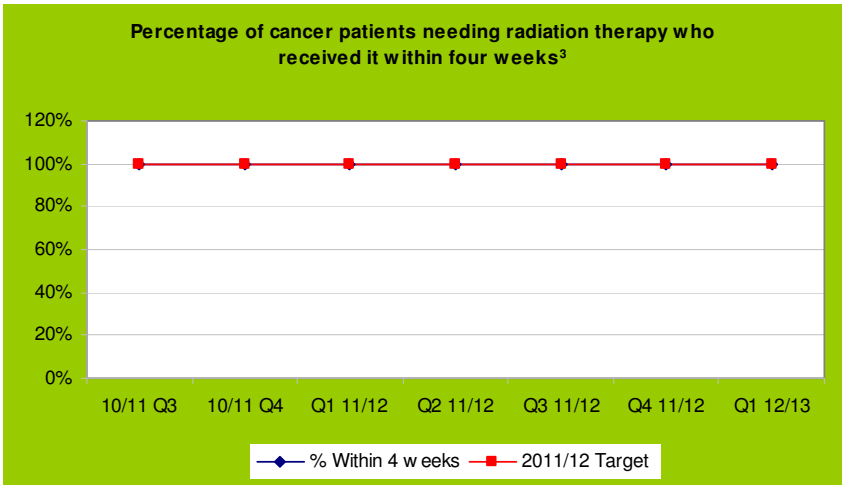
Improving Outcomes for Elective Services: National Health Target - Elective Surgery Service Throughputs to 31 July 2012.



Improving Outcomes for Elective Services: Ambulatory Initiative Throughput (Specialist Outpatients) to 31 July 2012.



Radiation Therapy Treatment Services Waiting Times



% of patients in Category A, B & C who receive radiation oncology treatment less then 4 weeks of their first specialist assessment (as defined by National Health Target definition of measurement).

Actual results to 23 September 2012.

ACHIEVEMENTS/ISSUES OF NOTE

Radiotherapy Waiting Times Data

There have been 2 patients to date in the 2012/13 financial year to date to 23 September whose treatment was commenced outside the 4-week target time (both in July 2012). Neither were delayed due to capacity constraints, which is the factor that determines performance against the national health target; but rather, one by patient choice and request; and one due to clinical considerations (medical oncology assessment having to be undertaken prior to radiation therapy being started). As such, West Coast DHB performance against the national health target remains at 100% for the year. All other West Coast domiciled patients treated in the priority treatment categories (acute; curative; palliative; and radical) commenced treatment within four weeks of their referral.

For national comparisons, refer to 'National Health Targets Report" in last meeting papers. Only measured Quarterly.

Elective Services: National Health Target - Elective Surgery Service Throughputs to 30 July 2012: (latest confirmed year-to-date results)

The year to date (YTD) report as of 31 July 2012 shows that there have been 127 actual raw surgical discharges had been delivered by West Coast DHB, which is just one case below YTD planned target of 128 surgical discharges. This is 8% of the total national health target of 1592 discharges to be delivered by West Coast DHB for the year. These discharges resulted in case weight discharges (CWD) of 167.8; which was over-delivery at 106.7% of planned year-to-date volume, and is equivalent to 8.3% of the total planned CWD delivery for the financial year.

2012/13 Elective Surgery	Raw Discharges	Case-weighted Discharges
Total Planned YTD Volume	128	167.8
Actual YTD Delivery	127	179.1
% Delivered Against Plan	99.2%	106.7%

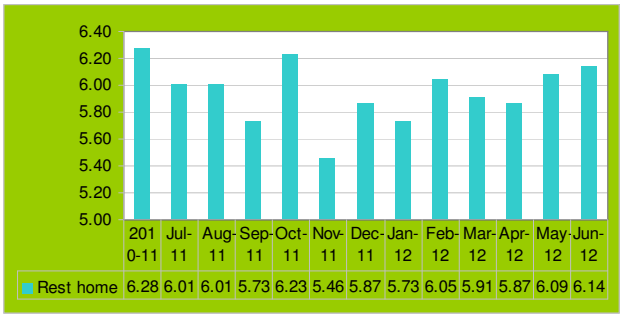
Elective Services: Ambulatory Initiative Throughput (Specialist Outpatients) to 30 July 2012: (latest confirmed year-to-date results)

Overall first specialist outpatient assessment services for all specialties have been delivered at 94.8% of planned services for the first month period to 31 July 2012; and stand at 8.2% of the 2012/13 total planned. Total YTD delivery to the end of July is 600 attendances.

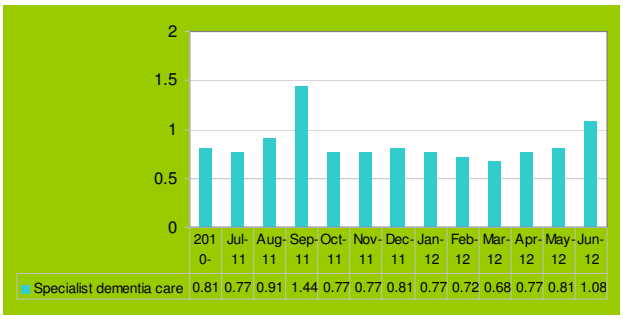
Surgical first specialist outpatients for the month have been delivered at 111.3% of planned YTD volume (503 FSAs); which is equivalent to 9.6% of the 2012/13 total planned surgical FSAs.

Rehabilitation and Support Services Older Persons' Health

Proportion of people aged 75+ in Rest Home level care



Proportion of people aged 75+ in Specialist Dementia care



ACHIEVEMENTS/ISSUES OF NOTE

Specialist Health of Older People's Services – progress on the establishment of the Complex Clinical Care Network (CCCN) has restarted with new project leaders appointed. A revised implementation plan and terms of Reference and membership for the revised workstream has been submitted to ALT for approval on 4th Oct. The first meeting is scheduled for 17 October. The HR process to restructure Carelink's staffing and functions to fit the CCCN model is nearly completed. The CCCN manager position has been advertised, with interviews scheduled for 24 October. A replacement geriatrician (Dr Michelle Dhanak) has started visiting the Coast fortnightly and began leading Inter Disciplinary Team meetings for community-based referrals on 26 Sept 12. A 0.5 FTE Buller-based gerontology clinical nurse specialist has been appointed. Telehealth units have been set up in the CDHB geriatrician's office at PMH. The equipment has arrived for the telehealth units in the 3 primary health facilities that did not yet have them, with the first installation to be completed at Grey Medical by the end of October.

Maximising independence model for homecare – negotiations with the two homecare providers on a new contract for homecare services on the maximising independence model have been incorporated into the CCCN project work. The new contract, service specification and funding model is on track to be in place by 1 July 2013.

West Coast DHB's homecare service continues to work to meet the requirements of an internal audit, and have been making many quality and efficiency improvements, including implementation of an electronic booking, staff management and invoicing system.

CLINICAL LEADERSHIP TEAM REPORT

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

TO: **Chair and Members**
Community and Public Health & Disability Support Advisory Committee

SOURCE: **Carol Atmore, Chief Medical Officer**
Karyn Kelly, Director of Nursing and Midwifery
Stella Ward, Executive Director of Allied Health (WCDHB and CDHB)

DATE: **24 September 2012**

Report Status – For:	Decision ☐	Noting ☐	Information ☑

1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB as a regular update.

2. RECOMMENDATION

That the Committee
i. notes this report

3. SUMMARY

Sustainability
Implementation of the model of care for sustainable health services for the West Coast continues. The submission of the Buller Integrated Family Health Service Business Case to the Capital Investment Committee marks another key milestone in this work. Sustainable services at Buller Health is a key underpinning of this business case. We are focusing on how we communicate the work that is underway to the health community and wider public.

Transalpine Services
The transition orthopaedic service continues to be implemented and evaluated. Regular links between medical, nursing and allied health staff on both sides of the hill are becoming 'business as usual'.

Leadership and Clinical Governance
Leadership in quality and clinical governance continues, including the West Coast PHO, the BSMC Alliance Leadership Team, the hospital Continuous Quality Improvement Team, and the South Island Regional Training Hub. A network of medical clinical leads within the hospital system is being established.

Service Improvements
West Coast women can again receive epidural analgesia during labour if required, with the reintroduction of our labour epidural service. Thanks to our team of anaesthetists, midwives and obstetrician gynaecologists who have worked together on this project.

Workforce
There remain significant issues in recruiting to allied health roles and we are developing a recruitment campaign and also different models of service provision in partnership with the Canterbury Health System this will include the development of a RUFUS role for social work and dieticians in paediatrics.

A review has taken place of the nursing roles required for the Buller IFHC to support a sustainable model of care for the Westport community. Advertising has commenced for a Nurse Practitioner (NP)

and two Rural Nurse Specialists (RNS). These roles will work across the IFHC inclusive of primary care and to support the doctors on the out of hours on call service. One of the RNS positions will also supplement the increasingly busy Ngakawau clinic. Further to this, and in response to the increase in acuity and volume of community based care, the Clinical Nurse Specialist (CNS) palliative care role will increase from 0.5 to a full time position, and the district nursing service will increase by 1.5 FTE. We have also advertised the CNS gerontology position as part of the implementation of the Complex Care Clinical Network (CCCN).

A general practice registrar has joined the Buller Health team, and roles have been created for next year to allow interested RMOs (junior doctors) to spend three months working in Rural General Practice at Hokitika or Westport. Advertising for Rural Hospital Medicine registrars has commenced for our programme starting next year. A GP registrar is working within the Greymouth area for next year.

The role of the hospital generalist working with Grey Hospital Emergency Department and the wider hospital, as well as the possibility of working in General Practice as well, has been developed and recruitment to this role has started.

Advertising has commenced for the Nursing Entry to Practice Programme (NETP) for 2013, with continued funding from HWNZ to support 10 NETP and 1 Expansion (community based) nursing positions. The employment of new graduate health professionals is a vital component of future workforce planning. This year the recruitment process will be fully Transalpine, with the streamlined recruitment team and the graduate nurses participating in the interactive and innovative assessment centre hosted by CDHB, supported by senior nursing representatives from the West Coast. The West Coast NETP programme has also been reviewed and while retaining its valuable rural focus, it has also been aligned with the Canterbury programme and will now include the Rapid Assessment course run by the Christchurch Polytechnic Institute of Technology. These changes will facilitate collegial relationships between the nurses based on the West Coast and in Canterbury.

Other nursing workforce planning underway is the development of a comprehensive overview of 'drills and skills', certification and core education requirements for nurses in each clinical area. These databases will also provide information for and about individual nurses to ensure each nurse is up to date and well prepared to do the work required. This will support the development of the mobile nursing workforce with nurses working more flexibly, confidently and competently across the sector. Each nurse's individual career plan and development plan will be aligned to the database.

4. CONCLUSION

The Clinical leaders will continue to work across a range of activities to promote a sustainable West Coast health care service.

Report prepared by: Carol Atmore, Chief Medical Officer
Karyn Kelly, Director of Nursing & Midwifery
Stella Ward, Executive Director, Allied Health (on leave)

FINANCE REPORT

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

TO: **Chair and Members**
Community and Public Health & Disability Support Advisory Committee

SOURCE: **Colin Weeks, Chief Financial Officer**

DATE: **11 October 2012**

Report Status – For: **Decision** ☐ **Noting** ☑ **Information** ☐

1. ORIGIN OF THE REPORT

This report is a standing agenda item providing an update on the latest financial results and other relevant financial matters of the West Coast District Health Board that are dealt with by this committee.

2. RECOMMENDATION

That the Committee
i. notes the Financial Report.

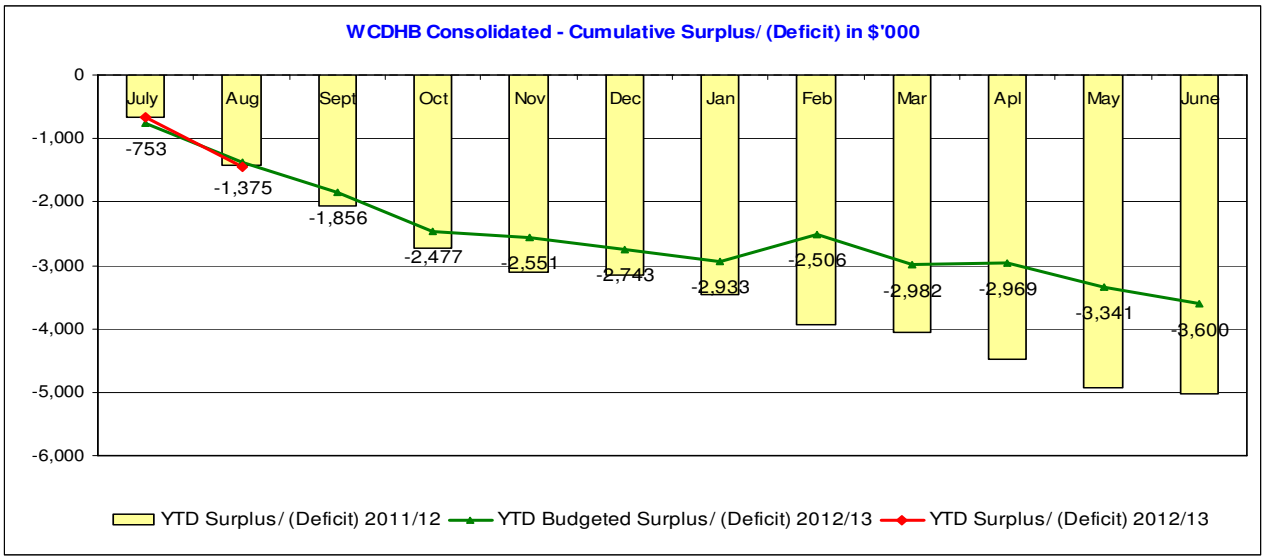
3. SUMMARY

Financial Overview for the period ending 31 August 2012

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,215	6,312	(97)	×	12,372	12,665	(293)	×
Governance & Administration	179	183	(4)	×	358	367	(9)	×
Funds & Internal Eliminations	4,708	4,642	66	√	9,300	9,284	16	√
	11,102	11,137	(35)	×	22,030	22,316	(286)	×
EXPENSES								
Provider								
Personnel	4,634	4,601	(33)	×	9,098	9,064	(34)	×
Outsourced Services	1,041	1,067	26	√	2,157	2,197	40	√
Clinical Supplies	615	641	26	√	1,183	1,344	161	√
Infrastructure	1,268	939	(329)	×	2,330	1,875	(455)	×
	7,558	7,249	(309)	×	14,768	14,479	(289)	×
Governance & Administration	175	183	8	√	327	367	40	√
Funds & Internal Eliminations	3,715	3,816	101	√	7,408	7,825	417	√
Total Operating Expenditure	11,448	11,248	(200)	×	22,503	22,671	168	√
Deficit before Interest, Depn & Cap Charge	346	111	(235)	×	473	355	(118)	×
Interest, Depreciation & Capital Charge	434	510	76	√	966	1,020	54	√
Net deficit	**780**	**622**	**(158)**	×	**1,439**	**1,375**	**(64)**	×

CONSOLIDATED RESULTS

The consolidated result for the year to date ending August 2012 is a deficit of $1,439k, which is $64k worse than budget ($1,375k deficit).



RESULTS FOR EACH ARM

Year to Date to August 2012

West Coast District Health Board Arm	Actual	Budget	Variance	Comment
	$000	$000	$000	
Provider Arm surplus / (deficit)	(3,362)	(2,835)	(527)	Unfavourable
Funder Arm surplus / (deficit)	1,892	1,460	432	Favourable
Governance Arm surplus / (deficit)	31	0	31	Favourable
Consolidated result surplus / (deficit)	**(1,439)**	**(1,375)**	**(64)**	**Unfavourable**

FUNDER ARM

Revenue

Funder revenue from the Ministry of Health is $20,078k, $36k worse than budget ($20,114k).

- The West Coast District Health Board budget included $82k for transitional funding removed from the funding envelope and $34k for HEHA funding (programme funding was withdrawn at the end of the last year).
- Additional revenue has been received since the budget was set; this includes immunisation services and community youth alcohol and other drug services (as above) and vaccine funding - $99k for the year to date.

Expenses

The District Health Board's result for services funded with external providers for the month of August 2012 was $103k (3%) better than budget and year to date payments are $418kk (5%) better than budget.

WEST COAST DISTRICT HEALTH BOARD
FUNDER ARM - PAYMENTS TO EXTERNAL PROVIDERS
as at 31 August 2012

Aug-12						Year to Date					2012/13	2011/12	
Actual	Budget	Variance			SERVICES	Actual	Budget	Variance			Annual Budget	Actual Result	Change (actual 11/12to budget 12/13)
$000	$000	$000	%			$000	$000	$000	%		$000	$000	%
					Referred Services								
-48	25	73	289%	√	Laboratory	-25	51	76	149%	√	269	408	34%
792	661	-131	-20%	×	Pharmaceuticals	1,541	1,523	-18	-1%	×	8,129	8,025	-1%
744	**687**	**-57**	**-9%**	×		**1,516**	**1,574**	**58**	**4%**	√	8,398	8,433	0%
					Secondary Care								
21	22	1	5%	√	Inpatients	28	44	16	37%	√	266	65	-309%
90	97	7	8%	√	Travel & Accommodation	180	195	15	8%	√	1,168	1,137	-3%
1,264	1,269	5	0%	√	IDF Payments Personal Health	2,533	2,538	5	0%	√	15,226	15,416	1%
1,375	**1,388**	**13**	**1%**	√		**2,741**	**2,777**	**35**	**1%**	√	16,660	16,618	0%
					Primary Care								
42	39	-3	-7%	×	Dental-school and adolescent	78	78	0	0%	√	470	352	-34%
0	3	3	100%	√	Maternity	0	-4	-4	100%	×	20	0	
0	1	1	100%	√	Pregnancy & Parent	0	2	2	100%	√	8	0	
9	3	-6	-184%	×	Sexual Health	9	6	-3	-52%	×	33	8	-307%
11	4	-7	-187%	×	General Medical Subsidy	20	8	-12	-161%	×	46	5	-820%
538	538	0	0%	√	Primary Practice Capitation	1,076	1,076	0	0%	√	6,458	6,322	-2%
5	12	7	59%	√	Primary Health Care Strategy	15	24	9	38%	√	144	78	-85%
79	79	0	0%	√	Rural Bonus	157	158	1	1%	√	950	933	-2%
3	6	3	48%	√	Child and Youth	6	12	6	48%	√	69	151	54%
9	1	-8	-882%	×	Immunisation	12	2	-10	-555%	×	96	156	38%
14	46	32	70%	√	Maori Service Development	28	92	64	70%	√	551	191	-189%
18	9	-9	-97%	×	Whanua Ora Services	35	18	-17	-91%	×	110	216	49%
6	22	16	72%	√	Palliative Care	28	43	15	35%	√	214	184	-16%
7	17	10	59%	√	Chronic Disease	15	34	19	56%	√	204	123	-66%
12	11	-1	-7%	×	Minor Expenses	24	22	-2	-7%	×	134	132	-2%
753	**791**	**38**	**5%**	√		**1,503**	**1,572**	**69**	**4%**	√	9,507	8,851	-7%
					Mental Health								
0	2	2	100%	√	Eating Disorders	0	4	4	100%	√	23	22	-4%
54	64	10	16%	√	Community MH	107	129	22	17%	√	773	613	-26%
0	1	1	0%	√	Mental Health Work force	0	1	1	100%	√	8	12	30%
47	48	1	1%	√	Day Activity & Rehab	94	96	2	2%	√	574	572	0%
10	14	4	29%	√	Advocacy Consumer	20	29	9	31%	√	173	108	-60%
7	5	-2	-29%	×	Advocacy Family	19	11	-8	-75%	×	65	80	19%
0	0	0		√	Minor Expenses	0	0	0		√	0	0	
109	124	15	12%	√	Community Residential Beds	220	249	29	12%	√	1,493	1,296	-15%
68	68	0	0%	√	IDF Payments Mental Health	136	135	-1	0%	×	811	792	-2%
295	**327**	**32**	**10%**	√		**596**	**653**	**57**	**9%**	√	3,920	3,495	-12%
					Public Health								
9	16	7	44%	√	Nutrition & Physical Activity	17	32	15	47%	√	194	176	-10%
6	6	0	1%	√	Public Health Infrastructure	12	12	0	1%	√	73	75	3%
6	11	5	47%	√	Tobacco control	12	23	11	47%	√	136	143	5%
21	**34**	**13**	**37%**	√		**41**	**67**	**26**	**39%**	√	403	394	-2%
					Older Persons Health								
3	3	0	0%	√	Information and Advisory	6	5	-1	-20%	×	30	37	19%
0	0	0		√	Needs Assessment	0	0	0		√	0	33	
58	59	1	1%	√	Home Based Support	120	117	-3	-2%	×	671	630	-7%
6	10	4	38%	√	Caregiver Support	13	20	7	36%	√	115	115	0%
264	261	-3	-1%	×	Residential Care-Rest Homes	469	522	53	10%	√	2,739	3,020	9%
-10	-2	8		√	Residential Care Loans	-14	-4	10	250%	√	-24	-43	44%
27	26	-1	-4%	×	Residential Care-Community	50	52	2	4%	√	312	230	-35%
282	328	46	14%	√	Residential Care-Hospital	577	656	79	12%	√	3,828	3,438	-11%
0	4	4	100%	√	Ageing in place	0	9	9	100%	√	50	16	-213%
7	11	4	36%	√	Environmental Support Mobility	14	22	8	36%	√	132	64	-105%
9	8	-1	-12%	×	Day programmes	18	16	-2	-12%	×	97	120	20%
10	13	3	23%	√	Respite Care	15	26	11	42%	√	154	167	8%
119	119	0	0%	√	IDF Payments-DSS	238	238	0	0%	√	1,430	1,296	-10%
775	**840**	**63**	**7%**	√		**1,506**	**1,680**	**171**	**10%**	√	9,533	9,123	-4%
3,963	**4,068**	**103**	**3%**	√		**7,903**	**8,324**	**418**	**5%**	√	**48,421**	**46,914**	**-3%**

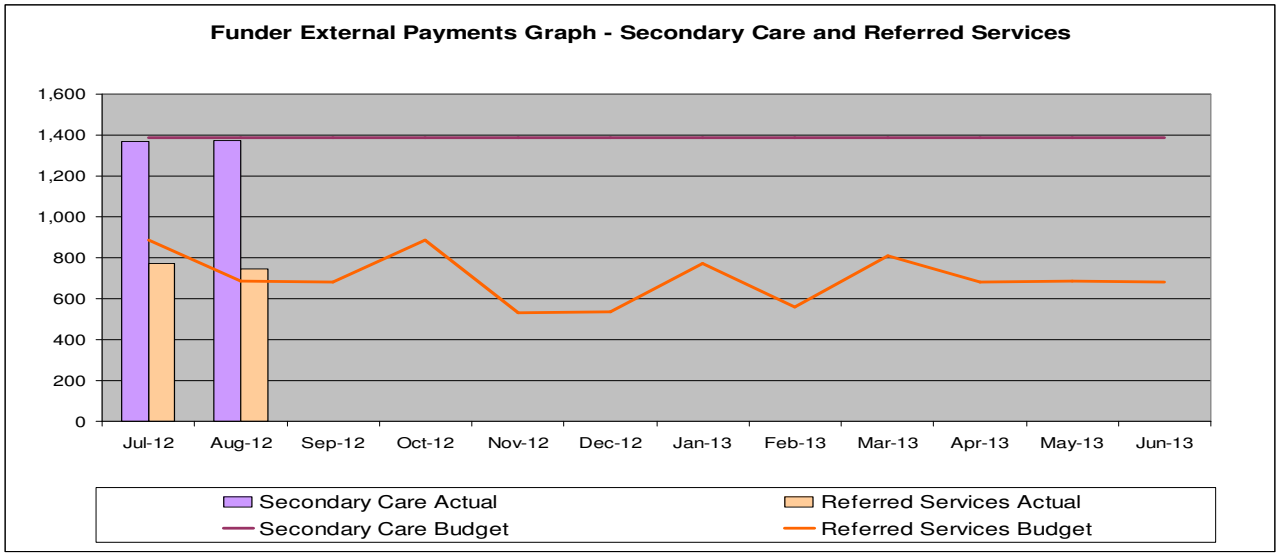
Commentary on year to date variances

Referred Services

Community pharmaceuticals are $18k more than budget. From January 2013 co-payments for pharmaceuticals increase from $3 to $5 reducing reimbursable costs paid to community pharmacies – overspend in the months until December will be offset by some savings from January 2013 on. Pharmaceutical costs may continue to be over budget during the year as payment for vaccines is now included in community pharmaceutical cost – funding to cover this has been devolved in to monthly Crown funding payments (funding is $320k for the full year). Laboratory services are $76k less than budget – an adjustment was made to last year's accrual for claims yet to be submitted.

Secondary Care

Secondary Care services are $35k less than budget to date, with travel and accommodation paid under the National Travel Assistance (NTA) scheme being $15k less than budget to date. Claims for NTA are not always received on a timely basis. District Flows (IDFs) reflected for the year are the cash payments made to date. Although overall Inpatient costs are $16k less than budget within this, Medical patients in community care are $17k more than budget, with volumes greater than budget. These placements vary in duration and this overspend may improve over the year. Access to care is via prior approval.

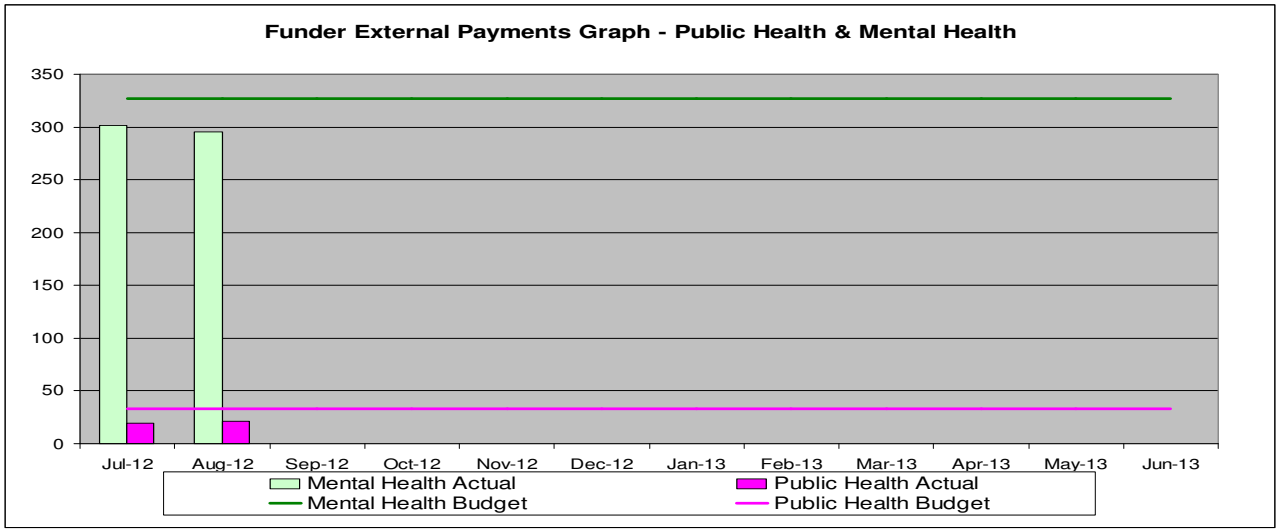


Mental Health

Mental health costs are $57k less than budget to date. Community residential beds are $29k less than budget, with two beds funded on a discretionary basis and the remainder block funded. The contract for residential care expired 31 August 2013 and has been renegotiated. Community mental health costs are $22k less than budget to date as services funded via Pharmac savings have yet to begin.

Public Health

Public health expenditure will continue to be less than budget for the year as HEHA funding was not renewed this year (it was included in the budget and expenditure was included in public health). Public health costs are funded via DHB contract with the Ministry of Health.

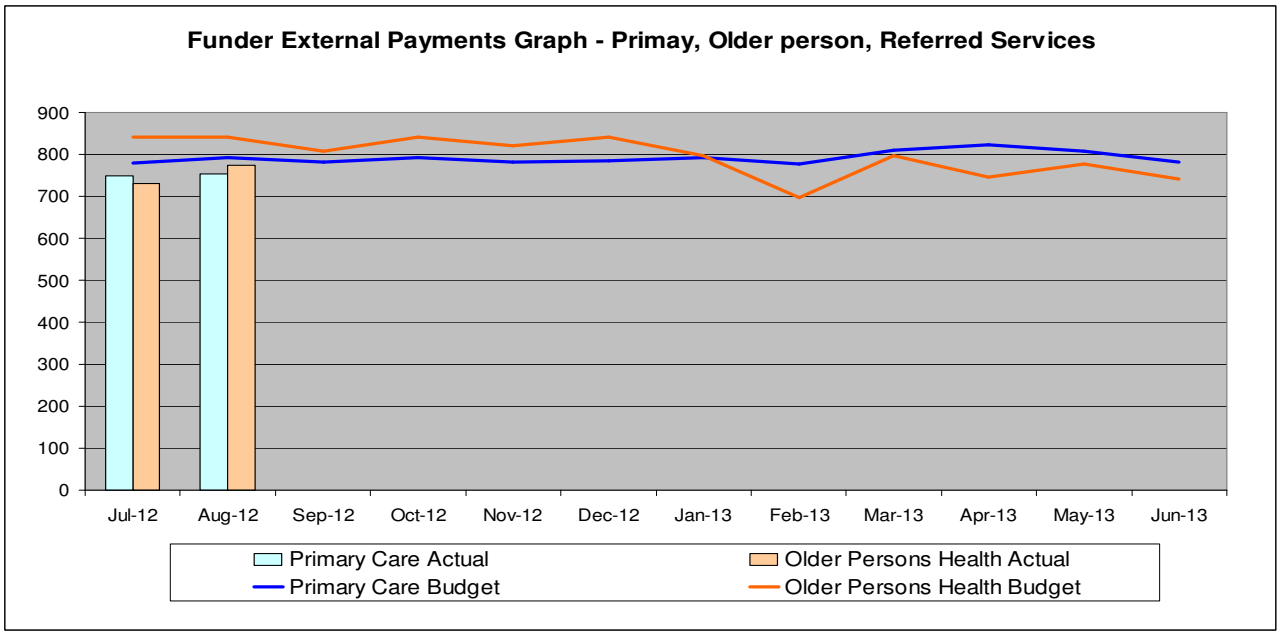


Primary Care

Primary care services are $69k less than budget to date. Payments for Maori services are $47k under budget to date, with the future of these services presently under review. Discretionary costs (chronic conditions and palliative care) are together $34k less than budget to date, these costs are incurred on an individual basis and demand driven.

Older Persons Health

Overall expenditure (residential and non residential) is less than budget year to date ($171kk or 10% less). These costs are mainly demand driven with prior approval required to access (via Carelink and Home Based Support services). Funding for these services has also been made more flexible (as seen in some of the variances to budget) with contracts for home and community based care which enable people to remain in the community and delay entry to residential care.



BETTER SOONER MORE CONVENIENT AND ALLIANCE LEADERSHIP TEAM REPORT (ALT)

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

TO: **Chair and Members**
Community and Public Health & Disability Support Advisory Committee

SOURCE: **Dr Carol Atmore, Chief Medical Officer**
Wayne Turp, General Manager Planning and Funding

DATE: **24 September 2012**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is a standing agenda item, highlighting the progress made on the Implementation of Better Sooner More Convenient.

2. RECOMMENDATION

That the Committee

i. notes this item

3. SUMMARY

- BSMC Update –Appendix attached
- WCDHB seismic update
- ALT meeting was postponed, hence no report is available

4. APPENDICES

Report prepared by: Carol Atmore, Chief Medical Officer
Wayne Turp, General Manager Planning and Funding

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THE WEST COAST HEALTH SYSTEM
– supporting you to be well

What does 'BSMC' mean for the West Coast community?

During the first two years of 'Better, Sooner, More Convenient'…

People are healthier.

2,169 patients were enrolled in the Long Term Conditions Management Programme and 1,253 patients received support through Health Navigators.

1,874 patients received cardiovascular disease annual reviews, an increase of 23%, and 1,754 patients received diabetes annual reviews, an increase of 61%.

857 referrals were made to Green Prescription and 2,405 referrals were made to West Coast smoking cessation services to help people make small changes that make a big difference to their health and wellbeing.

Avoidable hospital admission rates stayed well below the national average.

People wait less.

More than 99% of people were admitted or discharged from ED within 6 hours and more than 95% within 4 hours.

No one waited longer then 6 months for elective surgery or specialist out-patients appointments.

28,864 calls to general practices were answered by the nurse-led afterhours phone triage service, providing callers with immediate health advice and guidance.

Introduction of the Nurse Practitioner role in general practice to improve access to the primary healthcare team.

Services are delivered closer to home.

Carelink and community nursing moved to support packages with a restorative focus in the community to help West Coaster's to stay well and independent in their homes.

The use of telehealth prevented unnecessary travel for patients and their whānau up and down the Coast as well as over to Christchurch. More than 100 oncology consults and 120 paediatrics consults occurred via telehealth. Units were installed in all primary health facilities to link in with the CDHB geriatrician, Nurse Maude and the Palliative Care Physician, while units within the ED departments link Westport and Greymouth.

The development of a Transalpine Health Service enabled people to be seen on the West Coast rather than in Christchurch by local and visiting hospital specialists.

691 more out-patient clinics were held on the West Coast (21% increase), resulting in 3,600 more patients being seen by specialists.

Implementation of Mobile Dental Services in schools contributed to an increase in the percentage of 5 year-olds who are caries-free from 52% to 61%.

The Complex Clinical Care Network (CCCN) was launched to ensure the most suitable health professional is readily available to provide care where and when it is needed through integration between secondary, aged residential and primary care.

Services are integrated.

Manage My Health began providing a secure system for sharing key patient information between health professionals – enabling faster, safer treatment for patients.

Buller IFHC initiated access across the local health system via Medtech to ensure timely sharing of accurate information among members of the health care team (including primary, community and appropriate hospital clinical staff) – enabling a faster and safer package of care to be delivered to the patient.

Multidisciplinary meetings between general practice nurses and doctors and community and district nurses were established in all practices, ensuring better information flow and therefore a better patient experience.

Recruitment and job descriptions were re-scoped to reflect working in an integrated model of care. WCDHB and CDHB are routinely appointing using the transalpine model, enabling clinicians to work across both DHBs so that patients are seen by hospital specialists closer to home on the Coast.

The CDHB's 519 pathways and clinical resources were made available to GPs and health professionals on the Coast through the Health Pathways website. 196 of these pathways or parts of pathways have so far been localised for the West Coast to help provide consistent, integrated care to patients.

BSMC West Coast's Learnings

The appointment of a shared CEO and subsequent collaboration between West Coast DHB and Canterbury DHB, using its 'whole of system' approach, has allowed a significant shift towards 'Better, Sooner, More Convenient' service delivery.

What has worked well?

- Transfer of decision-making from management to clinical leaders (a system that is clinician-led, management-enabled) in key workstreams.
- Enabling clinical leaders to provide effective solutions to clinical challenges (e.g. shared pharmacy intern solution between community and hospital pharmacies).
- The development of transalpine service delivery in key areas to overcome 'person dependency' and lack of 'economies of scale' in certain areas.
- Support and endorsement from the DHB and PHO Boards.
- Effective clinical engagement in planning and development processes.
- Working within agreed budgets.
- Effective regional collaboration through the South Island Alliance.
- Increase transparency of information.
- Better relationship with community and media through open communication.
- Community engagement and endorsement of proposed changes in models of care.
- Tightening scope down to three key areas of development.
- High level of integration between primary, community and specialist services within the Grey, Buller and Complex Clinical Care Network developments.

What has not worked well?

- Resolution of the challenges related to recruitment and retention of medical staff – however, a plan including the CDHB is in place to resolve this.
- Decision-making processes in the early stages of the implementation process – now resolved by reconstitution of ALT as a clinically led decision-making forum.
- The ALT structure has taken a long time to become a useful place and functioning well, but this has now been achieved.
- Occasional conflict between the need to invest in new service developments and at the same time decrease the deficit.
- Further work is needed to change contracting processes to achieve flexible models of service delivery.
- Rigid funding and payment processes that don't align to alliance contracting processes.
- Initial scope of the work programme was too ambitious, and there was not sufficient clinical or management support to sustain this.

What are the current barriers?

- Recruitment challenges are making it hard to put all of the desired changes in place.
- Need to improve / replace healthcare facilities to enable full scope of integration to occur.
- Budgeting and funding mechanisms that are perceived (or actually maintained) as silos create a barrier to working together.
- Lack of alignment between planning processes at a national level (Public Health, Ministry of Health) and District Health Board strategic planning process.
- Continuing focus on inputs and outputs in accountability processes rather than a focus on outcomes.
- Maintenance of a 'competitive attitude' by service providers in some areas (internally and externally).
- The scope of change in the three key areas of work is extensive, requiring a range of barriers to be addressed including workforce, information system and facility constraints.

WEST COAST DISTRICT HEALTH BOARD

PRESS RELEASE - EMBARGO UNTIL 3PM

28 September 2012

Further update on seismic issues at Grey Base Hospital

This week the West Coast DHB received preliminary engineering evaluations regarding seismic risk to further hospital facilities in Greymouth. This follows the receipt of detailed engineering reports three weeks ago that advised some of the buildings at Grey Base Hospital were earthquake prone and not seismically compliant.

West Coast DHB chief executive David Meates says, "Preliminary engineering evaluations are not yet complete on every building. However, over the last few days more information has emerged about the complex seismic problems facing Grey Hospital. We are dealing with a rapidly evolving situation in which new information continually changes our service and facility planning.

"The preliminary reports just received advise that the Acute and Community Mental Health Building and the Emergency Department | Outpatient building are earthquake prone. The Theatre building has been assessed as being above the level of earthquake prone, but it is still considered an earthquake risk. Some of the engineering remediation options are not yet clear, but are expected to be apparent within a timeframe of weeks.

"This information comes on the back of the reports received three weeks ago on the ward buildings. We have moved quickly to start remediation and strengthening of four columns in the Hannan and Barclay building and we expect this work to be completed by late November. When this work is done, we will be relocating services out of the building housing the Morice, McBrearty and Waterson Day Surgery wards, the Critical Care Unit and medical administration.

"We have briefed the National Health Board on this new information. We are seeking support from them to enable us to undertake short-term construction work that addresses the immediate risks while accelerating planning for the long-term future of health services on the Coast.

"Since receiving the first seismic report on our laundry we have acted quickly on the advice received to ensure both the safety of our staff and our patients. Clinicians and managers are taking an active role in leading the response to the immediate problem of reconfiguring the services operating from earthquake prone buildings.

“We will continue to update the community as new engineering reports come to hand. There are some complex options to be worked through over the next few weeks to determine both short-term and long-term solutions to maintain health service provision on the West Coast,” says David Meates.

-Ends-

For further information:
Michael Frampton
Programme Director
West Coast District Health Board
M 0272 890 621

GENERAL BUSINESS

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

TO: **Chair and Members**
Community and Public Health & Disability Support Advisory Committee

SOURCE: **Chair**

DATE: **24 September 2012**

Report Status – For:	Decision ☐	Noting ☐	Information ☑

1. ORIGIN OF THE REPORT

This item is for information only.

2. RECOMMENDATION

That the Committee
i. notes this item.

3. SUMMARY

Primary Health Organisation Report – Anthony Cooke – Director PHO

This item refers to the Information section of the CPHAC and DSAC papers for the 23 August 2012.

To avoid duplication of printing of this item, can you please bring the set of papers along with you to the 11th of October Meeting for discussion and or comments.

AGENDA

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

COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
To be held in the Board Room at Corporate Office, Grey Base Hospital, High Street, Greymouth
Thursday 11 October 2012 commencing at 9.00am

ADMINISTRATION			**9.00am**
	Apologies		
1.	**Interest Register** *Update Committee Interest Register and Declaration of Interest on items to be covered during the meeting.*		
2.	**Confirmation of the Minutes of the Previous Meeting & Matters Arising** ▪ *23 August 2012*		
REPORTS/PRESENTATIONS			**9.10am**
3.	**Chairs Report** *(CPHAC & DSAC)*	Elinor Stratford *Chair*	*9.10am-9.20am*
4.	**Organisational Leadership Report (*Creating a Sustainable Health Care Service*)** *(WCDHB)*	*Senior General Manager, Planning & Funding*	*9.20am-9.35am*
5.	**Clinical Leadership Report** *(WCDHB)* *As provided to the Board 7 September 2012*	Dr Carol Atmore *Chief Medical Officer, WCDHB*	*9.35am-9.50am*
6.	**Finance:** *(WCDHB)*	Colin Weeks *Chief Financial Manager*	*9.50am-10.10am*
7.	**Better Sooner More Convenient and Alliance Leadership Team Report** *(WCDHB)*	Wayne Turp *General Manager, Planning & Funding*	*10.10am-10.25am*
8.	**General Business** *PHO Quarterly Report* *Items to be reported back to Board* ***CPHAC AND DSAC WORKSHOP – there will be no workshop for this meeting***	Anthony Cooke, *PHO* Elinor Stratford *Chair*	*10.25am-10.40am*
FINISH TIME			**10.45am**

INFORMATION ITEMS

Community and Public Health and Disability Support Advisory Committee Terms of appointment

Community and Public Health and Disability Support Advisory Committee Schedule

Community and Public Health and Disability Support Advisory Committee Terms of Reference

Quality and Patient Safety feedback

South Island Alliance Update – September 2012

NEXT MEETING

Date of Next Meeting: 22 November 2012 commencing at 9.00am
Corporate Office, Board Room at Grey Base Hospital.

INFORMATION PAPERS

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

TO: **Members**
Community and Public Health & Disability Support Advisory Committee

SOURCE: **Chair**

DATE: **24 September 2012**

Report Status – For:	Decision ☐	Noting ☐	Information ☑

Community Public Health Advisory Committee and Disability Support Advisory Committee Terms of Appointment

West Coast District Health Board and Advisory Committee Timetable

Term of Reference for Community Public Health Advisory Committee and Disability Support Advisory Committee Terms of Reference

Quality and Patient Safety feedback

South Island Alliance Update – September 2012

TERMS OF APPOINTMENT

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

Report Status – For: Decision ☐ Noting ☐ Information ☑

Member	Date of Appointment	Length of Term	Expiry Date
Elinor Stratford **Chair** **(West Coast District Health Board member)**	27 January 2011 (re-appointed 27 January 2012)	3 months	31 January 2014
Kevin Brown **Deputy Chair** **(West Coast District Health Board member)**	27 January 2011 (re-appointed 27 January 2012)	3 months	31 January 2014
Cheryl Brunton	1 February 2005 (Re-appointed 3 November 2006 and 13 June 2008)	Whilst remaining as the Medical Officer of the Health for the West Coast DHB	
John Ayling	24 March 2011	1 Year	31 December 2014
John Vaile **(West Coast District Health Board member)**	27 January 2011 (re-appointed 27 January 2012)	1 Year	31 January 2014
Lynnette Beirne	24 March 2011	1 Year	31 December 2014
Marie Mahuika-Forsyth	20 April 2009	Until advised by Te Runanga o Makaawhio	
Mary Molloy **(West Coast District Health Board member)**	27 January 2011 (re-appointed 27 January 2012)	3 months	30 January 2014

Member	Date of Appointment	Length of Term	Expiry Date
Robyn Moore	3 June 2011	3 years	3 June 2014

COMMITTEE SCHEDULE

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

Report Status – For: Decision ☐ Noting ☐ Information ☑

DATE	MEETING	TIME	VENUE
Friday 27 January 2012	BOARD	10.00 AM	St Johns Waterwalk Rd Greymouth
Thursday 23 February 2012	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 23 February 2012	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 23 February 2012	QFARC	1.30 PM	Boardroom, Corporate Office
Thursday 23 February 2012	TATAU POUNAMU	3.30 PM	Boardroom, Corporate Office
Friday 9 March 2012	BOARD	10.00 AM	St Johns Waterwalk Rd Greymouth
Wednesday 11 April 2012	TATAU POUNAMU	1.00 pm	Arahura Marae, Hokitika
Thursday 12 April 2012	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 12 April 2012	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 12 April 2012	QFARC	1.30 PM	Boardroom, Corporate Office
Friday 20 April 2012	BOARD	10.00 AM	St Johns Waterwalk Rd Greymouth
Thursday 24 May 2012	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 24 May 2012	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 24 May 2012	QFARC	1.30 PM	Boardroom, Corporate Office
Thursday 24 May 2012	TATAU POUNAMU	3.30 PM	Boardroom, Corporate Office
Friday 8 June 2012	BOARD	10.00 AM	St Johns Waterwalk Rd Greymouth
Wednesday 11 July 2012	TATAU POUNAMU	1.00 pm	Westport Motor Hotel, Westport
Thursday 12 July 2012	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 12 July 2012	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 12 July 2012	QFARC	1.30 PM	Boardroom, Corporate Office
Friday 20 July 2012	BOARD	10.00 AM	St Johns Waterwalk Rd Greymouth
Thursday 23 August 2012	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 23 August 2012	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 23 August 2012	QFARC	1.30 PM	Boardroom, Corporate Office
Thursday 23 August 2012	TATAU POUNAMU	3.30 PM	Boardroom, Corporate Office
Friday 7 September 2012	BOARD	10.00 AM	St Johns Waterwalk Rd Greymouth
Wednesday 10 October 2012	TATAU POUNAMU	3.30 PM	Boardroom, Corporate Office
Thursday 11 October 2012	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 11 October 2012	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 11 October 2012	QFARC	1.30 PM	Boardroom, Corporate Office
Friday 19 October 2012	BOARD	10.00 AM	St Johns Waterwalk Rd Greymouth
Thursday 22 November 2012	CPHAC/DSAC	9.00 AM	Boardroom, Corporate Office
Thursday 22 November 2012	HAC	11.00 AM	Boardroom, Corporate Office
Thursday 22 November 2012	QFARC	1.30 PM	Boardroom, Corporate Office
Thursday 22 November 2012	TATAU POUNAMU	3.30 PM	Boardroom, Corporate Office
Friday 7 December 2012	BOARD	10.00 AM	St Johns Waterwalk Rd Greymouth

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

COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE AND DISABILITY SUPPORT ADVISORY COMMITTEE

INTRODUCTION

The Community and Public Health Advisory Committee and the Disability Support Advisory Committee are Statutory Committees of the Board of the West Coast District Health Board established in terms of Sections 34 and 35 of the New Zealand Public Health and Disability Act 2000 (the Act). These Terms of Reference are supplementary to the provisions of the Act, Schedule 4 to the Act and the Standing Orders of the West Coast District Health Board and are effective from 28 July2011.

The West Coast District Health Board has determined that the same body of persons shall comprise both Committees and that the meetings shall be combined into one meeting. The membership of the joint committee shall include some members with a specific interest or knowledge of disabilities and some with a specific interest or knowledge in Community and Public Health. For ease of reference the Committee shall be referred to as the "Community and Public Health and Disability Support Advisory Committee".

FUNCTIONS

The Community and Public Health and Disability Support Advisory Committee have specific aims and functions prescribed within the NZ Health and Disability Act 2000 (Schedule 4, Clauses 2&3). These apply to the roles of the two separate advisory Committees, which form the joint committee and exist in addition to these terms of reference. A summary of these functions and aims is set out below.

"The functions of the Community and Public Health and Disability Support Advisory Committee, with respect to Community and Public Health, are to provide advice and recommendations to the Board of the West Coast District Health Board on:

- *the health needs of the resident population of the West Coast District Health Board; and*
- *any factors that the Committee believes may adversely affect the health status of the resident population, and*
- *the priorities for the use of the health funding available*

The functions of the Community and Public Health and Disability Support Advisory Committee, with respect to Disability Support, are to provide advice and recommendations to the Board of the West Coast District Health Board on:

- *the disability support needs of the resident population of the West Coast District Health Board, and*
- *the priorities for the use of the disability support funding provided".*

The aim of this advice is to assist the disability support services that the West Coast District Health Board provides or funds, along with the policies it adopts, to promote the inclusion and participation in society, and maximise the independence, of people with disabilities within the resident population of the West Coast District Health Board.

The Committee will effect these functions by:

- Reviewing the Health Needs Assessment and making appropriate recommendations to the Board.
- Reviewing the District Annual Plan and District Strategic Plan and making appropriate recommendations to the Board
- Reviewing information regarding environmental and demographic changes within which the West Coast District Health Board is working

- Identifying Key Priority Actions from the District Annual and Strategic Plans to monitor progress. (Management will report on key deliverables and measurable achievements associated with these Key Priority Actions).
- Where there are issues raised in other Board committees, such as the Hospital Advisory Committee, that signal a risk to the health of our community or affect the health or disability support needs of the resident population that may be more appropriately considered by Community and Public Health Advisory Committee & Disability Support Advisory Committee, then updates may be presented to Community and Public Health Advisory Committee & Disability Support Advisory Committee on the issue and potential work programmes as it relates to the District Annual Plan.
- Ultimately the Committee will develop a clear set of community outcomes that reflect the West Coast District Health Board priority needs of our population which could then be reported on and monitored.
- Monitoring, reporting and making appropriate recommendations to the Board on those issues that fall within its terms of reference arising from; referrals from other Committees, matters delegated to it by the Board and from direct reporting to it. To facilitate this, Management will provide exception reporting to the Committee to measure against financial and operational issues. (Responsibility for the monitoring of individual contracts rests with management).
- Reviewing and evaluating summary information from internal and external audits on those areas which relate to community and public health and disability contracts and operational issues and monitoring progress made by management in implementing any recommendations arising from those audits.
- Providing advice to the Board on the priorities for funding that maximise the overall health gain for the population that the Committee serves, as prescribed in the Boards accountability documents.

KEY PROCESSES

- The Board approves the Annual Plan and any individual strategies developed to meet the health and disability needs of our population.
- The Committee's advice to the Board must be consistent with the priorities identified in the New Zealand Health Strategy, the New Zealand Disability Strategy and with the approved Strategic Plan and the Disability Support Action Plan of the West Coast District Health Board.
- Any paper or piece of work being presented to the committee should identify how it links to the Annual Plan (the annual workplan of the West Coast District Health Board).
- Any update on progress with implementation must identify the risks or barriers to the delivery of the strategies.

ACCOUNTABILITY

The Community and Public Health and Disability Support Advisory Committee are a Statutory Committee of the Board and as such its members are accountable to the Board and will report regularly to the Board.

- Members of the Community and Public Health and Disability Support Advisory Committee are to carry out an assessment role but are not to be advocates of any one health sector group. They are to act in an impartial and objective evidence based manner (where evidence is available) for the overall aims of the Committee.
- Legislative requirements for dealing with conflicts of interest will apply to all Community and Public Health and Disability Support Advisory Committee members, and members will abide by the West Coast District Health Board's External Communications Policy and Procedure and Standing Orders.
- The Committee Chair will annually review the performance of the Community and Public and Disability Support Advisory Committee and members.

LIMITS ON AUTHORITY

The Community and Public Health and Disability Support Advisory Committee must operate in accordance with directions from the Board and, unless the Board delegates specific decision making power to the Committee, it has no delegated authority except to make recommendations or provide advice to the Board.

- The Community and Public Health and Disability Support Advisory Committee provides advice to the Board by assessing and making recommendations on the reports and material submitted to it.
- The Community and Public Health and Disability Support Advisory Committee should refer any issues that fall within the Terms of Reference of the other Board committees to those committees.
- Requests by the members of the Community and Public Health and Disability Support Advisory Committee for work to be done by management or external advisors (from both within a meeting and external to it) should be made via the Committee Chair and directed to the Chief Executive or their delegate. Such requests should fall within the. Annual Plan.
- There will be no alternates or proxy voting of Committee members.
- All Community and Public Health and Disability Support Advisory Committee members must comply with the provisions of Schedule 4 of the Act relating in the main to:
- The term of members not exceeding three years
- A conflict of interest statement being required prior to nomination.
- Remuneration
- Resignation, vacation and removal from office**.**
- The management team of the West Coast District Health Board makes decisions about the funding of services within the Board approved parameters and delegations.

RELATIONSHIPS

The Community and Public Health and Disability Support Advisory Committee are to be cognisant of the work being undertaken by the other Committees of the West Coast District Health Board to ensure a cohesive approach to health and disability planning and delivery. and as such will be required to have effective relationships with:

- the Board
- clinical staff of the West Coast District Health Board
- other Committees of the West Coast District Health Board
- Manawhenua ki Te Tai o Poutini
- Tatau Pounamu Ki Te Tai o Poutini Manawhenua Advisory Group
- the community of the West Coast District Health Board
- consumer groups
- management of the West Coast District Health Board.

This will also be achieved through the sharing of agendas and the regular meetings of the Chairs of the Committees.

Management will provide the Community and Public Health and Disability Support Advisory Committee with updates on the work of other government agencies, funders or territorial local authorities that may affect the health status of the resident population of the West Coast District Health Board.

TERM

These Terms of Reference shall be reviewed in February 2014 at which time they will be reviewed by the newly elected Board of the West Coast District Health Board who will also review the membership of the Committee. These terms of reference may be reviewed earlier if deemed necessary by the Board.

The Act states that Statutory Committee members must not be appointed for a term exceeding three years. Although members are eligible for reappointment it is appropriate that membership is reviewed by newly elected Boards to consider the skills-mix of the committee and allow for a diverse and representative cross section of the community to have input into decision making.

MEMBERSHIP OF THE COMMITTEE

The Community and Public Health and Disability Support Advisory Committee will ordinarily comprise a mix of Board members and appropriate members selected from the Community up to a maximum of eleven members. The Board in selecting members will have regard to the need for the Committee to comprise an appropriate skill mix including people with special interests in community and public health and also in disability and Maori and Pacific health issues. However, the Board may appoint advisors to the Committee from time to time, for specific periods, to assist the work of that Committee.

Members of the Community and Public Health and Disability Support Advisory Committee will be appointed by the Board who will comply with the requirements of the Act.

The Chair of the Community and Public Health and Disability Support Advisory Committee will be a member of the Board and will be appointed by the Board, who may also appoint a Deputy Chair of the Committee. If not appointed as members of the Committee, the Chair and Deputy Chair of the Board are be appointed as ex-officio members of the Community, Public Health and Disability Support Advisory Committee with voting rights.

The Chair, Deputy Chair and members of the Community and Public Health and Disability Support Advisory Committee shall continue in office for a period specified by the Board until such time as:

- The Chair, Deputy Chair or member resigns; or
- The Chair, Deputy Chair or member ceases be a member of the Community and Public Health Advisory Committee or the Disability Support Advisory Committee in accordance with clause 9 of Schedule 4 of the Act; or
- The Chair, Deputy Chair or member is removed from that office by notice in writing from the Board.

The Act states that Statutory Committee members must not be appointed for a term exceeding three years. Although members are eligible for re-appointment it is appropriate that membership is reviewed by newly elected Boards to consider the skills mix of the Committee and allow for a diverse and representative cross section of the community to have input into the Committee's deliberations

MEETINGS

The Community and Public Health and Disability Support Advisory Committee will meet regularly as determined by the Board or committee with the frequency and timing taking into account the workload of the Committee.

- Subject to the exceptions outlined in the Act, the date and time of the Community and Public Health and Disability Support Advisory Committee meetings shall be publicly notified and be open to the public. The agenda, any reports to be considered by the Committee and the minutes of the Committee meeting will be made available to the public as required under the Act.
- Meetings shall be held in accordance with Schedule 4 of the Act and with the West Coast District Health Board's Standing Orders, adopted by the Board in May 2001 (and as amended from time to time).
- In addition to formal meetings, Committee members may be invited to attend workshops or for briefing and information sharing.

REPORTING FROM MANAGEMENT

- Management will provide exception reporting to the Community and Public Health and Disability Support Advisory Committee to measure against performance indicators and key milestones as identified by the Committee.
- Management will also provide the Community and Public Health and Disability Support Advisory Committee with updates on the work of other government agencies or territorial local authorities that may affect the health status of the resident population of the West Coast District Health Board.
- Management will provide such reports and information as necessary to enable the statutory committees to fulfil their statutory obligations.

MANAGEMENT SUPPORT

- In accordance with best practice, and the delineation between governance and management, key support for the Community and Public Health and Disability Support Advisory Committee will be provided by the General Manager, Planning and Funding as required. The General Manager will be involved in the preparation of agendas, reports and minutes of the Committee in liaison with the Chair of the Committee.
- In practice, attendance at the part or whole of the meetings by management and other support staff should be determined by the Chair based on items on the agenda.
- The Community and Public Health and Disability Support Advisory Committee will also be supported by Community and Public Health staff and by internal secretarial, clinical support, hospital, planning and funding and financial management staff as required.
- The Board may appoint advisors to the Community and Public Health and Disability Support Advisory Committee from time to time, for specific periods, to assist the work of that committee. The committee may also, through management, request input from advisors to assist with their work. Such advisors may be sourced internally using internal resources or at management's discretion out-sourced from external consultants in which case the West Coast District Health Board policies on probity and tendering will be followed.

REMUNERATION OF COMMITTEE MEMBERS

In accordance with Ministerial direction and board resolutions, members of the Community and Public Health and Disability Support Advisory Committee will be remunerated for attendance at meetings at the rate of $250 per meeting up to a maximum of ten meetings, total payment per annum ($2,500). The Committee Chair will be remunerated for attendance at meetings at the rate of $312.50 per meeting, again up to a maximum of ten meetings, total payment per year ($3,125). Ex-officio members are not remunerated.

These payments are made for attendance at public meetings and do not include workshops.

- Any officer or elected representative of an organisation who attends committee meetings which their organisation would expect their officer or elected representative to attend as a normal part of their duties, and who is paid by them for that attendance, should not receive remuneration.
- The Fees Framework for Crown Bodies includes the underlying principle that any employees of Crown Bodies should not receive remuneration for attendance at Committee meetings whilst being paid by their employer.
- Reasonable attendance expenses (i.e.: reasonable travel-related costs) for Committee members may be paid. Members should adhere to the West Coast District Health Board's travel and reimbursement policies.

Adopted by the West Coast District Health Board – 28 July 2011

QUALITY AND PATIENT SAFETY REPORT – from workshop discussion

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

TO: **Chair and Members**
Community and Public Health & Disability Support Advisory Committee

SOURCE: **Rachelle Hunt, Quality and Patient Safety Manager**

DATE: **24 September 2012**

Report Status – For:	Decision ☐	Noting ☐	Information ☑

Health Quality and Safety Commission

The Health Quality & Safety Commission (HQSC) was established under the *New Zealand Public Health & Disability Amendment Act 2010* to ensure all New Zealanders receive the best health and disability care within the available resources. A number of programmes are headed by the Commission, working with those who provide services and those who use them to reduce avoidable deaths and harm, and make changes for the better. Their quality improvement focus is on

- better services for individuals
- a healthier population
- better value for the public health system

A summary of the programmes HQSC leads nationally is detailed below. The West Coast DHB is working in each of these areas and relevant updates will be provided as they occur.

- Medication Safety including
  - Medicines reconciliation (medication s at home matching lists/records, on admission and discharge)
  - National medication chart (acute care)
  - Electronic Medication Management (e-pharmacy, e-prescribing and administration, e-medicines reconciliation, NZ formulary)
  - Alerts (alerts about medications updated nationally and emailed)

- Infection Prevention and Control
  - Hand Hygiene (ensuring the five 'moments' of hand cleaning are adhered to)
  - Preventing CLAB (Central Line Associated Bacteraemia)
  - Surgical Site Infection Surveillance

- Reportable Events
  - National Policy (reporting and investigating serious and sentinel events)
  - Annual Report (released publicly, usually November)
  - Learning (organisations sharing their learning and improvements)

- Health Quality Evaluation
  - Health Quality and Safety Indicators (not yet released but under discussion)
  - Atlas of Healthcare Variation (maps, graphs and tables by geographic location)
  - Health and Safety Markers (falls, hospital acquired infections, surgery, medication)
  - Quality Accounts (giving an account of quality of services, telling the story)

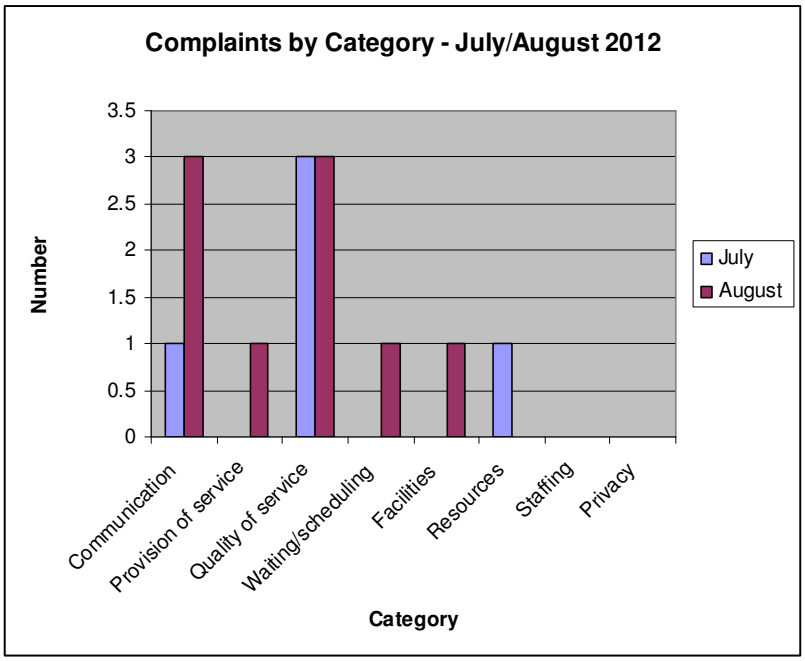
- Consumer Engagement
  - Health literacy (changing the way we communicate with people)
  - Consumer Collaboration of Aotearoa (bring service users together)
  - Directory of Consumer Organisations (online)
  - Capturing the Consumer Experience (revisiting satisfaction surveys and finding better ways to hear stories)
  - Co-Design Partners in Care – (clinicians and consumers working together to design services)

Consumer Council

In line with the HQSC focus on consumer engagement, the West Coast DHB Consumer Council has recommenced regular meetings and is working to consolidate its terms of reference and areas of focus over the next three months. In this initial phase issues such as membership, frequency of meetings, expectations and communication lines will be clarified with a view to being operational at the beginning of 2013. Of note, two of the members are involved in a Health Quality and Safety Commission Programme, Co Design Partners in Care, actively working on practical ways to engage those who use services and involve them in co-designing solutions to issues raised.

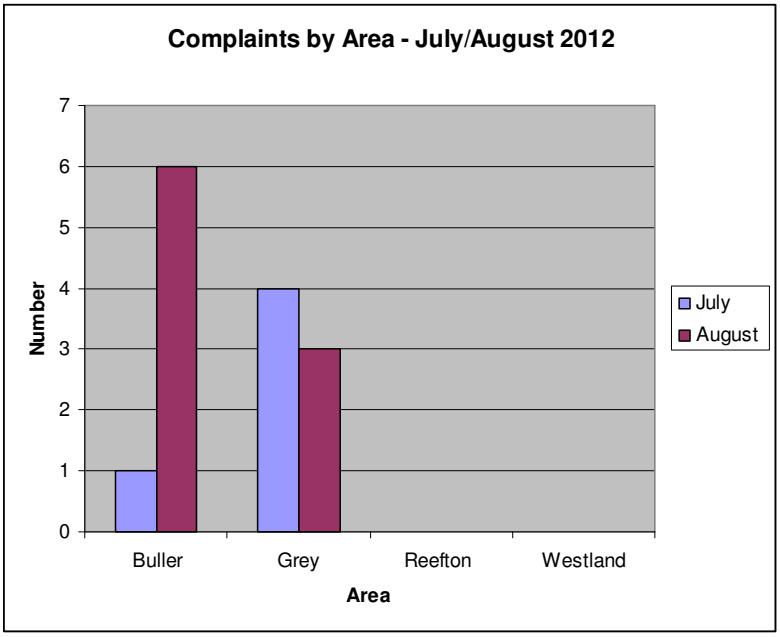
Consumer Feedback

Complaints received across District Health Board (DHB) provided services that have been entered into the central complaint database over July – August 2012 number fourteen; five of these in July and nine in August. This compares to 20 over the same period in 2011 (11 in July, and 9 in August). A very limited range of information is available in report format from the current complaints database, and this has been graphed below to show both the nature of the complaint, and the general area of origin. While response time is also recorded in the database there is some doubt about the accuracy of this information, and it is anticipated that this may be available in the next report.



Complaints include the manner of staff, access to GP, transport back to the Coast following surgery in Christchurch, size of outpatient room (too small, medication prescribed, and response to family members thought to need intervention.

Complaints originated in a variety of areas, and these are detailed below.



Complaints cover both inpatient and outpatient areas, nine of these being for outpatient services, and the remaining five in inpatient services.

Of note, complaint numbers by comparison with other DHBs have been measured, and found to be within the average number of complaints per head of population. From those responding, complaints average between 2.1 -3.8 per thousand, per annum, a range of 63 -114. West Coast DHB received 84 complaints in 2010, 91 in 2011, and 72 (so far) in 2012. It should also be noted that complaints provide a valuable source of feedback regarding the patient experience, and numbers of complaints received may indicate a willingness to communicate with the provider, rather than being a measure of quality in and of itself. To this end, the DHB quality team, in consultation with the consumer council, is revamping the "complaint form" to provide a user friendly way to give feedback and suggestions, both positive and negative. Once finalised these will be widely available throughout the services, and electronically. The possibility of extending this to include an on-line version for those who prefer to communicate through this medium will also be explored.

Update
South Island Alliance

September 2012

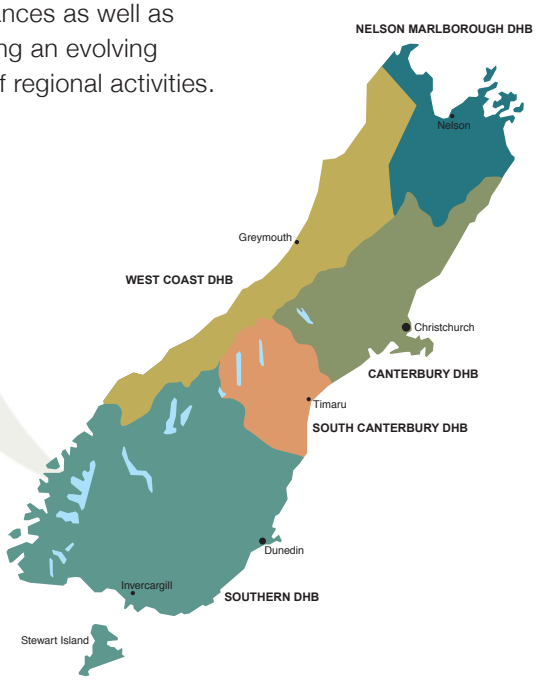
SOUTH ISLAND ALLIANCE
best for patients, best for system

2011–2012

VISION: A clinically and financially sustainable South Island health system focused on **keeping people well and where services are provided as close as possible to people's homes.**

The South Island Alliance (the Alliance) is a partnership among the five South Island District Health Boards (DHBs). They are working together to support a clinically and financially sustainable South Island health system where services are as close as possible to people's homes.

The Alliance is broadly structured into six service level alliances as well as supporting an evolving cluster of regional activities.



Service Level Alliances

Cancer | Child Health | Health of Older People | Mental Health | Information Services | Support Services

Regional activities

Asset Planning | Cardiac Services | Communications, Elective Services | Human Resources | Māori Health, Ophthalmology | Public Health | South Island Regional Training Hub and Stroke Services

Why regional planning

- By 2025-26, more than one in five people in the South Island will be aged 65 years or over, compared to one in eight in 2010-11
- While the older population is living 'well' for longer, older people are more likely to have more complex or multiple long-term conditions and are higher users of health services
- Both population ageing, and increases in long-term conditions across all population groups, will drive increases in health expenditure we cannot sustain
- Meanwhile, the health workforce is also aging
- **This equals pressure on aged care, hospital beds and the workforce.**

"In the face of all this, business as usual for health systems is not a viable option."

(World Health Organisation, 2008)

The way forward

- Taking a whole-of-system approach to make health and social services integrated and sustainable
- Focusing on people, their families and communities, keeping them at the centre of everything we do
- Enabling clinically-led service development
- While also living within our means.

Some of the South Island Alliance key achievements for 2011-2012

- * An early intervention programme supporting the South Island Eating Disorders Service and improving recovery rates
- * Savings of $15 million through regional procurement and Supply Chain activities
- An electronic system for documenting growth information, recording information across a person's lifespan and providing data for managing long-term conditions.
- *Walking in another's shoes,* a training programme providing a more person-centred approach to the care of dementia patients
- South Island Healthpathways, a website providing clinical and administrative information for the effective management of patients in the South Island
- Regional Programme Director Training appointed to the South Island Regional Training Hub (SIRTH)
- eReferral Management System introduced and has processed an estimated 80,000 referrals
- A single South Island database of cancer patient data which supports delivery of care to patients.

* *More details overleaf*

South Island Alliance Update September 2012

In the future

- More health care will be provided at home and in the community
- Other services, like those based in hospitals, will be shared across DHB boundaries
- Flexible models of care and new technologies will support health service delivery in new and different ways
- Health professionals will work differently to coordinate a smooth transition for patients between services
- Clinical networks and multidisciplinary teams will support the delivery of quality health services across the health sector.

From the Alliance Leadership Team

The South Island Alliance Board and Leadership Team wish to acknowledge the efforts and achievements of the Service Level Alliance teams in improving the health outcomes for our population over the 2011/12 year.

The 2011/12 year actions identify the key outcomes achieved as we move forward in our aim of providing increasingly integrated and coordinated health services. The most innovative ideas come from people working in health and we are pleased to see the Alliance framework creating an environment where it's easier for changes to be made to the way we have traditionally interacted and delivered services.

The strong leadership and team work developed will continue to make a difference as we grow in our understanding of the issues and opportunities to do things better under our *best for patients, best for system* approach.

Chris Fleming
Chair

South Island Alliance governance and leadership

Alliance Board:
The chairs of the five DHBs (Chair, Jenny Black, NMDHB)

Alliance Leadership Team:
The CEs of the five DHBs (Chair, Chris Fleming, SCDHB)

More on 2011-12 achievements

Early intervention for anorexia

A community-based early intervention programme for young people with anorexia nervosa is now available throughout the South Island. Maudsley Family-Based Programme is an evidenced-based intervention for those under 19 who have had the illness for less than three years.

Clinicians throughout the South Island have been trained in the programme as part of a national roll-out. Supervision of the clinicians via telemedicine is being provided by the South Island Eating Disorders Service (SIEDS), the regional specialists, based in Christchurch. The programme is now being provided in Nelson, Blenheim, Greymouth, Christchurch, Timaru, Dunedin, and Invercargill and is proving invaluable in preventing the need for in-patient treatment.

The programme is one of the initiatives being developed under the Mental Health Service Level Alliance.

Major savings through regional procurement

South Island procurement and supply chain staff, working closely with other colleagues and clinical teams, and in conjunction with Health Benefits Limited (HBL), have delivered about $15m in savings for the last financial year.

Under the South Island Alliance umbrella, the Support Services SLA has formed very strong, well represented regional workstreams, which include Procurement and Supply Chain, Food Services, Laundry Services, Maintenance and Engineering, and Clinical Engineering.

The workstreams are focused on standardising and rationalising systems, processes and consumables and have steadily built a strong working relationship with HBL which has representatives on all workstreams.

Potential for continued savings and efficiencies will be realised by working to Regional Procurement and Capex plans, which all the South Island DHBs are committed to under the Alliance.

For more information contact Jan Barber, Manager, South Island Alliance Programme Office, 03 378 6630 or 027 6677 395. jan.barber@siapo.health.nz

In agreeing a collaborative regional direction, the South Island DHBs have committed to a *best for patients, best for system* alliance framework to negotiate a way into the future.

West Coast District Health Board Te Poari Hauora a Rohe o Tai Poutini · Canterbury District Health Board Te Poari Hauora o Waitaha · Southern District Health Board · Te Wai Ora Nelson Marlborough District Health Board · South Canterbury District Health Board