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

22 NOVEMBER 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
Jenny McGill	• Employment with Lifelinks working with Ministry of Health contracted providers, including West Coast DHB.
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 DHB and West Coast Primary Health Organisation) • Contract for the Café and Catering at Tai Poutini • Daughter employed as nurse for West Coast DHB
Marie Mahuika-Forsyth	• Promoter for Healthy Eating Healthy Action (20 hours per week) • Executive Member of Makaawhio • Member of Tatau Pounamu

Member	Disclosure of Interest
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

DRAFT
MINUTES OF THE COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE
held in the Board Room, Corporate Office, Grey Base Hospital on Thursday, 11 October 2012 commencing at 9.00am

PRESENT
Elinor Stratford (Chairperson); Kevin Brown (Deputy Chair); John Ayling; Lynette Beirne, Dr Cheryl Brunton; Marie Mahuika-Forsyth; Jenny McGill; Mary Molloy; John Vaile; and Peter Ballantyne (ex-officio)

APOLOGIES
Apologies for absence were received and accepted from Robyn Moore and Dr Paul McCormack (ex-officio).

EXECUTIVE SUPPORT

Carolyn Gullery (General Manager, Planning & Funding – via video conference); Greg Hamilton (Team Leader, Planning & Funding – via video conference); Gary Coghlan (General Manager, Maori Health); Michael Freeman (Programme Manager); Karyn Kelly (Director of Nursing & Midwifery); Colin Weeks (Chief Financial Officer); Peter McIntosh (Research and Planning Officer Planning & Funding); Brian Jamieson (Communications Officer); and Kay Jenkins (Minutes).

WELCOME
The Chair welcomed everyone and introduced new Committee member Jenny McGill whose appointment to the committee was approved at the last Board meeting. She asked Gary Coghlan, General Manager, Maori Health to lead the Karakia.

Carolyn Gullery, General Manager, introduced herself and provided the Committee with an outline of her role. She commented that unfortunately she had to leave at 9.30am and Greg Hamilton, Team Leader, Planning & Funding would be attending in her place.

1. INTEREST REGISTER

Jenny McGill's interests provided verbally and the Committee noted that these will be included in the interest register for the next meeting.

Marie Mahuika-Forsyth advised that she is no longer the promoter for Healthy Eating Healthy Action. This is to be removed from the Interest Register.

2. MINUTES OF THE PREVIOUS MEETING
Resolution (/12)
(Moved: JohnVaile; Seconded: John Ayling - carried)

"That the minutes of the meeting of the Community and Public Health and Disability Support Advisory Committee held on 23 August 2012 be confirmed as a true and correct record"

MATTERS ARISING FROM THE MINUTES
The Chair advised that in future this item will be called "Carried Forward/Action Items"

The previous carried forward items were discussed and most had been reported back at either the August meeting or this meeting.

There are two items are to be carried forward for the next meeting:

1. the Human Rights Commission report "caring counts" - the Committee requested a report on the implications of this Report for the West Coast community and Age Related Services. The report back at the next meeting will also contain information regarding national work undertaken in this regard.

2. the Disability paper presented to the Canterbury DHB CPH&DSAC Committee.

3. CHAIR'S REPORT

The Chair advised that unfortunately a previous month's report had been circulated with the meeting papers and a later one was tabled. She also advised that in future this report would be included in the papers as an information item.

4. ORGANISATIONAL LEADERSHIP REPORT

Carolyn Gullery, General Manager, Planning & Funding spoke to this report. The report was taken as read.

The Committee discussed the immunisation statistics of 86% for eight month old Maori children for the three month period ending 31 August 2002. Whilst they found this disappointing they noted that more Maori children are immunised on the West Coast than anywhere else in New Zealand.

The Committee also noted the establishment of a pilot transportation option for Buller patients to outpatient services in Greymouth. Red Cross, in conjunction with Buller Rural Education Activities Programme (REAP) and the DHB will commence a weekly shuttle service, from the end of October for a 3 month trial period.

The commencement of a Gateway programme which is an inter-sectorial programme between Child, Youth/Youth Justice/Education & Health for high risk, high needs children has been slightly delayed. The recruitment process for a coordinator for this programme is underway and it is hoped this will be completed by early November.

A point was raised regarding reference to an internal audit on page 10 of the report as no previous reference had been made to this. The Acting Board Chair undertook to raise this in the Quality, Finance, Audit & Risk Committee meeting to ensure this is being addressed.

Discussion took place regarding the amount of people in rest homes and how this compares nationally. The Committee noted that we are aiming to reduce the amount of people cared for in rest homes by supporting them in their own home. The point was made that it is a challenge to find care givers in rural areas and therefore sometimes difficult to care for people in their own homes in rural areas.

The report was noted

5. CLINICAL LEADERSHIP REPORT

Karen Kelly presented the Clinical Leadership Report which was taken as read.

Discussion took place regarding rural nursing in Westland and the Committee noted that the DHB

is in the process of recruiting 2 rural nurse specialists for the South Westland area.

Carolyn Gullery left the meeting and Greg Hamilton joined the meeting.

A point was raised regarding the reconciliation of this report and the purpose of this Committee and also the opportunity within the profiles of the current changes anticipated for the Coast. The Board Acting Chair commented that he has asked the CEO to address this at the Board meeting

6. FINANCE REPORT

Colin Weeks, Chief Financial Officer, spoke to this report which was taken as read.

Concern was expressed regarding the deficit figure and whether this should be perceived as a trend or a monthly fluctuation. The Chief Financial Officer commented he believed this was a monthly fluctuation

The Committee noted that the seismic situation will cause infrastructure issues and savings would need to be made elsewhere to accommodate this as the Minister is still keen on us meeting the deficit figure stated in the Annual Plan.

The Acting Board Chair advised that there is still no update regarding the transitional funding.

The Chair thanked Colin for his contribution to the CPH&DSAC Committee during the time he has been with the DHB and wished him all the best for the future.

The Committee noted the report.

7. BETTER SOONER MORE CONVENIENT AND ALLIANCE LEADERSHIP TEAM UPDATE

Greg Hamilton, Team Leader, Planning & Funding spoke to this Update. He commented that this report is partly driven by a report required by the Minister on Health on Better Sooner More Convenient which basically presents what has been delivered through the programme.

A Committee member requested that where we state that 3,600 (under "Services are Delivered Closer to Home") more patients were being seen by specialists, could we say "appropriate specialists"

The comment was also made that it is important for the DHB to ensure the provision of services in the right place (this is in the context of travel for patients). The Committee noted that we still provide services as close to home as possible and that telehealth is often used.

The Acting Board Chair commented that he had met with the Minister of Health and Director General regarding Better Sooner More Convenient and following this meeting the Minister had phoned to say he was impressed with what is taking place on the West Coast

The Committee noted the update

8. GENERAL BUSINESS

- The Chair asked that a vote of thanks to Wayne Turp, Colin Weeks & Hecta Williams be formally noted in the minutes for their contribution to this Committee while employed by the West Coast DHB.

- Discussion took place regarding Cancer Care nurses and Karyn Kelly provided the Committee with an update in this regard.

- The Committee noted that the Regional Stroke Conference is being held on the West Coast this coming weekend.

- Gary Coghlan, General Manager, Maori Health, provided a brief update regarding what is taking place around Maori Health. A presentation will be provided to the next meeting. The Committee noted that Tirana Turia would be visiting Greymouth on 30 October 2012.

- Michael Frampton, Programme Director, provided an update regarding some transition arrangements which will be coming into effect. He advised that Kayrn Kelly would be acting in the position f Manager Primary & Community Care from Monday 15 October.

- Anthony Cooke, Chief Executive, West Coast PHO, attended the meeting to speak to the PHO Quarterly Report which was deferred from the last meeting. Anthony tabled some supplementary financial information to that already provided. He advised that the year-end financial result for the PHO was a deficit of $50K after a transfer from reserves of $300K. He added that the PHO will be trying to maintain $500K - $600K in the bank although this financial year the budget is to spend more than revenue and use more of the reserves.

  Committee members took the opportunity to raise questions from the report and the following matters were discussed:
  - Weight loss service
  - Health Promotion Coordinator
  - Transalpine approach
  - MoU with Rural Canterbury PHO
  - Workforce - Recruitment and Retention
  - Capacity n Primary Care, including waiting time for GP appointments
  - Minister's Health Targets

  The Committee noted the report.

INFORMATION ITEMS

- Terms of Appointment
- Meeting Schedule
- Terms of Reference
- Quality & Patient Safety Update
- South Island Alliance Update

There being no further business the meeting concluded at 10.50am.

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/ACTION ITEMS AS AT 22 NOVEMBER 2012

	DATE RAISED	ACTION	COMMENTARY	STATUS
1.	12 July 2012	**Human Rights Commission Report "Caring Counts"** The Committee requested a report on the implication of this Report for the West Coast Community and Age Related Services. Report to include information regarding work being undertaken at a national level.		Scheduled for 22 November 2012 meeting.
2.	12 July 2012	**Disability Support Update** The Chair tabled a copy of the Disability Support Update discussed at the Canterbury DHB CPH&DSAC 3 July 2012 meeting for the information of members. The Committee requested a report be provided regarding the position on the West Coast.		Scheduled for 22 November 2012 meeting.

PHO 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: **Anthony Cooke, Director WC PHO**

DATE: **1 November 2012**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is provided on a quarterly basis, highlighting the progress made on the Minister of Health's health and disability priorities.

2. RECOMMENDATION

That the Committee notes the Primary Health Organisation Quarterly Report

3. APPENDICES

Appendix 1: PHO Quarterly Report

Report prepared by: Anthony Cooke, Director WC PHO

Quarterly Report
July to September 2012

Contents

This quarterly report contains information relating to the activities and performance of the PHO during the quarter. It is prepared for the information of the PHO's Board of Trustees and Clinical Governance Committee, the PHO's contracted providers, the Alliance Leadership Team, the District Health Board and the wider community. The report as a whole is not a contractual requirement, though some of the tables are required to be reported to the DHB and other funding bodies quarterly.

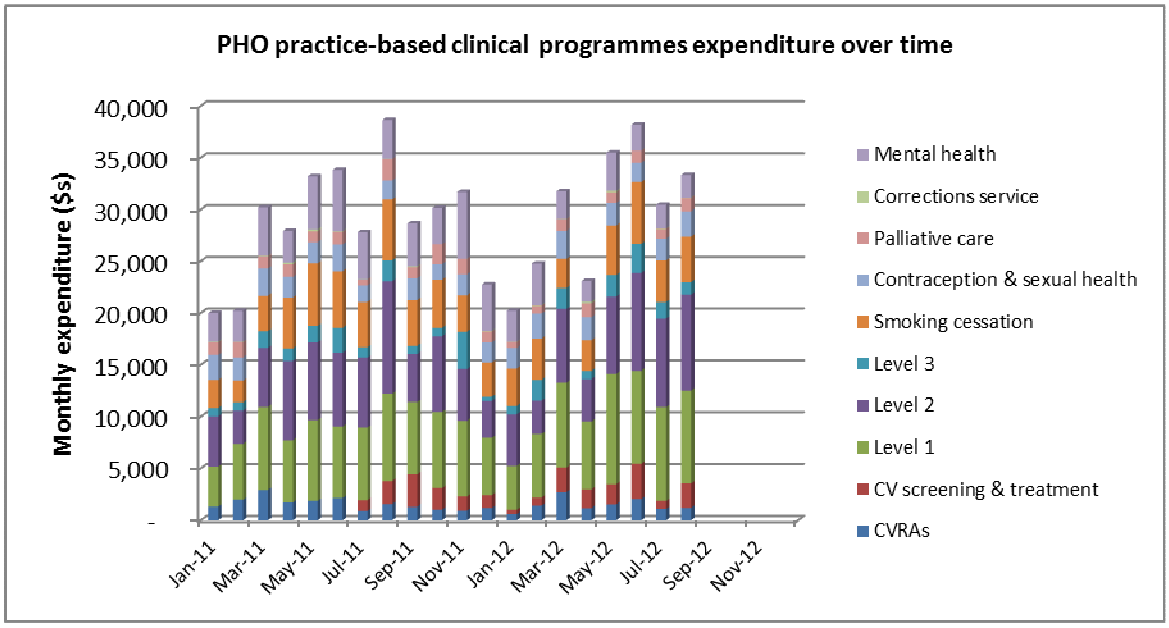
1. Executive summary

Possible new medical centre

A GP is planning to set up a new practice on the West Coast and has consequently applied for a back-to-back agreement with the PHO. The application is currently working its way through the PHO's standard, rigorous process for approval, including requisite checks with the NZ Medical Council and the RNZCGP. Securing long term GP resource is a key attraction of this possibility.

Clinical services

Despite the workforce shortages, strong demand from practices for the PHO's various clinical programmes has been continuing, as per this graph:



(Sept. figures were not available in time for this report)

Keeping people healthy

The foci of health promotion campaigns in the quarter has been:

- July – cancer awareness/prevention
- Aug – breastfeeding
- Sept – cervical screening

Select Committee Appearance re Tobacco Excise Increases

John Caygill, Dr Carol Atmore and Anthony Cooke attended the Finance & Expenditure Select Committee to speak in support of our submission advocating larger tobacco excise increases than those proposed by Government in the recent budget.

RFP to address smoking in pregnancy

The Ministry of Health sought Registrations Of Interest "for innovative interventions to reach the "hard to reach" pregnant women in order to help them quit smoking early in their pregnancy, and to ensure that they register with a Lead Maternity Carer for ongoing antenatal care, including stop smoking".

The PHO facilitated a multi-agency meeting that developed a response to this opportunity. The MoH then issued a formal Request For Proposals (RFP) and invited us to respond.

John Caygill, working with DHB, C&PH and Rata Te Awhina staff amongst many others, led the development of our response. The proposed innovative service aims to provide financial incentives and structured support to pregnant mums, with a view to engaging them earlier in their pregnancies, connecting them with the health system sooner and, ideally, encouraging them to quit smoking during pregnancy. The bid proposed the PHO as lead agency for the consortium, but with service provision (employment of additional kaiawhina hours) likely to be located in the Maori provider (Rata).

The MoH has advised that, initially, our bid was unsuccessful. However, they indicated support for the approach and advised they were seeking additional funding which might enable them to re-engage with us at a later date.

Workforce and rural support

The weekend away for rural practice staff, combined with our annual public meeting, is planned for the weekend of 17-18 November. It will be based at the Beachfront Hotel in Hokitika. The focus for this year's meeting is the interface between public and primary health care in relation to the management of adverse lifestyle behaviours and chronic care management. Danielle Smith is leading coordination of the conference, and a good line-up of speakers is in place, including:

- Dr Brett Mann
- Mr Andrew Hamer
- Dr Pat Neuwelt
- Prof Doug Sellman
- Assoc. Prof Tim Kenealy

Support to medical centres

PHO personnel have been assisting Mary Brown, practice management expert, to improve systems and procedures, particularly at Greymouth Medical Centre and South Westland practices.

Current initiatives underway to support practices include the following:

- revamping of orientation/induction sessions conducted by the PHO for practice staff, including development of a regular, published calendar of such days;
- revamping of enrolment forms and associated material for use by practices;
- updating of the PHO's administration folder for practices.

Under consideration are a number of additional possibilities. These have arisen in part as a result of the work Mary Brown has been doing, and include:

- an intention by the DHB to make compulsory for all their practice staff attendance at PHO induction;
- consideration of applying rural funds to accommodation costs to make easier attendance at such induction days by practice staff from outside Greymouth;
- investigation of MedTech training options, including possible development of a small suite of computers for practice staff to undertake comprehensive and consistent MedTech training away from their practice setting.

Governance matters (Trustee appointment processes)

These are all up-to-date through to March 2013.

Staffing, vacancies and succession planning

Richard Blakeborough commenced employment in the revised role of Marketing and Communications Manager. This role incorporates the previous Health Promotion role, but also a more strategic component. Richard will be a member of the PHO's Senior Management Team (SMT).

Erwin Horvath commenced in late September in a 0.6 FTE position in our primary care counselling service. Erwin comes to us from the Bay of Plenty where he has been working in primary care (as a bonus, his spouse adds to the health professional workforce on the West Coast as well!)

Patricia Hsu has also been appointed to a full-time role in the primary care counselling service and will be based in Westport, replacing Carmen Fabrik. She comes to the West Coast from Auckland, and will commence in early October.

The PHO's SMT had a day's personal, professional development in early August, ably facilitated by Bev Barron.

A number of SMT members are undertaking training and development in association with the New Zealand Institute of Management (NZIM). Sue-Ann Griffiths, Administration Manager, has undertaken a 3-day "Team Leader – The Essential Skills" course and is booked for the follow-up 3-day "Building Effective Teams" course in late October. Helen Reriti, Clinical Manager, is booked for a 7-day residential course "Excellence in Management" also in October 2012.

2. Statement of strategy & priorities

Adopted by the PHO Board of Trustees October 2010.

The purpose of the West Coast PHO is to promote and enable better health for the population on the West Coast and actively work to reduce health inequalities amongst at-risk and disadvantaged groups.

The PHO and the West Coast DHB have recently co-sponsored a joint 'Business Case' aimed at:

1. achieving clinical sustainability;
2. improving integration of community and primary health care;
3. achieve financial viability.

STRATEGIC OBJECTIVES ARE TO

- work with local communities and enrolled populations;
- identify and remove health inequalities;
- offer access to comprehensive services to improve, maintain, and restore people's health;
- fostering greater clinical leadership;
- co-ordinate care across service areas;
- develop the primary care workforce;
- continuously improve quality using good information and evidence;
- operate within the available funding.

WE WILL FOCUS ON THE REDESIGN AND TRANSFORMATION OF THE PRESENT PATIENT CARE PATHWAY

- in partnership with the community;
- by engaging with clinicians in order to improve:
  - access to primary care services;
  - continuity and consistency of primary care;
  - the co-ordination of care between the general practices, hospitals and community providers;
  - the provision of more community care in 'integrated family health centers;
- closing gaps of inequality for Maori.

BY USING KEY MECHANISMS AND ENABLERS SUCH AS

- better engagement with the community, families/whanau and individuals;
- implementing the 'Better, Sooner, More Convenient Primary Care' Business Case;
- adoption of efficient business/service models based on the principles of Alliance Contracting.

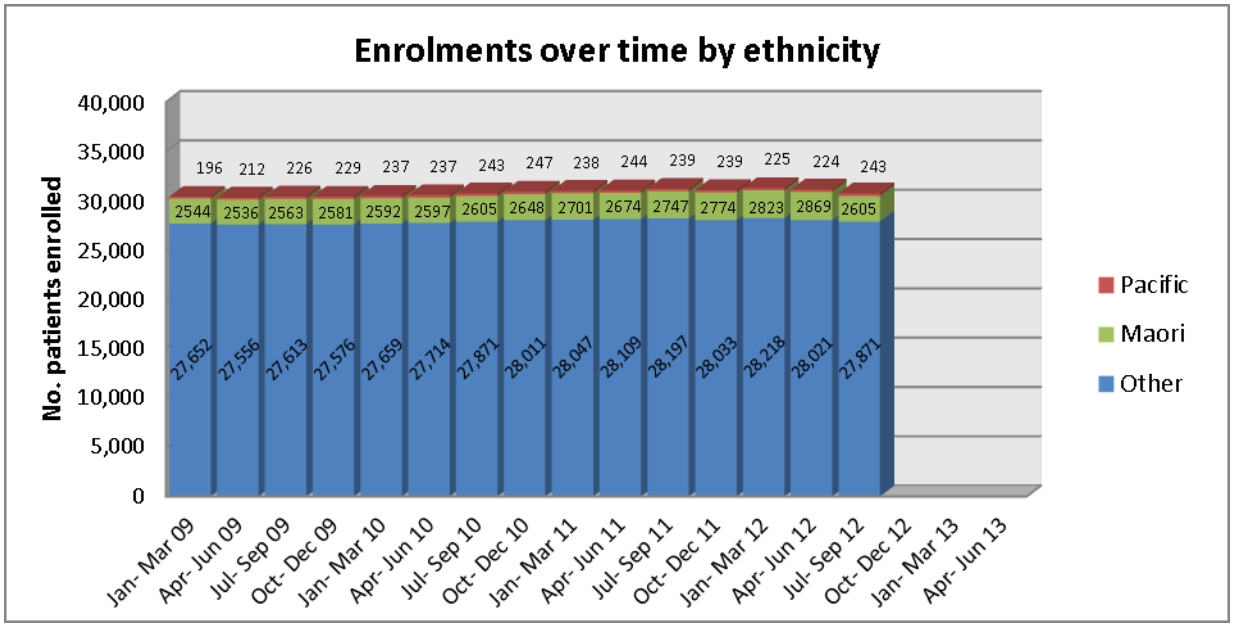
3. Financial summary

Profit & Loss
West Coast Primary Health Organisation
1 July 2012 to 30 September 2012

	30 Sep 12
Income	
1. Patient care subsidies	1,324,390
2. Clinical services	184,179
3. Mental health	105,438
4. Keeping people healthy	71,925
5. Workforce & rural support	280,236
6. Administration	169,788
Total Income	**2,135,957**
Less Cost Of Sales	
1. Patient care subsidies	1,324,391
2. Clinical services	95,575
3. Mental health	7,450
4. Keeping people healthy	7,104
5. Workforce & rural support	254,917
Total Cost Of Sales	**1,689,438**
GROSS PROFIT	**446,519**
Other Income	
6. Administration	17,242
Total Other Income	**17,242**
Less Operating Expenses	
Staffing & operations	476,198
Transfers to/from reserves -	26,819
Total Operating Expenses	**449,379**
NET PROFIT	**14,381**

4. Subsidising core general practice care

4.1. Demographics of the enrolled population



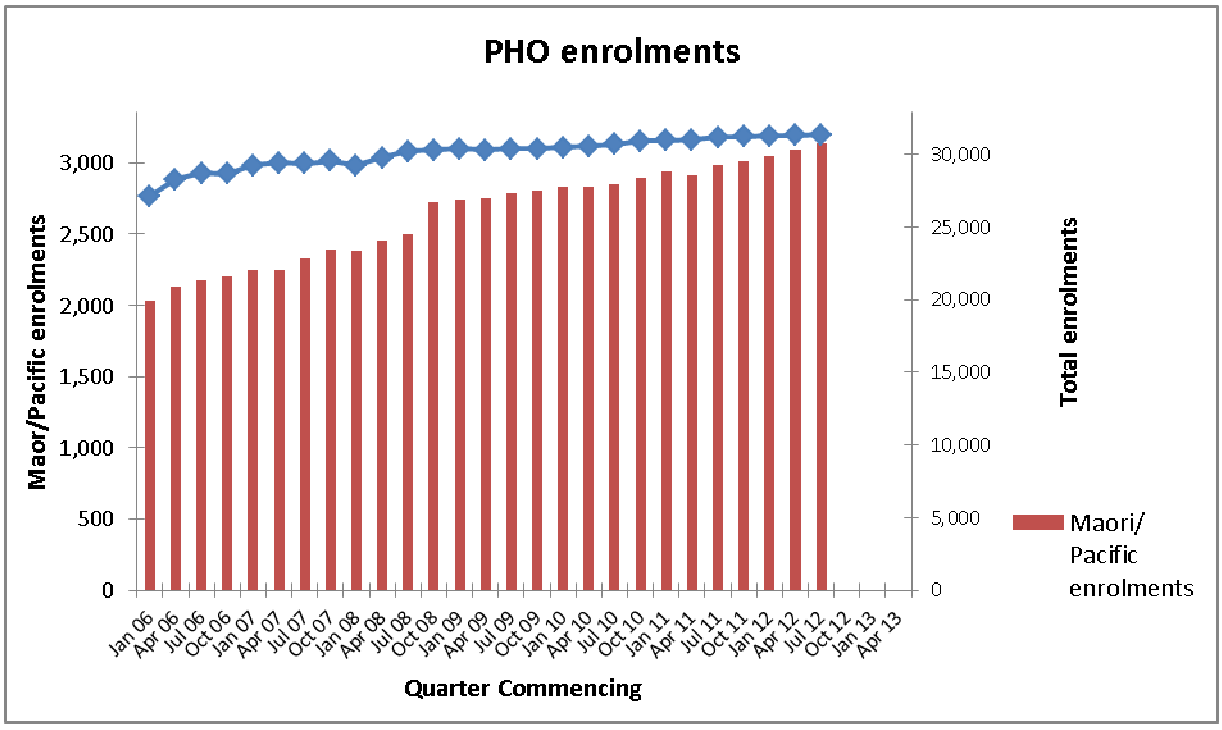
4.2. Service Utilisation (visits to the practices)

Waiting times to be seen by a medical centre or clinic
September 2012

(in working days)

Scenario	Average	Minimum	Maximum
Waiting time to be seen (by a nurse or GP) for child aged 3 yrs with fever and sore ear	0	0	0
Waiting time to be seen (by a nurse and/or GP) for adult aged 65 yrs who rings up saying he has had difficulty breathing for two days. He has no fever and is not on any current medication.	0	0	0
Waiting time if rings today for routine appointment with a Dr for three monthly review and prescription (approx. average across doctors)	8	0	14
Waiting time if rings today for routine appointment with a nurse for three monthly review and prescription	3	0	7

4.3. Access by Maori



Enrolments of Maori and Pacific people continue to increase at a faster rate than other ethnicities.

4.4. Providers

There are six practices in the PHO (or seven, if Rural Academic General Practice is considered separate from Greymouth Medical Centre):

Buller Medical Services (Westport & Karamea)
Reefton Medical Centre (Reefton)
Greymouth Medical Centre (Greymouth & Rural Academic General Practice)
High St Medical Centre (Greymouth)
Westland Medical Centre (Hokitika)
South Westland Area Practice (South Westland)

4.5. Cost of accessing primary care

All practices have now adjusted their fees to the maximum currently permitted under the Very Low Cost Access scheme.

Patient fees	0 to 5	6 to 17	18 to 24	25 to 44	45 to 64	65+
Buller Medical Services	$0	$11.50	$17.00	$17.00	$17.00	$17.00
Greymouth Medical Centre	$0	$11.50	$17.00	$17.00	$17.00	$17.00
High Street Medical Centre	$0	$11.50	$17.00	$17.00	$17.00	$17.00
Reefton Medical Centre	$0	$11.50	$17.00	$17.00	$17.00	$17.00
South Westland Area Practice	$0	$11.50	$17.00	$17.00	$17.00	$17.00
Westland Medical Centre	$0	$11.50	$17.00	$17.00	$17.00	$17.00

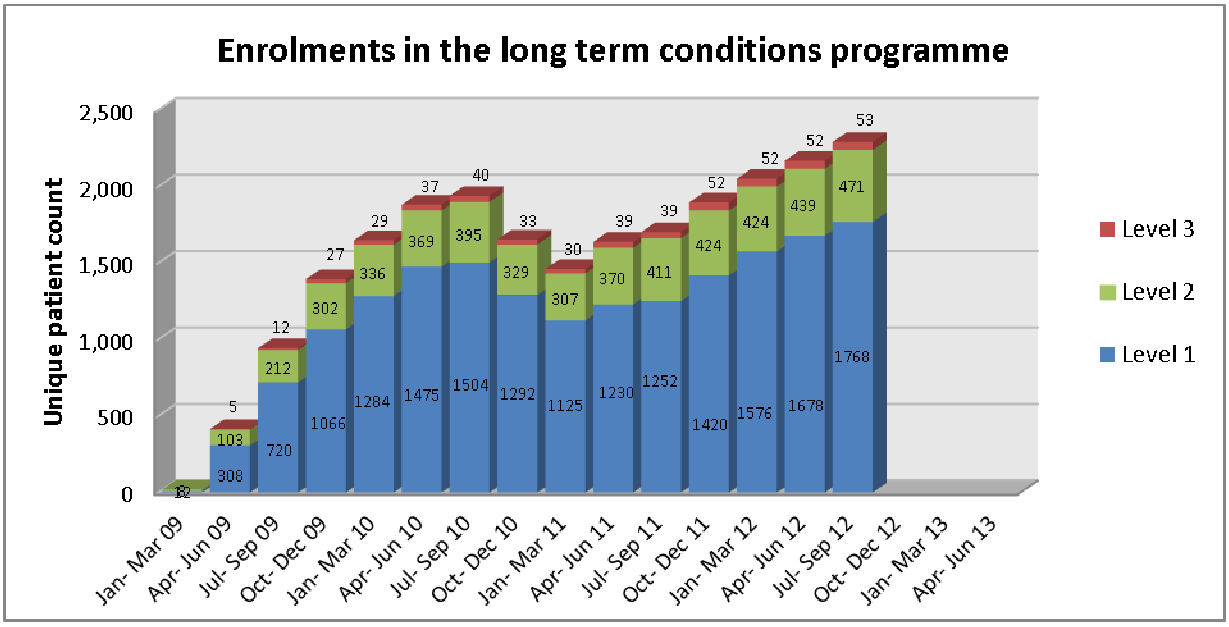
These are the fees patients can expect to be charged at their normal practice during working hours for a normal consultation, if the patient is enrolled with the West Coast PHO. Additional fees may apply to after hours, weekends, long appointments, home visits, procedures and casual patients. The PHO encourages all West Coast residents to enrol with the PHO, registering with one practice and using that practice for all of their health needs. This ensures people will be offered all the health checks they should receive, as well as access to lower fees and other patient advantages. However, if people enrol with one practice and then utilise another they will incur a "casual" rate fee which can vary from practice to practice. Stated co-payments only apply to the practice with which people are registered.

5. Clinical Services

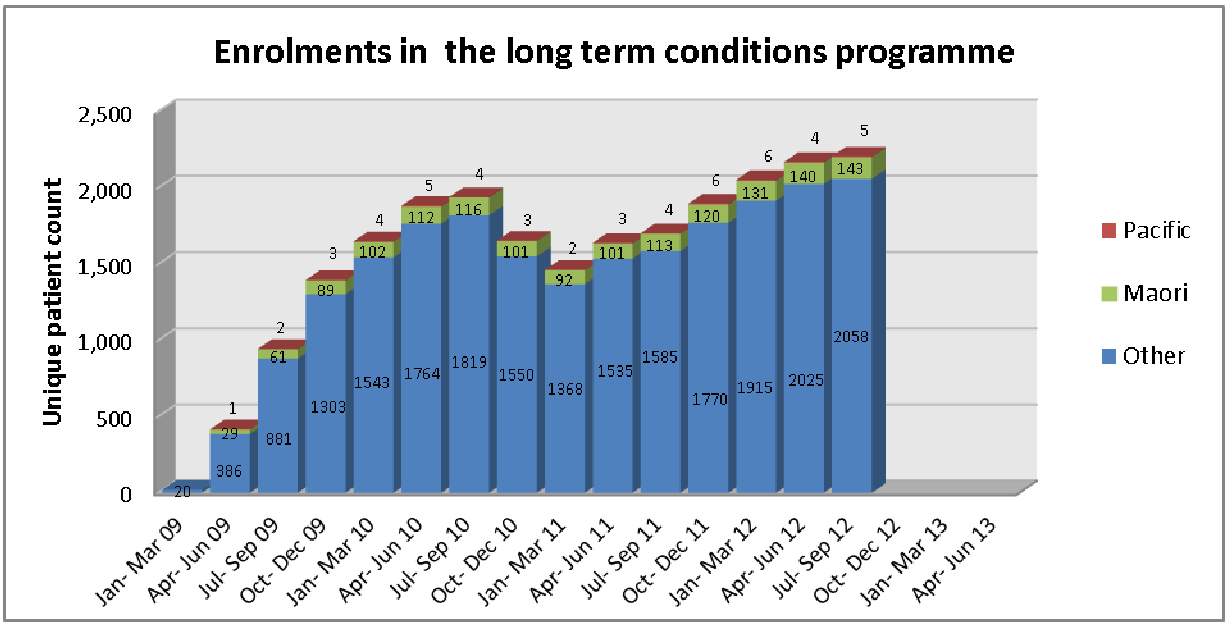
5.1. Long Term Conditions programme (LTC Programme)

On target: *Yes*

1. Outcomes/Outputs



The 2292 patients who are enrolled in the LTC programme, out of the PHO's approximately 31,300 enrolled patients, means that 7.3% of the enrolled population is engaged in a structured programme of care for their long term condition(s).



Maori enrolments make up 6.2% of all enrolments in the LTC programme to date. For comparison Maori make up 5.3% of the enrolment population aged 45+ years – the prime age group of people in the Long Term Conditions programme.

2. **Key Activities**
   - enrolments this quarter have increased across all levels of care;
   - health navigators continue with their support to practice teams with level 2 and 3 patients, activity for this team is growing every quarter;
   - quarterly reports to practices regarding enrolments, places available and new cap levels for the 2012/13 year;
   - practice teams are actively inviting long term conditions patients who are yet to be enrolled in the structured LTC programme in to a nurse led clinic as well as recalling those who are due for their annual reviews.

3. **Networking/Education** (either with Health Sector or Community)
   - health navigators visiting relevant practices to action all referrals;
   - pharmacies and practice teams.

4. **Issues and Risks**

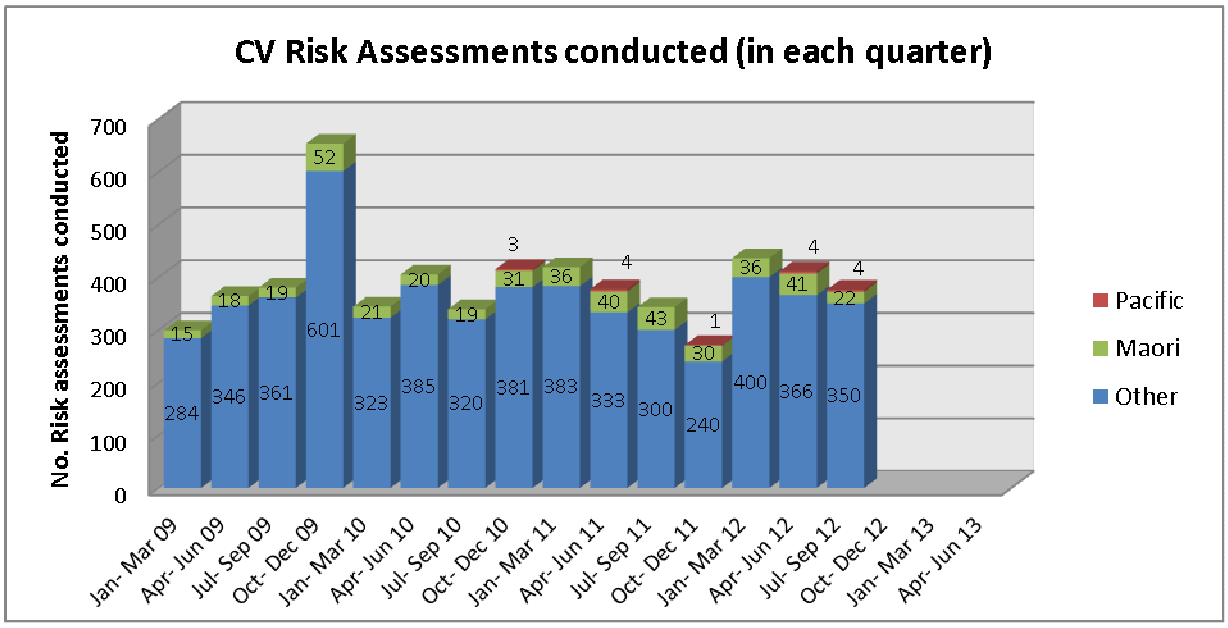
Issues/Risks	**Mitigation/Resolution**
• Nil.	• Nil.

5.2. Cardiovascular risk assessments

On target: Yes

From 1 January 2012, there has been a change to the national health target for cardiovascular disease and diabetes. The revised health target, to be called 'More heart and diabetes checks', will measure the number of completed cardiovascular risk assessments for all eligible persons within the last five years (which includes a diabetes check). The national goal target will be 90%, to be achieved in steps over three years.

1. Outcomes/Outputs



Activity this quarter has been slightly less than last but remains pleasing for the end of the winter period.

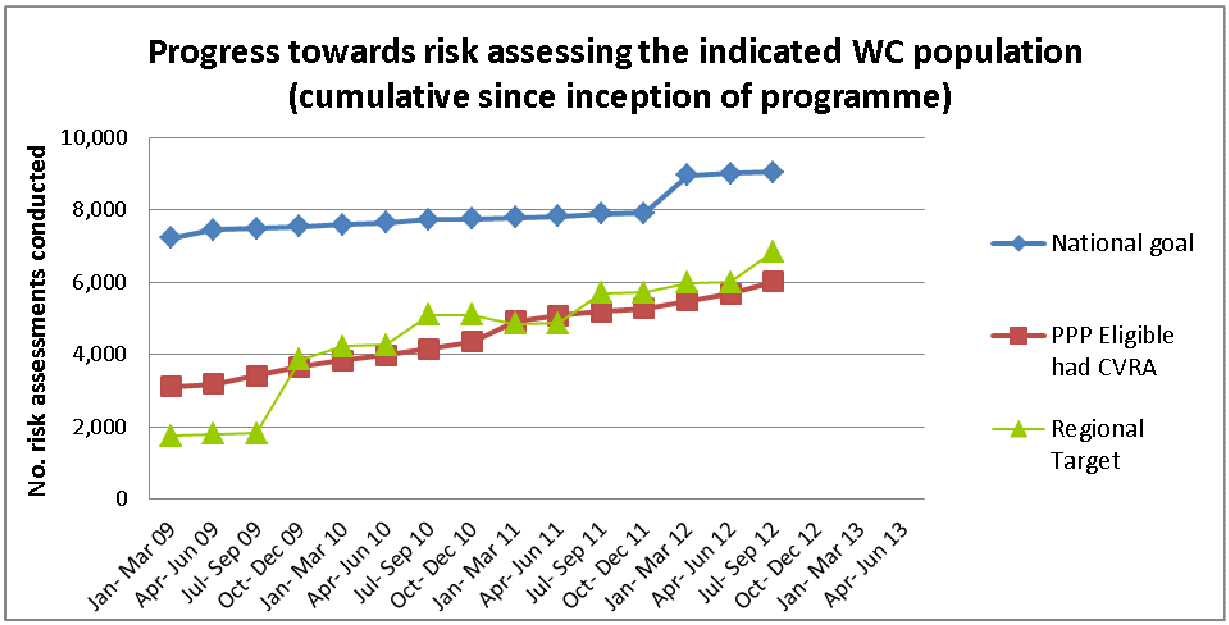
Maori make up 5.8% of completed CVRAs this quarter. By comparison, Maori make up 7.8% of the eligible cohort for CVRA on the West Coast. (The eligible age range for Maori is male 35-74 years and for female 45-74 years.)

The smoking profile for CVRAs YTD (01/07/12 – 30/06/13) is as follows:

- of Maori screened to date 72% were not smoking compared with other ethnicities screened not smoking 85%.

2. Key Activities

- On-going support from clinical manager to practice nurses/teams to identify eligible patients for screening;
- practice teams are actively inviting people in to nurse led clinics to have their 5 year cardiovascular risk assessed;



The new national goal is that 90% of the eligible population will have had their cardiovascular risk assessed in the last five years, to be achieved in stages by 1 July 2014. The first stage was to achieve 60% by July 2012. The second phase is now to achieve 75% by 1st July 2013 as is depicted in the regional target. As at 30th September 6,011 people who were eligible for their CVRA were completed (regional target being 7,537).

3. **Networking/Education** (either with Health Sector or Community)
   - PHO Clinical Governance Committee;
   - quarterly progress reports to practice teams and articles of interest sent to practice QI teams;
   - practice teams.

4. **Issues and Risks**

Issues/Risks	Mitigation/Resolution
• Nil.	• Nil.

5.2.1 Treatment for those identified with increased cardiovascular risk

1. **Outcomes/Outputs**
   - Of the 376 Cardiovascular Risk Assessments (CVRAs) completed this quarter, 52 (13.8%) were identified as having >15% risk of having a heart attack or stroke in the next 5 years.

   Comment:
   In previous reports a graph was inserted here showing the percentage of high risk patients followed-up for one year who are on a preventative medication. What was of concern, and required further investigation, was the apparent significant drop in the percentage of people with CVRA>15% being prescribed medication one year after initial detection. Following review of the data quality it was found that there are some issues and inaccuracies and until these are resolved a graph will not be available at this stage.

2. **Key activities**
   - all identified smokers are given brief advice and support to quit;
   - recommended lifestyle interventions: diet, physical activity and weight management advice given and referrals made to relevant primary and secondary care providers;
   - optimal pharmacological treatment is commenced;
   - regular follow-up monitoring of cardiovascular risk.

3. **Networking/Education** (either with Health Sector or Community)
   - PHO Clinical Governance Committee;
   - quarterly progress reports to practice teams and articles of interest sent to practice nurses;
   - practice teams;
   - heart respiratory team meetings each quarter.

4. **Issues and Risks**

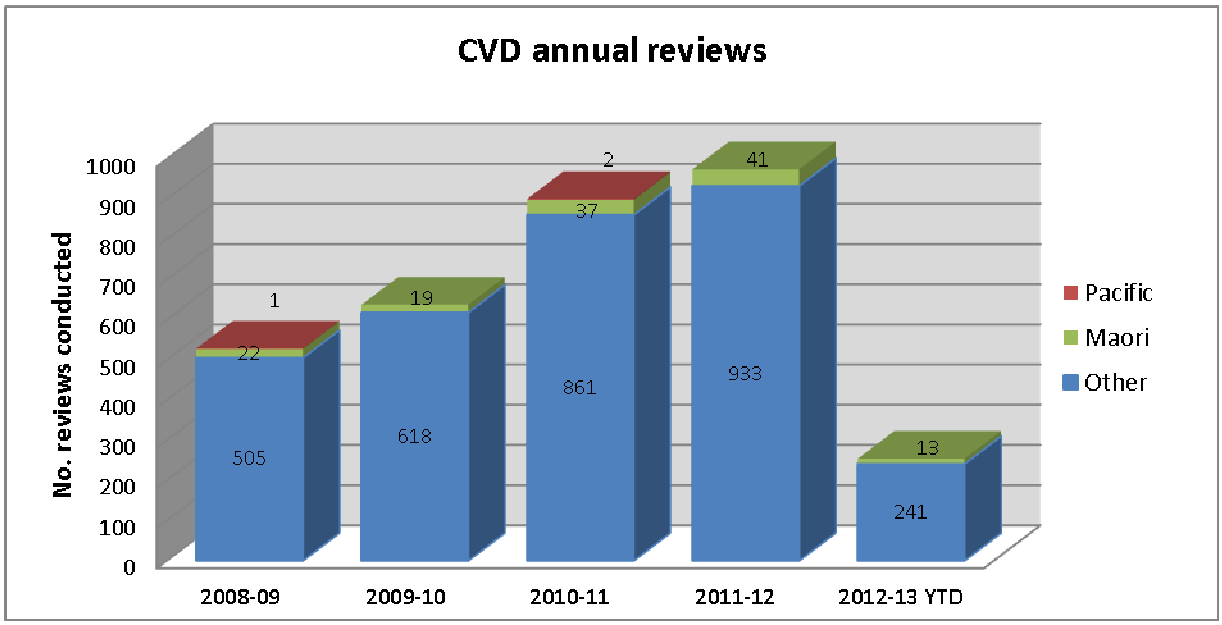
Issues/Risks	Mitigation/Resolution
• Data inaccuracies of pharmacological management of those with risk >15%.	• Further review of data quality to ensure reporting accuracy. • On-going feedback to practice teams through QI team reporting and practice visits.

5.3. CVD annual reviews

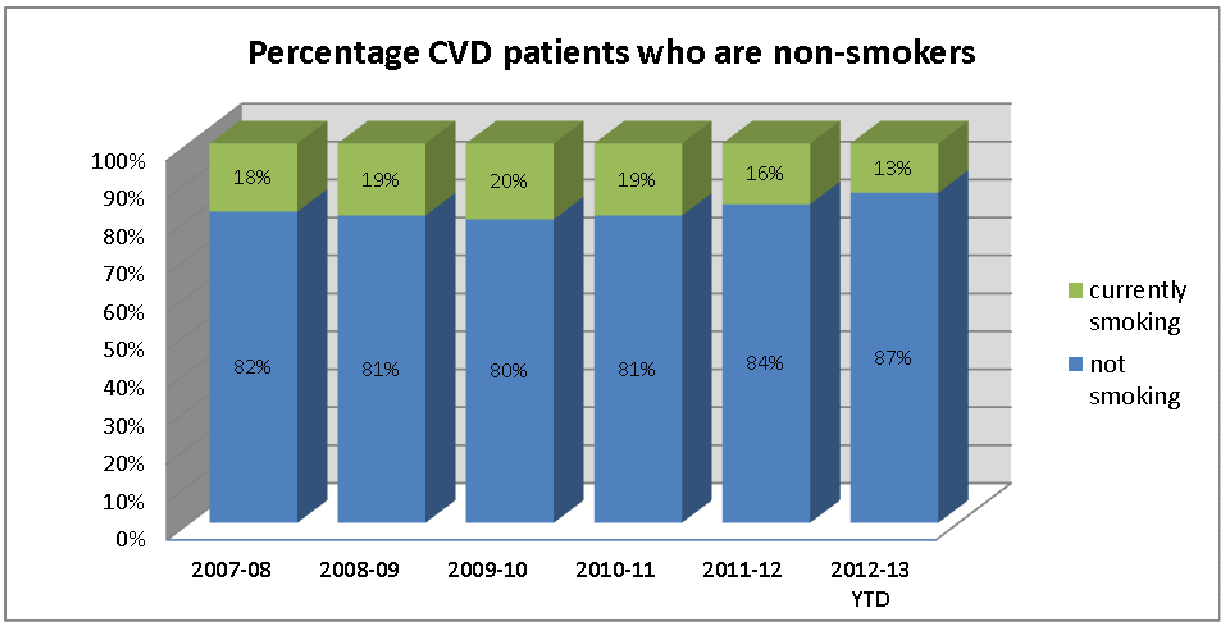
On target: Yes

1. **Outcomes/Outputs**

   People with identified cardiovascular disease have an annual review of their condition as part of the Long Term Conditions (LTC) management programme.

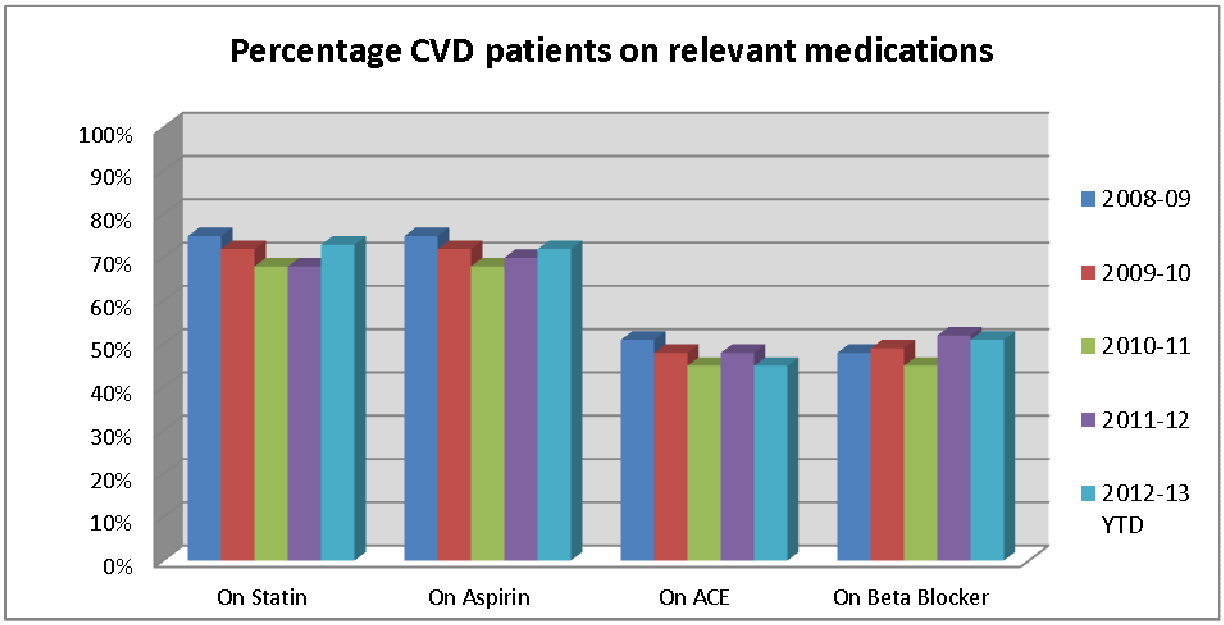


5% of the annual reviews conducted this quarter were for Maori. For comparison Maori make up 5.3% of the enrolment population aged 45+ years – the prime age group of people in the LTC programme.



Of those reviewed YTD 87% of people were not smoking. Of Maori reviewed YTD 93% were not smoking and other ethnicities 86% were not smoking.

For those who are smoking there is a vast range of cessation services to choose from, all promoted across the West Coast.



Pharmacological management for people with established heart disease continues to be pleasing.

2. Key Activities

- nurse led clinics occurring at the majority of practices for CVD annual reviews;
- on-going support from PHO's clinical manager to practice teams to identify eligible patients who have not had a CVD annual review;
- practices are actively recalling patients with known cardiovascular disease for their annual reviews at dedicated nurse lead clinics.

3. Networking/Education (either with Health Sector or Community)

- quarterly progress reports to practice QI teams;
- practice teams;
- Cardiac Nurse Specialists
- Heart Respiratory Team (HRT) meetings

4. Issues and Risks

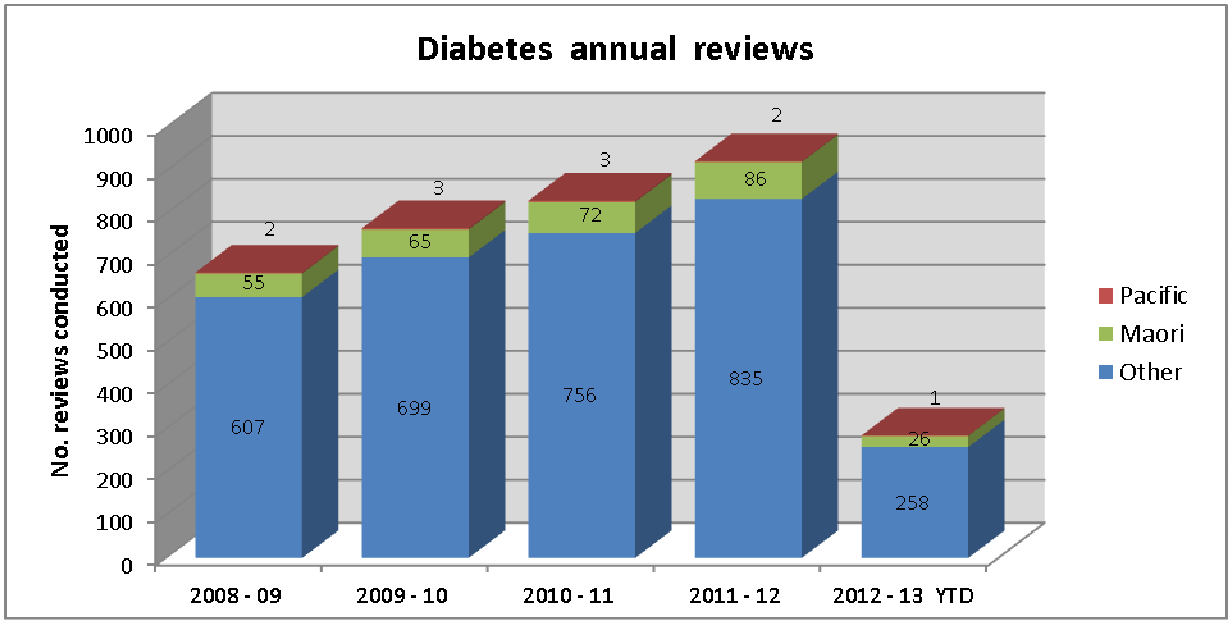
Issues/Risks	Mitigation/Resolution
• Nil	• Nil.

5.4. Diabetes care

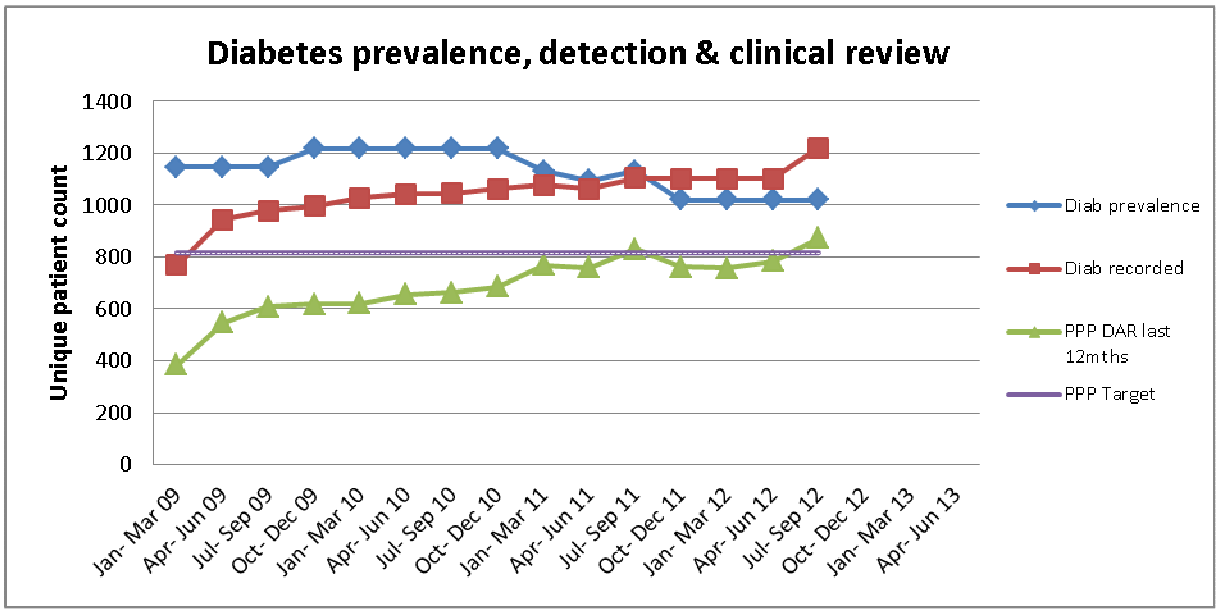
On target: Yes

1. **Outcomes/Outputs**

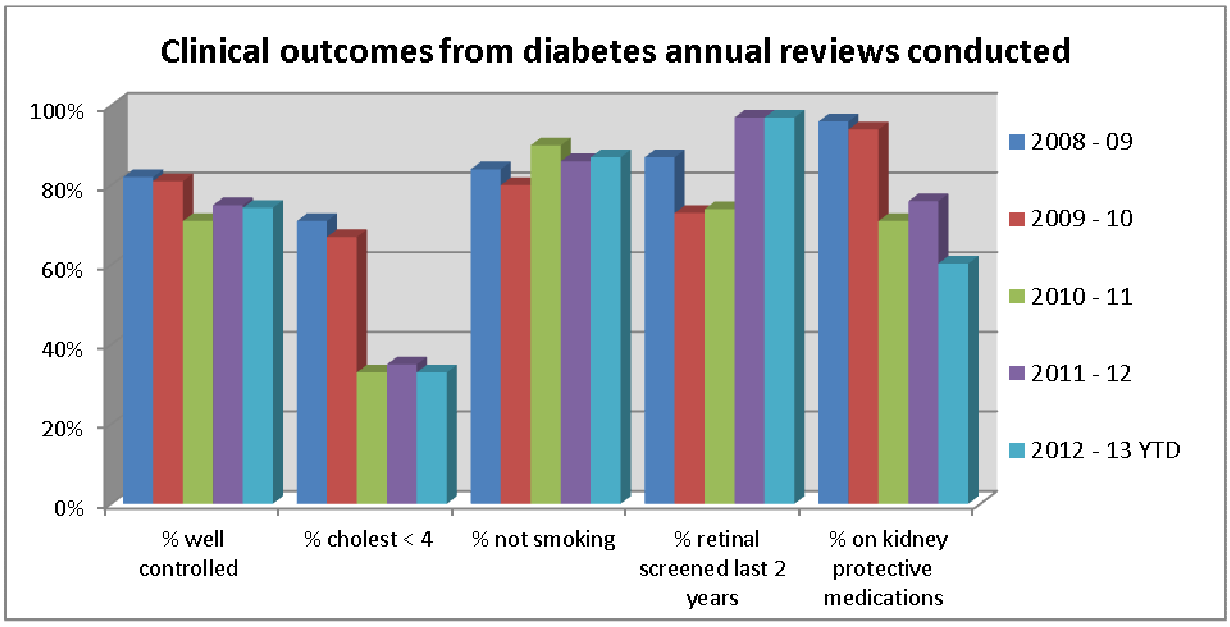
People identified with diabetes have an annual review of their condition as part of the Long Term Conditions (LTC) management programme.



9.1% of the annual reviews conducted YTD were for Maori. For comparison Maori make up 5.3% of the enrolment population aged 45+ years – the prime age group of people in the LTC programme



A new diabetes prevalence model recently developed by the Ministry of Health was applied to prevalence estimates from 1 July 2011, with the new prevalence estimates becoming available in October – these are now applied and are reflected in the graph above (blue line).



It should be noted that the comparison of percentage cholesterol <4 began from 1st January 2010, prior to this the measurements were % cholesterol <5. (Recommended in the NZ Cardiovascular Guidelines 2009). Since the reporting change, the number of people with a cholesterol in the desired target range (<4) is low, but it is pleasing to note of those identified with elevated cholesterol (>4), 73% are appropriately medicated on a statin.

	Type 1	Type 2	Other Diabetes	Total Diabetes	As % Total Annual Reviews	Retinal Exam in Past 2yrs	% had Ret Exams	HbA1c > 8	As % HbA1c <=8	% non-Smokers	% On Statins
Maori	1	25	0	26	9%	26	100%	6	73%	69%	62%
Pacific	0	1	0	1	0%	1	100%	1	0%	99%	100%
Other	38	219	1	258	91%	249	97%	54	72%	89%	74%
TOTAL	39	245	1	285	100%	276	97%	61	73%	87%	73%

2. Key Activities

- a retinal screening week was held in August: 105 people screened, 44 Greymouth and 61 Westport;
- planning for next retinal screening clinic for 12th to 16th November 2012 which will be held across 3 days in Hokitika and 2 days in Westport;
- planning is under way to remodel the diabetes self-management courses.

3. Networking/Education (either with Health Sector or Community)

- diabetes nurse educators at DHB;
- diabetes course facilitators Buller and Greymouth;
- Local Diabetes Team meeting 8th August 2012;
- retinal screening appointments made and confirmation letters sent out;
- notification to practices of patients retinal screened;
- promotion of Living Well with Type 2 diabetes courses (DSME) to practices and community and on PHO website.

4. Issues and Risks

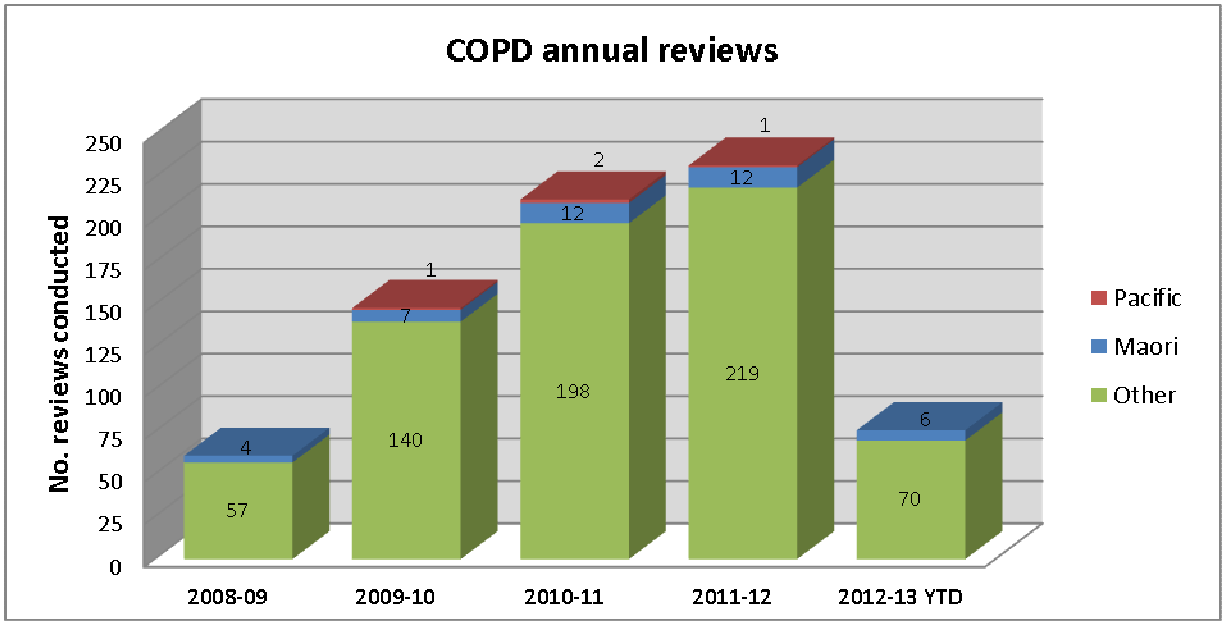
Issues/Risks	Mitigation/Resolution
• Nil.	• Nil.

5.5. COPD annual reviews

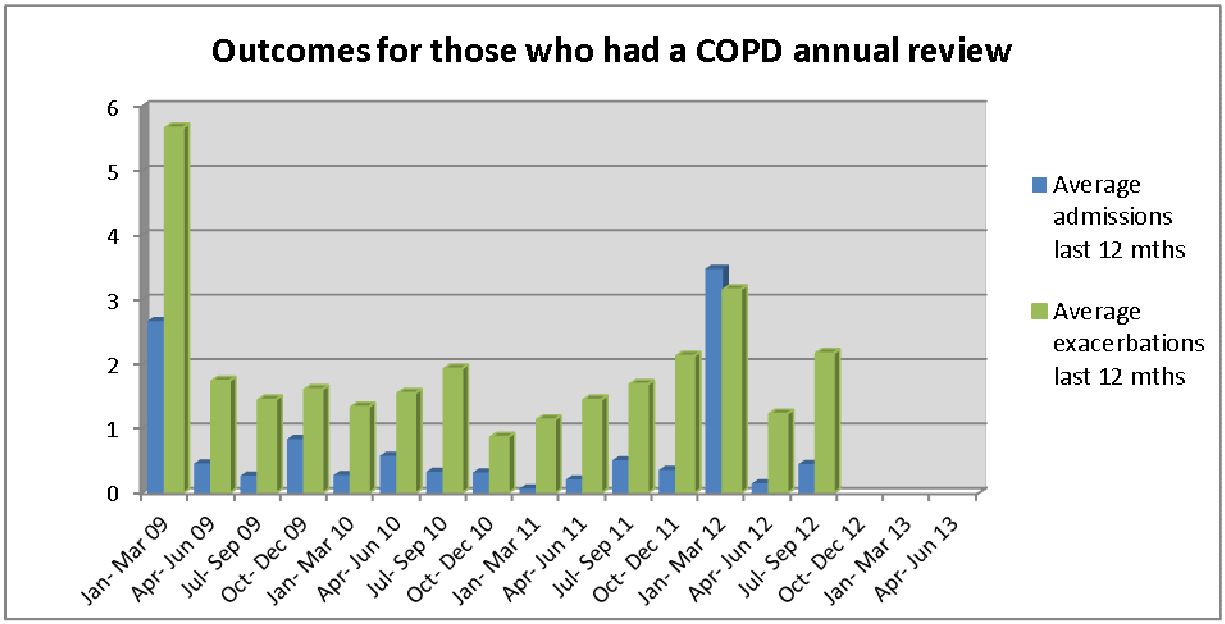
On target: Yes

1. Outcomes/Outputs

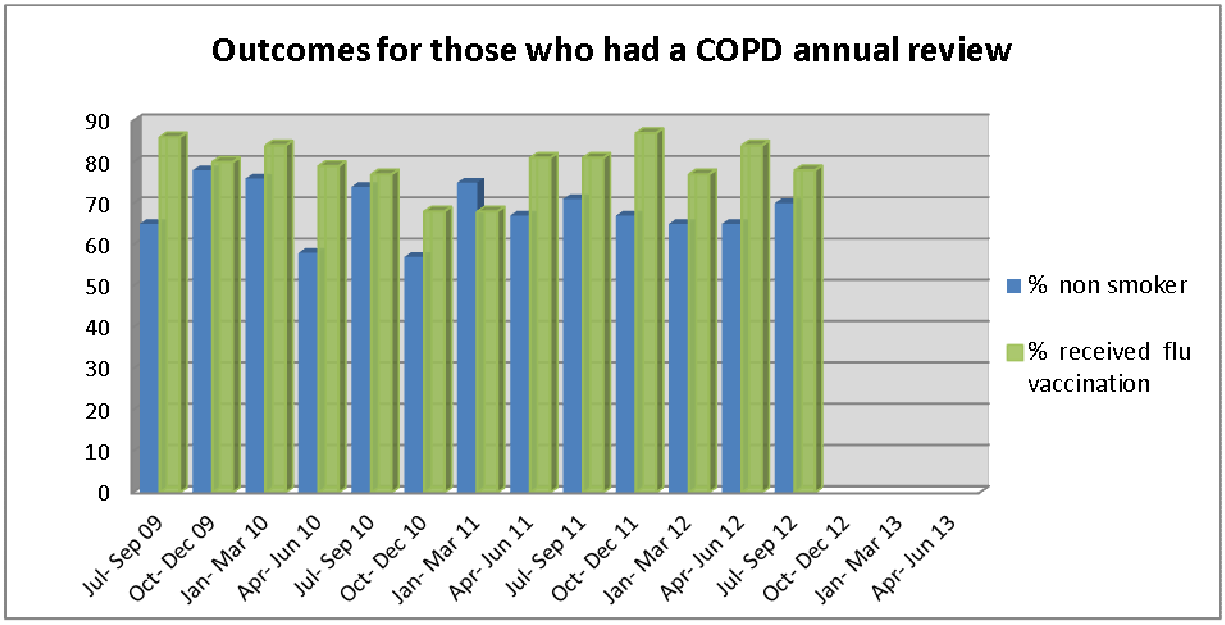
People identified with COPD have an annual review of their condition as part of the Long Term Conditions (LTC) management programme.



8% of reviews conducted YTD have been for Maori. For comparison Maori make up 5.3% of the enrolment population aged 45+ years – the prime age group of people in the LTC programme.



The average exacerbations and admissions remain at an acceptable number this quarter. The average exacerbations rose but this is not unexpected at the end of the winter period.



It is pleasing to see, of the people who had their COPD annual review this quarter that there has been an increase in the percentage who are smokefree.

2. Key Activities

- nurse led COPD clinics at practices;
- promotion of influenza vaccine continued throughout this quarter for patients with COPD.

3. Networking/Education (either with Health Sector or Community)

- WCDHB Smokefree Service Development Manager for promotion of the Warm Up West Coast Project;
- practices and pharmacies;
- respiratory nurse specialists;
- next full 2 day Spirometry training to be held October 12-13th in Christchurch, flyers and registration details sent to all practice nurses;
- Heart Respiratory Team (HRT) meeting held 20th September 2012.

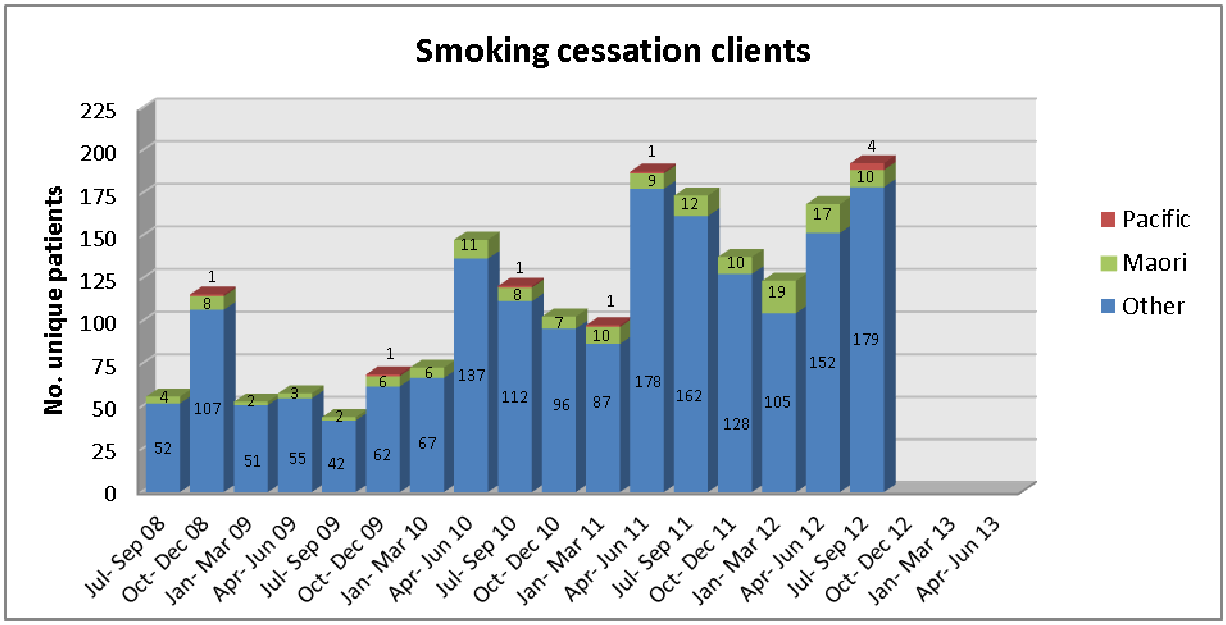
4. Issues and Risks

Issues/Risks	Mitigation/Resolution
• Nil.	• Nil.

5.6. Smoking cessation

On target: Yes.

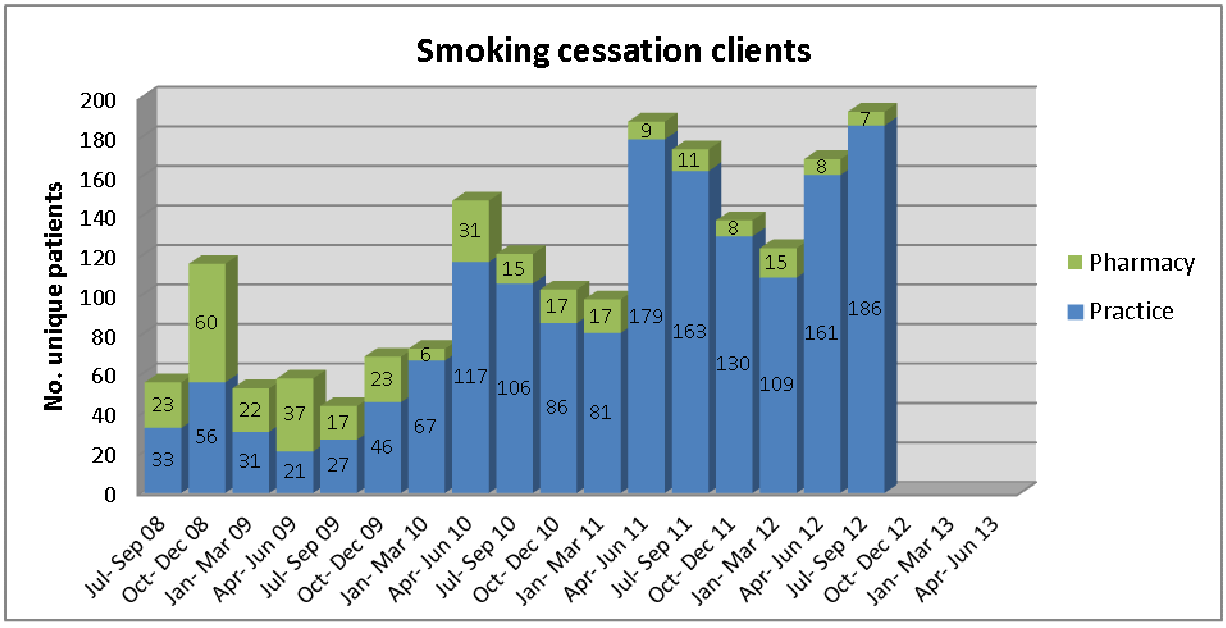
1. Outcomes/Outputs

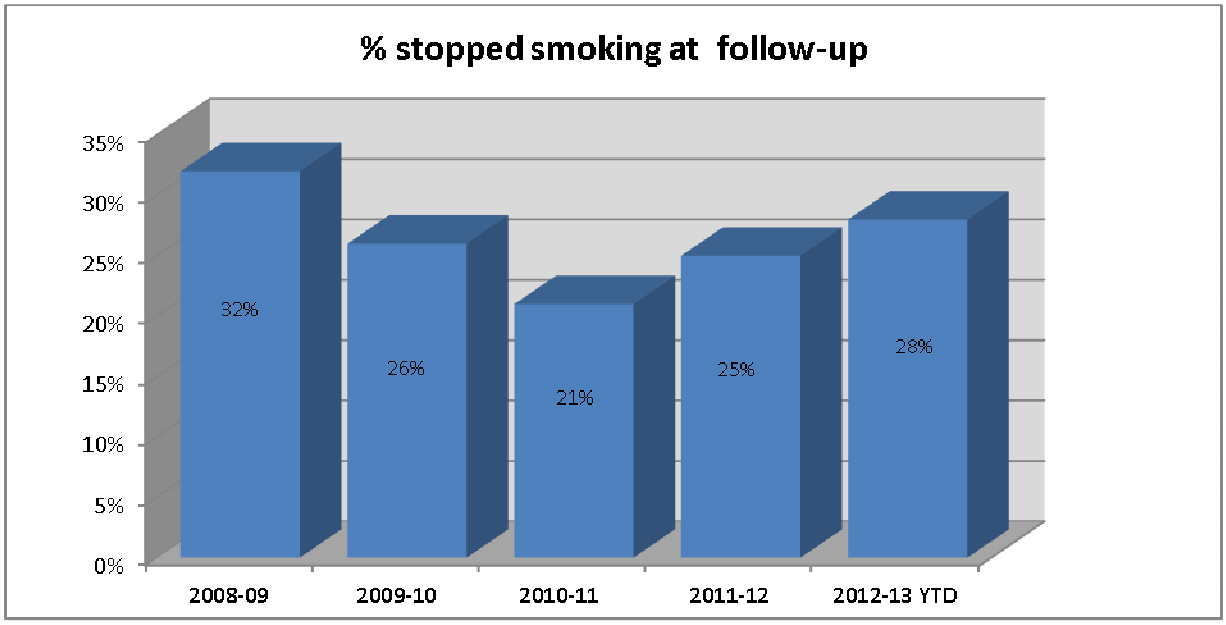


Another increase in enrolments to the programme this quarter, with a noticeable increase in Pacific people attempting to become smokefree.

NB. Enrolments reflected in this graph are only to the PHO Coast Quit Smoking Cessation programme (i.e., Maori who enrol in the kaupapa Maori smoking cessation programme, Aukati Kaipaipa, run by Community & Public Health, are not included in these numbers).

Nevertheless, Maori enrolments made up 5% of all enrolments in the Coast Quit programme this quarter.





The above graph shows 28% of the people phoned for their follow-up were still smokefree in the 3-6 month period since commencing the Coast Quit programme (follow-up made during this quarter). This is still a very encouraging outcome of the programme.

In March 2011 the ministry recommended standard measurement of outcomes of smoking cessation service in New Zealand. The minimum standard asks for measuring at 4 weeks following Target Quit Date (TQD) and then again at 3 months after TQD. Prior to 2011-12 our quit rates were calculated at 6 months following TQD. Current YTD rates are collated and corrected each quarter at four months.

2. Key Activities

Co-ordination of ROI and RFP for innovative stop smoking interventions for pregnant women.

Cessation:

- feedback to Coast Quit providers.

Primary Care:

- NRT supply to practices and pharmacies;
- on-going practice support with MedTech coding for PHO Performance Programme smoking indicators;
- participation in monthly Ministry led teleconferences regarding primary health targets.

Secondary Care:

- feedback on ABC target results to Clinical Nurse Managers and ward champions;
- fortnightly meetings with HEHA and Smokefree Services manager;
- liaison with DHB smoking cessation providers;
- preparation and initial distribution of reminder letter for mandatory ABC training for DHB staff;
- further work on DHB smokefree policy issues, and consultation with contracted services managers;
- participation in monthly MoH-led telephone conferences;

- presentation on ABC to public health nurses;
- meeting with new maternity services clinical nurse manager;
- preparation of issues paper on ABC and ante-natal care;
- meeting with DHB Maori Health management re the Maori Health and Tobacco-Free plans.

3. **Networking/Education** (either with Health Sector or Community)
   - West Coast Tobacco-Free Coalition (WCTFC) meetings (2) and liaison with health promotion advisors at C&PH and cancer society;
   - meetings (3) with WCTFC mental health sub-group
   - meeting with new PACT staff training manager;
   - steering group meetings for Buller REAP Youth Project;
   - clinical supervision for Aukati Kai Paipa provider (C&PH);
   - involvement in smokefree health promotion activities including the display at AgFest and an outreach desk at New World in Hokitika;
   - 8 attendees at the Cessation Practitioner Training Stages 1 and 2 (Heart Foundation) on 21st August;
   - 12 attendees at the Advanced Motivational Interviewing workshop (Dr Mark Wallace-Bell) on 22nd August;
   - preliminary planning for a study day on smoking cessation and mental health to be held in November;
   - attended Motivational Training workshop 22nd August.

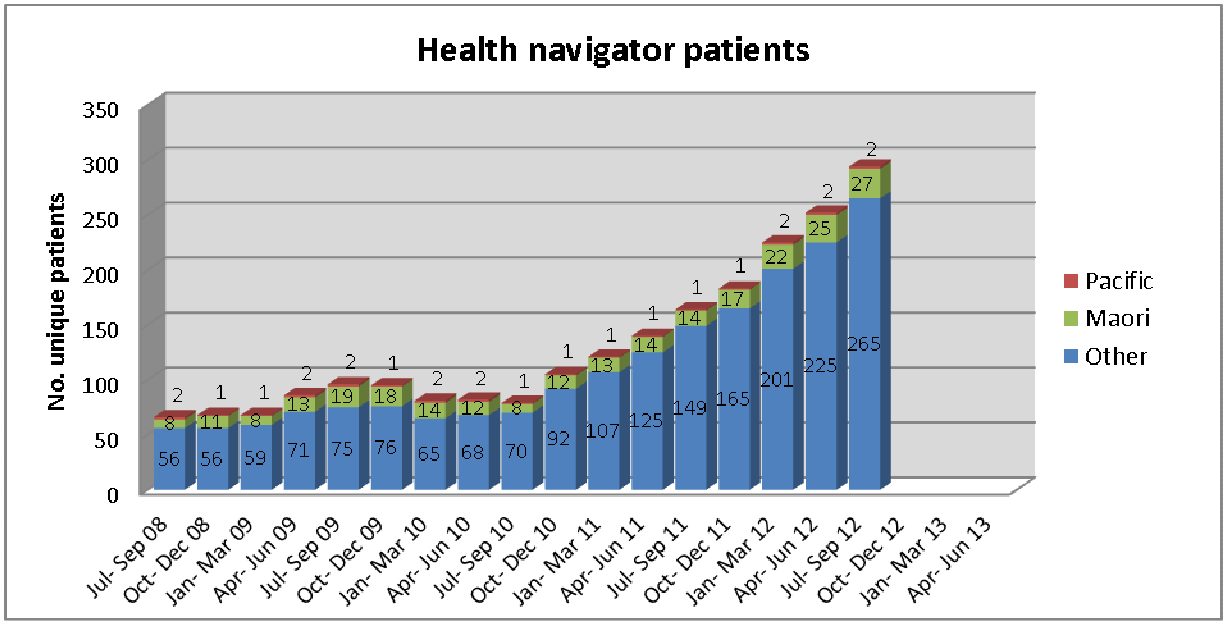
4. **Issues and Risks**

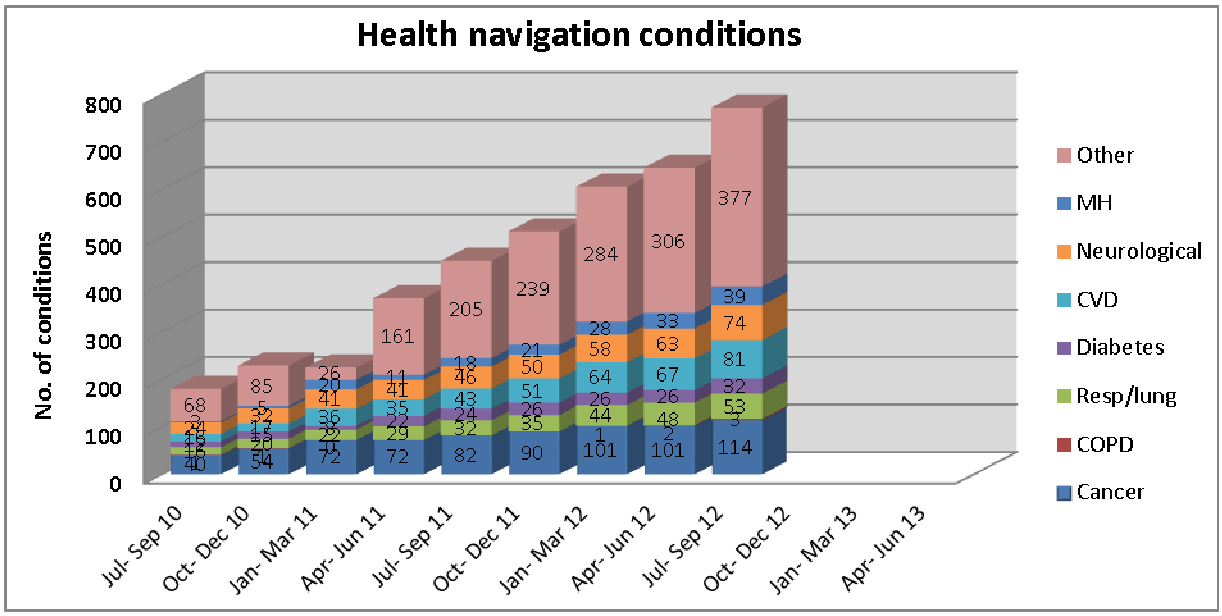
Issues/Risks	**Mitigation/Resolution**
• Nil	• Nil

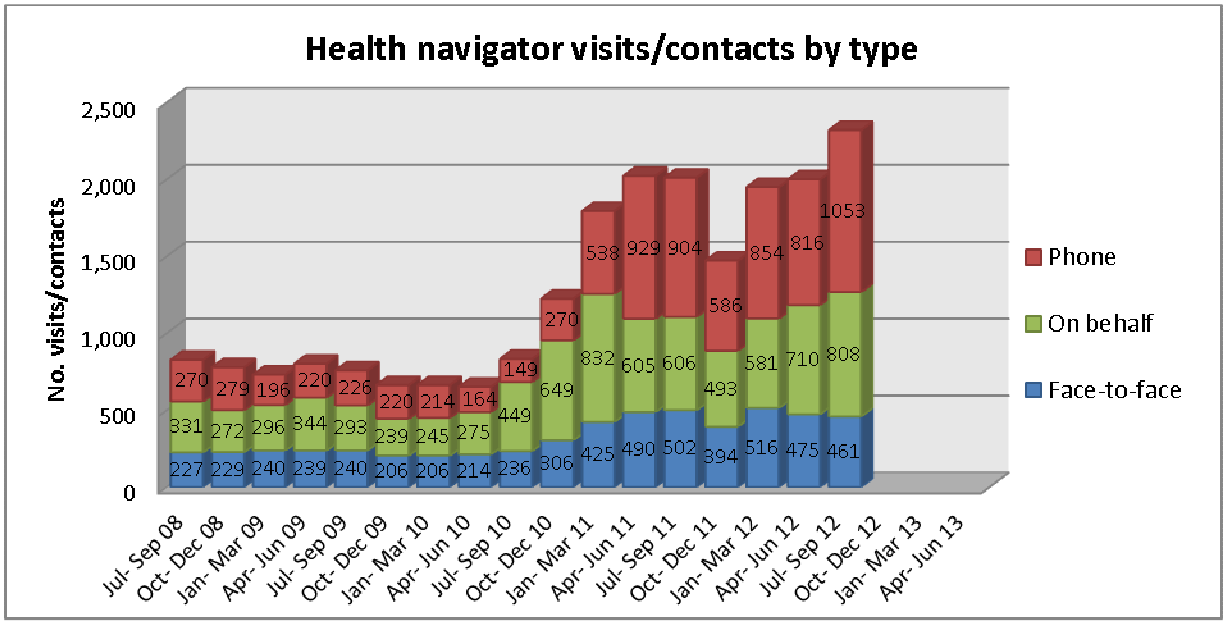
5.7. Health navigator service

On target: Yes, tracking as expected.

1. Outcomes/Outputs







The number of individual patients again this quarter has increased showing a continued growth trend in demand for the service.

2. Key Activities

- provide additional support for Long Term Conditions (LTC) patients and their whanau with complex social needs;
- improve access to health care for these patients;
- support the Medical Centres and Rural Clinics in caring for these patients;
- improve access to social support services for these patients;
- improve health outcomes;
- enhance patient health literacy and ability to self-care;
- decrease unplanned ED visits and hospital admissions.

3. Networking/Education (either with Health Sector or Community)

- Age Concern education;
- Cancer Society's volunteer meeting;
- Partners in Care, consumers and clinicians co-designing services, Health Quality and Safety Commission NZ, Consumers Council;
- Te Tohu Pokaitahi Hauora Maori –Te Whare Wananga O Awanuiarangi –Mauri Ora, Open Wanganga;
- Southern Cancer Network meeting Christchurch.

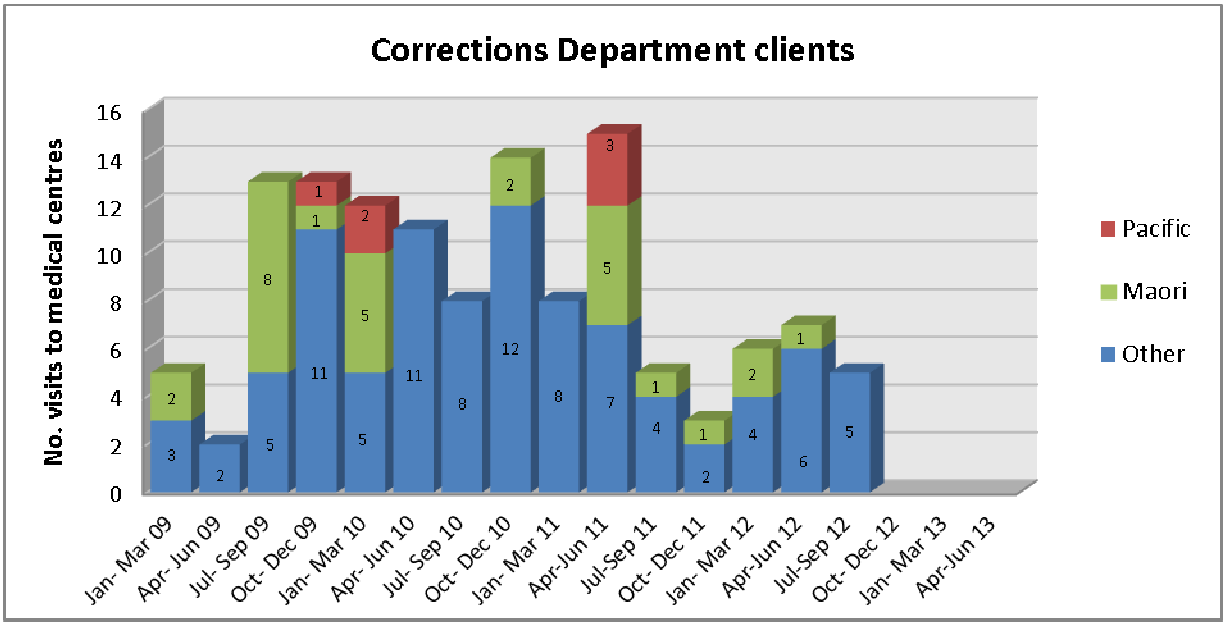
4. Issues and Risks

Issues/Risks	Mitigation/Resolution
• Increasing utilisation in service with no increase in FTE.	• On-going monitoring case load per team member.

5.8. Health checks for clients of the Corrections Department

On target: Yes

1. **Outcomes/Outputs**



Activity this quarter has decreased slightly for the corrections programme. No visits this quarter were for Maori.

2. **Key Activities**
   - Vouchers are issued by Community Probation Service staff to clients requiring free general practice services.

3. **Networking/Education** (either with Health Sector or Community)
   - Corrections Department;
   - practices;
   - pharmacies.

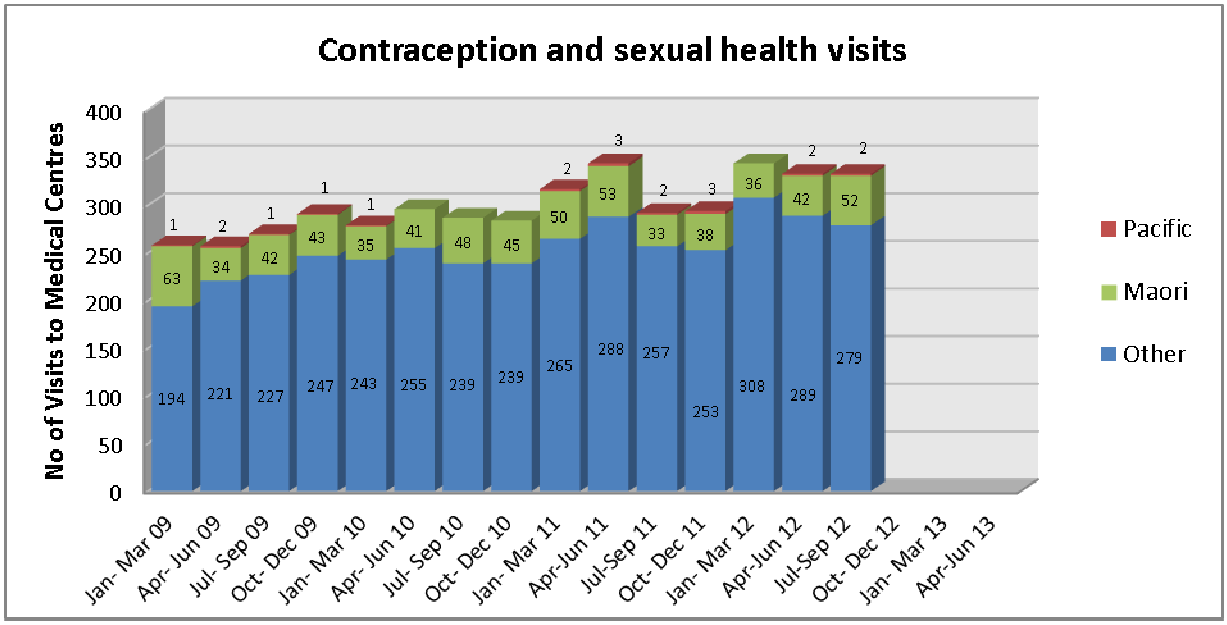
4. **Issues and Risks**

Issues/Risks	Mitigation/Resolution
• Nil.	• Nil.

5.9. Contraception & sexual health visits

On target: Yes

1. Outcomes/Outputs



15.6% of all visits made to practices for contraceptive and sexual health consults were for Maori. For comparison, Maori make up 14.6% of the 15-24 year age band likely to be the principal users of this programme.

2. Key Activities

- pharmacy claims: 31 ECP; 133 script fees;
- 8 Jadelle contraception;
- planning for 2013 contraception training for practice nurses.

3. Networking/Education (either with Health Sector or Community)

- practice teams;
- pharmacies;
- Clinical Training and Development - Family Planning, Christchurch.

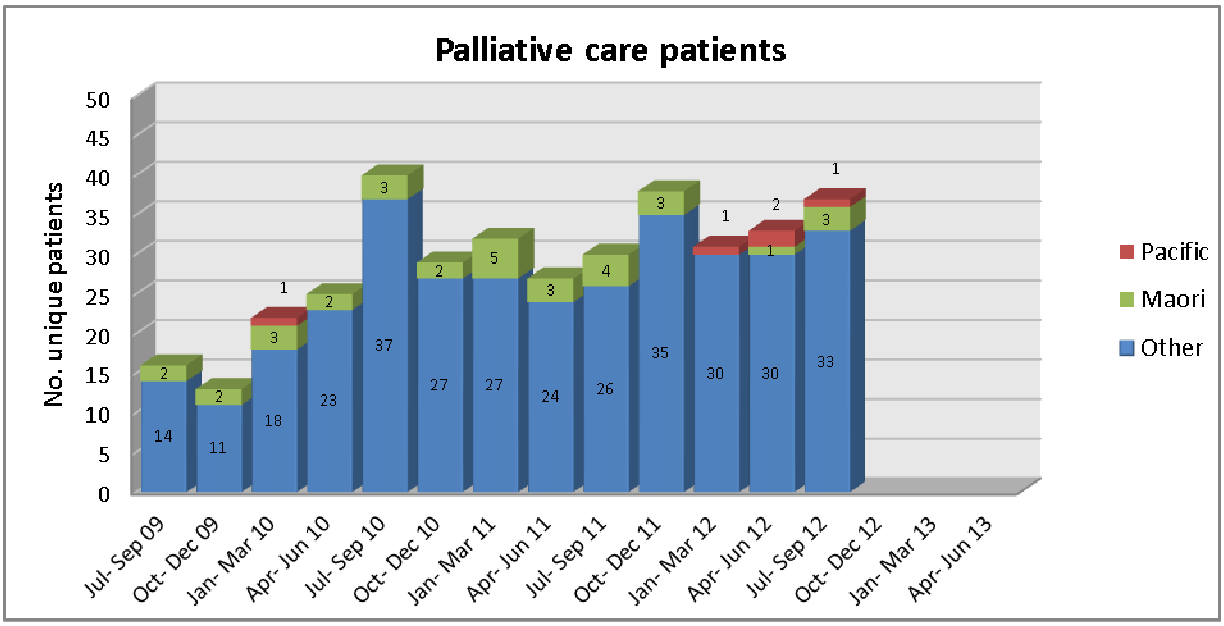
4. Issues and Risks

Issues/Risks	Mitigation/Resolution
• Nil.	• Nil.

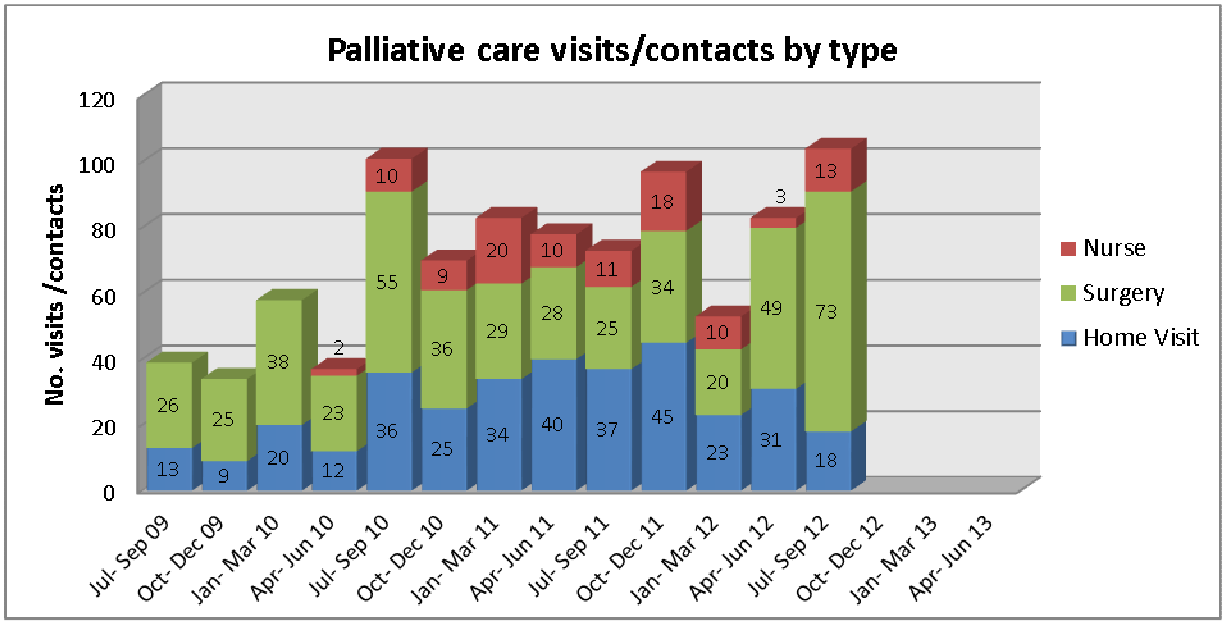
5.10. Palliative care

On target: Yes

1. Outcomes/Outputs



The number of individual patients is tracking around the same number as the same quarter last year.



The claiming for the nurse virtual visits continues to be well utilised and appreciated.

2. **Key Activities**
   - Relieve any potential financial barriers for patients and their whanau in the terminal stage of their illness.
   - To reimburse general practitioners for home visits and surgery consultation for palliative care patients.

3. **Networking/Education** (either with Health Sector or Community)
   Hospice New Zealand Rest Home Care Givers courses run by Dee Dolby continues.

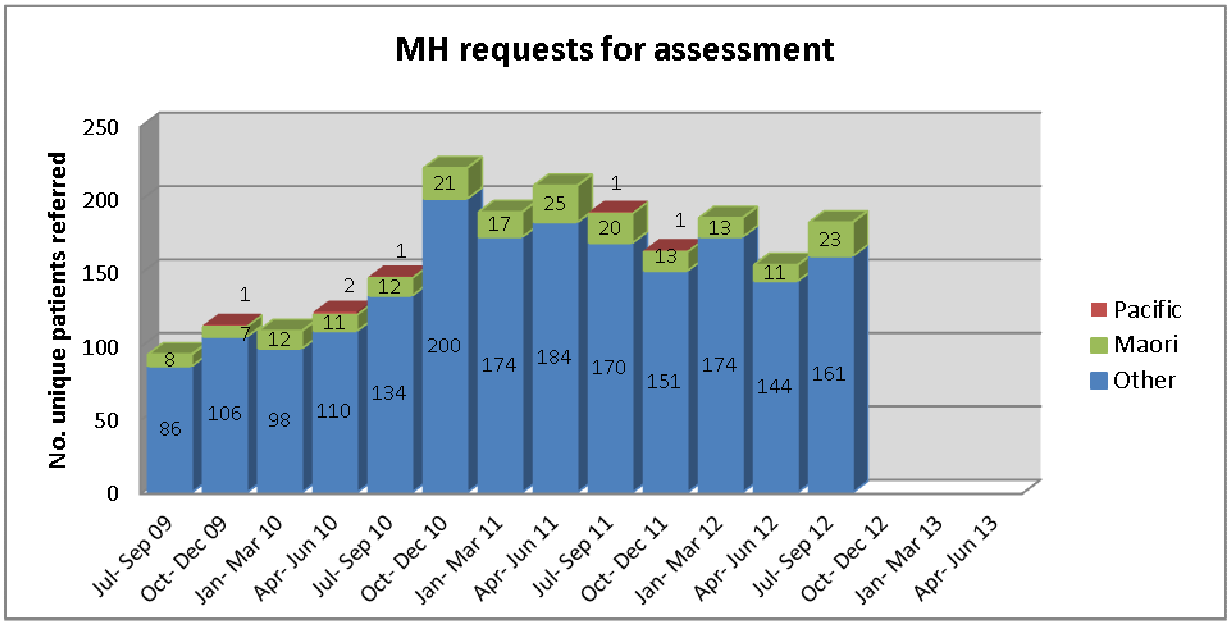
4. **Issues and Risks**

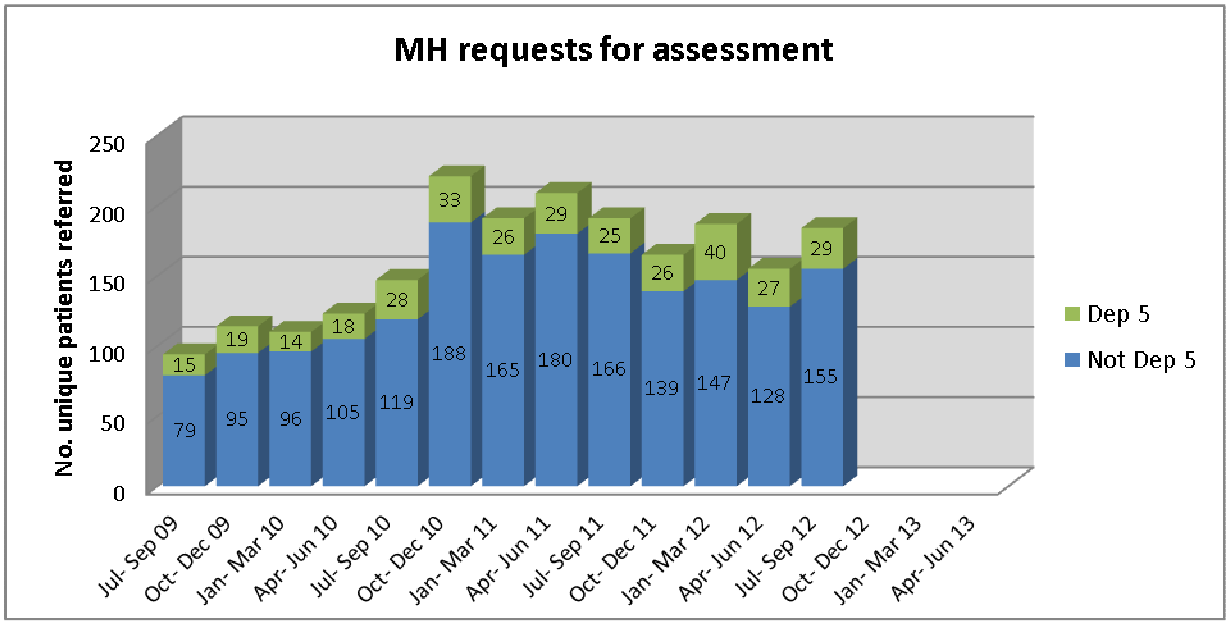
Issues/Risks	**Mitigation/Resolution**
• Nil.	• Nil.

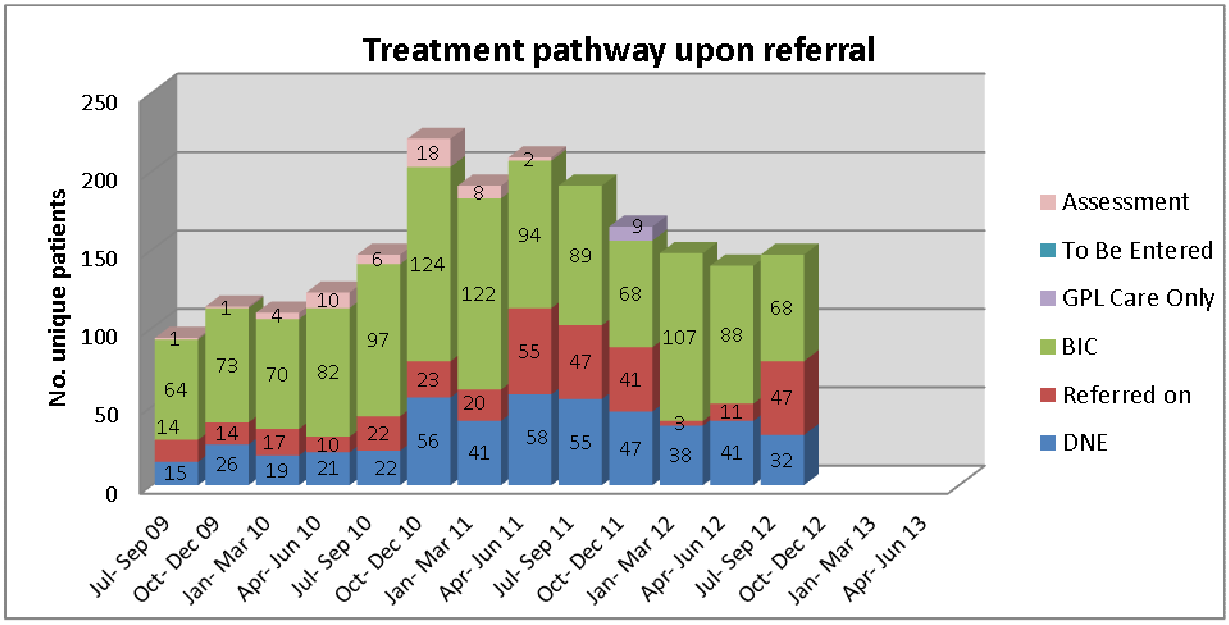
5.11. Mental Health services

On target: *Yes*

1. Outcomes/Outputs






Treatment pathway upon referral
No. unique patients
250
200
150
100
50
0
Assessment
To Be Entered
GPL Care Only
BIC
Referred on
DNE
Jul- Sep 09
Oct- Dec 09
Jan- Mar 10
Apr- Jun 10
Jul- Sep 10
Oct- Dec 10
Jan- Mar 11
Apr- Jun 11
Jul- Sep 11
Oct- Dec 11
Jan- Mar 12
Apr- Jun 12
Jul- Sep 12
Oct- Dec 12
Jan- Mar 13
Apr- Jun 13
1 64 14 15
1 73 14 26
4 70 17 19
10 82 10 21
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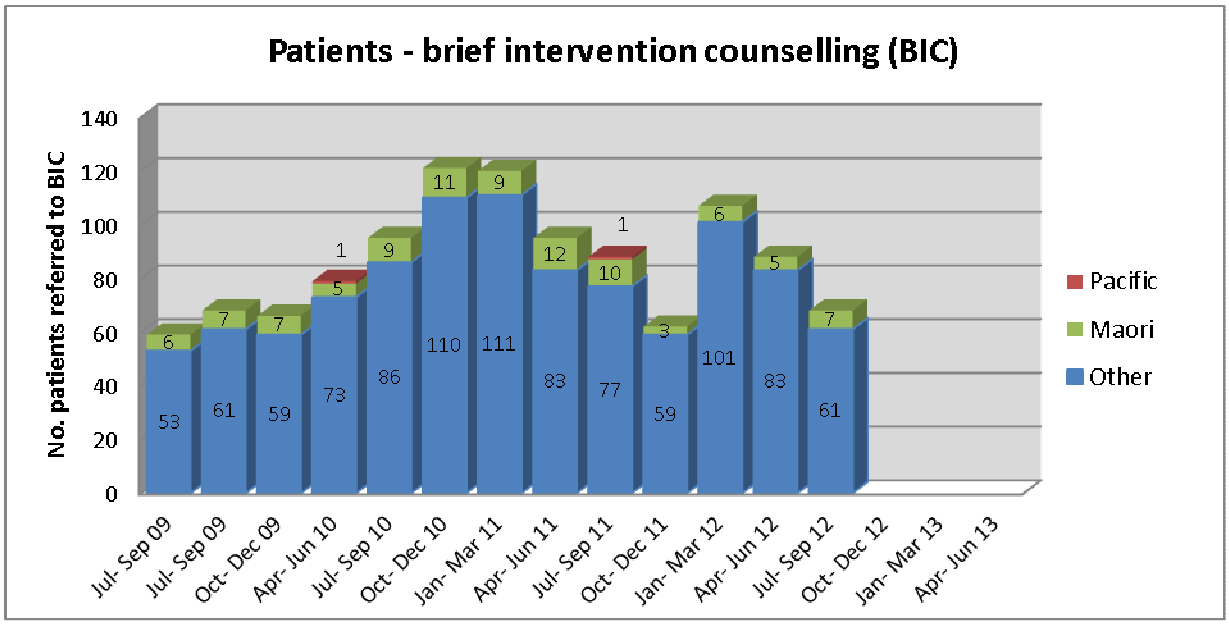
18 124 23 56
8 122 20 41
2 94 55 58
89 47 55
9 68 41 47
107 3 38
88 11 41
68 47 32


Patients - brief intervention counselling (BIC)
No. patients referred to BIC
140
120
100
80
60
40
20
0
Pacific
Maori
Other
Jul- Sep 09
Jul- Sep 09
Oct- Dec 09
Apr- Jun 10
Jul- Sep 10
Oct- Dec 10
Jan- Mar 11
Apr- Jun 11
Jul- Sep 11
Oct- Dec 11
Jan- Mar 12
Apr- Jun 12
Jul- Sep 12
Oct- Dec 12
Jan- Mar 13
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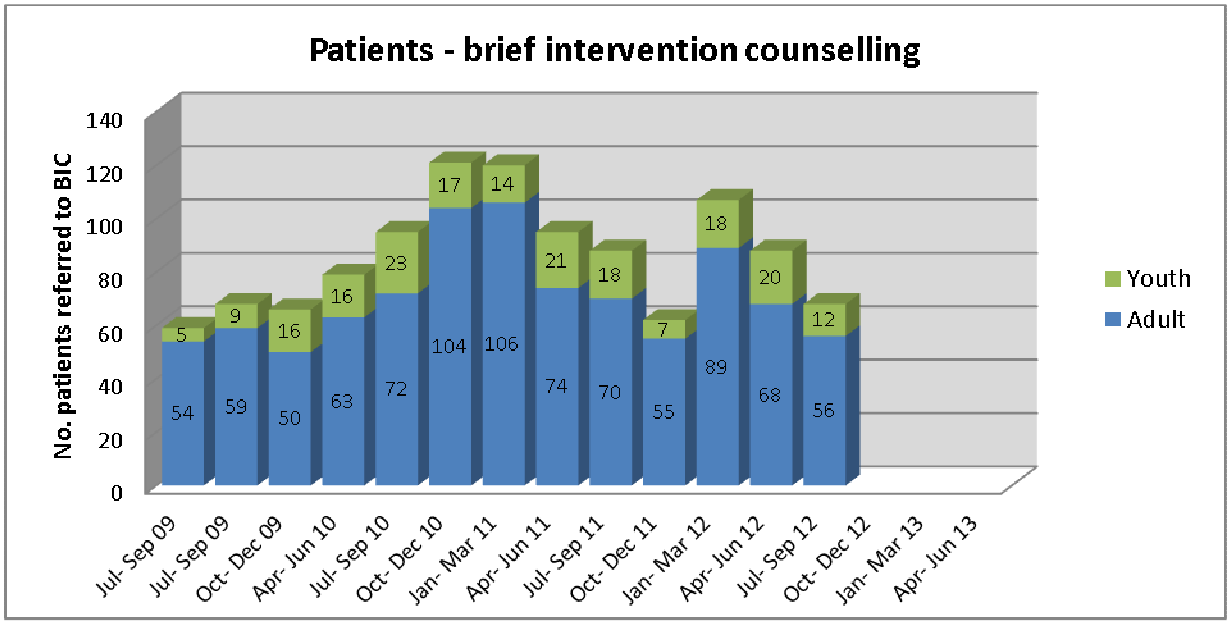
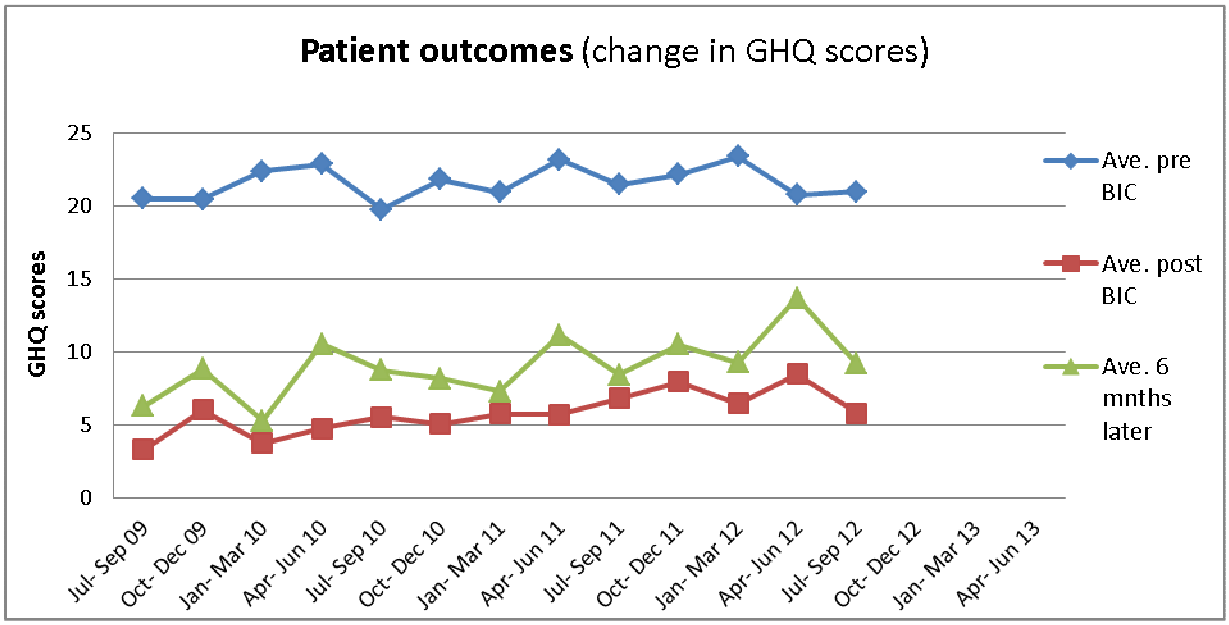
9 111
12 83
1 10 77
3 59
6 101
5 83
7 61





The outcomes data indicate that significant changes were made to levels of psychological distress and that these were maintained over time (as measured at six months follow-up after the last counselling session).

2. Key Activities

- There were 184 new requests processed this quarter, 23 of whom identify as Maori.
- The number of people entering Brief Intervention Counselling this quarter was 68 with 12 of these being young people aged 14-17 years. Counselling sessions continue to number up to six for adults and more, if needed, for young people.
- Patients from all practices of the West Coast are seen in their local areas. The full-time psychologist working and resident in Westport for the PHO team resigned in September and was quickly replaced by another psychologist who counsels patients at Buller Medical Centre. The part-time clinical psychologist resident in Franz Josef went on maternity leave this quarter. Another part-time counsellor has been appointed and will work with patients from the practices in Greymouth and Hokitika.
- The student who has been counselling selected patients at Westland Medical Centre has also taken maternity leave and plans to return in the New Year.
- Extended Consultation claims are still much higher than the number which is funded.

3. Networking/Education (either with Health Sector or Community)

- Regular weekly meetings of the GP Liaison Nurse with secondary mental health and also with primary practice teams continue to further collaboration and triage people to the most appropriate service.
- Three team members attended the forum for South Island primary mental health practitioners in July.
- Networking occurs with relevant NGO groups as well as relevant health sector meetings across the West Coast.
- External supervisors are being sought for the two new team members.

4. Issues and Risks

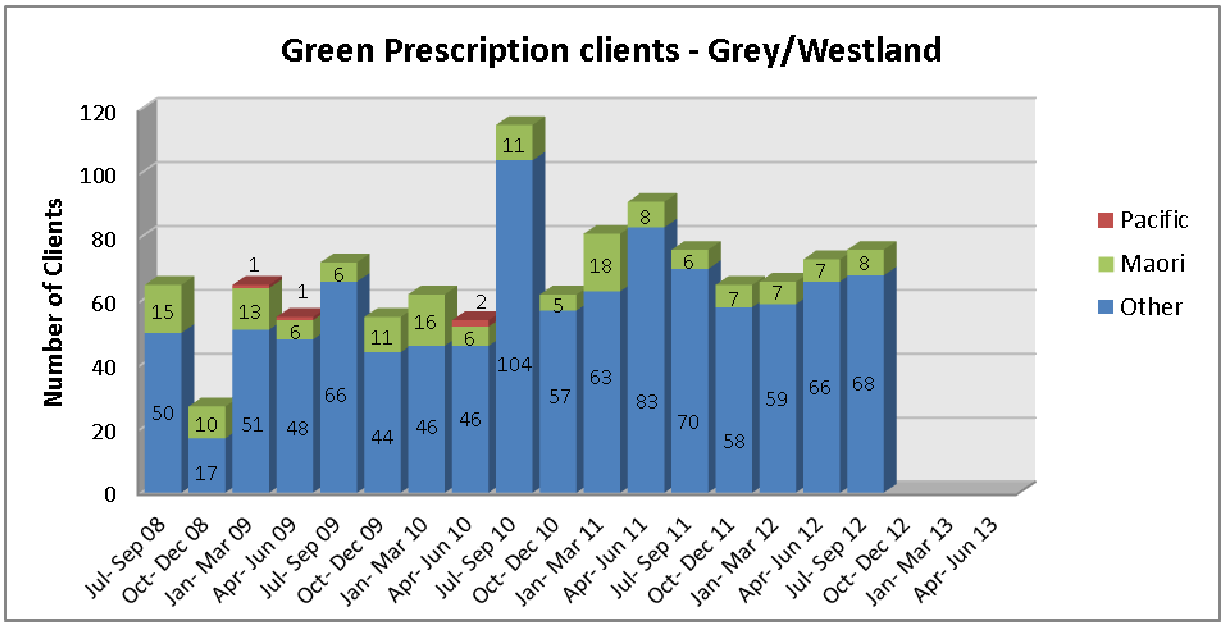
Issues/Risks	**Mitigation/Resolution**
• Nil.	• Nil.

6. Keeping People Healthy

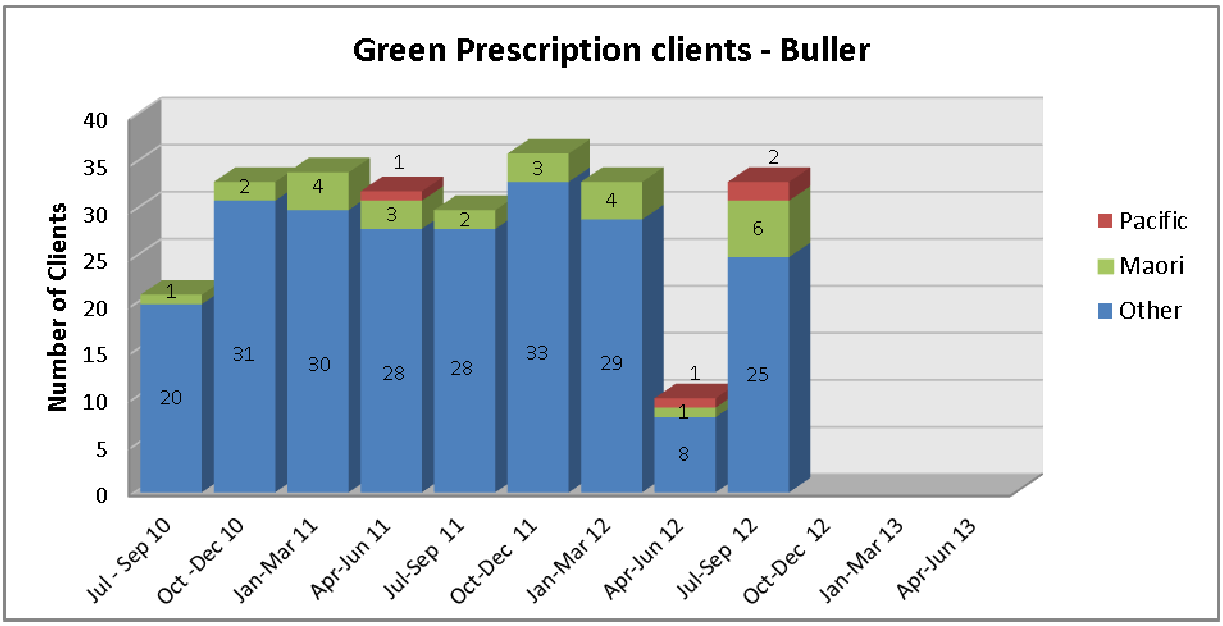
6.1. Green Prescription (GRx)

On target: Yes

1. Outcomes/Outputs



Grey/Westland numbers remain steady. 10% of referrals were for Maori. Of the quarterly referrals: 70% (53) were female and 30% (23) were male.



Buller GRx commenced again in July, numbers for this quarter have been very pleasing. 18% of referrals for the quarter were for Maori and 3% for Pacific. 8 referrals (24%) were for men, who are part of a specific men's group participating in physical activity.

2. Key Activities

- Buller GRx programme re-commenced in July, now delivered from the Buller Solid Energy Centre, it still involves group based physical activity aimed at independence to be active after the 12 week programme;
- commenced a 4 week Aquatic and Nutrition programme at the Greymouth Aquatic Centre in August;
- visits and support to commence the Buller GRx Physical Activity Programme in Westport throughout this quarter;
- supporting contractor for Buller Weight Loss programme with 'Fit Strip' exercises;
- continuation of 'Active YOU' programme in Reefton every Thursday;
- PHO gym every Tuesday afternoon, Wednesday and Friday mornings;
- GRx gym sessions held Tuesday mornings in Hokitika;
- initial consults held in Greymouth on Monday mornings and Hokitika on a Tuesday;
- two respiratory groups every Friday (10 week programmes) plus new gym sessions;
- graduation for GRx Youth Programme participants;

Buller:

- contracting processes completed for provider of GRx Physical Activity programme. Commenced referral processes in July, first classes started in August at the Buller Solid Energy Centre;
- group gym sessions are being held on two different days and times to suit participants;
- all referrers contacted and notified of changes to the programme and referral process;

3. Networking/Education (either with Health Sector or Community)

- monthly Green Prescription newsletter to practice and rural clinics;
- Ask A professional newspaper article for Green Rx 29/8/12;
- weekly team meetings and supervision;
- Canterbury West Coast Sports Trust Physical Activity Manager;
- Green Rx presentation to Health Science class at Tai Poutini Polytechnic 1/8/12;
- HEHA and Smokefree Services Manager.

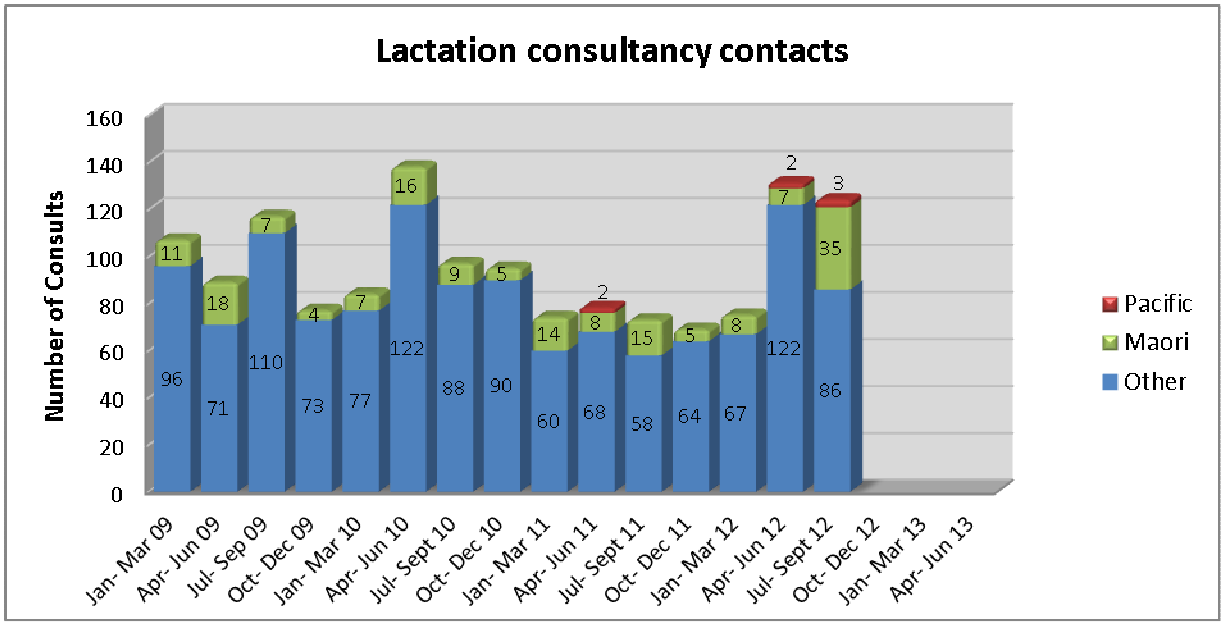
4. Issues and Risks

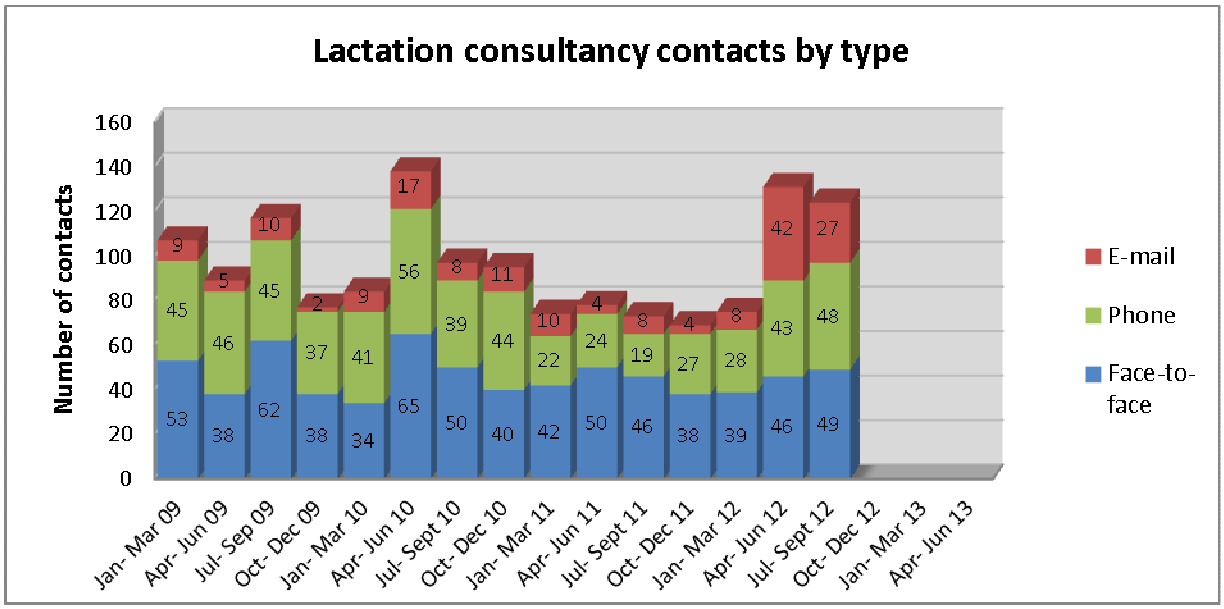
Issues/Risks	Mitigation/Resolution
• Nil.	• Nil

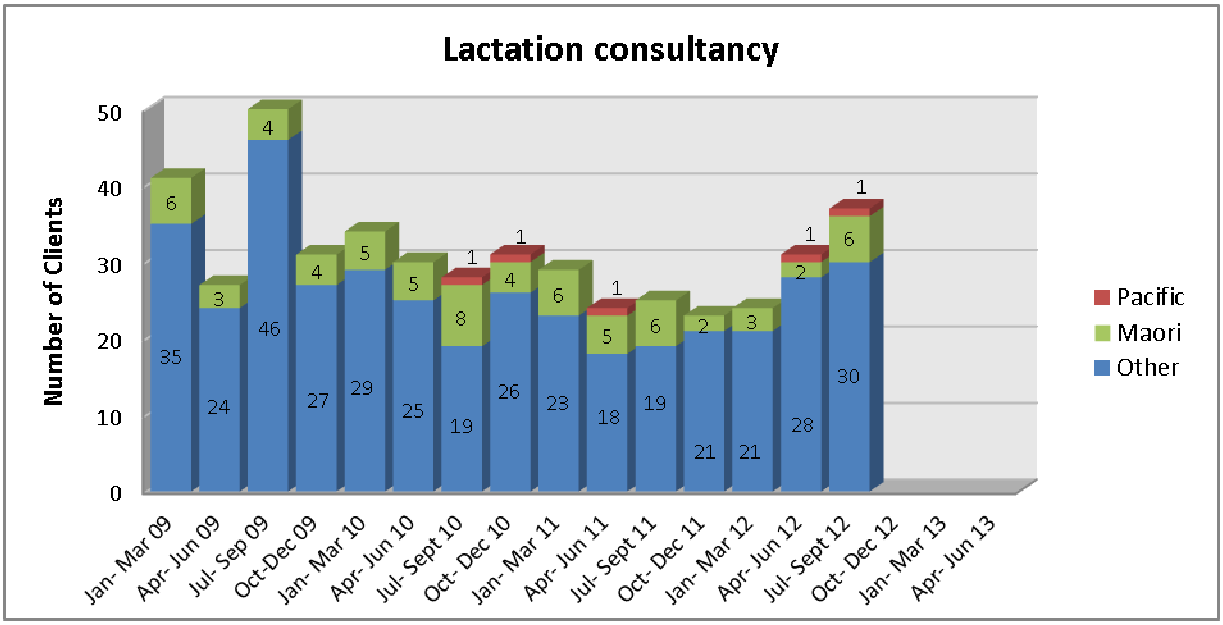
6.2. Breastfeeding Support

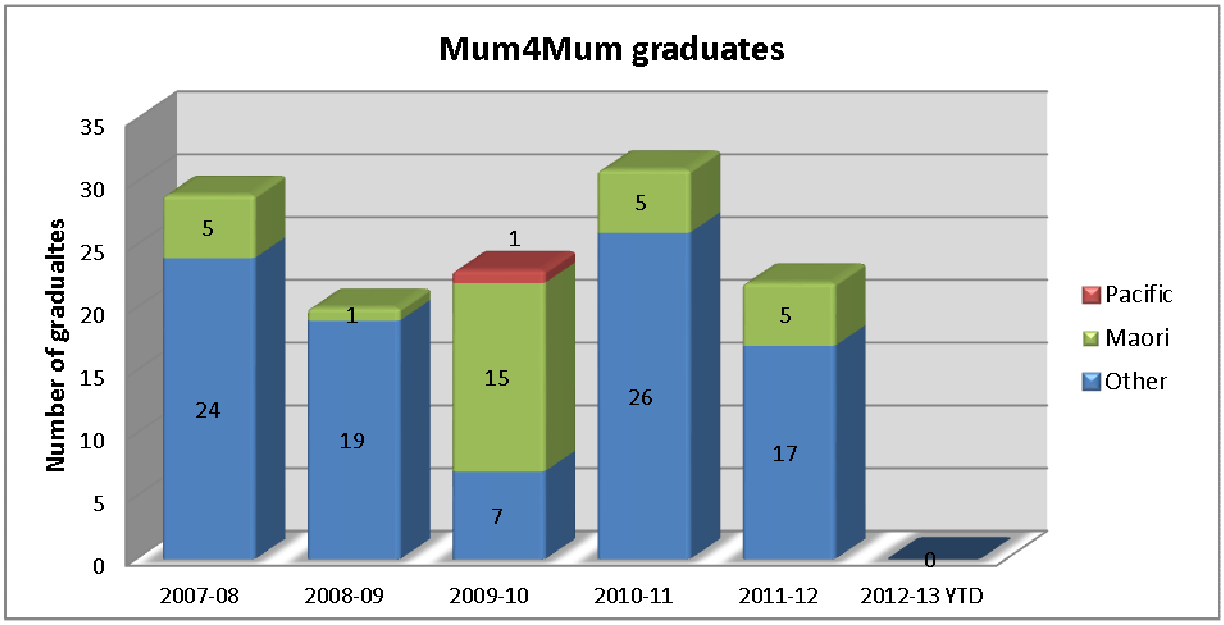
On target: Yes

1. Outcomes/Outputs









2. Key Activities

Lactation consultancy:

- of the 28 new and 9 returned clients, 15 were Deprivation 8-10, 12 rural; 0 were under 20 years of age and 3 were ante-natal women;
- this quarter there were 124 contacts in total; including 35 Maori, 3 Pacific and 86 Other ethnicity. Contacts were in homes, maternity ward, phone, Facebook, email, and approximately 24 text messages about breastfeeding related issues;
- referrals were from women themselves, their Well-Child provider, Midwives, Family Start, General Practice Teams, Plunket and Mum4Mums;
- referrals were made to GPs, midwives, Mum4Mum breastfeeding supporters;
- all clients informed of breastfeeding groups, Mum4Mum supporters, age appropriate immunisations and Well Child Checks.

Peer Counselling:

- no new graduates this quarter;
- Mum4Mums continue to support many women informally. This support is by example of breastfeeding their own babies as well as through conversations and sharing of information with other women they have contact with.;
- Mum4Mums reported providing at least 10 women with "formal" breastfeeding support;
- Mum4Mums have a presence at ante-natal classes and frequently attend Babes-in-arms, Plunket and other support groups;
- continuing education Mum4Mum meetings in Greymouth (2) and Westport (2);
- 4 newsletters to Mum4Mums.

3. **Networking/Education** (either with Health Sector or Community)
   - Greymouth Breastfeeding Advocate now spends 4 hours per week at the Maternity ward in Greymouth to gain clinical hours to go towards her LC training, these contacts are not included in this reporting;
   - 2 ante-natal breastfeeding classes held this quarter, one each in Greymouth and Westport;
   - on-going contact with others in maternity and well child work, including midwives, Plunket, Rata Te Awhina, childbirth educators, Family Start and practice nurses;
   - Raewyn Johnson, in her role as Lactation Consultant acts specifically as a resource person for midwives Coast-wide;
   - attendance at Child and Youth meeting at DHB;
   - liaison with Nurturing the Future Hub regarding breastfeeding support groups;
   - contact with Parents Centre and Kids'n'Coffee group;
   - August saw a well-publicised launch of the 'West Coast Breastfeeding Handbook' which was attended by people in many different health and community sectors.
   - liaison with 'under 5s' group through Work and Income, including Homebuilders, early childhood educators, CYFS and infant mental health workers;
   - Extensive promotion across the West Coast for World Breastfeeding week;
   - The Big Latch On was held in the 3 locations again in August with a total of 30 breastfeeding women attempting to beat the record. This was promoted around early childhood centres, health services, radio, newspaper, via Facebook and supermarkets across the West Coast;
   - Mum4Mum Facebook page continues to have regular viewers;
   - editorial written for the Messenger 'Ask a Professional' August issue;
   - provided a contact for a local Mum-4-Mum for a personal story and photo to be published in the WCDHB community bulletin;
   - nominated the Mum-4-Mum peer support programme to the Trustpower Community Awards. Attended the ceremony unfortunately no winners on the night but an excellent opportunity to network with other volunteer groups such as The Hub, Plunket and play centre.

4. **Issues and Risks**

Issues/Risks	**Mitigation/Resolution**
• Nil.	• Nil.

6.3. Health Promotion Integration

On target: Yes

1. Outcomes/Outputs

- A new staff member was appointed in September to deliver health promotion activities as part of the marketing and communications manager role.
- Two Men's Health evenings/clinics were held at Rata Te Awhina Trust in Hokitika during July focusing on cardiovascular risk assessments and promotion of smoking cessation services. These were run in conjunction with staff from Rata, Westland Medical Centre, C&PH and the PHO.

2. Key Activities

- extensive promotion throughout August for Breastfeeding awareness month. This included the annual Big Latch On event held in all 3 districts simultaneously on the 3rd of August;
- supporting the launch of the West Coast Breastfeeding Handbook through media exposure of the event and promotion on the PHO website;
- health promotion material distributed to all practices for September Cervical Screening month;
- assisting practices to identify high need women who are overdue or never had cervical screening and assisting with strategies to help support these women to get screened;
- smoking cessation - continuation of NRT supplies and ordering to practices and pharmacies.

3. Networking/Education (either with Health Sector or Community)

- Smokefree Coalition meetings July and September 2012;
- West Coast DHB HEHA and Smokefree Service Development Manager;
- West Coast PHO Smokefree Services Coordinator;
- Local Diabetes and Heart Respiratory Teams;
- Active West Coast meeting August 2012;
- WCDHB Cervical Screening nurse manager and smear taker;
- heart health presentation to Greymouth Riverside Lions 20/9/12;
- practices and pharmacies for all promotional activity as above.

4. Issues and Risks

Issues/Risks	Mitigation/Resolution
• Nil	• Nil

6.4 Buller Weight Loss Programme Pilot

On target: Yes .

This pilot programme currently only available in Westport began in July 2012. The overall aim of this programme is to enable people within the enrolled population who are obese (BMI ≥ 30), or overweight and identified at risk of developing diabetes to have access to a supported 12 week programme. The participants are supported to modify their behaviour and environment to assist them to lose weight and prevent the onset of diabetes.

1. Outcomes/Outputs

- 43 referrals to the weight loss programme; 21% Maori, 2% Pacific and 77% other ethnicities;
- 23% male and 77% female participants.

2. Key Activities

- participants all receive individual initial assessments with Life Coach Cathie Edwards;
- attend 6 group sessions over 12 week period with telephone coaching on alternate weeks;
- participant maintains a food and activity diary and records daily pedometer steps;
- inactive participants may also be in the Buller Green Prescription programme simultaneously, where relevant.

3. Networking/Education (either with Health Sector or Community)

- Buller Health Medical Centre;
- Solid Energy Centre Gym;
- Number 37, Westport;
- WCDHB dietician services;
- community mental health.

4. Issues and Risks

Issues/Risks	Mitigation/Resolution
• Nil	• Nil

7. Workforce and rural support

1. Outcomes/ outputs:

PHO Performance Programme - latest report of funded indicators, to June 2012

Indicator	Programme Goal	PHO achieved in this quarter	Progress compared to previous quarter	Programme indicator achieved	Comment
Flu Vaccine Coverage – Total Population	≥75	58.03	↑	✗	A significant increase as anticipated with the seasonal flu campaign running.
Flu Vaccine Coverage – High Needs	≥75	60.92	↑	✗	A significant increase as anticipated with the seasonal flu campaign running.
Cervical Cancer Screening Coverage – Total Population	≥75	74.51	↑	✗	Slight increase this quarter.
Cervical Cancer Screening Coverage – High Needs	≥75	71.10	↑	✗	Slight increase this quarter.
Age Appropriated Vaccinations – 2 yr olds – Total Population	≥95	81.98	↓	✗	A decrease this quarter.
Age Appropriated Vaccinations – 2 yr olds – High Needs	≥95	82.35	↓	✗	A decrease this quarter significant in % but equates to 6 children.
Breast Cancer Screening Coverage – High Needs	≥70	74.73	↑	✓	An increase this quarter.
Ischaemic CVD Detection – Total Population	≥90	111.86	↑	✓	An increase for the second quarter in a row.

Ischaemic CVD Detection – High Needs	≥90	115.36		✓	An increase for the second quarter in a row.
CVD Risk Assessment – Total Population	≥60 by July 2012	56.66		✗	Just short of the goal but still an increase this quarter.
CVD Risk Assessment – High Needs	≥60 by July 2012	55.53		✗	An increase again in this quarter.
Diabetes Detection – Total Population	≥90	108.03		✓	Slight increase this quarter.
Diabetes Detection – High Needs	≥90	105.39		✓	Slight increase this quarter.
Diabetes Detection and Follow Up – Total Population	≥90	76.89		✗	Continues to increase.
Diabetes Detection and Follow Up – High Needs	≥90	74.41		✗	Slight decrease.
Smoking Status Ever Recorded - Other	≥90	73.94		✗	Continues to increase.
Smoking Status Ever Recorded – High Needs	≥90	71.68		✗	Continues to increase.
Note: both the smoking status ever recorded indicators above need to be above 70% before the PHO will be entitled to the funding related to the indicators below.					
Brief advice to stop smoking – Total Population	≥90	31.94		✗	Continues to slowly increase.
Brief advice to stop smoking – High Needs	≥90	29.56		✗	Continues to slowly increase.

Smoking cessation support – Total Population	≥90	14.26		X	Slight decrease this quarter.
Smoking cessation support – High Needs	≥90	13.31		X	Increase this quarter.

Cornerstone outputs

The Reefton practice underwent a re-accreditation assessment in May, and following instructions for areas of improvement will be assessed again in December.

Regular updates are conveyed to relevant staff and practice owners regarding any changes to the cornerstone process or guidelines, as below:

- Change to Criterion 34.2, effective immediately, from a mandatory standard to an aspirational standard with a transition back to a mandatory criterion within five years – 2017. *Medical staff employed long term in the practice are vocationally registered in general practice or working towards this*

The College's Cornerstone programme has now ceased to be funded centrally. The Clinical Governance Committee CGC, has previously endorsed the view of practices that Cornerstone is valuable, and supported the PHO contributing to practices continuing use of Cornerstone accreditation. There are now differing costs for Cornerstone accreditation for: initial accreditation, re-accreditation and annual on-going accreditation. A recommendation is to be taken to CGC in October as to how future funding will be allocated for Cornerstone accreditation at the practices.

Professional development activities this quarter

	GP	Nurse	Practice management/administrators	Other	**Total**
Recruitment/Self Help	4	2		4	**10**
Prescribing Methadone for Prescribing Doctors and Pharmacists	Numbers unavailable	Numbers unavailable	Numbers unavailable		**-**
Heart Foundation 'Quit Card' Smoking Cessation Provider Stage 1		2		6	**8**
Heart Foundation 'Quit Card' Smoking Cessation Provider Stage 2		2		6	**8**
Gynae Tips/Oncology/ Cardiology	1	4		1	**6**
Totals for quarter	**5**	**10**		**17**	**32**

Maori workforce

The Maori workforce within the West Coast PHO team is currently at 15%. Maori staff have been supported to attend the following courses:

- Te Tohu Pokaitahi Hauora Maori (level 4) – Adele Reweti commenced July 2012, with further papers to complete;
- Australian Psychology Conference – Michelle Reihana

Currently 4 clinical staff employed across WCDHB and private practices identify as Maori and 1 non-clinical staff member. The level of Maori staff working in West Coast PHO practices is currently below the target level set for 2013 (5) as part of the 2010-2013 West Coast PHO Maori Health Plan.

Professional development:

What	Progress
Provide monthly professional development evening meetings for GPs, nurses, practice managers, pharmacists and other members of the multi-disciplinary team (MDT), with videoconference links.	See professional development activities this quarter.
Provide annual PHO workshops: PHO day, practice management workshops, practice nurse workshops.	Planning has begun for the Weekend Away Conference for all West Coast GP's and nurses to be held on 17th and 18th of November 2012. Plans underway for a practice administration roadshow to coincide with the updated practice administration folders and training around PHO enrolment processes for all admin staff.
Enable training in the use of standing orders by funding staff attendance.	The contract between the West Coast DHB and the West Coast PHO for the provision of standing orders has now been signed. Term: 1 July 2012 to 31 Jan 2014. A draft implementation plan for 2012/13 will be presented to the PHO Clinical governance Committee in October for the use of contracted funding for standing Orders.
Adapt Canterbury HealthPathways for Coast use and provide educational sessions to implement them, (see HealthPathways plan).	Work reviewing pathways continues as needed. GPs are being encouraged to assist and add value to this process.
The PHO has an organisational commitment to create an environment where health literacy is not assumed	A review of educational materials used within practices in relation to CVD, diabetes and COPD is on-going.

Quality initiatives:

What	Progress
Develop quality improvement and clinical governance systems in every IFHC.	Too soon to do this.
Provide Cornerstone support and co-ordination support to practice quality improvement teams.	See Cornerstone report.
Support practice improvement activities for GPs (MOPS) and nurses (accreditation and expert endorsement).	GPs can now access MOPs points in relation to a number of clinical audits. Applications accepted this quarter were for: • documentation of smoking status; • documentation and provision of brief advice and smoking cessation support; • documentation and provision of a yearly review for eligible enrolled adults with established CVD, diabetes and COPD.
Produce practice level PHO Performance Programme reports with peer comparisons.	Ongoing
Provide practice visits by GP and nurse facilitators to review PHO Performance Programme reports and assist in the development of quality improvement plans.	As requested, or if need is determined
Provide PHO Performance Programme incentive payments according to the percentage of targets met by each practice.	These incentive payments were paid in June 2012 (annual payment).
Support pharmacists to provide feedback to GPs on cost effective prescribing and reducing prescription errors.	An established process is in place and is on-going.
Develop/adopt a patient survey to measure patient satisfaction with the care they receive at their IFHC	The 2012 survey is complete and data analysis is in progress with final reports to go out to practices in October 2012.

3. Issues and Risks

Issues/Risks	Mitigation/Resolution
Nil.	Nil.

PLANNING AND FUNDING UPDATE

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: **Planning and Funding**

DATE: **6 November 2012**

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

1. ORIGIN OF 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 DHB's Annual Plan key priority areas.

2. RECOMMENDATION

That the Committee notes the Planning and Funding Update.

3. SUMMARY

✓ **Key Achievements**

- West Coast DHB achieved 95% immunisation coverage for Māori for the **new Immunisation Health Target** in Quarter 1 2012/13 – 10% more than the target.
- From July 2012, the **Cancer Treatment Health Target** expanded to include chemotherapy as well as radiation therapy. West Coast continues to achieve the target, with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks.
- Delivery against the **Electives Health Target** is currently ahead of the YTD August target by 16 cases.
- The **ED Health Target** continues to be met with 99.6% of people admitted or discharged within 6 hours in the financial year to date 31 October 2012. The longer-term aim for this measure is also being met, with 95.5% of people admitted or discharged within 4 hours during the quarter.
- Progress continues to be made on achiving the **CVD and Diabetes Health Target**, with 59.8% of enrolled people in the PHO within the eligible population who have had a CVD risk recorded in the last 5 years as at 30 September 2012.
- A Programme Co-ordinator for the new **Gateway Service** has been appointed, with staff who will be delivering the service on the West Coast undertaking training in delivery of the programme with Ministry of Social Development trainers in Greymouth on 6 and 7 November.
- The pilot **Red Cross transportation option for Buller patients** who struggle to get to outpatient services in Greymouth commenced its first trial run from Westport on Monday, 29 October. The original date for commencement was amended due to no patients from Buller having appointments on the Friday originally proposed. Work is now being undertaken to promote and advertise the service to encourage uptake of its use. As noted last report, this is being run for a 3-month trial period, during which the service will initially run one day a week while demand, transportation needs, and volunteer availability are piloted.

✖ **Key Issues & Associated Remedies**

- **Two-year-old immunisation coverage** has increased by 6% in Quarter 1 2012/13 to 84%, although it is still below the 95% target. This low rate is impacted by a high combined opt-off and decline rate of 14.1%. Work on reducing the decline rates and achieving the highest possible immunisation coverage rate continues to be a focus in both primary care and for the Outreach Immunisation Services. A letter from members of the Immunisation Advisory Committee drafted and signed by the Medical Officer of Health, the Paediatrician, the PHO Nurse Manager and the Immunisation Co-ordinator was sent by the PHO to all practices with the recommendation that they send the letter to all parents/caregivers on the practice decline list.
- The **B4 School Check** official result for Quarter 1 2012/13 is lower than expected because not all data for the quarter has been entered yet while the B4 School Check Co-ordinator was on annual leave. The West Coast DHB is in the process of recruiting and training a reliever to cover the data entry, so as to avoid this situation from occurring again.

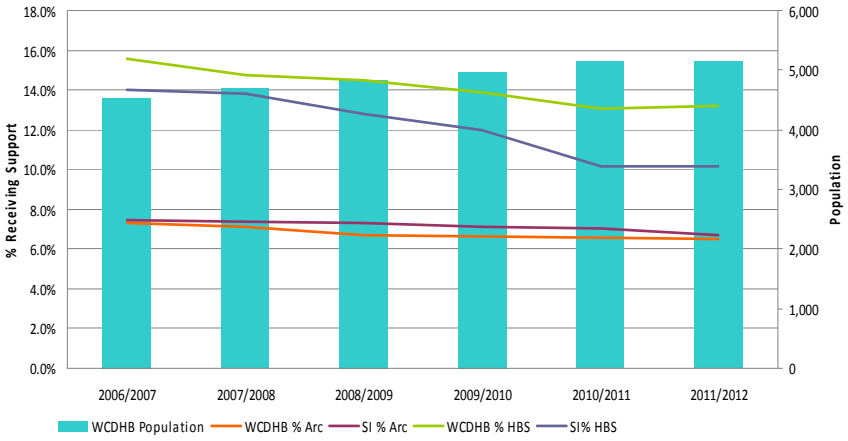
ⓘ Upcoming Points of Interest

- The **Mental Health Service** is running a stakeholder meeting this month (November 2012) to identify the opportunities for change to increase access, responsiveness and flexibility of the wider mental health system (including primary care, NGOs, SMHS and related sectors).

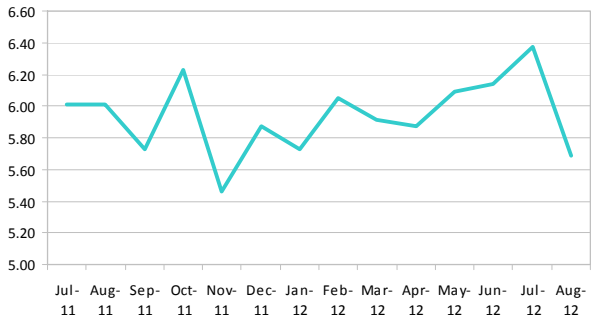
Report prepared by:	Planning and Funding Team West Coast
Report approved for release by:	Carolyn Gullery, General Manager – Planning & Funding

Older Persons' Health

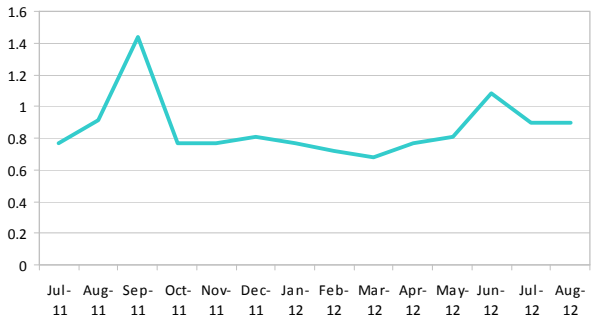
People 65+ Receiving Home-based support vs. in ARC



Proportion of people aged 75+ admitted in Rest Home level care



Proportion of people aged 75+ in Specialist Dementia Care



ACHIEVEMENTS/ISSUES OF NOTE

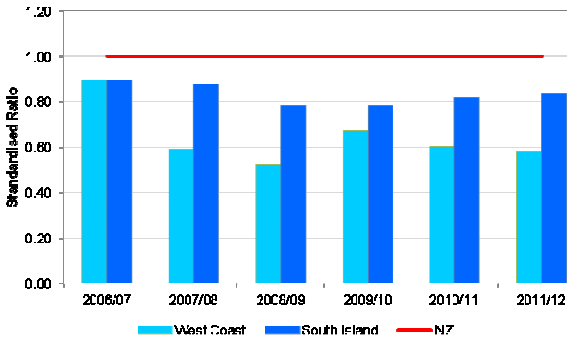
Specialist Health of Older People's Services: ALT approved a revised implementation plan, terms of reference and membership for the Complex Clinical Care Network workstream on 4 October, and the first meeting was held on 17 October. The CCCN manager position has been advertised and applicants interviewed. A replacement geriatrician (Dr Michelle Dhanak) is now leading weekly Inter-Disciplinary Team meetings for community-based referrals.

Maximising independence model for homecare: Work on a new restorative homecare model is on track as part of the CCCN project.

InterRAI in rest homes: An initial meeting was held on 30 October between Brigette Meehan (MoH) and West Coast rest homes to discuss the rollout of the national project to use InterRAI within aged residential care.

Child, Youth & Maternity

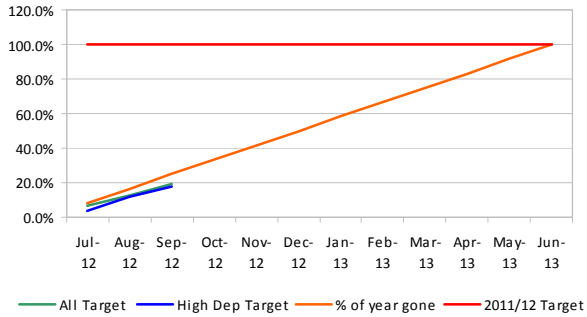
Acute medical discharge rates for children (age 0-14)



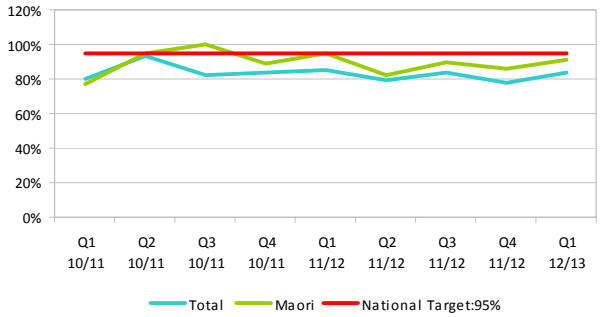
NEW Immunisation HT: Eight-month-olds fully immunised Quarter 1 2012/13

	No. eligible	Fully immunised	%
NZE	58	50	86%
Māori	20	19	95%
Pacific	4	4	100%
Asian	3	3	100%
Other	24	10	42%
Total	109	86	79%

B4 School Check coverage



Two-year-olds fully immunised



ACHIEVEMENTS/ISSUES OF NOTE

Eight-month-old immunisation: West Coast DHB has made a good start to achieving the eight-month-old immunisation target of 85%, with overall coverage at 79%, Māori 95% and deprivation 9 and 10 on 85%. The challenge for the DHB is to lift the overall coverage by June 2013, and the Immunisation Coordinator is working with the practices and other services that work with children and their families to ensure timely immunisation and increase immunisation coverage.

Rayoni Keith and Dr Pat Tuohy from the Ministry of Health are planning to visit the West Coast in early 2013 to discuss the new Health Targets.

Two-year-old immunisation: WCDHB's Quarter 1 2012/13 immunisation coverage for two-year-olds was 84% overall and 90% for Māori. High combined opt-off (5.3%) and decline (8.8%) rates of 14.1% continue to impact on the West Coast achieving higher immunisation coverage. Work on reducing the decline rates and achieving the highest possible immunisation coverage rate continues to be a focus in both primary care and for the Outreach Immunisation Services.

A letter from members of the Immunisation Advisory Committee drafted and signed by the Medical Officer of Health, the Paediatrician, the PHO Nurse Manager and the Immunisation Co-ordinator was sent by the PHO to all practices. The recommendation was that the practices send the letter to all parents/caregivers on the practice decline list. Most providers have responded with a positive attitude and followed the recommendation. There is, however, still some work to be done with some Practice Nurses to action the recommendation.

B4 School Check: The West Coast DHB has not met the target set for Quarter 1 2012/13 due to the B4 School Check co-coordinator being on annual leave during the quarter, following one-stop-shops in Westport and Karamea. Data for these two one-stop-shops has not been included in the results and therefore the target has not been met. This data will be included in the Quarter 2 2012/13 result. The West Coast DHB is in the process of recruiting and training a reliever to cover the data entry, so as to avoid this situation from occurring again.

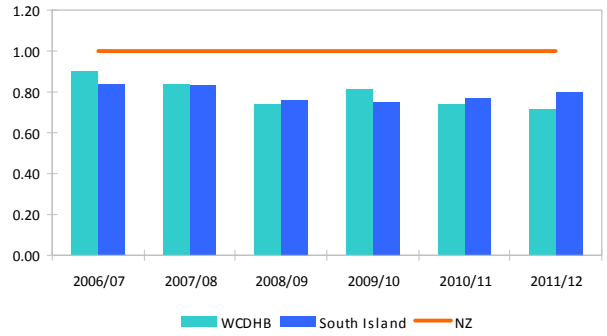
Mental Health

ACHIEVEMENTS/ISSUES OF NOTE

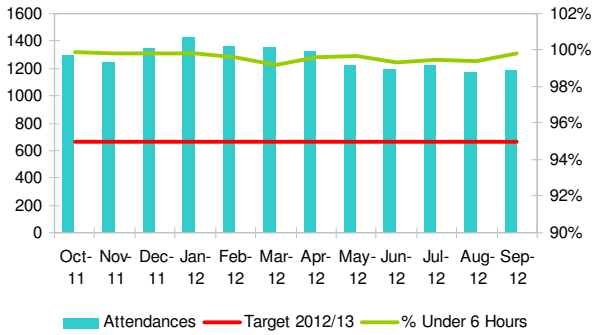
Identifying opportunities: The Mental Health Service is running a stakeholder meeting in November 2012 to identify the opportunities for change to increase access, responsiveness and flexibility of the wider mental health system (including primary care, NGOs, SMHS and related sectors).

Urgent Care

Acute Medical Discharge Rate



Emergency Department: Attendances & <6 Hours Health Target



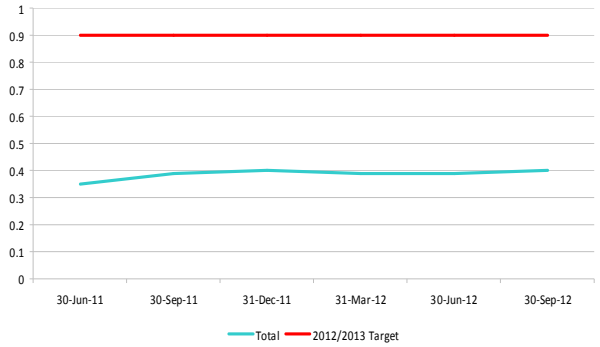
ACHIEVEMENTS/ISSUES OF NOTE

ED Health Target: West Coast DHB continues to deliver upon the Health Target of over 95% of people seen, treated and discharged from Emergency Department services within 6 hours. Results for the financial year to date to 31 October 2012 are 99.6% of patients were seen, treated and discharged within 6 hours and 95.5% were seen, treated and discharged within just 4 hours.

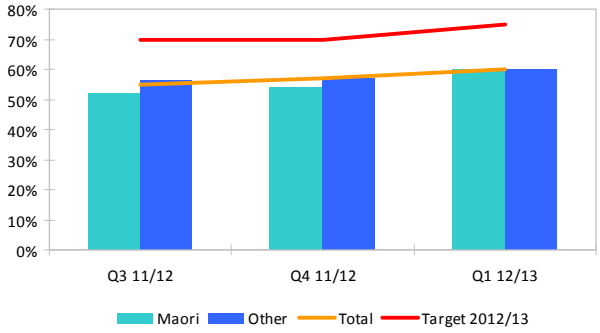
It has been identified that our results are most likely even better than reported, with some data errors having been noted with the recording and entering of the discharge times recorded at ED. This is being reviewed.

Primary Care & Long-Term Conditions

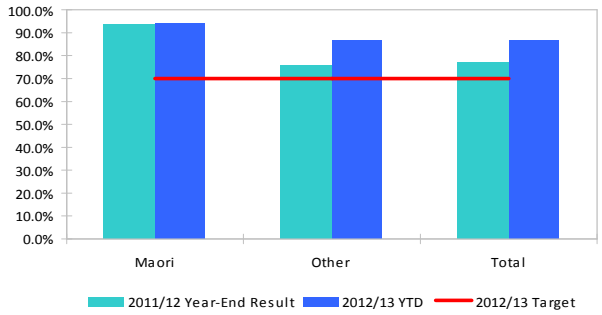
Primary Smokefree Health Target: Smokers attending primary care given advice & help to quit



CVD Health Target: % of eligible PHO population having had a CVD risk assessment in the last 5 years

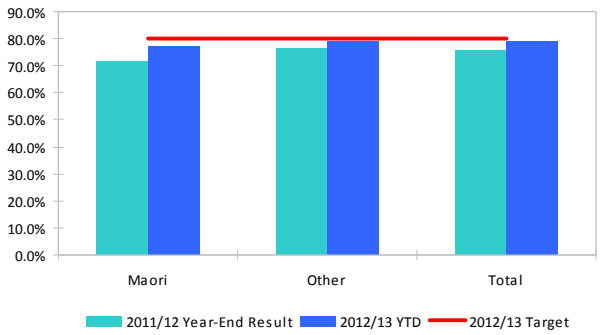


Diabetes Detection: % of people estimated to have diabetes who have had their annual check during the current year



Data for period to 30 September 2012 (latest available data). Estimates for the population expected to have diabetes having increased from 1,204 for 2011/12 to 1,309 for 2012/13

Diabetes Good Management: % of people who have HBA1c levels at or below 8.0 when assessed at their annual check



Data for period to 30 September 2012 (latest available data).

ACHIEVEMENTS/ISSUES OF NOTE

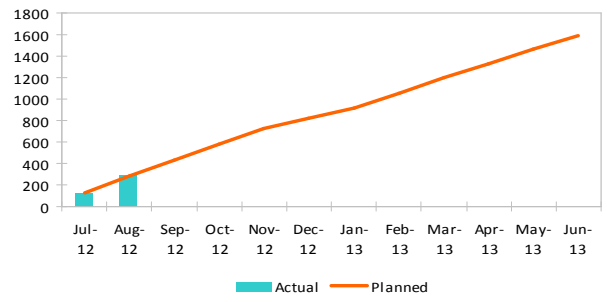
Diabetes care: The number of people accessing free annual diabetes checks remains above target for the three month period to 30 September 2012, with 285 people having had checks during the quarter. This equates to 87% coverage for the quarterly period, based *pro rata* on the revised 2012/13 estimates of the West Coast population expected to have diabetes.

CVD Health Target: West Coast results have continued to improve and make progress towards meeting the Cardiovascular Disease (CVD) Health Target for more heart and diabetes checks. The percentage of enrolled people in the PHO within the eligible population who have had a CVD risk recorded in the last 5 years at the end of September is up compared to the end of June quarter. Results for our Māori population rose from 54.3% in June to 60.1% in September, with 'other' populations (excluding Pacific) up from 57.0% to 60.0%, and the total population up from 56.7% to 59.8% over the same periods. Our progressive implementation targets are 68% by December 2012; and 75% by 30 June 2013.

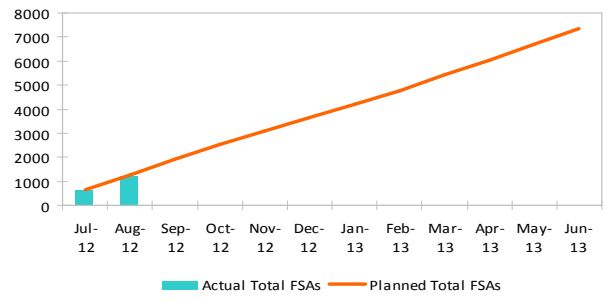
Primary Smokefree Health Target: The PHO is employing a suitably trained person to support practice teams across the Coast to improve Brief Advice coding and to link patients to cessation via their practice's own Coast Quit provider (or other cessation services available on the West Coast). The purpose is to help close the gap between As and Bs, and improve the Primary Smokefree Tobacco Target.

Secondary Care & System Integration

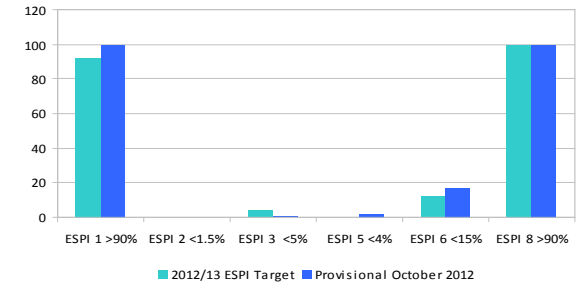
Electives Health Target: Elective surgical discharges



Ambulatory Initiative Throughput (Specialist Outpatients)

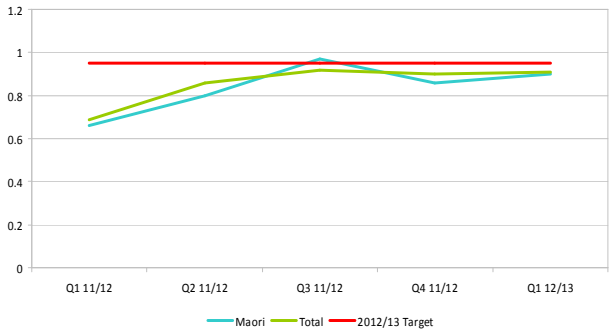


Elective Service Performance Indicators (ESPIs)



Provisional results to 31 October 2012 (as updated by Ministry of Health, 5 November 2012).

Secondary Smokefree Health Target: Hospitalised smokers given quit advice & help



ACHIEVEMENTS/ISSUES OF NOTE

Cancer Treatment: From July 2012, the Cancer Treatment Health Target expanded to include chemotherapy as well as radiation therapy. West Coast DHB continues to achieve the target, with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks for the current financial year to 31 October 2012.

Secondary Smokefree Health Target: West Coast's performance has increased to 91% in Quarter 1, but is still just short of the Health Target of 95%. Performance reached 94% in both July and August; however, the September result was only 86%, affecting the overall Quarter 1 result. This was primarily due to two previously high-performing areas not achieving the target. A meeting with senior management (General Manager of Hospital Services, Director of Nursing and Nurse Manager) was held to discuss the September results and how clinical leaders could support and endorse ABC implementation. The Smokefree Services Coordinator will be meeting with the clinical coders weekly, will speak at the upcoming Senior Nurses meeting and will follow up on the initial meetings held with the two clinical managers following September's result to see what support the Smokefree staff can give them, including ongoing support for the new Smokefree Champion.

Elective Services National Health Target: West Coast DHB is on track to meet the Health Target. The year-to-date (YTD) report as of 31 August 2012 shows that 296 actual raw surgical discharges were delivered by West Coast DHB, which is 16 cases (106%) above the YTD planned target of 280 surgical discharges. This is 18.6% of the way toward the full-year target of 1,592 discharges to be delivered by West Coast DHB for the year. Throughput within individual surgical specialties has fluctuated significantly from plan, with those under-produced being offset by over-runs in others, both as ESPI compliance is balanced, and as the transalpine orthopaedic service is more closely evolved.

Elective Services: Ambulatory Initiative Throughput (Specialist Outpatients)

First specialist outpatient assessment (FSA) services delivery for all specialties is 1,237 attendances for the YTD August. This is 98.9% of (or 14 cases lower than) the planned YTD target of 1,251, and it is 16.9% of the way toward the full 2012/13 year's planned delivery. As with elective inpatient surgery, outpatient FSA throughput within specialties is varied, with over-production in some offsetting under-production in other specialties (particularly among medical specialties).

Surgical first specialist outpatients for the month have been delivered at 107.2% of planned YTD volume (956 FSAs delivered compared to 892 planned), which is equivalent to 18.2% of the 2012/13 total planned surgical FSAs.

Elective Service Performance Indicators (ESPIs)

West Coast DHB is non-compliant in the key ESPI 5 measure, with 7 patients currently over the 6-month maximum waiting time-frame period. These patients are spread among several specialities, including 3 in dental surgery, 2 in general surgery, 1 in plastics and 1 in orthopaedics. We are working closely with clinical staff to resolve this issue.

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: **19 October 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
The Rural Academic General Practice has developed new work processes to support some of the rural parts of our health system, this includes VC support daily and clinics several days a week at Reefton; and providing a once a fortnight service to Karamea, by flying from Greymouth to Karamea for the day.

Transalpine Services
Allied Health leaders from Canterbury and the West Coast are continuing to develop the Rural Focused Urban Specialist (RUFUS) service model and are looking to pilot this is Social Work and Dietetics in the coming months.

Leadership and Clinical Governance
Clinicians have been working hard to plan the reconfiguration of clinical services in response to the seismic issues for Greymouth Hospital. A steering group has led the work in reviewing information and data to support the development of potential options for service delivery, with a draft report produced by October 12th. This will also inform discussions with the National Health Board on October the 18th, whereby support will be sought to enable the required short term construction to address the immediate risks.

Service Improvements
Red Cross are trialling a once a week transport service from Westport to Greymouth return for people requiring health services in Greymouth, in collaboration with WCDHB.

Workforce
The third anaesthetist employed to the team started on 1st October.

Planning is underway for the implementation of the Cancer Nurse Coordination role. Funding has been released to the DHB to enable nurse coordination of patient pathway, from the point of

referral of suspected cancer through to diagnosis and treatment. One of the purposes of this role is to streamline care in order to achieve the requirement of meeting faster cancer treatment indicators.

Two new Gerontology Clinical Nurse Specialists have been appointed to support the Complex Clinical Care Network. These CNS's will work collaboratively within the interdisciplinary team to provide complex assessment and coordinated care, working to a restorative model to enable folk to remain well and in their own homes.

The longstanding vacancy in social work leadership has been filled and we welcome the new clinical manager for Occupational Therapy to the Coast this month.

General
The Clinical Leaders and Chief Executive had a successful meeting with the Minister of Health, Hon Tony Ryall, and Director General, Kevin Woods. Service improvements were discussed with a specific focus on Better Sooner More Convenient Care progress and the Health Targets. Both Mr Ryall and Mr Woods congratulated the DHB on progress made, while encouraging a continued focus on meeting the targets.

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

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: **Justine White, General Manager: Finance**

DATE: **22 November 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.

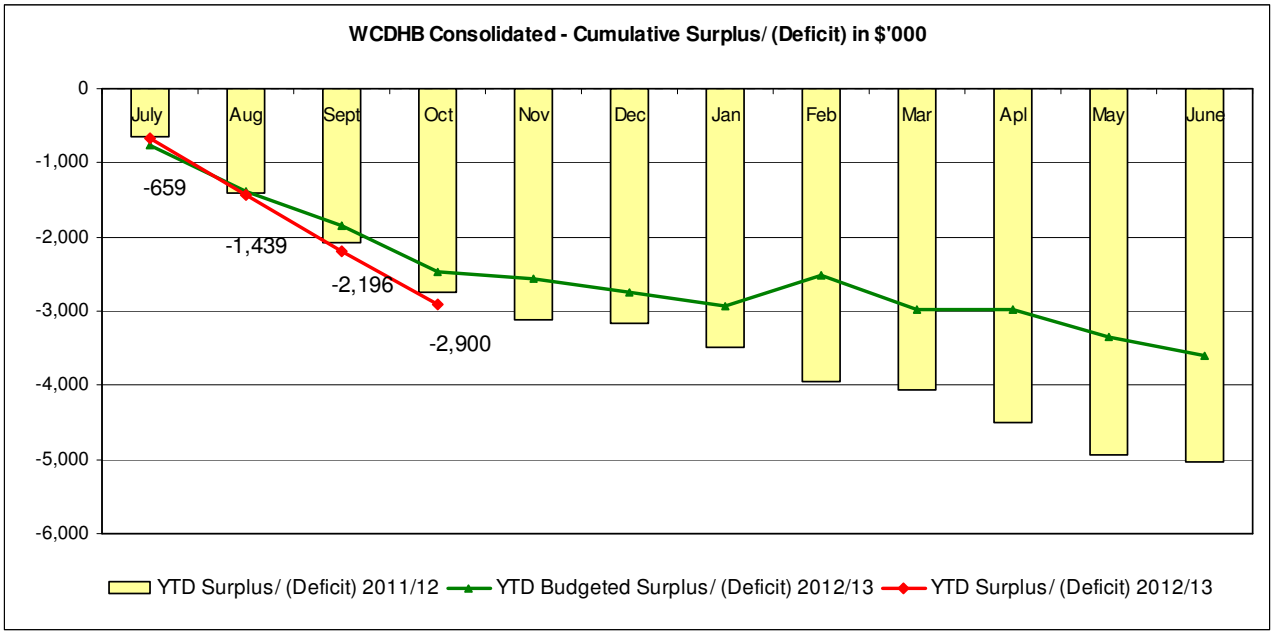
3. SUMMARY

Financial Overview for the period ending 31 October 2012

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	6,342	6,369	(27)	×	24,910	25,357	(447)	×
Governance & Administration	188	183	5	√	725	733	(8)	×
Funds & Internal Eliminations	4,916	4,780	136	√	19,330	19,121	209	√
	11,446	11,332	114	√	44,965	45,212	(247)	×
EXPENSES								
Provider								
Personnel	4,769	4,712	(58)	×	18,367	18,287	(80)	×
Outsourced Services	977	804	(173)	×	4,112	3,997	(115)	×
Clinical Supplies	642	661	19	√	2,511	2,751	240	√
Infrastructure	1,191	928	(263)	×	4,754	3,714	(1,040)	×
	7,579	7,105	(475)	×	29,744	28,749	(995)	×
Governance & Administration	127	183	56	√	603	733	130	√
Funds & Internal Eliminations	3,963	4,154	191	√	15,591	16,167	576	√
Total Operating Expenditure	11,669	11,442	(227)	×	45,938	45,649	(289)	×
Deficit before Interest, Depn & Cap Charge	223	110	(113)	×	973	438	(536)	×
Interest, Depreciation & Capital Charge	481	510	29	√	1,927	2,039	112	√
Net deficit	**704**	**621**	**(83)**	×	**2,900**	**2,477**	**(423)**	×

CONSOLIDATED RESULTS

The consolidated result for the year to date ending October 2012 is a deficit of $2,900k which is $423k over budget ($2,477k deficit). The result for the month of October 2012 is a deficit of $704k which is $83k over budget.



RESULTS FOR EACH ARM

Year to Date to October 2012

West Coast District Health Board Arm	Actual	Budget	Variance	Comment
	$000	$000	$000	
Provider Arm surplus / (deficit)	(6,761)	(5,432)	(1,329)	Unfavourable
Funder Arm surplus / (deficit)	3,739	2,955	784	Favourable
Governance Arm surplus / (deficit)	122	0	122	Favourable
Consolidated result surplus / (deficit)	**(2,900)**	**(2,477)**	**(423)**	**Unfavourable**

FUNDER ARM

Revenue

Funder revenue from the Ministry of Health is $41,045k, $206k favourable to budget ($40,839k).

- An accrual for transitional funding for the four months to date has been made in October ($164k). Funding for the HEHA programme was withdrawn after the budget was set ($68k to date) but offsetting this is additional revenue (received since the budget was set) including funding for immunisation services and community youth alcohol and other drug services (budgeted as external Ministry of Health funding in the Provider arm budget as above) and vaccine funding – in total this additional revenue is $199k for the YTD.

Expenses

The District Health Board's result for services funded with external providers for the monthly of October 2012 was $193k (5%) favourable to budget and year to date payments are $578k (3%) favourable to budget.

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

Oct-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								
23	25	2	10%	√	Laboratory	20	97	77	79%	√	269	408	34%
707	861	154	18%	√	Pharmaceuticals	3,001	3,045	44	1%	√	8,129	8,025	-1%
730	**887**	**157**	**18%**	√		**3,021**	**3,142**	**121**	**4%**	√	8,398	8,433	0%
					Secondary Care								
12	22	10	46%	√	Inpatients	51	89	38	42%	√	266	65	-309%
0	0	0		√	Radiolgy services			0	#DIV/0!	√			#DIV/0!
115	97	-18	-18%	×	Travel & Accommodation	412	389	-23	-6%	×	1,168	1,137	-3%
1,275	1,269	-6	0%	×	IDF Payments Personal Health	5,080	5,075	-4	0%	×	15,226	15,416	1%
1,402	**1,388**	**-14**	**-1%**	×		**5,543**	**5,553**	**10**	**0%**	√	16,660	16,618	0%
					Primary Care								
43	39	-4	-10%	×	Dental-school and adolescent	153	157	4	2%	√	470	352	-34%
0	3	3	100%	√	Maternity	0	2	2	100%	√	20	0	
0	1	1		√	Pregnancy & Parent	0	3	3	100%	√	8	0	
0	3	3	100%	√	Sexual Health	9	11	2	20%	√	33	8	-307%
3	4	1	22%	√	General Medical Subsidy	24	15	-9	-57%	×	46	5	-820%
538	538	0	0%	√	Primary Practice Capitation	2,148	2,153	5	0%	√	6,458	6,322	-2%
9	12	3	26%	√	Primary Health Care Strategy	28	48	20	42%	√	144	78	-85%
79	79	0	0%	√	Rural Bonus	315	317	2	1%	√	950	933	-2%
3	6	3	48%	√	Child and Youth	12	23	11	48%	√	69	151	54%
3	1	-2	-218%	×	Immunisation	16	4	-12	-336%	×	96	156	38%
14	46	32	70%	√	Maori Service Development	56	184	128	70%	√	551	191	-189%
18	9	-9	-97%	×	Whanua Ora Services	71	37	-34	-94%	×	110	216	49%
6	22	16	72%	√	Palliative Care	51	80	29	36%	√	214	184	-16%
7	17	10	59%	√	Chronic Disease	31	68	37	54%	√	204	123	-66%
11	11	0	1%	√	Minor Expenses	47	45	-2	-5%	×	134	132	-2%
734	**791**	**57**	**7%**	√		**2,961**	**3,146**	**185**	**6%**	√	9,507	8,851	-7%
					Mental Health								
0	2	2	100%	√	Eating Disorders	23	8	-15	-202%	×	23	22	-4%
54	64	10	16%	√	Community MH	214	258	54	20%	√	773	613	-26%
0	1	1	0%	√	Mental Health Work force	0	3	3	100%	√	8	12	30%
47	48	1	1%	√	Day Activity & Rehab	188	191	3	2%	√	574	572	0%
11	14	3	22%	√	Advocacy Consumer	49	58	9	15%	√	173	108	-60%
20	5	-15	-269%	×	Advocacy Family	42	22	-20	-94%	×	65	80	19%
0	0	0		√	Minor Expenses	0	0	-10		×	0	0	
137	124	-13	-10%	×	Community Residential Beds	519	498	-21	-4%	×	1,493	1,296	-15%
68	68	0	0%	×	IDF Payments Mental Health	272	270	-2	0%	×	811	792	-2%
337	**327**	**-10**	**-3%**	×		**1,307**	**1,307**	**0**	**0%**	×	3,920	3,495	-12%
					Public Health								
12	16	4	26%	√	Nutrition & Physical Activity	72	65	-7	-11%	×	194	176	-10%
6	6	0	1%	√	Public Health Infrastructure	24	24	0	1%	√	73	75	3%
0	0	0		√	Social Environments	0	0	0		√	0	0	#DIV/0!
5	11	6	56%	√	Tobacco control	23	45	22	49%	√	136	143	5%
0	0	0		√	Screening programmes	0	0	0		√			#DIV/0!
23	**34**	**11**	**31%**	√		**119**	**134**	**15**	**11%**	√	403	394	-2%
					Older Persons Health								
3	3	0	0%	×	Information and Advisory	12	10	-2	-20%	×	30	37	19%
0	0	0		√	Needs Assessment	0	0	0		√	0	33	
104	59	-45	-77%	×	Home Based Support	246	230	-16	-7%	×	671	630	-7%
7	10	3	28%	√	Caregiver Support	24	40	16	40%	√	115	115	0%
207	261	54	21%	√	Residential Care-Rest Homes	881	1,033	152	15%	√	2,739	3,020	9%
-4	-2	2		√	Residential Care Loans	-22	-8	14	175%	√	-24	-43	44%
19	26	7	27%	√	Residential Care-Community	90	104	14	13%	√	312	230	-35%
354	328	-26	-8%	×	Residential Care-Hospital	1,259	1,297	38	3%	√	3,828	3,438	-11%
0	4	4	100%	√	Ageing in place	0	17	17	100%	√	50	16	-213%
7	11	4	36%	√	Environmental Support Mobility	28	44	16	36%	√	132	64	-105%
9	8	-1	-12%	×	Day programmes	36	32	-4	-12%	×	97	120	20%
22	13	-9	-70%	×	Respite Care	49	51	2	5%	√	154	167	8%
0	0	0		√	Community Health	0	0	0		√	0	0	
119	119	0	0%	√	IDF Payments-DSS	476	477	1	0%	√	1,430	1,296	-10%
847	**840**	**-9**	**-1%**	×		**3,079**	**3,327**	**245**	**7%**	√	9,533	9,123	-4%
4,073	**4,268**	**193**	**5%**	√		**16,030**	**16,610**	**578**	**3%**	√	**48,421**	**46,914**	**-3%**

please note that payments made to WCDHB via Healthpac are excluded from the above figures

Commentary on year to date variances

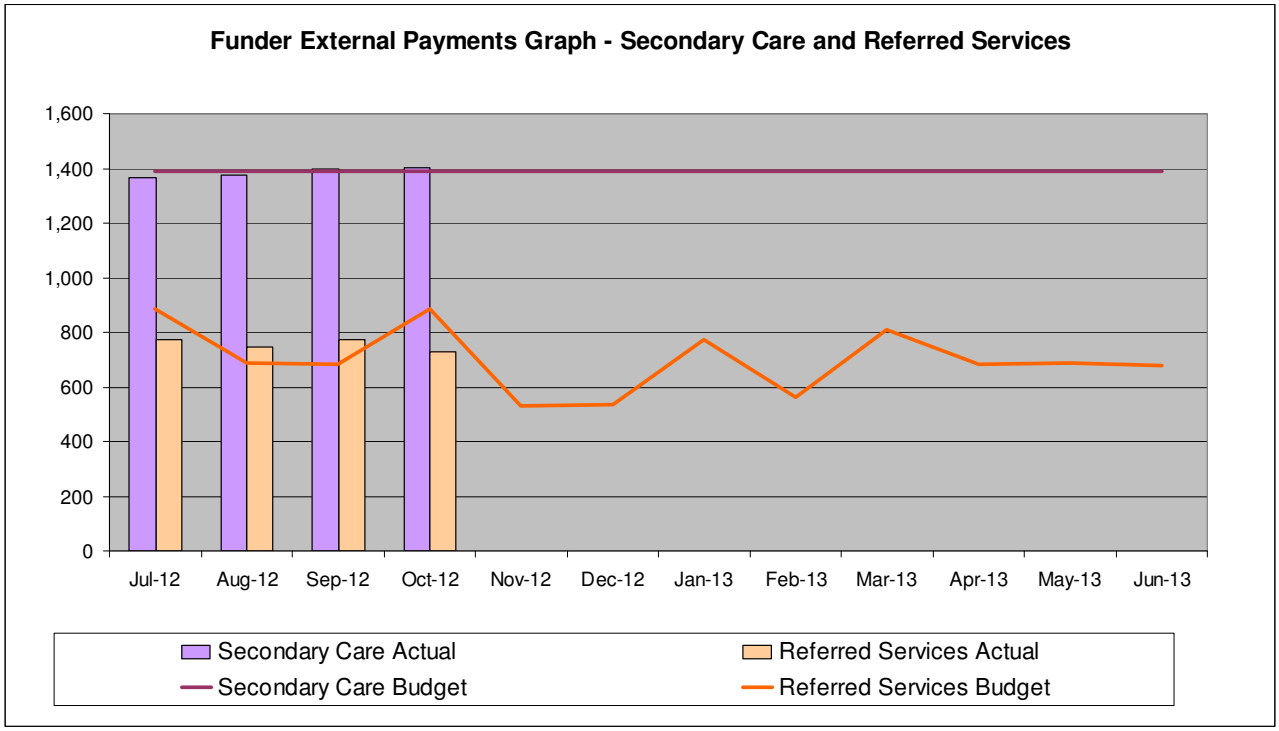
Referred Services

The cost for community pharmaceuticals to date is $3,001k, $44k favourable to budget. From January 2013 co-payments for pharmaceuticals increase from $3 to $5, which will reduce the reimbursable costs paid to community pharmacies. This improvement against budget will be offset by the payment we make for vaccines which are now included in the cost of community pharmaceuticals. Funding to cover the cost of vaccines has been devolved through monthly Crown funding payments (funding is $320k for the full year).

Laboratory services are $77k favourable to budget – an adjustment was made to last year's accrual for claims yet to be submitted reducing this years costs. Without this adjustment costs would be $8k favourable to budget to date.

Secondary Care

Secondary Care services are $10k favourable to budget to date. Travel and accommodation paid under the National Travel Assistance (NTA) scheme is $23k unfavourable to budget to date, which is 10% higher than for the same period last year. These claims are administered by the Ministry of Health. Inter District Flows (IDFs) reflected for the year are the cash payments made to date. Overall, inpatient costs are $38k favourable to budget, however within this, medical patients in community care are $29k unfavourable to budget, with volumes greater than budget. These placements vary in duration and this unfavourable variance may improve over the remainder of the year. Access to care is via prior approval. Offsetting this variance residential palliative care is $29k favourable to budget to date.

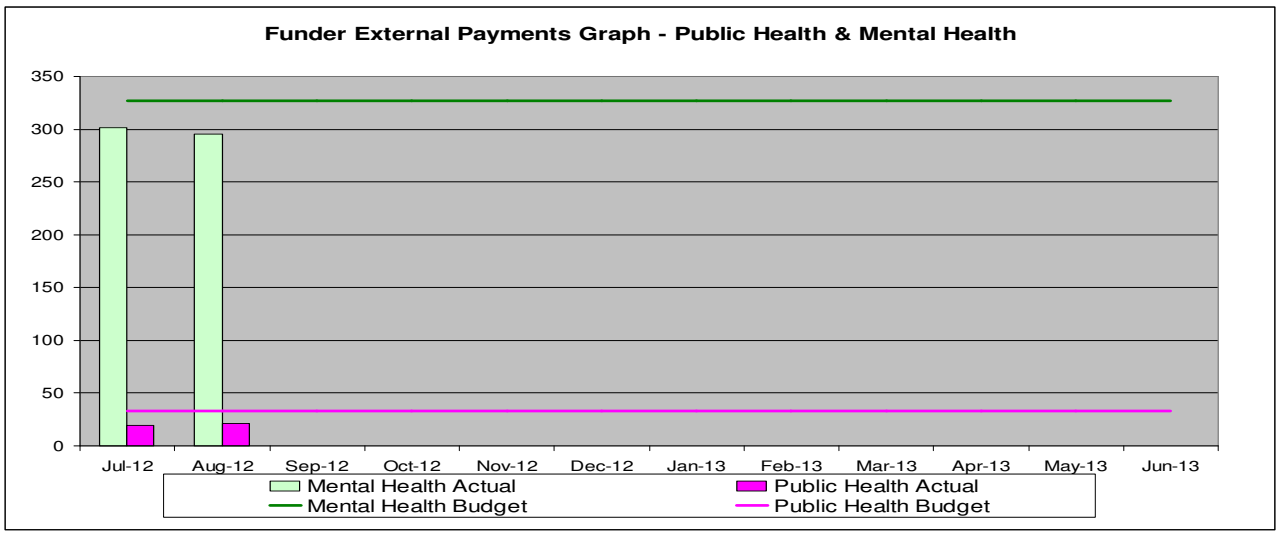


Public Health

Public health expenditure will continue to be favourable to 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). This favourable variance offsets an unfavourable variance in Funder arm revenues. Public health costs are funded via DHB contract with the Ministry of Health.

Mental Health

Mental health costs are on budget to date. Changes to contracts have resulted in some variances to budget, with unfavourable variances in some budget lines offset by favourable variances in other lines. Community residential beds are $21k unfavourable to budget to date. A wash up was paid for prior years volumes at a higher amount than was accrued last year. This is a one off cost and residential costs should be on budget each month for the rest of the year. Community mental health services are $44k favourable to budget as services have yet to begin, including services to be funded via Pharmac savings which will not begin until February 2013.

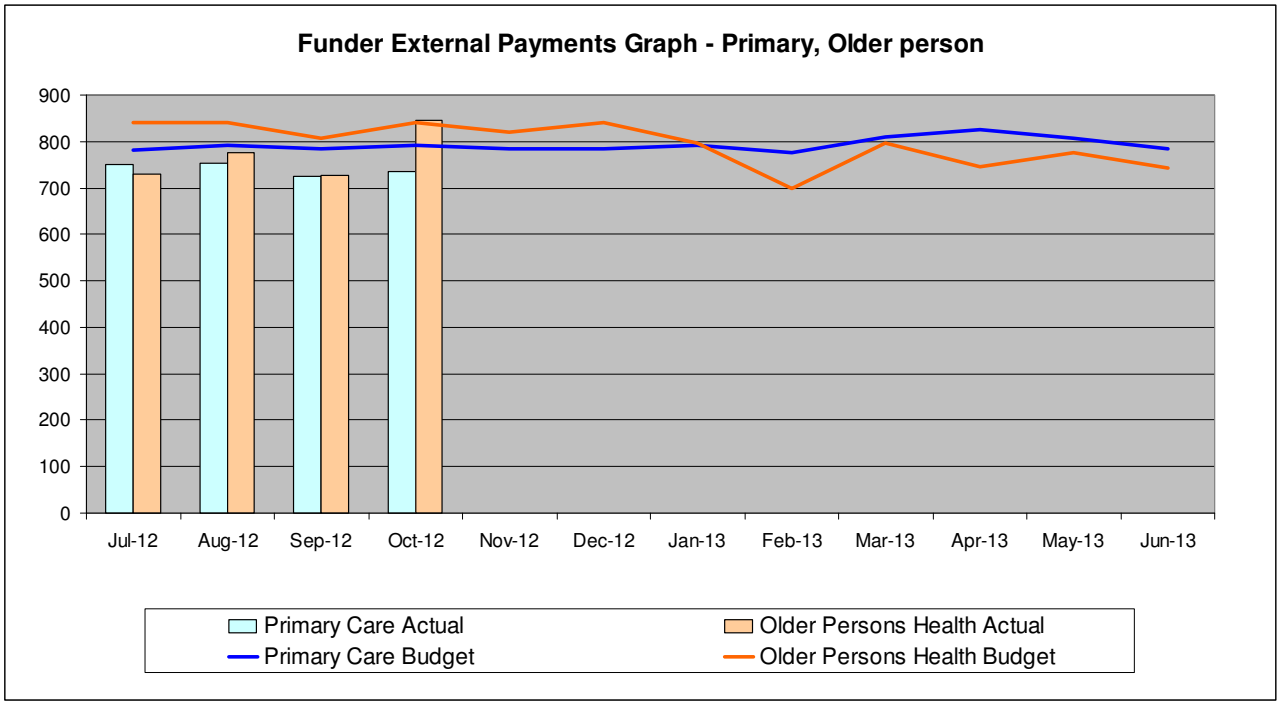


Primary Care

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.


Funder External Payments Graph - Primary, Older person
900
800
700
600
500
400
300
200
100
0
Jul-12
Aug-12
Sep-12
Oct-12
Nov-12
Dec-12
Jan-13
Feb-13
Mar-13
Apr-13
May-13
Jun-13
Primary Care Actual
Older Persons Health Actual
Primary Care Budget
Older Persons Health Budget

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**
Stella Ward, Allied Health
Claire Robertson, Planning and Funding

DATE: **1 November 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

PP2 BSMC – WCDHB DELIVERING ON MINISTRY EXPECTATIONS

Year Three deliverables

Ministry requirement: *Quarterly reports outlining progress against the key deliverables in the jointly agreed Year Three Implementation Plans, including resolution plans for any areas of slippage against deliverables.*

Progress during quarter 1 2012-13, for the three BSMC workstreams (Health of Older People, Buller IFHC and Grey IFHS) is outlined from section 1.

Flexible Funding Pool

Ministry requirement: *Quarterly reports on the operation and expenditure of the Flexible Funding Pool, including how pool funding has been jointly prioritised to deliver services.*

The Flexible Funding Pool funds are combined with other revenue to deliver a range of PHO programmes, including the Long Term Conditions Management programme and Smoking Cessation. Information on the expenditure of the Flexible Funding Pool is provided in section 4.

Free afterhours care for children under six

Ministry requirement: *In quarter one, confirm 60% coverage level for free afterhours for children under the age of six as of July 2012. Report progress against increasing this service coverage level to 75% by June 2013. Identification of and progress against the activities to ensure free afterhours services to children under six years of age.*

100% of West Coast children under six now have access to free afterhours care.

Alliancing & clinical leadership

Ministry requirement: *Description of how all necessary clinicians and managers (primary/community and secondary) will be involved ongoing in the process of development, delivery and review.*

The Alliance Leadership Team (ALT) oversees the implementation of the BSMC Business Case and reviews and directs the prioritisation of work within the three workstreams. The membership of ALT is predominantly clinical, to ensure clinically-led service development and implementation, within a 'best for patient, best for system' framework.

The following three workstreams (led by clinicians, with predominantly clinical membership) are in place:

- Health of Older People
- Buller Integrated Family Health Centre
- Grey Integrated Family Health Service

Other groups fulfil the functions of workstreams in the areas of:

- Pharmacy
- Public Health – Healthy West Coast Governance Group

The West Coast Health System Clinical Board has been established to oversee and enhance the provision of care across the whole West Coast health system by ensuring safe, sustainable health services. The Clinical Board is responsible for leading clinical governance in the health services provided or funded by the WCDHB.

The development of the Transalpine Health Service is improving the consistency and efficiency of services on the West Coast, and increased collaboration with CDHB across both management and clinical functions is a key direction for the WCDHB. A transalpine model of care is being developed and includes explicit links between clinicians and departments which can support comprehensive services delivered on the West Coast and ensure, where possible, the West Coast community will have services delivered closer to home.

Community pharmacy

Ministry requirement: *Activities to integrate community pharmacy.*

A pharmacy group has been developed with representation from all community pharmacies and the hospital pharmacy to develop pharmacy services for the future West Coast health system. During this quarter a priority for this group was discussing the implementation of the proposed Pharmacist 2GP Liaison project, which would see a pharmacist presence in primary practice on a regular basis.

Hospital and community pharmacies continue to work in an integrated manner through activities such as shared intern roles and the compressed pharmacy role. The compressed pharmacy role ensures there is no reliance on locum cover required within pharmacy and therefore decreases the cost to the health system (both for the DHB and for the community pharmacies).

Nursing services

Ministry requirement: *Activities to expand and integrate nursing services.*

Current activity is focused on the development of coordination roles that will sit within Buller IFHC, Grey IFHS and general practice. These roles include:

- Nurse Practitioner roles in general practice to improve access to the primary healthcare team.
- Introduction of the Rural Nurse Specialist role into the Buller IFHC to improve coordinated care and access to primary health.
- Recruitment of a Kaupapa Maori nurse and a Kaiarataki Maori Health Navigator. These roles will be employed by the Maori Health Provider and integrated into the Buller IFHC.

- Gerontology Nurse roles have been appointed to work within the Complex Clinical Care Network. 1.5FTE Gerontology Nurse Specialists have been appointed and work is under way to appoint a gerontology nurse practitioner.

Other Nursing activity focussed on integrating nursing services includes:

- Continued focus on practice based interdisciplinary team meetings with community nursing services aligned to practices.
- Development of the Cancer Nurse Coordination role and planning to further improve liaison and integration of cancer services across the system, inclusive of primary practices and within the hospital.
- Devolution of community based nursing services into the community, closer alignment with IFHCs and moving to a community based service with an in-reach hospital component.

Health needs analysis

Ministry requirement: *Evidence of health needs analysis of population by localities.*

With the closer working relationship with CDHB (including the formal merge of the Planning & Funding teams), the WCDHB plans to adopt some of the analytical tools currently being used and developed at CDHB for health needs analysis and risk analysis.

Improved outcomes

Ministry requirement: *Identification of targeted areas/patient groups for improved outcomes as a result of enhanced primary and community service delivery (with a focus on managing long-term conditions) including:*

a. *Identification of and achievement against targets for the number of people that are expected to be appropriately managed in primary/community setting instead of secondary care*

At the end of this quarter 2292 patients were enrolled in the Long Term Conditions Management programme, out of the WCPHO's approximately 31,300 enrolled patients. This means that 7.3% of the enrolled population is engaged in a structured programme of care for their long term condition(s).

b. *Identification of and achievement against targets for growth reduction in ED attendance, acute inpatient admissions and bed days*

Acute Inpatient admissions

- The WCDHB acute length of stay is currently the second lowest in the country at 3.47 (standardised), compared to the national average of 3.98 (at 30 June 2012).

Acute Readmissions:

- The WCDHB acute readmission rate is the lowest in the country at 7.76 (standardised) compared to the national average of 10.21.

Reduction in ED attendance:

- The current rates for ED are not indicating a decline in attendance rate as planned. To mitigate this the WCDHB is undertaking the following:
    - West Coast DHB is currently working on increasing the GP and rural nurse workforce across Grey (especially GP recruitment). Securing this workforce is critical to help reduce Triage 5 presentations at ED.
    - West Coast DHB is currently working on increasing the GP and rural nurse workforce across Reefton and Buller (especially GPs and Rural Nurse Specialists into Buller Medical Practice). Securing this workforce is critical to help reducing Triage 5 presentations at the Buller Health and Reefton A&M services. In addition, with no GP

on site at present, Reefton General Practice is receiving GP support from the Greymouth-based Rural Academic General Practice (RAGP) for the Reefton practice nurses. This includes daily video-conferencing with the Reefton nurses and weekly visiting clinics from RAGP doctors to Reefton. Where these are not possible, RAGP are holding slots at the Greymouth clinic for Reefton patients to attend for consults.

c. *Identification of and achievement against a target for the prevention of readmissions for the 75+ population (and any other target populations)*

The WCDHB acute readmission rate result to 30 June 2012 was 13.35 (standardised) compared to the national average of 14.54.

Section 1 outlines the Health of Older People workstream's progress, including the establishment of the Complex Clinical Care Network (CCCN), which aims to ensure older people in the West Coast community are supported to stay well in their own homes.

Infrastructure

Ministry requirement: *Identification of and activities (with timeline) to ensure infrastructure and revenue streams appropriate to support the identified change in activities and service delivery model. Progress against the above infrastructure and revenue stream milestones.*

Supporting infrastructure includes the continued development of West Coast-specific Health Pathways and adoption of the appropriate CDHB pathways. The Flexible Funding Pool (section 4) also supports service delivery.

New facility development is proposed for both the Buller IFHC and the Grey IFHS. The business cases are currently with the Capital Investment Committees. The recent seismic testing results for Grey Base Hospital require there to be a review of the BSMC Business Case/Implementation plan with respect to facilities in particular.

Discussions and planning are underway to implement a three-month transport service between Greymouth and Westport. The service will primarily be for outpatients attending specialist clinics. Red Cross has volunteered to provide a free service to patients, which will be commencing late October. During the initial trial period the service will look to run at least one day per week. WCDHB has undertaken to coordinate clinic appointments to best fit patients from Buller into times that will link in with this service where possible and assist with coordinating patients who may benefit from this service. The trial is intended to be flexible to maximise use of the mini-bus, which has been hired for the three month trial period. It is hoped that over time this service may be extended to additional days per week as volunteer driver capacities and patient uptake of the service are developed.

SECTION 1: HEALTH OF OLDER PEOPLE WORKSTREAM PROGRESS Q1 2012-13

Reconvened Health of Older People Workstream: Progress has been made on the establishment of the Complex Clinical Care Network (CCCN), with new project leaders appointed. A revised Work Plan, Terms of Reference and CCCN Governance Group were approved by the West Coast ALT October 4th 2012.

Establishment of IDT: IDT membership has been established and is comprised of geriatrician-led community health providers including; geriatrician, allied health, clinical assessors, dementia outreach, GP, Practice Nurses, home based support Rural Nurses, District Nurses, health navigator and disease specific Clinical Nurse Specialists on an 'as needed' basis.

Workforce Roles: A joint WCDHB/CDHB geriatrician has been appointed at 0.2FTE. 1.5FTE Gerontology Nurse Specialists have been appointed and work is under way to recruit a gerontology

nurse practitioner. 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 24th October.

SECTION 2: BULLER INTEGRATED HEALTH CENTRE PROGRESS Q1 2012-13

The Buller Integrated Health Centre workstream continues to implement a range of key tasks as part of the implementation plan.

O'Conor Home: Installing Medtech and network infrastructure will begin in next quarter as part of the Health of Older People workstream.

IT Implementation: Increasing the capacity at the IT department is recognised as a current constraint to implementing the full Medtech development project. Pegasus Health has been contracted to undertake a series of primary care IT updates and reviews and supply helpdesk functions. This capacity should allow the WCDHB to be fully current with Medtech. An opportunity for Manage My Health to be developed with a pharmacy LTC registration view is being explored. This would reduce time delays and administrative burden for pharmacy and practices.

Quality, Incident and Clinical Governance: Local Buller Quality and Incident group established. Local Maori Community representative engaged. This group will form the basis of the clinical governance group.

Workforce Capacity: Our processes around managing the shortfall days continue to be refined. Foote ward nursing, through the union, had a meeting with management to express their concerns. Additional resourcing like on-call nursing is being considered. The GP team has developed a transition plan for clinical leadership when Paul Copper (GP) leaves. This will require management to engage differently to ensure the best use of the limited GP resource. Recruitment is underway for the clinical leader, and we are exploring advertorials based on urban based rural practitioners, similar to what two of our GPs do currently.

New Workforce Roles: Recruitment continues with interviews for RNs underway. Filling the nurse practitioner role is identified as a risk area. Senior nursing is attending upcoming NP conference to promote the role. GP recruitment continues. Mental Health is working actively with the PHO to explore combining some resourcing to reduce duplication and to work as one service.

Change Management: Work is underway to move the afterhours clinic with a planned start in mid-November. Aligning the administration teams has been delayed due to resourcing levels. The elevation of the GM Buller within the WCDHB structure is seen as positive by the Implementation Team. Changes in the Buller Implementation Team are a risk to continuity. Plans are in place for the recruitment of a new general manager for the district to be in place in early 2013.

Capital Process: Business case is with the CIC for a single stage approval.

Work Plan: The previous work plan and priorities remain focused on key areas. Ensuring adequate resourcing with competing priorities remains an issue for the team. Further information will be available once there is clarity over the respective business cases for facility development.

1. Change management areas
    a. Moving A/Hs to outpatients
    b. Moving to a single Admin team
2. IT implementation
    a. Moving to electronic record in Foote ward
    b. Business case to initiate contract with Medtech and phase one
3. Change of workforce for models of care

a. Hire Nurse practitioner
b. Hire Rural Nurse Specialists
c. New District Nursing roles
d. Recruit GPs and clinical leader

SECTION 3: GREY INTEGRATED HEALTH SERVICE PROGRESS Q1 2012-13

Seismic Reports: During this quarter the WCDHB has received unfavourable seismic reports around parts of the Grey Campus. A steering group of clinicians has been established to lead the identification and evaluation of options for service reconfiguration / relocation, given these seismic challenges. It was crucial that the plans moving forward were focused on the patient and were consistent with the new Grey Base Hospital and IFHS development.

Capital Investment Committee: Preparation took place this quarter for the Capital Investment Committee presentation regarding the Grey IFHS and the Regional Hospital Business Case that was held 18th October. The CIC approved urgent capital to strengthen and refit buildings to support immediate service reconfiguration and relocation as well as addressing the electrical systems upgrade.

Autonomous Clinical Unit: Agreement for the establishment of the ACU was given by the Board and the Terms of Reference approved. The WCDHB is in the process of establishing this as a governance group to provide future guidance to primary health service delivery.

SECTION 4: FLEXIBLE FUNDING POOL

Note: The Flexible Funding Pool funds are combined with other revenue to deliver a range of PHO programmes

Profit & Loss
West Coast Primary Health Organisation
All Departments
1 July 2012 to 30 September 2012

	Clinical Services	Keeping People Healthy	Total
Income			
8201 Services to Increase Access (SIA) revenue	52,669	-	52,669
8203 Care Plus (C+) revenue	164,012	-	164,012
8401 Health Promotion (HP) revenue	3,250	55,132	58,382
8841 Sundry income	15,795	278	16,073
Total Income	235,726	55,410	291,137
Less Cost of Services	130,472	15,374	145,846
Less Operating Expenses	105,254	40,036	145,290
Variance	-	-	-

Report prepared by: Carol Atmore, Chief Medical Officer
Stella Ward, Allied Health
Claire Robertson, Planning and Funding

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: **12 November 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

Maori Health Initiative – verbal Update – General Manager Maori Health

The functions of CPHAC & DSAC, in accordance with their Terms of Reference and the New Zealand Public Health and Disability Act 2000 are:

"With respect to Community and Public Health, is 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.*

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 the Committee's advice must be:

- *to ensure that the services that the West Coast District Health Board provides or funds, along with the policies it adopts, will maximize the overall health gain for the resident population of the West Coast District Health Board; and*

- *to ensure that the kind of disability support services that the West Coast District Health Board provides or funds, along with the policies it adopts, will 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'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 Strategic Plan and the Disability Support Action Plan of the West Coast District Health Board."

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 22 November 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** ▪ *11 October 2012*		
3.	**Carried Forward/ Action Items**		
REPORTS/PRESENTATIONS			**9.10am**
4.	**Primary Health Organisation - Quarterly Report**	Anthony Cooke *Chief Executive, West Coast PHO*	*9.10am - 9.30am*
5.	**Planning & Funding Update**	Carolyn Gullery *General Manager, Planning & Funding*	*9.30am - 9.45am*
6.	**Clinical Leaders Update** *As provided to the Board 19 October 2012*	Clinical Leaders *West Coast DHB*	*9.45am - 10.00am*
7.	**Finance Report**	Justine Weeks *General Manager, Finance*	*10.00am - 10.20am*
8.	**Better Sooner More Convenient and Alliance Leadership Team Report**	Carolyn Gullery *General Manager, Planning & Funding*	*10.20am - 10.35am*
9.	**General Business** **Maori Health Initiative – verbal Update**	Gary Goghlan *General Manager, Maori Health*	*10.35am - 10.45am*
ESTIMATED FINISH TIME			**10.50am**

INFORMATION ITEMS

- **Chair's Report to last Board meeting**
- **Community and Public Health and Disability Support Advisory Committee Terms of Appointment**
- **West Coast DHB Draft 2013 Meeting Schedule**

NEXT MEETING

Date of Next Meeting: 2013 – Draft Schedule attached, not yet confirmed

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: **5 November 2012**

Report Status – For:	Decision ☐	Noting ☐	Information ☑

Chair's report to last Board Meeting

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

West Coast District Health Board Draft 2013 Meeting Schedule

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: **19 October 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

ITEMS OF INTEREST FOR THE BOARD

Carolyn Gullery, General Manager, Planning & Funding joined the meeting by video conference. She had to leave the meeting at 9.30 and Greg Hamilton, Team Leader, Planning & Funding joined the meeting in her place.

- **"Caring Counts" Report by Human Rights Commission**
  The Committee requested a report on the implications of this Report for the West Coast community and Age Related Services. The report back at the next will also contain information regarding national work undertaken in this regard.

- **Organisational Leadership Report**
  The Committee discussed the immunisation statistics of 86% for eight month old Maori children for the three month period ending 31 August 2002. Whilst they found this disappointing they noted that more Maori children are immunised on the West Coast than anywhere else in Mew Zealand.

  The Committee also noted the establishment of a pilot transportation option for Buller patients to outpatient services in Greymouth. Red Cross, in conjunction with Buller Rural Education Activities Programme (REAP) and the DHB will commence a weekly shuttle service, from the end of October for a 3 month trial period.

  The commencement of a Gateway programme which is an inter-sectorial programme between Child, Youth, Youth Justice, Education & Health for high risk, high needs children has been slightly delayed. The recruitment process for a coordinator for this programme is underway

and it is hoped this will be completed by early November.

- **Clinical Leadership Team Report**
  Further discussion took place around the alignment of this report with the Annual Plan outcomes and the purpose of this Committee. Management will look at how this should be formatted for future meetings.

- **Financial Report**
  Concern was expressed regarding the deficit figure and whether this should be perceived as a trend or a monthly fluctuation. The Chief Financial Officer commented he believed this was a monthly fluctuation

  The Committee noted that the seismic situation will cause infrastructure issues and savings would need to be made elsewhere to accommodate this as the Minister is still keen on us meeting the deficit figure stated in the Annual Plan.

  The Acting Board Chair advised that there is still no update regarding the transitional funding.

- **Better Sooner More Convenient (BSMC)**
  The Acting Board Chair advised that he, along with the CEO and Clinical Leaders, met with the Minister of Health and the Director-General a few weeks ago and the Minister had phoned afterwards to say he was impressed with what is taking place here.

- **PHO Quarterly Report**
  Anthony Cook and Helen Rereti from the PHO attended the meeting and provided the Committee with an update on the PHO results. Anthony provided the Committee with an updated financial statement and Committee members took the opportunity to ask questions.

- **Vote of Thanks**
  The Committee Chair thanked Colin Weeks, Wayne Turp and Hecta Williams for their work and support of the Committee in their time with the DHB and wished them the best in future ventures.

- **Next Meeting**
  At the next meeting the Committee will receive an update on Maori Health initiatives.

TERMS OF APPOINTMENT – CPHAC & DSAC

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 years	31 January 2014
Kevin Brown **Deputy Chair** **(West Coast District Health Board member)**	27 January 2011 (re-appointed 27 January 2012)	3 years	31 January 2014
John Ayling	24 March 2011	3 years	31 March 2014
Lynnette Beirne	24 March 2011	3 years	31 March 2014
Cheryl Brunton	1 February 2005 (re-appointed 3 November 2006 and 13 June 2008)	Whilst remaining as the Medical Officer of Health for the West Coast DHB	
Jenny McGill	11 October 2012	1 year & 2 months	December 2013
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 years	31 January 2014
Robyn Moore	3 June 2011	3 years	3 June 2014
John Vaile **(West Coast District Health Board member)**	27 January 2011 (re-appointed 27 January 2012)	2 Years	31 January 2014
Peter Ballantyne **(West Coast District Health Board member)**	27 January 2011	3 years	ex-officio
Paul McCormack **(West Coast District Health Board member)**	27 January 2011	3 years	ex-officio

DRAFT

WEST COAST DHB – PROPOSED MEETING SCHEDULE FOR 2013

DATE	MEETING	TIME	VENUE
Thursday 24 January 2013	CPHAC&DSAC	9.00am	Boardroom, Corporate Office
Thursday 24 January 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 24 January 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 24 January 2013	TATAU POUNAMU	3.30pm	
Friday 8 February 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 7 March 2013	CPHAC&DSAC	9.00am	Boardroom, Corporate Office
Thursday 7 March 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 7 March 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 7 March 2013	TATAU POUNAMU	3.30pm	
Friday 22 March 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 2 May 2013	CPHAC&DSAC	9.00am	Boardroom, Corporate Office
Thursday 2 May 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 2 May 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 2 May 2013	TATAU POUNAMU	3.30pm	
Friday 10 May 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 6 June 2013	CPHAC&DSAC	9.00am	Boardroom, Corporate Office
Thursday 6 June 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 6 June 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 6 June 2013	TATAU POUNAMU	3.30pm	
Friday 28 June 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 11 July 2013	CPHAC&DSAC	9.00am	Boardroom, Corporate Office
Thursday 11 July 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 11 July 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 11 July 2013	TATAU POUNAMU	3.30pm	
Friday 2 August 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 22 August 2013	CPHAC&DSAC	9.00am	Boardroom, Corporate Office
Thursday 22 August 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 22 August 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 22 August 2013	TATAU POUNAMU	3.30pm	
Friday 13 September 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 10 October 2013	CPHAC&DSAC	9.00am	Boardroom, Corporate Office
Thursday 10 October 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 10 October 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 10 October 2013	TATAU POUNAMU	3.30pm	
Friday 25 October 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 26 November 2013	CPHAC&DSAC	9.00am	Boardroom, Corporate Office
Thursday 26 November 2013	HAC	11.00am	Boardroom, Corporate Office
Thursday 26 November 2013	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 26 November 2013	TATAU POUNAMU	3.30pm	
Friday 13 December 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth