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

6 June 2013

AGENDA
AND
MEETING PAPERS

All information contained in these committee papers is subject to change

AGENDA

COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
To be held in the Board Room, Corporate Office, Greymouth Hospital
Thursday 6 June 2013 commencing at 9.00am

ADMINISTRATION			**9.00am**
	Karakia		
	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** *2 May 2013*		
3.	**Carried Forward/ Action Items** *(There are no carried forward items)*		
REPORTS/PRESENTATIONS			**9.10am**
4.	**Community and Public Health Update**	Jem Pupich *Team Leader, Community and Public Health*	*9.10am - 9.25am*
5.	**Planning & Funding Update**	Carolyn Gullery *General Manager, Planning & Funding*	*9.25am -9.40am*
6.	**Maori Health Activity Update**	Gary Coghlan *General Manager, Maori Health*	*9.40am – 9.55am*
7.	**Alliance Update**	Carolyn Gullery *General Manager, Planning & Funding*	*9.55am - 10.10am*
8.	**Health Target Results – Quarter 3**	Carolyn Gullery *General Manager, Planning & Funding*	*10.10am – 10.25am*
9.	**Draft PHO Agreement**	Carolyn Gullery *General Manager, Planning & Funding*	*10.25am -10.40am*
10	**General Business**	Elinor Stratford *Chair*	*10.40am - 10.50am*
ESTIMATED FINISH TIME			**10.50am**

INFORMATION ITEMS

- **Board Agenda – 10 May 2013**
- **Chair's Report to last Board meeting**
- **West Coast CPHAC/DSAC Workplan 2013**
- **West Coast DHB 2013 Meeting Schedule**

NEXT MEETING

Date of Next Meeting: 11 July 2013 Corporate Office, Board Room at Grey Base Hospital.

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

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 Representative on Tatau Pounamu • Committee Member of C.A.R.E. • Member of sub-Committee for Stroke Conference • Advisor to MS/Parkinson West Coast
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 • Member – DISC Trust
Jenny McGill	• Employment with Lifelinks working with Ministry of Health contracted providers, including West Coast DHB. • Husband employed by 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
Mary Molloy **(Board Member)**	• Director - Molloy Farms South Westland Ltd • Trustee - L.B. & M.E Molloy Family Trust • Spokeswoman - 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 • Consumer Representative on South Island Quality & Safety SLA

MINUTES

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, 2 May 2013 commencing at 9.00am

PRESENT

Elinor Stratford (Chairperson); John Ayling; Lynette Beirne; Dr Cheryl Brunton; Marie Mahuika-Forsyth; Jenny McGill; Mary Molloy; Robyn Moore; John Vaile; Peter Ballantyne (ex-officio) and Dr Paul McCormack (ex-officio)

APOLOGIES

An apology for absence was received and accepted from Kevin Brown.

EXECUTIVE SUPPORT

Michael Frampton (Programme Director); Gary Coghlan (General Manager, Maori Health); Ralph La Salle (Planning & Funding); Karyn Kelly (Director of Nursing & Midwifery) and Kay Jenkins (Minutes).

WELCOME

The Chair welcomed everyone and asked Gary Coghlan, General Manager, Maori Health to lead the Karakia.

1. INTEREST REGISTER

Robyn Moore advised that she is a member of the South Island Quality & Safety SLA as a consumer representative.

Cheryl Brunton advised that she is a member of DISC Trust.

Elinor Stratford advised that she is no longer a Committee member of M S Parkinsons but she acts in an advisory capacity to them.

2. MINUTES OF THE PREVIOUS MEETING

Resolution (4/13)
(Moved: Cheryl Brunton; Seconded: Mary Molloy - carried)

"That the minutes of the meeting of the Community and Public Health and Disability Support Advisory Committee held on 7 March 2013 be confirmed as a true and correct record"

3. CARRIED FORWARD/ACTION ITEMS

The Committee noted the scheduled presentation by the Director of Allied Health is on today's agenda.

4. PLANNING & FUNDING UPDATE

Ralph La Salle, Planning & Funding presented this report which was taken as read.

Discussion took place regarding immunisation coverage on the West Coast and the DHBs capacity to achieve the targets being compromised by the percentage of the population "opting out".

Dr Cheryl Brunton, Medical Officer of Health commented that the Minister's target is based on sound science in regard to the levels of immunised population required for target coverage. She went on to stress how this made it important for us to ensure that anyone willing to be vaccinated actually is. The Committee noted that at the moment we can achieve the set target but our ability to continue to do this is compromised.

A query was raised regarding Whanau Ora services and the spend being above budget. The General Manager, Maori Health undertook to look into this and report back at the next meeting.

A query was also made regarding the financials and management agreed to look at the provision of trend graphs as previously provided.

The report was noted

5. COMMUNITY & PUBLIC HEALTH UPDATE

Jem Pupich, Team Leader, Community & Public Health, presented the Community & Public Health Update.

Discussion took place regarding Local Alcohol Policies and whether these would be implemented before the October local body elections. The Committee noted that the earliest the policy can be adopted is January 2014. The process for submissions from the DHB was raised and management agreed to look at the submission process and how best to involve the governance side of the DHB.

Discussion also took place regarding alcohol related harm in the community and it was noted that Community & Public Health are undertaking a community survey to ascertain views on alcohol across the Region.

In regard drinking water, the effects of the drought were discussed and also the quality of drinking water in relation to the issues around contamination and boil water notices at Inangahua Junction. Community & Public Health are working towards a Capital Assistance Grant application for the 2014 funding round to assist with improvements in this area

6. ALLIANCE UPDATE

The Committee discussed the Alliance model and the intentions around this. It was noted that whilst this report currently delivers on the Ministry of Health's expectations the DHB is doing its best to reconcile this with the needs of the West coast community.

The Board Chair commented that Alliancing has been reconfirmed in Wellington as the desirable way to move forward to the future.

Discussion took place around the Flexible Funding Pool and whether it is intended to make the Alliance responsible for more than is shown in the schedule in section 5 of the papers. The

Committee noted that discussions around the Alliance Leadership Team table are around financially resourcing the decisions made and dedicated project managers have been allocated to each work stream.

Discussion also took place regarding the PHO report being part of the Alliance Update.

7. DRAFT 2013/14 MAORI HEALTH PLAN

The Committee noted that feedback on the Maori Health Plan has been received from the Ministry of Health with one of the comments being that the plan could be linked better with the DHBs Annual Plan.

It was suggested that the plan could be strengthened with the inclusion of some of the risks and probabilities sitting behind the activities, targets and responsibilities noted in the plan.

The Committee also noted that this plan will be presented to the Alliance Leadership Team and the second draft would go back to the next Tatau Pounamu meeting.

8. ALLIED HEALTH PRESENTATON

Stella Ward, Executive Director, Allied Health, provided a presentation updating the Committee on progress in Allied Health. The presentation included a summary of the achievements to date and the challenges and plans going forward.

The Committee complemented the Allied Health team for their work and members took the opportunity to provide comment and feedback.

INFORMATION ITEMS

- Chair's report to last Board meeting
- Board Agenda 22 March 2013
- CPH&DSAC 2013 Work Plan
- West Coast DHB 2013 Meeting Schedule
- PHO Quarterly Report

There being no further business the meeting concluded at 10.45am.

Confirmed as a true and correct record:

_____ _____

Elinor Stratford Date
Chair

COMMUNITY AND PUBLIC HEALTH UPDATE

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

SOURCE: **Community and Public Health**

DATE: **6 June 2013**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is a standing agenda item, providing information regarding the work of Community and Public Health on the West Coast.

2. RECOMMENDATION

That the Committee;

i. notes the Community and Public Health Update

3. SUMMARY

The purpose of this report is to provide the Committee with information and highlights of Community and Public Health's work.

4 APPENDICES

Appendix 1: Community and Public Health Update

Report prepared by: Jem Pupich, West Coast Team Leader, Community and Public Health

Report approved for release by: Dr Cheryl Brunton (Public Health Specialist) and Derek Benfield (Regional Manager, CPH West Coast)

REPORT to WCDHB CPHAC/DSAC

COMMUNITY AND PUBLIC HEALTH (CPH)

June 2013

Smokefree May / World Smokefree Day

The aim of Smokefree May is to celebrate people living Smokefree lives and to encourage people to become Smokefree. Friday 31st May was World Smokefree Day and the theme *is 'Quit Now - It's about Whanau'.*

New Zealand has committed to becoming Smokefree by 2025. To achieve this, three things need to happen:

1. Fewer people start smoking,
2. Demand for, and supply of, tobacco reduces, and
3. More people quit successfully.

To promote Smokefree May, the West Coast Tobacco Free Coalition created a display on the theme of 'Quit Now – It's about Whanau'. The display has been at a number of locations throughout the Coast including the Community Mental Health Unit at Grey Hospital, Mitre 10, The Warehouse, Tai Poutini Polytechnic, Solid Energy Centre (Westport) and New World Hokitika. Members of the Coalition have manned the display. This has provided a valuable opportunity to engage with the public and hear their stories about quitting, trying to quit and supporting their family members. As a result, several people have signed up for cessation support with the various services available on the Coast.

CPH Health Promoter, Karen Hamilton

Tobacco Controlled Purchase Operations

Fifteen tobacco retailers in the Grey and Westland Districts were visited in a recent controlled purchase operation (CPO). CPOs are conducted to monitor compliance by tobacco retailers with the Smokefree Environments Act (1990) requirement that tobacco products are not sold to people under the age of 18. CPH enforcement officers visited the tobacco retailers in early May. 16 and 17-year-old volunteers attempted to purchase cigarettes under the supervision of CPH staff. None of the 15 premises visited sold cigarettes to the underage volunteers. This is exactly the result we hope to see when we conduct a controlled purchase operation. Preventing the uptake of smoking by young people will help achieve a Smokefree Aotearoa by 2025, as most smokers become addicted in their teens. Smokefree Enforcement Officers can issue an infringement notice to any person who sells a tobacco product to a person under the age of 18 years. The person who commits the offence can face an instant fine of up to $1000. 'While the results of these recent controlled purchase operations are very encouraging, CPH will continue to undertake CPOs at regular intervals to ensure the law continues to be upheld.

High School Ball season
Community and Public Health staff worked with Greymouth High School to promote the 'Good Memories No Regrets' message for the senior school ball held recently at Shantytown. Activities included having two articles in the Greymouth High School newsletter asking parents whether their teenager is drinking and about setting alcohol ground rules. A media article was also published in the Greymouth Star about After Ball parties. Good Memories No Regrets posters were also displayed at the ball.

Health Promoting Schools
In response to an invitation from a Grey District primary school with approximately 120 students, CPH's Health Promoting Schools coordinator and our nutrition health promoter created an interactive 40 minute session about healthy eating which they presented recently to all six of the school's classes.

School staff had decided together to focus on healthy eating for Term 2, and staff will incorporate various aspects of this topic into everything that is taught during the term (eg, maths, writing, social studies, etc). At the beginning of the term, CPH health promoters met with teachers to discuss ideas and resources. A main aim was for students to taste and be able to make for themselves a range of healthy snacks.

At each class session, CPH staff gave a presentation which covered healthy eating. Four easy-to-make snacks were also available for tasting by the students: cheese and crackers; fruit kebabs; fresh carrot and broccoli sticks with hummus for dipping; and 'ants on logs' – celery sticks filled with low salt/sugar peanut butter with sultanas on top. Students 'disappeared' the snacks in short order and could identify the ones they could make for themselves at home.

Teachers took notes during the sessions so they could follow up back in the classroom with more discussion and questions. Our health promoters were impressed by the students' enthusiasm and knowledge, and are looking forward to re-joining the students at the end of Term 2 for an expo of what has been learned.

Appetite for Life

So far this year Community and Public Health has held two Appetite For Life (AFL) courses on the West Coast. The first course was earlier this year – held in Greymouth, and the most recent was held in Hokitika. Participants attend a two hour session once a week for six weeks. Over this period they are provided with information around a non-diet approach to a healthy eating/healthy lifestyle. Each session also involves food tasting – for example, in week one participants learn or sometimes re-learn the importance of starting the day with breakfast, and are invited to try a range of breakfast foods provided by the course facilitators.

The feedback from participants by the end of the six weeks has been very positive – with people identifying specific messages that really 'hit home' with them. All the participants on the most recent course reported feeling better about themselves and having more energy at the end of the six weeks. At least another two courses are planned for the West Coast this year.

PLANNING AND FUNDING UPDATE

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

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

SOURCE: **Planning and Funding**

DATE: **6 June 2013**

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

- April **B4 School Check** results show the Coast is now on target overall for the year.
- General practices' performance against the **primary care smokefree health target** increased 9% in Quarter 3, with 54% of smokers expected to attend primary care receiving help and advice to quit. Improving data capture and accuracy continues to be a key focus.
- The **secondary care smokefree health target** Quarter 3 result is 91% - up 2% from last quarter. As we work to gain the last few percentage points, key actions include continued work with Clinical Nurse Managers to identify 'missed' patients and resolve any gaps at ward level, and work with the Critical Care Unit to improve ABC delivery and coding.
- The **ED health target** continues to be met, with 99.7% of people admitted, discharged or transferred within 6 hours in the YTD 30 April 2013. Our longer-term aim is also being met, with 96.6% of people admitted, discharged or transferred within 4 hours.
- West Coast continues to achieve the **cancer treatment health target**, with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks.

Key Issues & Associated Remedies

- Delivery against the **electives health target** is down from year-to-date progress target by 28 cases for the period to 31 March 2013, at 1,173 cases. However, it is anticipated that the full targeted volume will be achieved by year-end.
- Progress toward meeting the **CVD health target** has remained static overall at 57.6% in Quarter 3 – the same as the previous quarter's result. The percentage of Māori assessed has increased from 55.4% to 57.2%. The PHO is working to achieve 78% by December 2013 as progress towards the national goal of 90% of eligible people assessed by 30 June 2014.

Upcoming Points of Interest

- Work on a new, **restorative homecare model** continues to be on track as part of the Complex Clinical Care Network (CCCN) project, with a variety of activity underway.
- A panel with local and national expertise has been formed to review the **West Coast mental health system** and define a model of service delivery for the future. A full report will be delivered by mid-July 2013.

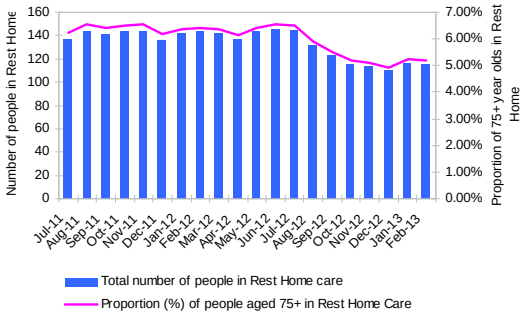
Report prepared by: Planning and Funding Team

Report approved for release by: Carolyn Gullery, General Manager, Planning & Funding

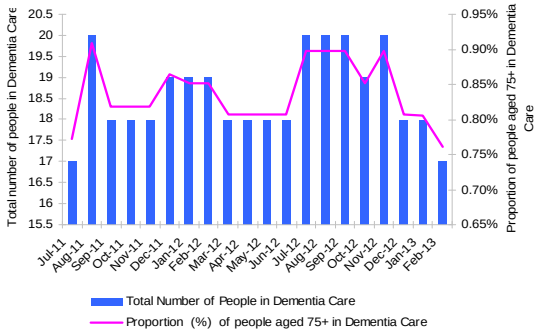
Older Persons' Health

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

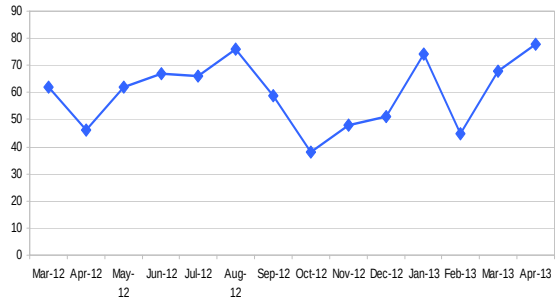
Proportion of people aged 75+ admitted in Rest Home level care



% of people aged 75+ in Specialist Dementia Care



Number of interRAI assessments completed



ACHIEVEMENTS/ISSUES OF NOTE

Maximising independence model for homecare: Work on a new restorative homecare model continues to be on track as part of the Complex Clinical Care Network (CCCN) project.

- The Westport-based Gerontology Nurse Specialist (GNS) changed from 0.5 FTE to 1 FTE from 1 May 2013. From 20 May 2013, both the Westport- and Greymouth-based GNSs now report operationally to the CCCN Manager (Diane Brockbank) and professionally to the WCDHB Director of Nursing (Karyn Kelly). Position descriptions have been revised accordingly, with the Westport-based GNS now supporting Reefton. Dr Michelle Dhanak, geriatrician, and Kate Gibb, HOP Director of Nursing, continue to provide clinical support to both GNSs.
- The CCCN manager continues to develop the consistency of the four interdisciplinary teams (Westport, Reefton, Hokitika and Greymouth) with respect to membership and process. Primary care representation is an area of challenge. Dr Dhanak continues to provide clinical leadership.
- Due to reduced clinical assessor levels, the timeframe to complete the current backlog of assessments has been extended to 1 August 2013, and confirmation of the revised clinical assessor FTE levels has been extended to 30 August 2013. As of 17 May 2013, 159 of the 308 outstanding reassessments have now been completed.

CCCN communications continue with stakeholders:

- Planning and Funding staff and the CCCN manager recently met with managers of the home-based support service provider Access, and will continue regular communication at both operational and management levels, as well as to the West Coast community.
- The CCCN geriatrician recently visited staff and patients throughout South Westland, and continues with her regular support to patients and staff in the Buller, Grey and Westland areas.
- A CCCN overview is set for stakeholders in Reefton for 22 May 2013.
- A presentation on the CCCN was provided to key stakeholders in Greymouth as part of the

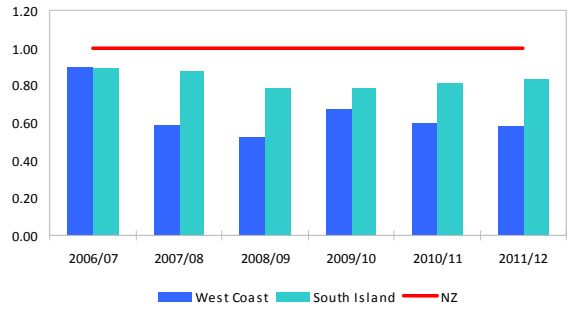
Alliance Workshop on 16 May. Two key short-term priorities were identified at the workshop:

1) Address poor access to health information for patients (particularly about NGO services).
2) Free up district nursing resources and create an acute response system, including medication management review for medication oversight clients in district nursing and establishment of Acute Demand Management Service Coordination within the CCCN.

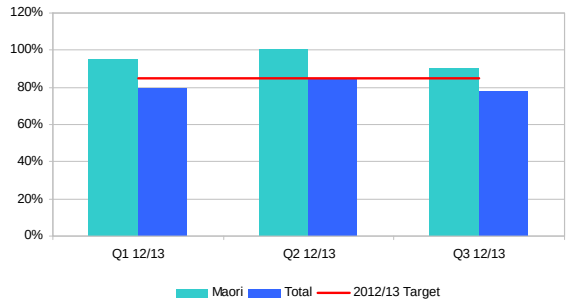
Progress on these will be reported on at the subsequent Alliance workshop in mid-June 2013.

Child, Youth & Maternity

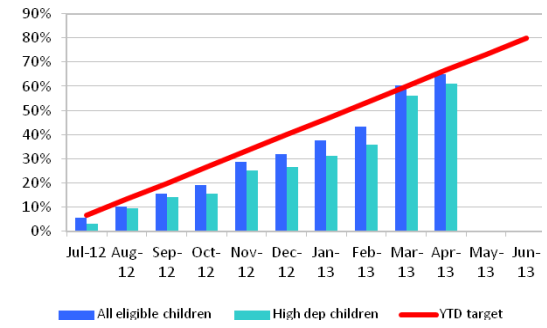
Acute medical discharge rates for children (age 0-14)



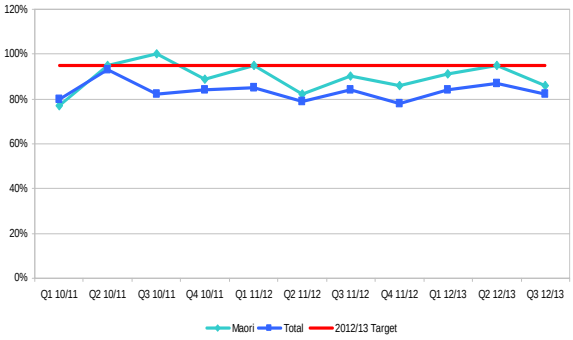
Immunisation HT: Eight-month-olds fully immunised



B4 School Check coverage



Two-year-olds fully immunised



ACHIEVEMENTS/ISSUES OF NOTE

Childhood immunisation: Quarter 3 immunisation results were discussed in the previous report. Progress continues with the review of immunisation services on the Coast as we strive to fully immunise all reachable children.

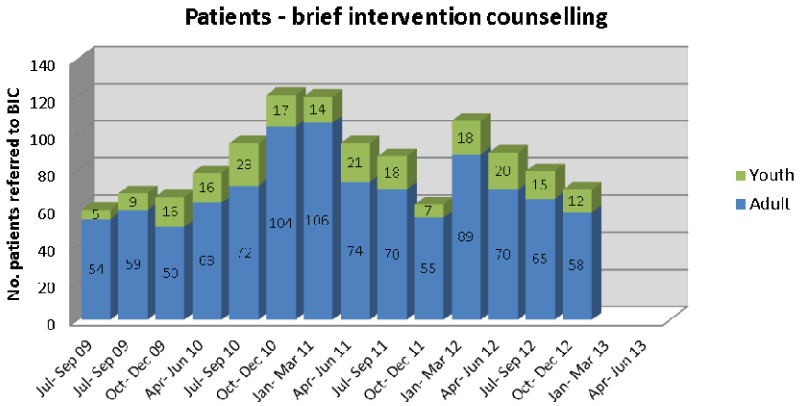
HPV vaccination: West Coast DHB is making good progress on HPV vaccination. Over 58% of eligibly girls have received dose one. Of those who consented, 69% received the event.

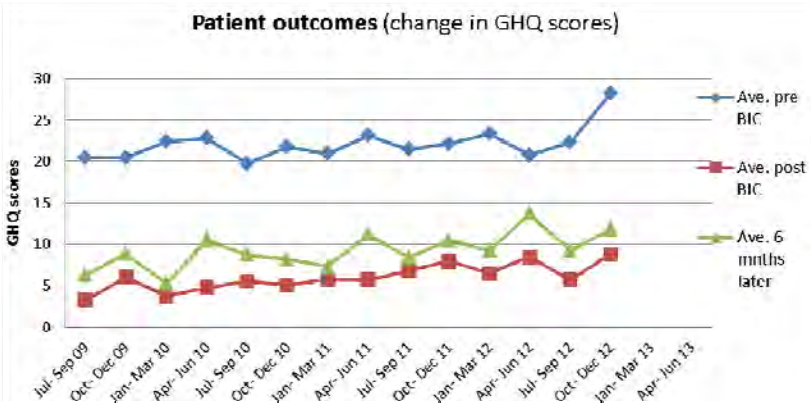
B4 School Check: The Government announced in the Budget an additional funding of $7 million over four years to increase B4SC coverage from 80% to 90% of the eligible population. The Ministry is currently working on the allocation to DHBs of the additional funding.

The Ministry's April B4SC results show West Coast DHB is on target overall for the year, including 94% of Māori. Checks for 'High Deprivation' children are slightly below target, but strategies are in place to increase coverage.

The system the Ministry uses to allocate 'geo-coding', which supplies the information for determining deprivation quintile (which in turn impacts on funding), is scheduled to change for the B4SC database as at 31 May to give time to address any glitches. While we have been assured we should not notice any significant change, it will be monitored closely.

Mental Health





ACHIEVEMENTS/ISSUES OF NOTE

Mental Health System Review: A panel with local and national expertise has been formed to review the West Coast mental health system and define a model of service delivery for the future. The review will include services across the age range for specialist, NGO and primary care.

The model of service delivery will:

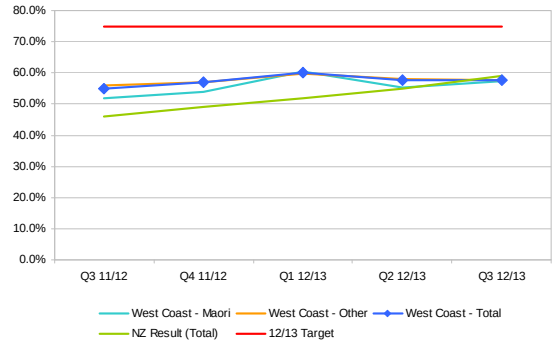
- Inform future changes to ensure safe and sustainable services;
- Meet government and West Coast priorities;
- Provide easy access to integrated, effective services;
- Be recovery focused – flexible and responsive to individual need;
- Best utilise resources; and
- Result in improved quality and safety.

A full report will be delivered by mid-July 2013.

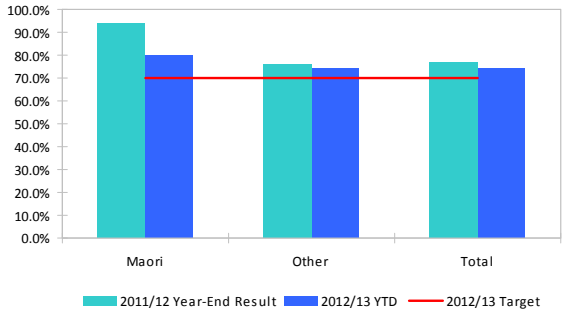
Primary Care & Long-Term Conditions

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

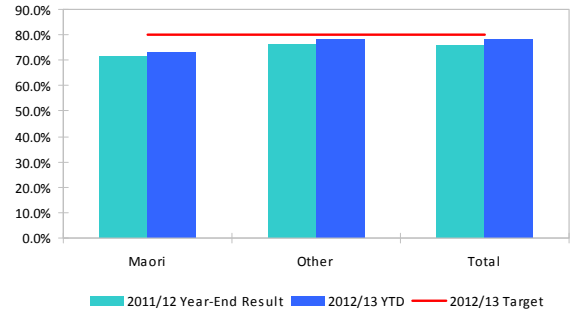
CVD Health Target: % of eligible PHO population having had a CVD risk assessment in the last 5 years



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



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



ACHIEVEMENTS/ISSUES OF NOTE

Primary care smokefree health target: General practices' performance against the target increased 10% in Quarter 3, with 54% of smokers expected to attend primary care receiving help and advice to quit in the year to March 2013, compared with 44% in the year to December 2012. Activities focused on improving data capture and accuracy continue, with emphasis on the new IT tool HealthStat, which can provide more frequent, practice-specific feedback about the target. The Clinical Audit Tool is expected to be installed by the end of May and will further support improved data capture.

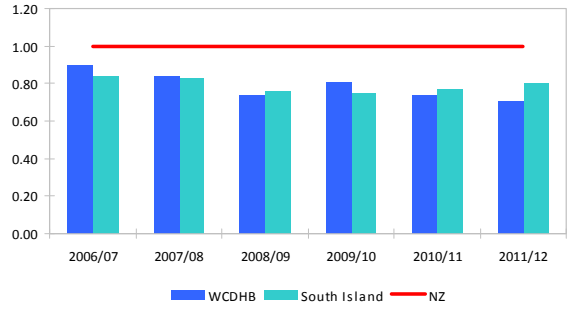
Diabetes care: The number of people accessing free annual diabetes checks remains above target for the nine month period to 31 March 2013, with 726 people having had checks. This equates to 74% of the people expected for the period, based *pro rata* on the revised 2012/13 estimates of the West Coast population expected to have diabetes. Of those screened, 78% had good management of their diabetes.

CVD health target: At 57.6%, there has been no change in the percentage of eligible people who have had their cardiovascular risk assessed in the last five years to 31 March 2013 compared to the previous quarterly result. Within this total, the percentage of Māori assessed has increased slightly, rising from 55.4% to 57.2%. The national average for the current rolling quarter is 58.9%. Currently, the various DHB results around the country range from 29.2% up to 68.6%.

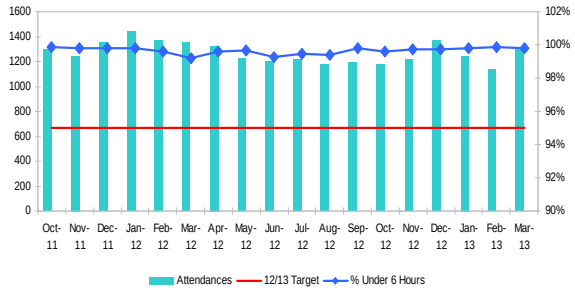
The West Coast PHO is working on increasing the rates during this year, and has set a progress target to reach 78% for this measure by December 2013 and to achieve the national target of 90% of eligible people assessed by 30 June 2014.

Secondary Care & System Integration

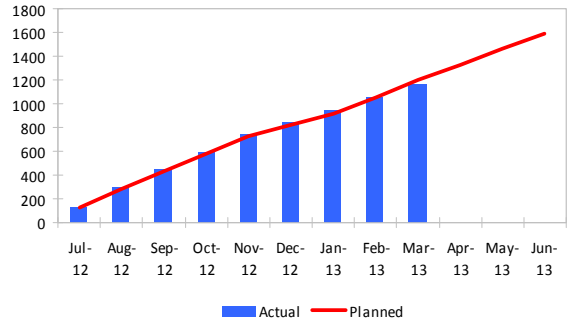
Acute Medical Discharge Rate



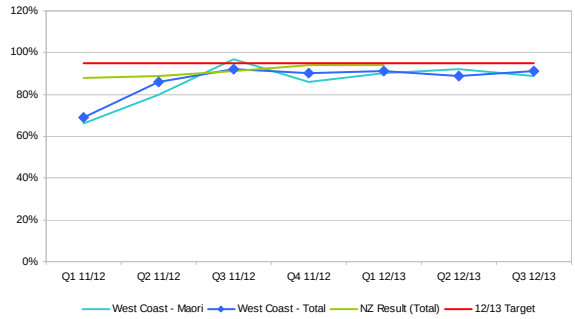
Emergency Department: Attendances & <6 Hours Health Target



Electives Health Target: Elective surgical discharges



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



ACHIEVEMENTS/ISSUES OF NOTE

ED health target: West Coast DHB continues to deliver on the health target of over 95% of people admitted, discharged or transferred from Emergency Department services within 6 hours. Results for the financial year-to-date to 30 April 2013 show that 99.7% of patients were admitted, discharged or transferred within 6 hours; and 96.6% within just 4 hours.

Cancer health target: West Coast DHB continues to achieve the cancer treatment health target, with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks for the year-to-date (YTD) 30 April 2013.

Secondary care smokefree health target: The Quarter 3 result of 91% is an improvement of 2% from the previous quarter. As we work to gain the last few percentage points, key actions include continuing to work with Clinical Nurse Managers to identify 'missed' patients to pinpoint and resolve any gaps at ward level, and working with the Critical Care Unit to improve ABC delivery and coding.

Electives health target: Delivery against the electives health target for the YTD to 31 March was 1,173 cases – 28 cases behind year-to-date target (98% of YTD target). This represented 74% of throughput toward the year-end target of 1,592 elective surgical discharges. While currently slightly behind track, we anticipate meeting the target by year-end.

P&F Financials for the year to date April 2013

SERVICES	Year to Date Actual	Budget	Variance			2012/13 Annual Budget
	$000	$000	$000	%		$000
Primary Care						
Dental-school and adolescent	341	392	51	13%	✓	470
Maternity	0	20	20	98%	✓	20
Pregnancy & Parent	0	7	7	100%	✓	8
Sexual Health	9	28	19	68%	✓	33
General Medical Subsidy	43	38	-5	-13%	✗	46
Primary Practice Capitation	5,405	5,382	-23	0%	✗	6,458
Primary Health Care Strategy	68	120	52	43%	✓	144
Rural Bonus	789	792	3	0%	✓	950
Child and Youth	29	58	28	49%	✓	69
Immunisation	142	67	-75	-112%	✗	96
Maori Service Development	174	461	287	62%	✓	551
Whanua Ora Services	219	92	-127	-139%	✗	110
Palliative Care	131	179	48	27%	✓	214
Chronic Disease	75	170	95	56%	✓	204
Minor Expenses	118	112	-6	-6%	✗	134
	7,544	**7,917**	**373**	**5%**	✓	9,507
Referred Services						
Laboratory	161	226	65	29%	✓	269
Pharmaceuticals	6,606	6,805	200	3%	✓	8,129
	6,767	**7,032**	**265**	**4%**	✓	8,398
Secondary Care						
Inpatients	79	222	143	65%	✓	266
Travel & Accommodation	1,025	973	-51	-5%	✗	1,168
IDF Payments Personal Health	12,718	12,688	-29	0%	✗	15,226
	13,821	**13,883**	**62**	**0%**	✓	16,660
Primary & Secondary Care Total	**28,132**	**28,832**	**699**	**2%**	✓	**34,565**
Public Health						
Nutrition & Physical Activity	185	162	-24	-15%	✗	194
Public Health Infrastructure	53	61	8	13%	✓	73
Tobacco control	110	113	4	3%	✓	136
Public Health Total	**348**	**336**	**-12**	**-4%**	✗	**403**
Mental Health						
Eating Disorders	23	19	-4	-21%	✗	23
Community MH	532	644	112	17%	✓	773
Mental Health Work force	-4	7	11	157%	✓	8
Day Activity & Rehab	472	479	6	1%	✓	574
Advocacy Consumer	71	144	73	51%	✓	173
Advocacy Family	109	54	-55	-101%	✗	65
Minor Expenses	0	0	0		✓	0
Community Residential Beds	1,215	1,244	29	2%	✓	1,493
IDF Payments Mental Health	680	676	-4	0%	✗	811
	3,098	**3,267**	**168**	**5%**	✓	3,920
Older Persons Health						
Information and Advisory	28.5	25	-3	-10%	✗	30
Needs Assessment	0.08	0	0		✗	0
Home Based Support	578	556	-22	-4%	✗	671
Caregiver Support	88	97	9	9%	✓	115
Residential Care-Rest Homes	1,988	2,360	372	16%	✓	2,739
Residential Care Loans	-45	-20	25	126%	✓	-24
Residential Care-Community	217	260	43	17%	✓	312
Residential Care-Hospital	3,534	3,187	-347	-11%	✗	3,828
Ageing in place	4	43	38	90%	✓	50
Environmental Support Mobility	61	109	48	44%	✓	132
Day programmes	87	80	-6	-8%	✗	97
Respite Care	90	129	38	30%	✓	154
IDF Payments-DSS	1,190	1,192	2	0%	✓	1,430
	7,820	**8,017**	**197**	**2%**	✓	9,533
Mental Health & OPH Total	**10,919**	**11,284**	**365**	**3%**	✓	**13,453**
Total Expenditure	**39,398**	**40,450**	**1,052**	**3%**	✓	**48,421**

MAORI HEALTH ACTIVITY UPDATE

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

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

SOURCE: **General Manager Maori Health**

DATE: **6 June 2013**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is provided to Community & Public Health & Disability Support Advisory Committee as a regular update.

2. RECOMMENDATION

That the Community & Public Health & Disability Support Advisory Committee:
i notes the Maori Health Activity Update.

3. SUMMARY

Te Ara Whakawaiora
On 10 June 2013 a paper titled Te Ara Whakawaiora will be tabled at the National CEO forum. The subject of the paper is Accelerating Maori Health Plan Indicator Performance. This paper sets out for the National DHB CEO forum key opportunities and processes to advance performance against the annual maori health plan indicators. This includes 1 – enhancing performance monitoring, 2 – standardising performance monitoring, 3 – improving accountability for performance and 4 – accelerating performance.

Te Herenga Hauora
On 24 May 2013 the South Island Health Managers Te Herenga Hauora met in Christchurch. The purpose of the Hui was to discuss Whanau ora and how South Island DHBs could support Whanau ora more effectively. This is a very important subject and so another Hui is planned for mid-June to progress this work.

Suicide Prevention Action Plan 2013/2016
The Suicide Prevention Action Plan 2013-2016 has been released by Hon Peter Dunne. The plan builds on previous initiatives and investment in suicide prevention, including the action plan which covered the period from 2008 to 2012. Both action plans reflect the goals of the New Zealand Suicide Prevention Strategy 2006-2016. The publication can be accessed on the following website.

http://www.health.govt.nz/publication/new-zealand-suicide-prevention-action-plan-2013-2016

Kaizen Maori Health Workshop
The General Manager, Maori Health was invited to present the Kaizen workshop outcomes to the Alliance Leadership Team and to the Grey Integrated Workshop participants. The presentation was received positively and as a result some focused work is now taking place within the Complex Clinical Care Network (CCCN) and Diabetes pathways. The Alliance Leadership Team were interested in ensuring that Maori health outcomes were being monitored and reported on regularly through the workstreams. Currently we are awaiting a paper from the Alliance Support Group that will provide suggestions for how this may occur.

Maori Health Plan 2013/2014
The Maori Health Plan has been updated in line with the feedback we received from the Ministry and resubmitted as per the deadlines.

We will get more feedback from the Ministry in the next week or so and the final version of the Maori Health Plan will be resubmitted on 29 June 2013.

Complex Clinical Care Network
Work is underway with Dr Michelle Dhanak, Gerontologist, Diane Brockbank, CCCN Manager, Gary Coghlan and Kylie Parkin to discuss the CCCN and particularly how it works for Maori. Discussed was the combined risk tool as one way to identify individuals the CCCN might not be aware of. Once the tool is up and running on the West Coast, we would like an outcomes evaluation which specifically focuses on Maori and looks at the number of Maori identified in relationship to actual and expected enrolled population, health outcomes after identification (did it make a difference) and number of patients and types of service referred to CCCN.

We also identified strategies to improve referral processes to the CCCN and who is involved in the triaging and IDT meeting when deciding on care plans for Maori. This work is ongoing .

Rata Te Awhina Trust
Appointments have been confirmed for two Kaupapa Maori nursing positions, one in Westland and one in Greymouth. Two confirmed appointments have been made for the Kaiarataki (health navigator) one in Buller and one in Westland.

Diabetes
The Maori Health team are working with the Diabetes Nurse Specialists to look at improving patient pathways for Maori one idea to be further developed is developing tailored care plans for Maori who may not be managing their diabetes particularly well.

4. APPENDICES

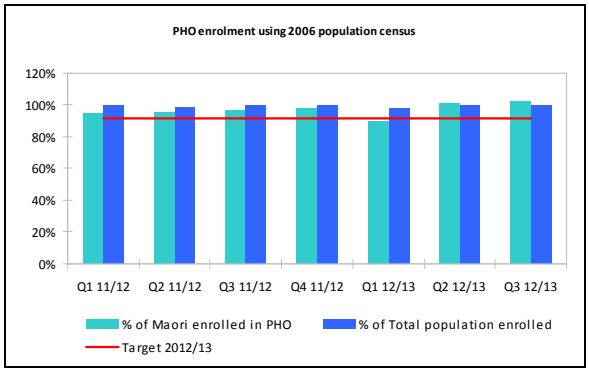
Maori Health Quarterly Report – Q3, 2012/13

Report prepared by: Gary Coghlan, General Manager Maori Health

Maori Health Quarterly Report – Q3, 2012/13

Access to care

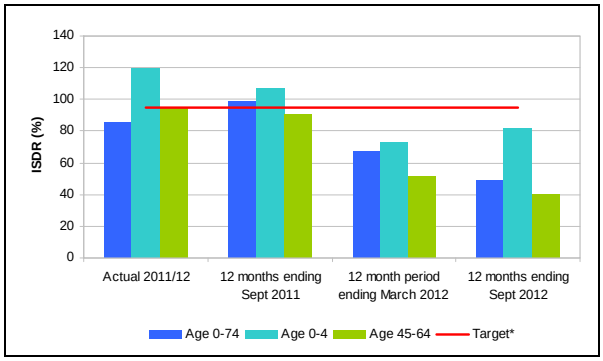
Percentage of Maori enrolled in the PHO



*** 2006 census population was used as the denominator.**

Ambulatory Sensitive Hospitalisation

Ambulatory Sensitive Hospitalisation – Indirect Standardised discharge ration (ISDR)



ACHIEVEMENTS/ISSUES OF NOTE

Enrolment in PHO: In quarter 3 of 2012/13 88% Maori were enrolled with the PHO. Please see table below for further breakdown.

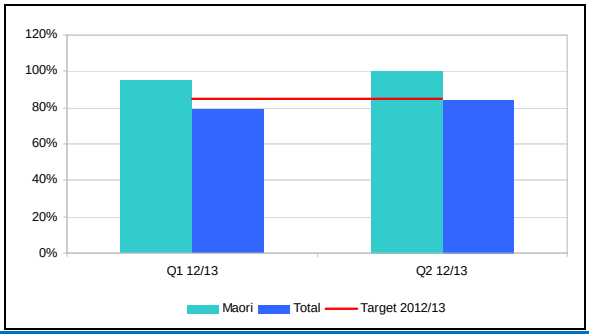
Practice		00-04	05-14	15-24	25-44	45-64	65+	Total
Westland	Maori	89	197	166	216	169	76	913
Buller	Maori	74	120	141	147	133	35	650
Coast Med	Maori	0	1	1	3	10	0	15
Grey Med	Maori	90	111	106	136	119	12	574
High St	Maori	27	62	63	56	56	23	287
Rural Ac	Maori	36	61	62	69	66	8	302
Reefton	Maori	13	37	32	41	35	9	167
South We	Maori	9	19	16	30	24	13	111
	Total	338	608	587	698	612	176	3019

Ambulatory Sensitive Hospitalisation

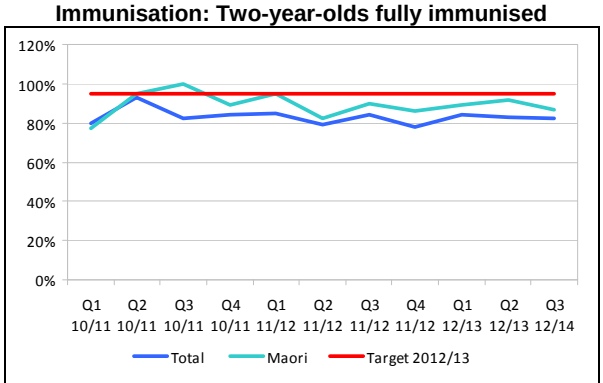
No new data available for ASH

Child, Youth and Maternity

NEW Immunisation HT: Eight-month-olds fully immunised



Immunisation: Two-year-olds fully immunised



ACHIEVEMENTS/ISSUES OF NOTE

Eight-month-old immunisation: 90% of Maori babies have been immunised on time at 8 months of age in quarter 3. So out of a total of 20 eligible babies 2 were not immunised on time.

Two-year-old immunisation: The West Coast DHB's total coverage for Quarter 3 is 88% - This remains high as was the case in Quarter 2 an indication of the continuous effort of primary care and Outreach Immunisation Services to achieve the highest possible coverage. Coverage for Māori two-year-olds sits at 87% - so 20 from 23 eligible Maori babies have been immunised for this age milestone. Work to improve immunisation coverage for both eight-month-olds and two-year-olds includes:

- A process timeline for all practices to use as guidance to ensure timely immunisation by eight months of age;
- NIR Administrator working with a key contact in each practice to identify children due, pending or overdue;
- Timely referral to Outreach Services; Tamariki ora nurse
- Collaboration with other Well Child service providers to refer children for immunisation
- Improving the enrolment process at birth; and
- Building strong links between Maori Provider Kaimahi and Maternity services (first of several meetings between WCTO nurse and Mothers and Pepe in June) to develop a pathway forward. This will include looking at antenatal education, working with high and complex whanau, building strong relationships with LMC's and increasing the profile of RTAT with Maternity services

Additionally we have a newly certified vaccinator within the Maori Health Provider and have hosted an Immunisation Day at the Maori Provider offices in Hokitika with the Immunisation Co-ordinator.

There is ongoing collaboration with Canterbury DHB around NIR and ways to identify unvaccinated children.

Oral Health: This is the current result for period 01 January -30 December 2012. The West Coast DHB 5 year caries free rate is 56% for 2012 calendar year against a target of 61%. Maori 5 year old caries rate has increased by 4% from 2011 to 51%. The DHB is (1) currently working on a project to continue to promote oral health in preschools; this includes getting feedback from families on the current available oral health education information used by the dental service and developing oral health information packs from this feedback. Part of this project includes putting together information packs to be given with the 5 months immunisations. (2) The Dental Service is working with Rata Te Awhina Trust (RTAT-Maori Health Provider) as part of the project mentioned in (1) and is also organising a "Lift the Lip" training with RTAT proposed for July 2013. (3) The Dental Coordinator has a monthly meeting with the General Manager and Portfolio Manager for Maori Health to discuss progress on the service plan to improve Maori oral health. (4) The Dental Service is part of a working group working on the newborn enrolment process for the West Coast which includes pre-enrolment of newborns with the dental service (5) Currently working on a survey to be conducted through the Paediatric Ward following dental general anaesthesia discharge. One of the information to be captured is the contact families have with a well child provider or if they are enrolled with well child provider. (6) Another initiative is the school/preschool referral; which if a teacher is concerned with a child, that child could be referred directly to the School Dental Service and for the school dental service to follow up on this child. The mean DMFT (decayed, missing and filled tooth) rate for Year 8 students has increased to 1.48 (1.39 in 2011) overall and 2.04 for Māori (1.88 in 2011). To assist in addressing this, a person has been employed for the next six months to work with the School Dental Service to promote oral health.

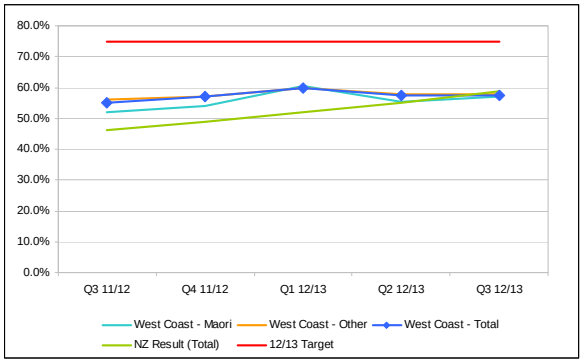
Mum4Mum: At the end of Q4, 2011/12, a total of 22 mothers were trained as Mum4Mums of which 22% (5) are Maori. The target for 2012/13 is to have 6 Maori Mum4Mum graduates. At The Breastfeeding Interest Group meeting in April the idea of co-facilitating a Mum4Mums with Rata Te Awhina Trust was suggested, we are currently following up on this idea.

Lactation consultancy contacts and services: For quarter 3 2012/13, there were 157 contacts in total, including 8 Maori, 5 Pacific and 144 Other ethnicity. Contacts were in homes, maternity ward, phone, Face book, e-mail and text messages about breastfeeding related issues.

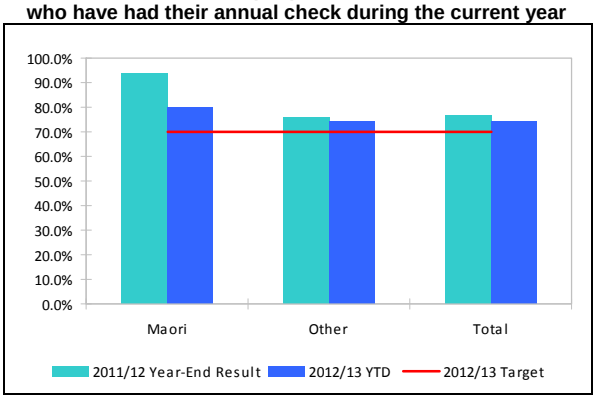
The target is to have 25 mothers with Maori babies referred to lactation support and specialist advice consultants in 2012/13 and we currently have 17 Maori mums who have been referred to the service.

Cardiovascular and Diabetes

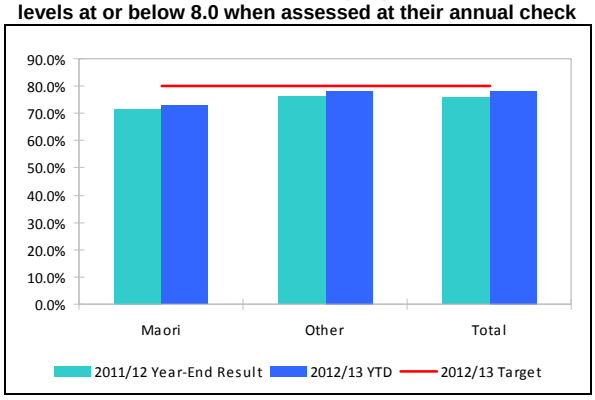
CVD Health Target: % of eligible PHO population having had a CVD risk assessment in the last 5 years



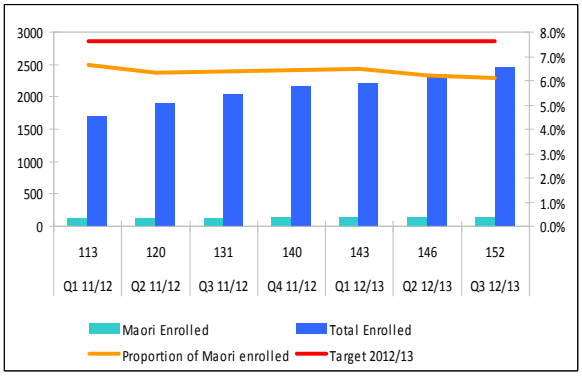
Diabetes Detection: % of people estimated to have diabetes who have had their annual check during the current year



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



Number and proportion of Maori enrolled in Long Term Condition (LTC) Management Programme



ACHIEVEMENTS/ISSUES OF NOTE

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 is up 5.2% in comparison to end of Quarter 3 2011/2012. Results for our Māori population rose from 52% in Quarter 3 2011/2012 to 57.2% in Quarter 3 2012/2013. Our progressive implementation targets are 68% by December 2012; and 75% by 30 June 2013.

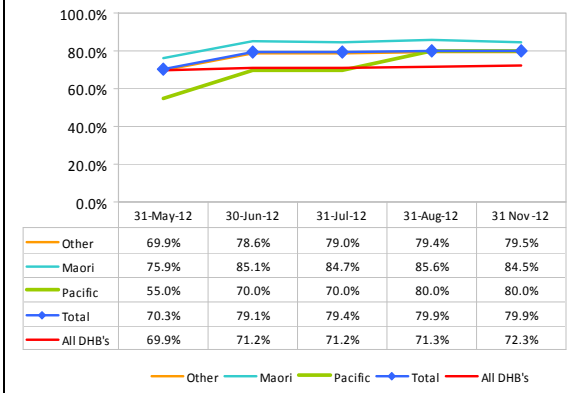
- We are working closely with the PHO and Rata Te Awhina Trust to develop a targeted programme to increase this number including a series of outreach clinics held in collaboration with the DHB, RTAT and the PHO, a process to identify those due or overdue through practice lists and a targeted process to make contact and subsequently screen these people which could be within a clinic setting, at home or a community clinic.

Diabetes care: The number of Maori accessing free annual diabetes reviews remains above target for the period to March 2013 with 80% having an annual review and 73% of them achieving good diabetes management for the period to 31 March 2013.

Long Term Condition Management (LTC): 152 Maori are enrolled in the Long Term Conditions programme as at March 31 2013 Maori enrolment makes up 6% of all enrolment in the LTC programme. For comparison Maori make up 5.3% of the enrolled population at the primary practices aged 45 years and above. The target is 7.6%.

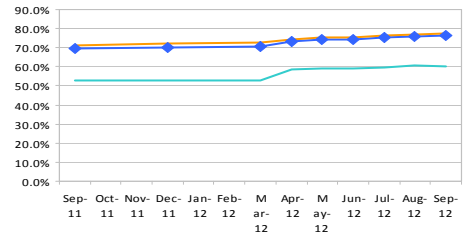
Cancer

Percentage of eligible Maori women (45-69) receiving breast screening examination in the last 24 months ending



	31-May-12	30-Jun-12	31-Jul-12	31-Aug-12	31 Nov-12
Other	69.9%	78.6%	79.0%	79.4%	79.5%
Maori	75.9%	85.1%	84.7%	85.6%	84.5%
Pacific	55.0%	70.0%	70.0%	80.0%	80.0%
Total	70.3%	79.1%	79.4%	79.9%	79.9%
All DHB's	69.9%	71.2%	71.2%	71.3%	72.3%

Percentage of eligible Maori women (25-69) receiving cervical screening in the last 3 years ending…



	Sep-11	Dec-11	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
Total	69.6%	70.3%	70.8%	73.4%	74.1%	74.5%	75.3%	75.8%	76.3%
European/Other	71.3%	72.0%	72.5%	74.4%	75.2%	75.6%	76.4%	76.8%	77.3%
Maori	52.6%	53.0%	52.7%	58.5%	59.1%	59.3%	59.8%	60.5%	60.1%

ACHIEVEMENTS/ISSUES OF NOTE

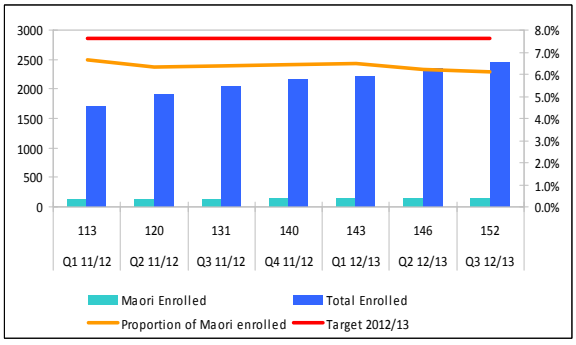
Breast Cancer Screening: Approximately 80% of all eligible women aged 45-69 age-groups on the West Coast have undergone breast screening for the 24 month period ending 30th November 2012 – an increase of 1% from the previous 24 month period ending 30th June 2012. The coverage for eligible Maori women (84.5%) is higher compared to other ethnicities on the West Coast. (no further update on this for this quarter 3 2012/2013).

Cervical cancer screening: At the end of September 2012, the three year coverage rate for cervical screening on the West Coast has increased to 76% which is an increase of approximately 3% from the three year period ending 30th June 2012. The coverage rate for Maori eligible women is at 60%. There is a Maori Screener who is working closely with the PHO and practices to improve the utilisation of this service for Maori eligible women (awaiting data for this target).

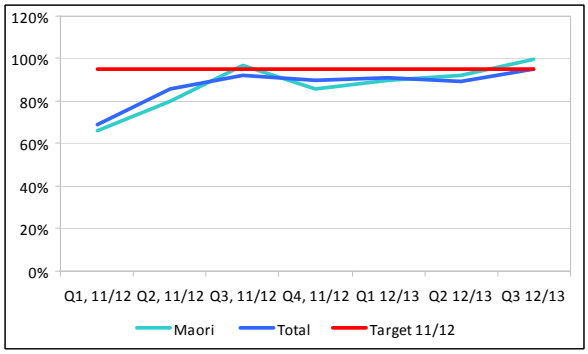
Navigation services: The Health Navigator Services among other things provides additional support for LTC patients and their whanau with complex social needs; improve access to health care and support services for patients and support the primary practices in caring for LTC. At the end of Q3, 2012/13, 30 Maori patients were referred to the Health Navigator services. The target for 2012/13 is to have 50 Maori patients supported to access navigation services. A lot of work is currently occurring around the Complex Clinical Care Network and how the navigation services link in to this.

Smoking cessation

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



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



ACHIEVEMENTS/ISSUES OF NOTE

Primary Smokefree Health Target: The PHO are now using the healthstat tool to improve Brief Advice coding in the practices. Referrals to Coast Quit still remain high and support is being provided from practices to link patients to cessation via their practice's own Coast Quit provider (or other cessation services available on the West Coast). You can see by the table below that the concentrated effort to

improve the primary target is paying dividends with an increase of 10% in this quarter.

	Q1 11/12	Q2 11/12	Q3 11/12	Q4 11/12	Q1 12/13	Q2 12/13	Q3 12/13
West Coast Result	39%	40%	39%	39%	40%	44%	54%
NZ Result	33%	34%	31%	34%	40%	43%	51%
12/13 Target	90%	90%	90%	90%	90%	90%	90%

Secondary Smokefree Health Target: In Quarter 3 West Coast's performance has increased to 95% for the secondary target with 100% of hospitalised Maori (15 from 15) provided with advice.

Aukati Kai Paipa: From July 2012 YTD the AKP service is working with 88 clients consisting of 46 self referrals, 28 from schools and workplaces and the rest from Hospital services and community and healthcare providers. Of these 88 clients 65% are female. Of the 88 clients 29% are recorded as validated abstinence at 3 months and 40% self reported abstinence at 3 months.

ALLIANCE UPDATE

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

SOURCE: **Planning & Funding**
Alliance Leadership Team

DATE: **6 June 2013**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is a standing agenda item, highlighting the progress of the West Coast Health Alliance.

2. RECOMMENDATION

That the Committee;
i. notes the Alliance Update

3. SUMMARY

The Alliance Support Group and workstream members have supported the development of the 2013-14 Annual Plan. The West Coast Health Alliance priorities and outcome-level deliverables are provided in the service performance priorities section of the plan, which is due to the Ministry of Health on 24 May 2013. The final draft has been endorsed by the Alliance Leadership Team.

New PHO Services Agreement and Alliance Agreement – A Revised PHO Services Agreement has been developed as a result of negotiations between the mandated representatives of the 20 DHBs, 32 PHOs and the Ministry of Health. The PHO Services Agreement will take effect from 1 July 2013, and the alliancing model underpins this new agreement.

The West Coast DHB and PHO are in the process of identifying local content that needs to be carried through to the PHO Services Agreement and varied District Alliance Agreement.

WORKSTREAM PROGRESS OF NOTE:

Grey Integrated Family Health Services – The first of two alliance workshops was held in the Grey district on 16 May 2013 to determine the key deliverables for integrating health care in the Grey community (including Reefton) over the next two years. These workshops will support the development of a detailed implementation plan for the integration of services, allocation of roles and areas of responsibility for clinical leads and projects managers, and commencement of the work.

Clinicians, consumers, NGOs and health professionals from across the West Coast health system attended the first workshop. Attendees identified a number of short-term priorities related to general practice, acute demand and supported discharge services, as well as teamwork and self-management. A small group of clinicians and project managers are working to progress these priorities and develop the draft implementation plan for discussion at the next workshop in mid-June.

A similar workshop process will be provided across Westland and South Westland.

Buller Integrated Family Health Services – A meeting to review the room requirements for the facility design of the Buller Integrated Health Centre for the Partnership Group and Business Case process was held in Westport on 17 May 2013. Attendance included members of the Capital Committee, the architect, clinicians and health professionals from Buller, and a videoconference link with the author from Price Waterhouse Cooper. Buller clinicians have agreed to provide further details on the room requirements for each service area to enable the provision of fully integrated health services in Buller.

Health of Older Persons – A presentation on the Complex Clinical Care Network (CCCN) and keeping people well with complex clinical conditions was provided to stakeholders in Grey as part of the alliance workshop on 16 May 2013. Two key short-term priorities related to CCCN were identified in the workgroup session, focusing on improving health information for patients (particularly related to NGO and community-based services) and establishing acute demand management service coordination within the CCCN.

Pharmacy – Focus during the last month has been on the establishment of a pharmacist to general practice service in 2013/14 whereby community pharmacists will operate from general practice on a regular basis to improve team-based approaches to the planned and structured management of patients. A service and funding model has been developed for engagement with the pharmacists and general practice.

Report prepared by:	Kim Sinclair-Morris, Planning & Funding
Report approved for release by:	Stella Ward, Chair – Alliance Leadership Team Carol Atmore, Chief Medical Officer

HEALTH TARGET REPORT – QUARTER 3

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: **Planning & Funding**

DATE: **6 June 2013**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

The purpose of this report is to present the Board with the West Coast DHB's progress against the national Health Targets for Quarter 3 (January – March 2013). The attached report (Appendix 1) provides a detailed account of the results and the work underway with regard to delivering each Health Target.

DHB performance against the Health Targets is published each quarter in newspapers and online on the Ministry and DHB websites. The published Quarter 3 Health Target league table is attached as Appendix 2.

2. RECOMMENDATION

That the Committee:
i notes the West Coast's performance against the Health Targets.

3. SUMMARY

In Quarter 3, the West Coast has:

- Achieved the *ED Health Target*, with 99.8% of people admitted or discharged within six hours. The West Coast is leading the country in performance against this health target.
- Delivered 1,173 elective surgical discharges, representing 98% of the year-to-date *Electives Health Target*. We anticipate meeting the full-year target by year-end.
- Achieved the *Faster Cancer Treatment Health Target*, with 100% of patients ready for radiation therapy or chemotherapy beginning treatment within 4 weeks of their specialist assessment.
- Increased performance against the *Hospitalised Smokers Health Target* to 91% of hospitalised smokers having received help and advice to quit (the national target is 95%). As we work to gain the last few percentage points, key actions include continuing to work with Clinical Nurse Managers to identify 'missed' patients to pinpoint and resolve any gaps at ward level, and working with the Critical Care Unit to improve ABC delivery and coding.

Health Target performance has been weaker in the following areas:

- Performance against the *Immunisation Health Target* slipped to 78% of all eight-month-olds fully immunised (the national target is 85%), although West Coast surpassed the target for Māori (90%) children. The decrease in overall immunisation coverage in Quarter 3 was the result of the high rate of parents choosing to decline immunisation, with a combined rate of 16%. This left just five eight-month-old children overdue for their vaccinations who had not opted off or declined. The West Coast and Canterbury DHBs are now working together more closely on immunisation. This has proven positive for data management, and our next steps are to improve efforts to reach missed children and children who decline immunisation events as we strive to fully immunise all reachable children.

- General practices' performance against the *Primary Care Smokers Health Target* continues to increase steadily, with 53% of smokers attending primary care receiving help and advice to quit. Activities continue to focus on improving data capture and accuracy through IT, feedback and training. The West Coast's performance is above the national average (51%) for this target.
- Performance against the *Heart Checks Health Target* has been maintained at 58% of the eligible enrolled West Coast population having had a cardiovascular risk assessment in the last 5 years. A range of activities are occurring to follow up eligible patients and provide risk assessments, including active recall to nurse-led clinics and targeting of high-need populations.

4. APPENDICES

Appendix 1:	Health Target Report – Quarter 3
Appendix 2:	Ministry Health Target League Table – Quarter 3

Report prepared by:	Katia De Lu, Accountability Coordinator, Planning and Funding
Report approved for release by:	Carolyn Gullery, General Manager, Planning & Funding

National Health Targets

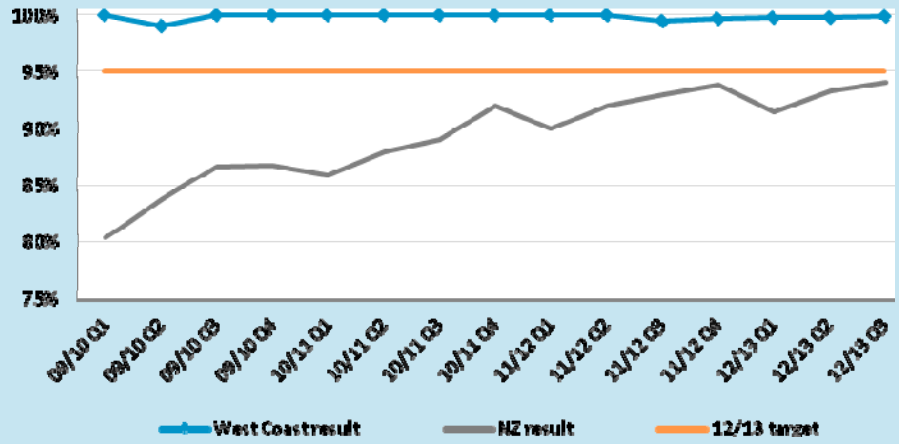
Quarter 3 2012/13 Performance Summary

Target	Q4 11/12	Q1 12/13	Q2 12/13	Q3 12/13	Target	Status	Pg
Shorter Stays in ED: Patients admitted, discharged or transferred from an ED within 6 hours	99.6%	99.7%	99.7%	99.8%	95%	✓	2
Improved Access to Elective Surgery: West Coast's volume of elective surgery	1,751	447 YTD	846 YTD	1,173 YTD	1,592	✗	2
Shorter Waits for Cancer Treatment: People needing cancer radiation therapy or chemotherapy having it within four weeks	*new*	100%	100%	100%	100%	✓	3
Increased Immunisation: Eight-month-olds fully immunised	*new*	79%	84%	78%	85%	✗	3
Better Help for Smokers to Quit: Hospitalised smokers receiving help and advice to quit	90%	91%	89%	91%	95%	✗	4
Better Help for Smokers to Quit: Smokers attending general practice receiving help and advice to quit	39%	40%	44%	53%	90%	✗	5
More Heart and Diabetes Checks: Eligible enrolled adult population having had a CV risk assessment in the last 5 years	57%	60%	58%	58%	75%	✗	7

Shorter Stays in Emergency Departments

Target: *95% of patients are to be admitted, discharged or transferred from an ED within 6 hours* ✓

Figure 1: Percentage of patients who were admitted, discharged or transferred from ED within six hours

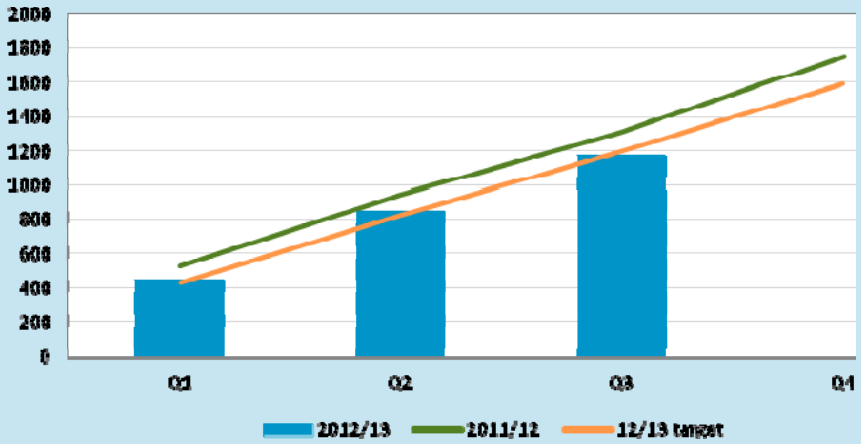


The West Coast continues to achieve impressive results against the ED Health Target, with **99.8%** of patient events admitted, discharged or transferred from ED within 6 hours.

Improved Access to Elective Surgery

Target: *West Coast's volume of elective surgery is to be 1,590 in 2012/13* ✗

Figure 2: Elective surgical discharges delivered by the West Coast DHB[1]



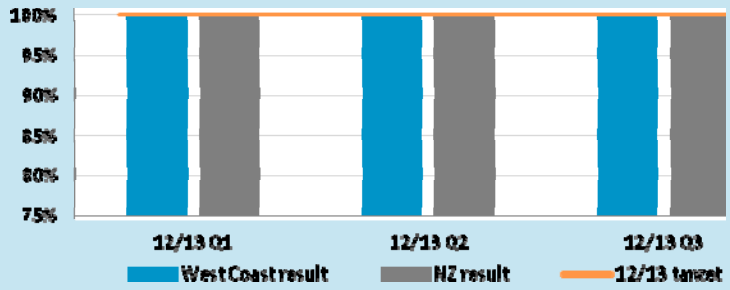
[1] *Excludes cardiology and dental procedures. Progress is graphed cumulatively.*

For the nine months year-to-date March, **1,173** elective surgical discharges have been delivered, representing **98%** of our target delivery (28 discharges below target). A recovery plan is in place, and we anticipate meeting the full-year target by the end of the year.

Shorter Waits for Cancer Treatment

Target: *100% of people needing radiation or chemotherapy are to have it within four weeks* ✓

Figure 3: Percentage of West Coasters needing radiation or chemotherapy treatment who received it within four weeks[2]

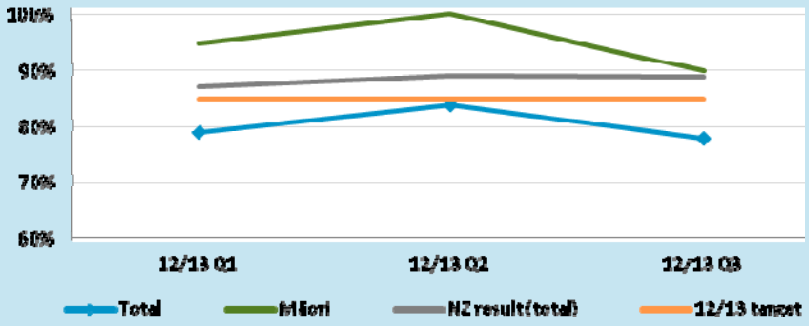


In Quarter 3, **100%** of patients met the 4 week target for both radiation therapy and chemotherapy.

Increased Immunisation

Target: *85% of eight-month-olds are to be fully immunised* ✗

Figure 4: Percentage of West Coast eight-month-olds who were fully immunised



While West Coast achieved strong results for Māori (90%) eight-month-olds, overall eight-month-old immunisation coverage declined in Quarter 3, with **78%** of all eight-month-olds fully immunised in Quarter 3 2012/13 – a decrease of 6% from the previous quarter.

The decrease in overall immunisation coverage in Quarter 3 was the result of the high rate of parents choosing to decline immunisation (4.7%) or opt their child off the NIR (11.6%), leading to a combined opt-off and decline rate of 16.3% of eligible children.

This left just five eight-month-old children overdue for their vaccinations who had not opted off or declined.

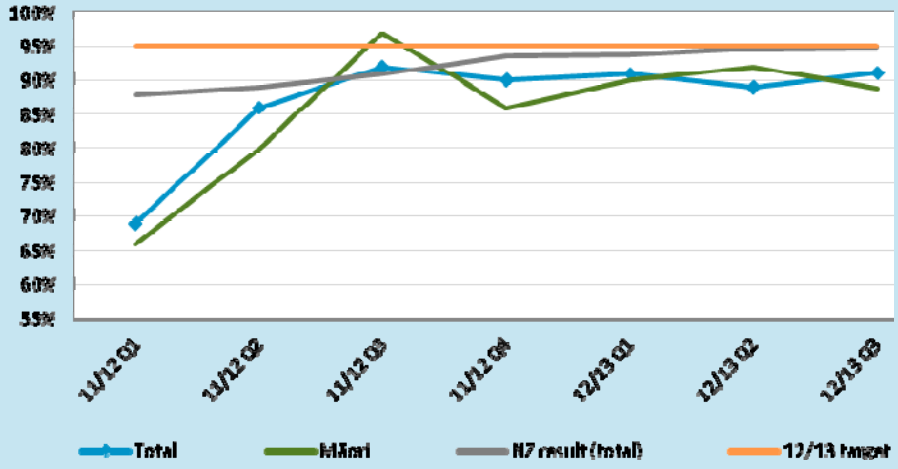
[2] *The wait time is defined as the time between the first specialist assessment and the start of treatment. The measure does not include instances in which a patient chooses to wait for treatment or there are clinical reasons for delay. The measure reflects groups A, B and C. Group D patients have planned treatment (either as part of a trial or because of given protocols) and are therefore not included.*

The West Coast and Canterbury DHBs are now working together more closely on immunisation. This has proven positive for data management, and our next steps are to improve efforts to reach missed children and children who decline immunisation events as we strive to fully immunise all reachable children.

Better Help for Smokers to Quit: Hospital

Target: *95% of hospitalised smokers are to receive help and advice to quit*

Figure 5: Percentage of smokers in West Coast DHB hospitals who were offered advice and help to quit smoking



In Quarter 3, West Coast DHB staff provided **91%** of hospitalised smokers with smoking cessation advice and support – up from 89% in the previous quarter.

During the quarter, work continued with Clinical Nurse Managers to identify 'missed' patients and pinpoint any gaps at ward level. This continues to be a key area of focus, due to the effect of small numbers contributing to month-to-month fluctuations in performance. With fewer than 100 current smokers discharged in a month, a single 'missed' ABC contributes to more than 1% off the target. It is therefore crucial to identify any gaps in delivery so that these can be resolved to improve the next month's results.

Most clinical areas in the DHB achieve close to 100% coverage; however, the Critical Care Unit (CCU) has been identified as an area of concern. During Quarter 3, the Smokefree Services Coordinator worked with the CCU Clinical Nurse Manager, smokefree champion and staff. Improved results followed in February and March, and the Smokefree Services Coordinator will continue to work with CCU to cement and build on these gains. Another focus area of support in Quarter 4 will be Buller ED.

A new handout has been developed for the orientation pack regarding ABC, in order to bridge the gap between clinical staff starting their role and attending mandatory ABC training. This was particularly relevant for Quarter 3, as there was a high intake of clinical staff in February.

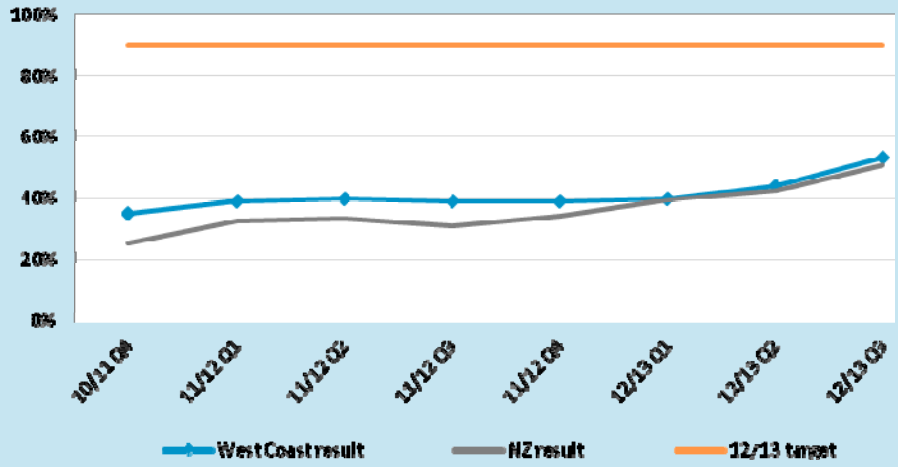
Dr Hayden McRobbie visited the West Coast DHB in March to meet with management, senior clinical staff and Smokefree staff and discuss progress, challenges and the activities put in place to improve performance against the health target. It was a positive visit, and Dr McRobbie's recommendations will be incorporated into DHB's health target 'action plan' over the coming quarter, including maintaining a clinical focus around the health target, keeping the health target relevant by using some of the key messages and tools produced by the Ministry of Health and considering the current training approach to ensure it provides clear and simple rationale.

Smokefree staff and the DHB as a whole continue to work towards achieving the health target of 95%.

Better Help for Smokers to Quit: Primary Care

Target: *90% of smokers attending primary care are to receive help and advice to quit*

Figure 6: Percentage of smokers expected to attend primary care who were offered advice and help to quit smoking[3]



West Coast general practices have reported giving 2,306 smokers brief advice and help to quit in the year to 31 March 2013. This figure is an increase of 430 patients compared to the last quarter. The quit activity during this quarter represents **53%** of current smokers expected to be seen in general practice during this period receiving advice and help to quit – an increase of 9% from the previous quarter.

During Quarter 3, a new PHO Clinical Manager started in the role. The new manager has a strong West Coast primary care background and has brought similar strengths and leadership to the role as her predecessor, who has remained in the organisation, helping to ensure a strong handover of leadership of the health target.

Key activities during Quarter 3 included:

- Continued support to practices in the use of the new HealthStat tool (installed in Quarter 2), which can provide more frequent, practice-specific feedback about the target. The Clinical Audit Tool component of HealthStat is expected to be installed in Quarter 4 and will further support improved data capture, as it enables clinicians to more easily identify patients who do not have a smoking status coded.
- Installation of automatic READ coding on two more advanced forms (in addition to the 'smoking cessation' enrolment form): the diabetes 'get checked' and cardiovascular risk assessment.
- A new monthly 'Primary Health Target Bulletin' circulated to all staff within general practice. As well as reporting both PHO-wide and practice-specific ABC performance, the bulletin is also an opportunity to communicate clinical guidelines around the health target to practice staff or transfer MoH information/guidance, including the clinical rationale.
- Commencement of coding and data entry training at the WCPHO (provided by the Smokefree Services Coordinator) as part of the orientation for all new practice staff. This training will continue as part of orientation for all new practice staff and updates for identified current staff. Planning also took place for

[3] *Data for this measure is supplied by the Ministry on a quarterly basis from the PHO Performance Programme (PPP).*

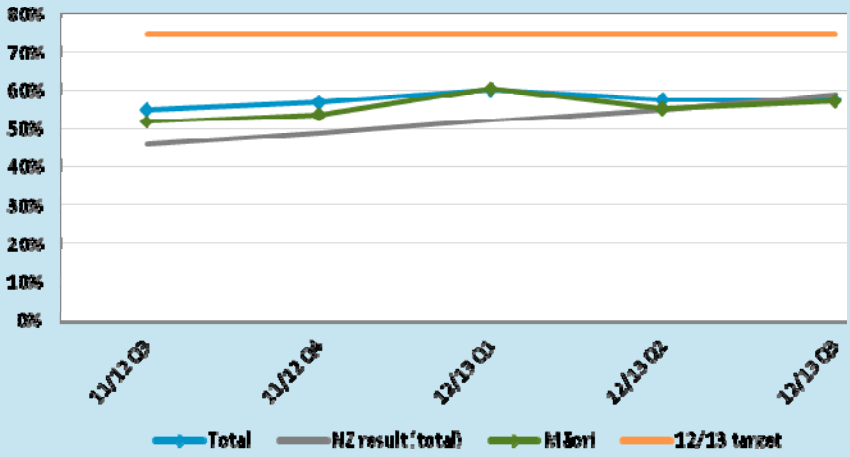
Quit Card training via the Heart Foundation for June 2013, and for a new Quit Card Update revision session, for initial delivery in May.

- Working with four targeted practice teams to improve the Brief Advice coding and to link patients to cessation via their own practice's Coast Quit provider (or other available cessation services). It is hoped that this will close the gap between A's and B's while other activities take time to implement.

More Heart and Diabetes Checks

Target: *75% of the eligible enrolled population are to have had a CV risk assessment in the last 5 years*

Figure 7: Percentage of the eligible enrolled West Coast population having had a CVD risk assessment in the last 5 years [4]

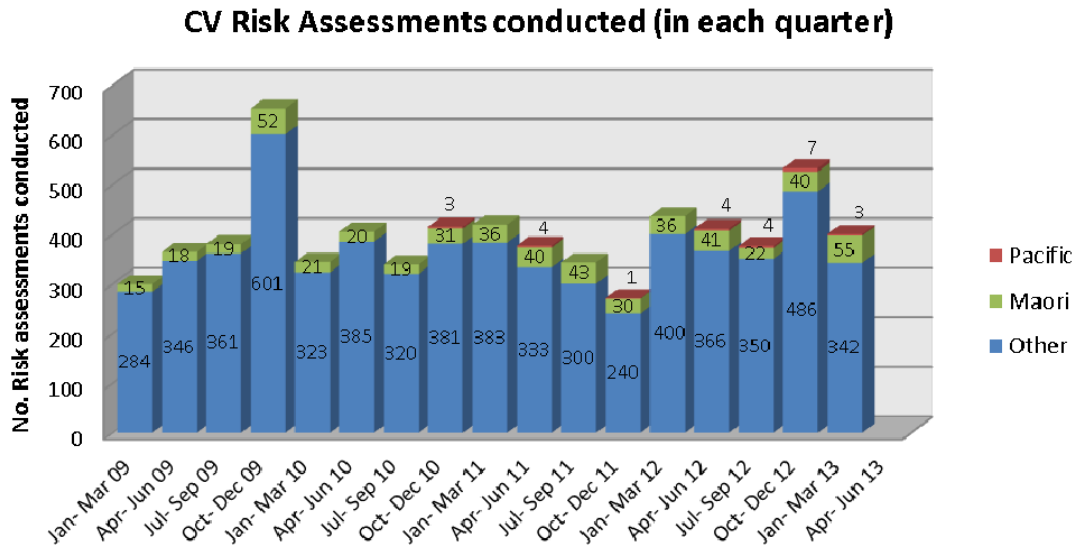


Data for the period to 31 March 2013 shows that West Coast general practices have maintained the same coverage as the previous quarter, with **58%** of the eligible enrolled West Coast population having had a cardiovascular risk assessment (CVRA).

A total of 400 cardiovascular risk assessments were conducted during Quarter 3 (see Figure 8). This reduction is partly due to GP and nurse staff shortages across this period. It is also a reflection that general practices have now screened the 'easy to reach' people, while the more 'reluctant' people remain to be screened. However, it is positive to note that Māori made up 10% of completed CVRAs this quarter. By comparison, Māori make up 7.8% of the eligible cohort for CVRA on the West Coast

Figure 8: Number of cardiovascular risk assessments conducted each quarter

[4] *Data for this measure is supplied by the Ministry on a quarterly basis from the PHO Performance Programme (PPP).*



Activities to follow up eligible patients for CVRA include:

- Ongoing support from clinical manager to practice nurses/teams to identify eligible patients for screening;
- Practice teams actively inviting people to nurse-led clinics to have their CVRA;
- Collaboration between primary and secondary services during February 2013 Heart Month, which concentrated on encouraging West Coasters to get their CVRA and included, among other activities, the West Coast DHB Cardiac Nurse Specialist completing CVRAs for DHB staff who haven't had reviews;
- Installation of Healthstat: a Quality Improvement (QI) tool that enables monitoring of practice performance for cardiovascular indicators for practice QI teams (the Clinical Audit Tool will be installed in Quarter 4);
- Concentration on the high-need population who haven't been screened (practices receive quarterly reports on high-need patients who aren't screened);
- Targeting of workplaces and out-of-hours screening opportunities to help enable those people in work to access CVRAs more conveniently; and
- Planning with Rata Te Awhina Trust, West Coast PHO and West Coast DHB to implement a series of actions to encourage Māori who are not engaging with their general practices to take up invitations for CVRA screening. Plans include an awareness campaign; working with practices to proactively follow up patients who due and overdue for their CVRA; offering options including outreach services and community clinics; and a tailored package of care from Rata Te Awhina.

The biggest barrier to date has been the need for fasting blood tests. This does not appear to be due to cost; these tests have been free of charge to patients on the West Coast since January 2011, but this has not seen any increase in rates of uptake. It appears the additional time required and the need to fast have been the impediment to completing fasting tests. We will propose to the next meeting of the PHO Clinical Governance a move to non-fasting blood testing for people who have never been screened before for screening purposes, with follow-up of identified high risk people with a fasting test for diagnostic and treatment purposes. This should help remove one of the barriers to access as we can provide CVRA opportunistically, instead of having people leave to fast in the first instance.

Patient focus remains paramount; in endeavouring to meet the target, we must also ensure quality care, follow-up and active support for patients in the various tiers of the long-term conditions management programme in line with best practice to ensure the best outcomes for our patients.

How is My DHB performing?

2012/13 QUARTER THREE (JANUARY–MARCH) RESULTS

www.health.govt.nz/healthtargets

MINISTRY OF HEALTH
MANATŪ HAUORA

Now that the hospital target has been achieved, we are ranking DHBs against the primary care target.

Shorter stays in Emergency Departments

		Quarter three performance (%)	95%	Change from previous quarter
1	West Coast	100		–
2	Waitemata	98		–
3	Wairarapa	97		▲
4	South Canterbury	97		–
5	Whanganui	97		–
6	Counties Manukau	97		–
7	Taranaki	96		▲
8	Nelson Marlborough	96		–
9	Hutt Valley	95		▲
10	Tairawhiti	95		–
11	Auckland	95		–
12	Canterbury	94		–
13	Lakes	94		▲
14	Northland	94		–
15	Hawke's Bay	93		▼
16	Southern	93		▲
17	Bay of Plenty	90		▼
18	MidCentral	90		▼
19	Waikato	89		▲
20	Capital & Coast	88		–
	All DHBs	94		–

Improved access to Elective Surgery

		Quarter three performance (%)	100%	Progress against plan (discharges)
1	Northland	121		▲
2	Lakes	117		▲
3	Waikato	116		▲
4	Taranaki	114		▲
5	Hawke's Bay	112		▲
6	Bay of Plenty	111		▲
7	Counties Manukau	110		▲
8	Canterbury	107		▲
9	MidCentral	106		▲
10	South Canterbury	106		▲
11	Hutt Valley	103		▲
12	Tairawhiti	102		▲
13	Waitemata	101		▲
14	Whanganui	100		▲
15	Nelson Marlborough	100		▲
16	Auckland	100		▼
17	Wairarapa	99		▼
18	Southern	99		▼
19	Capital & Coast	98		▼
20	West Coast	98		▼
	All DHBs	106		▲

Shorter waits for Cancer Treatment

		Quarter three performance (%)	100%	Change from previous quarter
1	Northland	100		–
1	Waitemata	100		–
1	Auckland	100		–
1	Counties Manukau	100		–
1	Lakes	100		–
1	Bay of Plenty	100		–
1	Tairawhiti	100		–
1	Hawke's Bay	100		–
1	Taranaki	100		–
1	MidCentral	100		–
1	Whanganui	100		–
1	Capital & Coast	100		–
1	Hutt Valley	100		–
1	Wairarapa	100		–
1	Nelson Marlborough	100		–
1	West Coast	100		–
1	Canterbury	100		–
1	South Canterbury	100		–
1	Southern	100		–
20	Waikato	99.7		–
	All DHBs	99.9*		–

Increased Immunisation

		Quarter three performance (%)	85%	Change from previous quarter
1	Wairarapa	96		▲
2	Hawke's Bay	94		▲
3	Hutt Valley	94		–
4	Southern	93		–
5	MidCentral	93		▼
6	Canterbury	93		▲
7	Whanganui	92		▲
8	South Canterbury	92		▼
9	Auckland	91		–
10	Capital & Coast	91		▼
11	Waitemata	90		▼
12	Taranaki	88		▲
13	Bay of Plenty	88		▲
14	Nelson Marlborough	87		▼
15	Counties Manukau	86		▲
16	Lakes	85		▼
17	Tairawhiti	85		▲
18	Northland	83		–
19	Waikato	81		–
20	West Coast	78		▼
	All DHBs	89		–

Better help for Smokers to Quit

		Change from previous quarter	95%	Hospitals		Quarter three performance (%)	Primary care	90%	Change from previous quarter
–				99	1	Hawke's Bay	91		▲
–				98	2	South Canterbury	82		▲
▲				99	3	Bay of Plenty	82		▲
▲				95	4	Taranaki	63		▲
▼				97	5	Wairarapa	63		▲
–				92	6	Southern	61		▲
▼				93	7	Nelson Marlborough	59		▲
–				98	8	Northland	55		▲
–				96	9	Capital & Coast	55		▼
▼				93	10	Lakes	54		▼
▲				91	11	MidCentral	53		▲
▲				91	12	West Coast	53		▲
–				93	13	Waikato	51		▲
▼				91	14	Tairawhiti	47		▲
–				96	15	Counties Manukau	45		▲
▲				95	16	Whanganui	42		▲
▲				96	17	Auckland	41		▲
–				97	18	Waitemata	39		–
–				97	19	Hutt Valley	34		▲
–				90	20	Canterbury	31		▲
–				95		**All DHBs**	51		▲

More Heart and Diabetes Checks

		Quarter three performance (%)	75%	Change from previous quarter
1	Taranaki	70		▲
2	Northland	69		▲
3	Wairarapa	69		▲
4	Bay of Plenty	68		▲
5	Hawke's Bay	67		▲
6	Waikato	67		▲
7	Waitemata	65		▼
8	Auckland	64		▲
9	Whanganui	63		▲
10	Tairawhiti	63		▲
11	Lakes	62		▲
12	Counties Manukau	61		▲
13	Capital & Coast	60		▲
14	Southern	59		▲
15	South Canterbury	59		▲
16	West Coast	58		–
17	Nelson Marlborough	56		▲
18	MidCentral	55		▲
19	Hutt Valley	42		▲
20	Canterbury	29		▲
	All DHBs	59		▲

Shorter stays in Emergency Departments

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

Improved access to elective surgery

The target is an increase in the volume of elective surgery by at least 4000 discharges per year. DHBs planned to deliver 109,293 discharges for the year to date, and have delivered 6878 more.

Shorter waits for cancer treatment

The target is all patients, ready-for-treatment, wait less than four weeks for radiotherapy or chemotherapy. Six regional cancer centre DHBs provide radiation oncology services. These centres are in Auckland, Hamilton, Palmerston North, Wellington, Christchurch and Dunedin. Medical oncology services are provided by the majority of DHBs.

* One patient, who was ready-for-treatment, waited four weeks and two days for chemotherapy during quarter three.

Increased immunisation

The national immunisation target is 85 percent of eight-month-olds have their primary course of immunisation at six weeks, three months and five months on time by July 2013, 90 percent by July 2014 and 95 percent by December 2014. This quarterly progress result includes children who turned eight-months between January and March 2013 and who were fully immunised at that stage.

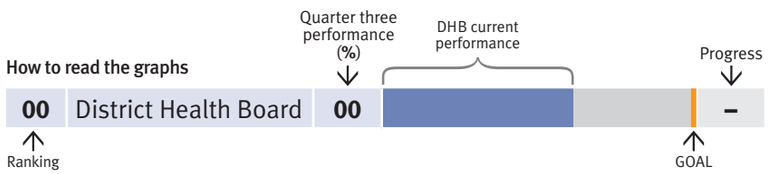
Better help for smokers to quit

The target is 95 percent of patients who smoke and are seen by a health practitioner in public hospitals, and 90 percent of patients who smoke and are seen by a health practitioner in primary care, are offered brief advice and support to quit smoking.

More heart and diabetes checks

This target is 90 percent of the eligible population will have had their cardiovascular risk assessed in the last five years to be achieved in stages by July 2014. The current stage is to achieve 75 percent by July 2013.

How to read the graphs



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

New Zealand Government

REVISED PHO SERVICES AGREEMENT

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

SOURCE: **Planning & Funding**

DATE: **6 June 2013**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

The Ministry of Health has requested that the Revised PHO Services Agreement be noted by all District Health Boards and relevant Committees prior to its implementation 1 July 2013.

2. RECOMMENDATION

That the Community and Public Health & Disability Support Advisory Committee recommend to the West Coast DHB Board that they:

i. note that a Revised PHO Services Agreement, has been developed as a result of negotiations between the mandated representatives of the 20 DHBs, 32 PHOs and the Ministry of Health, and that a District/Regional Alliance Agreement underpins the new PHO Services Agreement;
ii. note the new PHO Services Agreement will take effect on 1 July 2013;
iii. note many of the provisions of the PHO Agreement remain unchanged, however key changes include:
    a. A modular contract structure.
    b. Increased clarity on the roles and responsibilities of DHBs and PHOs.
    c. Updated Minimum Requirements of PHOs.
    d. New clauses to assist PHOs in their ('back-to-back') Agreements with providers, for example clarification of aspects of after hours and holiday cover responsibilities.
    e. Increased transparency with respect to service information and the use of public funds; and
iv. note that the West Coast DHB and West Coast PHO are in the process of identifying local content that needs to be included in the Revised PHO Services Agreement and varied District Alliance Agreement.

3. SUMMARY

This report provides the committee with an overview of the Revised PHO Services Agreement (previously the PHO Agreement), planned to take effect from 1 July 2013. A varied District/Regional Alliance Agreement will underpin this new PHO Services Agreement.

The Revised PHO Services Agreement was issued to the DHBs and PHOs 17 May 2013. The West Coast DHB and West Coast PHO are in the process of identifying local content to be included in the Revised PHO Services Agreement, with completion of this process expected shortly.

The existing PHO Agreement has been in place for 10 years and includes a set of minimum requirements that were introduced when PHOs were first established in 2002. The new PHO Services Agreement aims to better reflect the role of primary care in an integrated health system.

4. DISCUSSION

Summary of PHO Agreement Negotiations

Supported by the Ministry of Health, the DHB/ PHO Agreement Negotiating Team (representing all 35 PHOs and 19 DHBs) have conducted the negotiations. There has been a strong sense of collaboration and partnership during the negotiations, and the Negotiating Team have reached substantive agreement on all key areas.

The Agreement Negotiating Team is:

- DHB Negotiating Team: Craig Climo (Lead CEO and CEO Waikato DHB), Dr Ashley Bloomfield and Carolyn Gullery (GM Planning & Funding representatives), and Karina Elkington (DHB Portfolio Manager).
- PHO Negotiating Team: Dr Harley Aish, Dr Tim Malloy, Conway Powell, John Macaskill-Smith, Martin Hefford, Andrew Swanson-Dobbs, Simon Royal, Justine Thorpe.
- Ministry of Health Representatives: Cathy O'Malley (Deputy Director General, Sector Capability and Innovation), Sue Dashfield (Group Manager, Sector Capability and Innovation)

District/Regional Alliance Agreement

A consensus was reached by the negotiating team that the Alliancing model, already used in the sector in the Better Sooner More Convenient (BSMC) business cases, will underpin the new PHO Services Agreement through the District/Regional Alliance agreement.

As the West Coast DHB and West Coast PHO have an Alliance Agreement in place, the following statements are included for your information only. The statements detail the expectations on DHBs that are currently not operating under an Alliance model.

Each DHB that is not currently part of an Alliance will be asked to progress the establishment of an Alliance with their local PHO(s) from 1 July 2013. For DHBs who are currently not involved with a BSMC business case (and an Alliance), this is likely to be an Alliance between the DHB and PHO(s) in the first instance, and able to be progressed to a multi-party Alliance over time.

A new section in the PHO Services Agreement (Part D) sets out the Scope and the Funding arrangements that will apply in respect to decisions made by the relevant Alliance.

- The initial scope of funding covered by new Alliances are expected to be, the primary care delivery components of the 2013-14 DHB annual plans and the flexible funding pool (constituting four existing primary care funding streams – Care Plus, Health Promotion, Services to Improve Access and Management Services), if agreed.
- PHOs not currently part of an Alliance will continue to provide, and receive funding for, Management Services, Health Promotion Services, Services to Improve Access, and Care Plus Services after 1 July 2013 until such time as Flexible Funding Pool arrangements are agreed.
- Once the DHB and PHO agree to include these four funding streams and any additional funding with a flexible funding pool, new service schedules that describe the Alliance services and funding arrangements will be able to be inserted into the Agreement. A range of support will also be available to assist DHBs and PHOs with implementation, including advice and guidance on introduction of alliancing arrangements.

PHO Services Agreement

The new PHO Services Agreement incorporates many of the provisions of the current PHO Agreement; specifically the nationally consistent general practice services, First Contact Care Services funding and data reporting requirements remain unchanged.

However, key changes include a new modular contract structure, and greater clarity on the respective roles and responsibilities of PHOs and DHBs and the Minimum Requirements of PHOs. Of note is:

- A new introductory section providing background and context to the relationship between PHOs and DHB. This sets out the policy objectives for primary health care services and that they should be provided on a best for patient care and "best-for-system" basis.
- A new section providing clarity on the respective roles and responsibilities of DHBs and PHOs, through to providers. This reflects primary health care as a key part of the whole system of healthcare (Part A and Part B; Schedule B1 in the new Agreement). The roles and responsibilities include:
    - Reinforcing the requirement of DHBs and PHOs to work together in Alliancing arrangements.
    - Working together to develop the DHB Annual Plan.
    - Agreeing the explicit contributions the PHO will make to the successful delivery of the plan.
- A new section updating the functions and minimum requirements of PHOs and outlining the outcomes that the PHO will endeavour to achieve.

  The new minimum requirements for PHOs:

    - Reflect the capability and capacity expected from high performing organisations in terms of governance, clinical and financial expertise, and the ability to ensure the delivery of high quality services for local communities.
    - Include facilitating and promoting service development, co-ordination and service integration.
    - Clarify aspects of after-hours and holiday cover responsibilities. This includes the ability for a provider to provide phone or electronic triage/consultation after hours, but access to face-to-face consultations are required where this is clinically indicated (Part C; Schedule C1).
    - Provide for increased transparency with respect to service information and the use of public funds to enable public reporting of outputs and outcomes, while respecting the requirements of the Health Information Privacy Code.
    - Remove the need for separate PHO level Maori Health Plans in favour of PHO involvement in the development and implementation of specific deliverables in the DHB Maori Health plans (Part B; B6 and B7).
    - Increase clarity regarding the timing of practices moving between PHOs. The new criteria is the need for a PHO to give at least six month's notice of the change from 31 December in any given year, in order that the change is able to be aligned with the planning year[Part B, B.11, Clause (8) and (9)].

  The Rural Primary Health Care Schedule has not been reviewed at this time as this is awaiting a final decision from the Minister of Health.

Contracting Arrangements

The new PHO Services Agreement has been changed to a modular contract structure. This will enable increased flexibility to incorporate local service models, while maintaining consistency across nationally funded services.

The Agreement also provides a transition process into the new Flexible Funding Pool arrangements which were agreed by Cabinet earlier this year.

Most DHBs and PHOs are expected to agree fixed term agreements under the new Agreements with minimum three year term. However, the DHB retains the option of entering into an 'evergreen' agreement with high performing PHOs where there is significant financial investment in infrastructure or in change models. Enduring 'evergreen' agreements will have a strong 'no-fault' termination clause with a six month notice period similar to the existing one.

PHO 'Back-to-Back' Agreements with Providers

To ensure consistency in implementation of national requirements, a national template will be developed for PHO Back–to-Back agreements with practices and other local service providers. New Back-to-Back Agreements are expected to be signed by 1 October 2013.

Integrated Performance and Incentives Framework

In the coming months, a new Performance and Incentives Framework that has a whole-of-system approach will be progressed. This will be developed with extensive sector input ahead of phased implementation in 2014.

The focus of the Framework will be on improving the quality of patient care while ensuring the clinical and financial sustainability of the health system. The process of developing the performance framework has begun with a meeting in April of the Expert Group who are providing advice on the structure and design of the framework. This is followed in June by a larger multi-disciplinary reference group to help shape the detail of the Framework.

5. CONCLUSION

Recommend that this report be submitted to the West Coast DHB for noting; with a further update provided when the implementation of the Revised PHO Services Agreement is complete.

This report will also be tabled at the Alliance Leadership Team meeting 13 June 2013.

6. APPENDICES

Appendix 1: Presentation - PHO Services Agreement Workshop, Christchurch 9 May 2013

Report prepared by: Linda Wensley & Kim Sinclair-Morris
Planning & Funding Canterbury & West Coast DHB

Report approved for release by: Carolyn Gullery General Manager Planning & Funding

PHO Services Agreement 2013
Promoting integration; strengthening primary care

PREPARED BY

Rationale

The principal aim of this work is to achieve greater clinical integration closer to home, by strengthening primary care and to enable the whole system to adapt to the challenges of:

- Aging populations
- Increasing chronic conditions
- Tighter fiscal environments
- Workforce pressures

“Driving Clinical integration” - Origins

The work being developed is to help meet expectations stated in a number of key documents:

*“The health and disability sector is already **evolving** towards a system that is more focused on community and primary care… **A more integrated system** would better coordinate care within an expanded model of **primary care**, and connect services across the system.”*

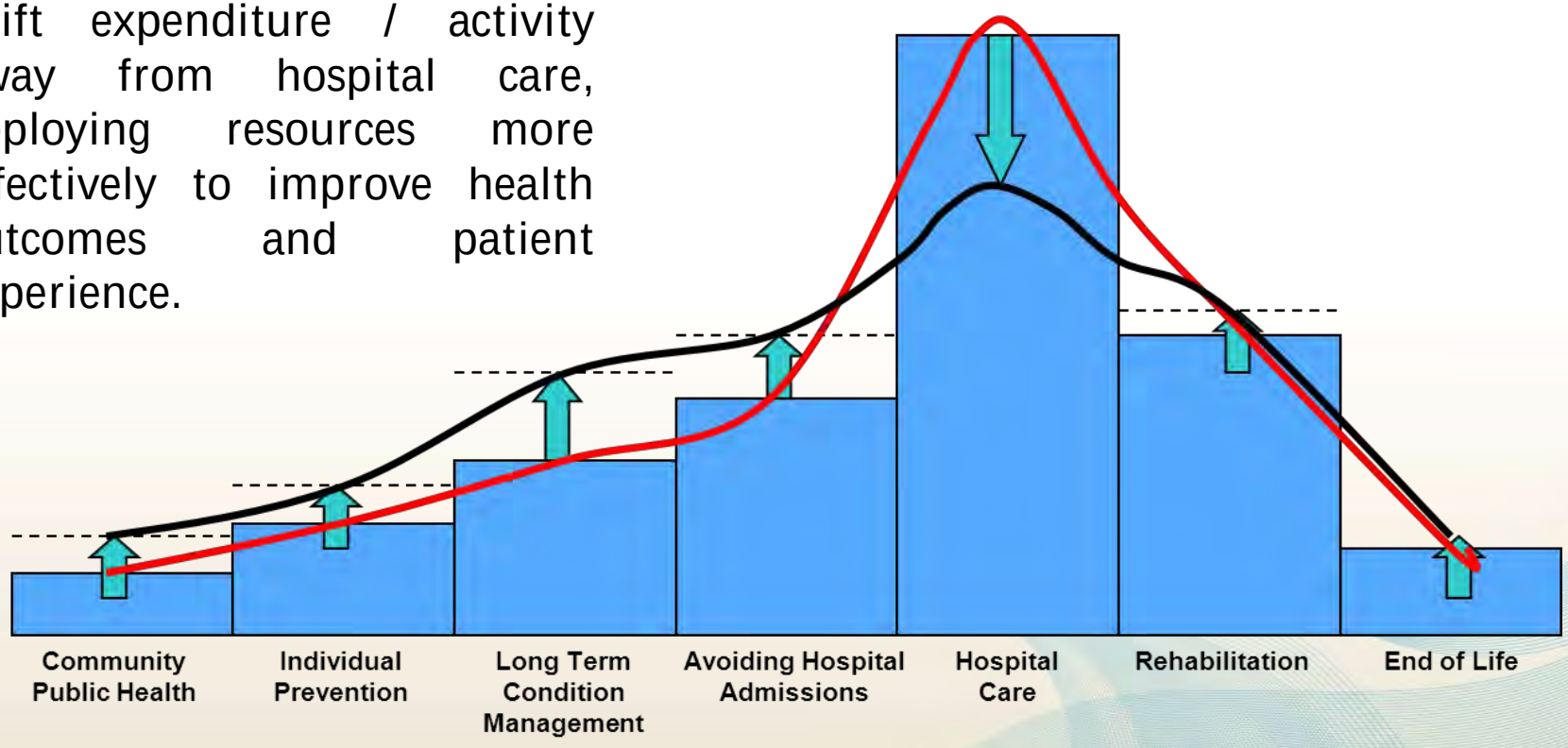
- Briefing to the Incoming Minister 2011

*“It is vital that New Zealanders continue to receive **quality health care**… This needs to happen in a **financially sustainable way**… the Ministry of Health will drive **greater integration of services** across the health service…”*

- Hon Tony Ryall, Foreword to Statement of Intent 2012/13 to 2014/15

Changing models of care

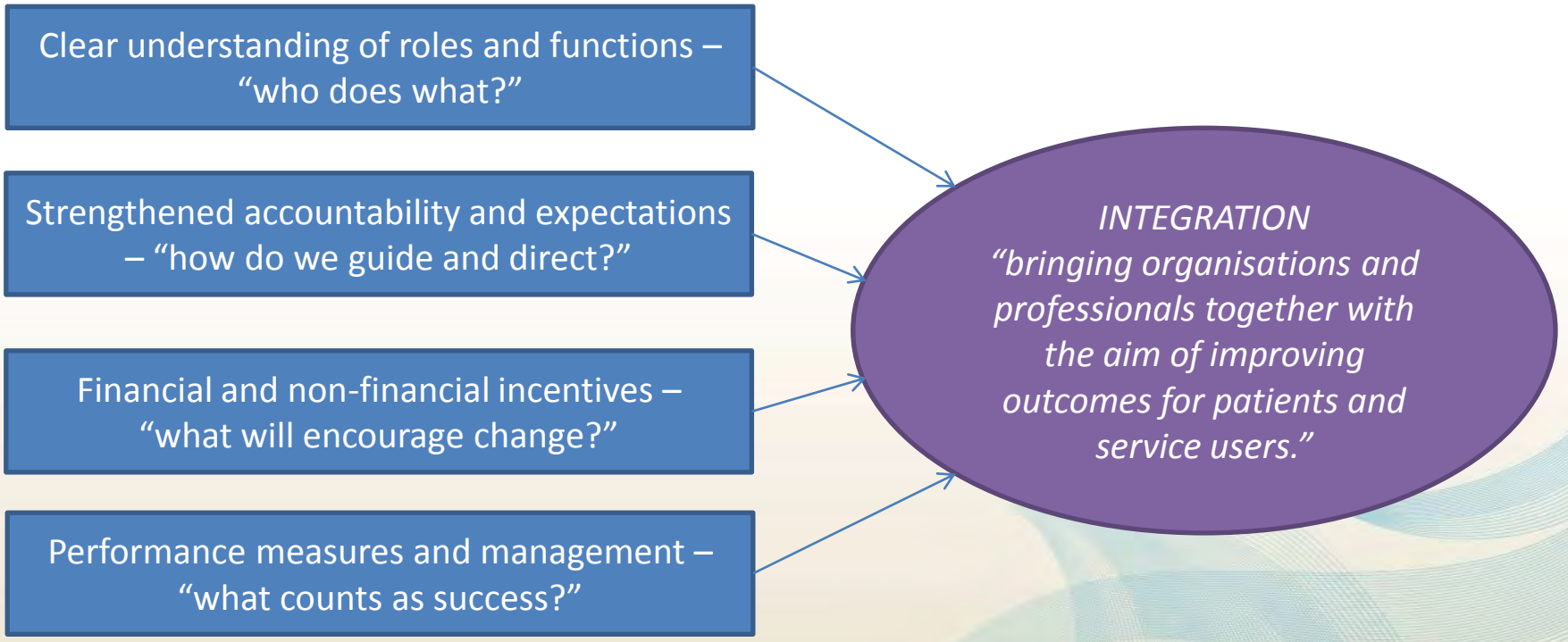
Moving to care models that shift expenditure / activity away from hospital care, deploying resources more effectively to improve health outcomes and patient experience.



Ref: Dr Helen Bevan, NHS Institute

Action is required in a range of areas…

…and a combination of incentives from signals through to financial rewards and penalties is likely to be most effective.



Intent of changes to Agreement

- Reflects Government priorities, which are also reflected in back-to-back agreements with contracted primary care providers
- Creates an environment that supports greater clinical integration and enables DHBs and PHOs to work flexibly and collaboratively for the benefit of patients
- Supports a high-trust environment and reduces compliance processes
- Accelerates pace of change, supports innovation in service models and removes barriers to multi-disciplinary working
- Stipulates and clarifies areas of national consistency

How

- Clarifies and reinforces local relationships , roles and responsibilities
- Ensures alignment of priorities and outcomes throughout the system
- Links to an integrated performance and incentive framework
- Extends flexible funding arrangements

PHO Services Agreement Overview

- Negotiating teams representing PHOs and DHBs met for four days; final negotiating day May 15
- New Agreement available to DHBs and PHOs from May 16 to enable local discussion
- Consensus reached on key changes for July 1 implementation
- New Agreement will:
  - set out respective roles and responsibilities
  - set out new Minimum Requirements all PHOs must meet, functions of PHO and outcomes PHO will endeavour to achieve
  - be underpinned by alliancing arrangements already used in BSMC Business Cases

PHO Service Agreement Principles

- Focus on local relationships and strengthening accountability for providing health care across communities including enrolled and casual populations
- Ensures financial transparency and shared accountability
- Ensures line of sight between national health priorities and targets and the services PHOs provide
- Objective of services to be provided on a best for patient care and best for system basis
- Minimum Requirements wording agreed and sets out clear outcomes for PHOs including promoting service development and integration. This goes to Cabinet for approval

Minimum requirements

- PHOs will have necessary capacity and capability in clinical and financial expertise and in governance arrangements
- Will facilitate and co-ordinate integration of services they provide
- Will promote continuous quality improvement in services
- Will effect transformational change in models of delivery and patterns of demand
- Will ensure accountability through participation in the integrated performance and incentive framework
- Will go to Cabinet for approval

PHO Services Agreement Key Changes

- More local flexibility through extended flexible funding pool arrangements after plan agreed with DHB.
- Slightly redrafted alliancing agreement; all DHBs and PHOs expected to form an alliance from July 1 if they do not have one already
- Clarification of after- hours and holiday cover responsibilities including options for phone triage and e-consultations, whilst making explicit face to face consultations requirement if clinically indicated
- PHO collaboration on DHB Maori Health plans, removing separate PHO plans
- Minimum of 6 months notice required for practices to move to another PHO which is aligned to the annual planning cycle
- Mandatory Back to Back clauses to be developed: New Back to Back Agreements to be signed by October 1

Alliancing Approach

- Shared planning and decision-making based on common goals and collective responsibility
- Culture of trust and transparency; no blame; high performance
- Focus on patient through single system
- Leadership through joint governance with focus on clinical leadership and engagement
- Outcome is less bureaucracy, increased ownership and local innovation - supports sustainability and better patient experience

Alliancing agreement

- Describes how parties work together, purpose, principles, objectives and decision-making process
- Sets out governance and development of service level alliances and workstreams
- Can be two-party or multi-party
- Governance derived from:

➢ Clinical professions

➢ Organisations with current or future service provision Agreement

➢ Related service areas and communities of interest

- Members "sign up" or commit to Alliance through Charter linked to the Agreement

Evergreen vs fixed term

- Both types of contract have advantages and disadvantages
- DHBs and PHOs will agree fixed term contracts; minimum three year term expected
- Desire to secure innovation and investment may be better served by long-term partnership facilitated through evergreen and may be agreed for high performing PHO making significant investments
- Enduring contract term allows greater focus on performance monitoring for continuous improvement
- Enduring contracts will have strong 'no-fault' termination clause with six months notice

Integrated Performance and Incentive Framework

- Framework to provide nationally consistent way of incentivising and lifting performance across PHOs, practices and the health system
- Some very high performing PHOs, but variation across the country
- Whole of system approach, due to be agreed by September 2013 and phased in during 2014 (replacing the PHO Performance Programme)
- Focus on outcomes and benefits for patients and communities
- High performers rewarded with:
  - Increased access to services/management of services
  - Increased performance-linked funding
- Funding for Framework to increase from 2.3% to 5% of PHO funding over time

Framework development process

- Builds on international evidence and New Zealand experience and recent work
- Extensive sector input through multi-disciplinary reference group will focus on detailed development and establishment of indicators and measures
- Expert group convened in April to scope and direct overall approach and advise on quality improvement in complex systems
- Expert group meets again in May; reference group workshop scheduled late June
- Final agreement scheduled for September

Next Steps

AGENDA – PUBLIC

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

WEST COAST DISTRICT HEALTH BOARD MEETING
To be held at St John, Waterwalk Road, Greymouth
Friday 10 May 2013 commencing at 10.00am

KARAKIA			***10.00am***
ADMINISTRATION			***10.05am***
	Apologies		
1.	**Interest Register** *Update Board Interest Register and Declaration of Interest on items to be covered during the meeting.*		
2.	**Confirmation of the Minutes of the Previous Meeting** ▪ *22 March 2013*		
3.	**Carried Forward/Action List Items**		
REPORTS			***10.15am***
4.	**Chair's Update – Oral Report**	Dr Paul McCormack *Chairman*	*10.15am – 10.30am*
5.	**Chief Executive's Update**	David Meates *Chief Executive*	*10.30am – 10.45am*
6.	**Clinical Leader's Report**	Dr Carol Atmore *Chief Medical Advisor* Karyn Kelly *Director of Nursing and Midwifery* Stella Ward *Executive Director of Allied Health*	*10.45am – 11.00am*
7.	**Finance Report**	Justine White *General Manager, Finance*	*11.00am – 11.15am*
8	**Appointment of West DHB Electoral Officer**	Board Secretariat	*11.15am – 11.25am*
9	**Report from Committee Meetings** *(Late papers due to timing of Meetings)*		
	- CPH&DSAC *2 May 2013*	Elinor Stratford *Chairperson, CPH&DSAC Committee*	*11.25am – 11.35am*
	- Hospital Advisory Committee *2 May 2013*	Sharon Pugh *Chairperson, Hospital Advisory Committee*	*11.35am – 11.45am*
	- Tatau Pomanau *2 May 2013*	Elinor Stratford *Board Delegate to Tatau Pounamu*	*11.45am – 11.55am*

10	**Resolution to Exclude the Public**	*Board Secretariat*	*11.55am – 12noon*

INFORMATION ITEMS

- Confirmed Minutes (*Late papers due to timing of meetings*)
  - CPH&DSAC Meeting – 24 January 2013
  - HAC Meeting – 24 January 2013
  - Tatau Pounamu Meeting – 24 January 2013
- 2013 Meeting Schedule

ESTIMATED FINISH TIME ***12noon***

NEXT MEETING

Friday 28 June 2013 commencing at 10.00am

COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE 2 MAY 2013

TO: **Chair and Members**
West Coast District Health Board

SOURCE: **Chair, Community & Public Health & Disability Support Advisory Committee**

DATE: **10 May 2013**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as an interim update on the Community & Public Health & Disability Support Advisory Committee (CPH&DSAC) meeting of 2 May 2013 Following confirmation of the minutes of that meeting at the 6 June 2013 meeting, confirmed minutes of the 2 May 2013 meeting will be provided to the Board at its 28 June 2013 meeting.

For the Board's information the functions of CPH&DSAC, in accordance with their Terms of Reference and the New Zealand Public Health and Disability Act 2000:

"*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 maximise 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."

2. RECOMMENDATION

That the Board:

i. notes the Community & Public Health & Disability Support Advisory Committee Meeting Update – 2 May 2013.

3. SUMMARY

ITEMS OF INTEREST FOR THE BOARD

- **Planning & Funding Update**

  Discussion took place regarding immunisation coverage on the West Coast and our capacity to achieve the targets being compromised by the percentage of the population "opting out".

  Dr Cheryl Brunton, Medical Officer of Health commented that the Minister's target is based on sound science in regard to the levels of immunised population required for target coverage. She went on to stress how this made it important for us to ensure that anyone willing to be vaccinated actually is. The Committee noted that at the moment we can achieve the set target but our ability to continue to do this is compromised.

- **Community & Public Health Update**

  Discussion took place regarding Local Alcohol Policies and whether these would be implemented before the October local body elections. The Committee noted that the earliest the policy can be adopted is January 2014. The process for submissions from the DHB was raised and management agreed to look at the submission process and how best to involve the governance side of the DHB.

  Discussion also took place regarding alcohol related harm in the community and it was noted that Community & Public Health are undertaking a community survey to ascertain views on alcohol across the Region.

  In regard drinking water, the effects of the drought were discussed and also the quality of drinking water in relation to the issues around contamination and boil water notices at Inangahua Junction. Community & Public Health are working towards a Capital Assistance Grant application for the 2014 funding round to assist with improvements in this area.

- **Alliance Update**

  The Committee discussed the Alliance model and the intentions around this. It was noted that whilst this report currently delivers on the Ministry of Health's expectations the DHB is doing its best to reconcile this with the needs of the West coast community.

  The Board Chair commented that Alliancing has been reconfirmed in Wellington as the desirable way to move forward to the future.

  Discussion took place around the Flexible Funding Pool and whether it is intended to make the Alliance responsible for more than is shown in the schedule in section 5 of the papers. The Committee noted that discussions around the Alliance Leadership Team table are around financially resourcing the decisions made and dedicated project managers have been allocated to each work stream.

  Discussion also took place regarding the PHO report being part of the Alliance Update.

- **Draft 2013/14 Maori Health Plan**

  The Committee noted that feedback on the Maori Health Plan has been received from the Ministry of Health with one of the comments being that the plan could be linked better with the DHBs Annual Plan.

  It was suggested that the plan could be strengthened with the inclusion of some of the risks and probabilities sitting behind the activities, targets and responsibilities noted in the plan.

  The Committee also noted that this plan will be presented to the Alliance Leadership Team and the second draft would go back to the next Tatau Pounamu meeting.

- **Allied Health Presentation**

  Stella Ward, Executive Director, Allied Health, provided a presentation updating the Committee on progress in Allied Health. The presentation included a summary of the achievements to date and the challenges and plans going forward.

  The Committee complemented the Allied Health team for their work and members took the opportunity to provide comment and feedback.

4. APPENDICES

Appendix 1: Agenda – Community & Public Health & Disability Support Advisory Committee – 7 March 2013.

Report prepared by: Elinor Stratford,
Chair
Community & Public Health & Disability Support Advisory Committee

AGENDA

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

COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
To be held in the Board Room at Corporate Office, Grey Base Hospital, High Street, Greymouth
Thursday 2 May 2013 commencing at 9.00am

ADMINISTRATION			**9.00am**
	Karakia		
	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** *7 March 2013*		
3.	**Carried Forward/ Action Items**		
REPORTS/PRESENTATIONS			**9.10am**
4.	**Planning & Funding Update**	Carolyn Gullery *General Manager, Planning & Funding*	*9.10am - 9.25am*
5.	**Community and Public Health Update**	Jem Pupich *Team Leader, Community and Public Health*	*9.25am -9.40am*
6.	**Alliance Update**	Carolyn Gullery *General Manager, Planning & Funding*	*9.40am - 10.00am*
7.	**Draft 2013/14 Maori Health Plan**	Carolyn Gullery *General Manager, Planning & Funding* Gary Coghlan *General Manager, Maori Health*	*10.00am – 10.15am*
8.	**Allied Health Presentation**	Stella Ward *Executive Director, Allied Health*	*10.15am – 10.45am*
9.	**General Business**	Elinor Stratford *Chair*	*10.45am - 10.50am*
ESTIMATED FINISH TIME			**10.50am**

INFORMATION ITEMS

- **Board Agenda – 22 March 2013**
- **Chair's Report to last Board meeting**
- **West Coast CPHAC/DSAC Workplan 2013**
- **West Coast DHB 2013 Meeting Schedule**
- **PHO Quarterly Report**

NEXT MEETING

Date of Next Meeting: 6 June 2013 Corporate Office, Board Room at Grey Base Hospital.

WORKPLAN FOR CPH&DSAC 2013 – BASED ON WEST COAST DHB PRIORITY PLAN

	24 January	7 March	2 May	6 June	11 July	22 August	10 October	28 November	2014
STANDING ITEMS	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	
STANDARD REPORTS	Health Target Q1 report Planning & Funding Update Alliance Update	Māori Health Activity Report Planning & Funding Update Community & Public Health Update Alliance Update BSMC Q2	Planning & Funding Update Community & Public Health Update Alliance Update BSMC Q3	Maori Health Activity Report Planning & Funding Update Community & Public Health Update Alliance Update Health Target Q3 report	Planning & Funding Update Community & Public Health Update Alliance Update	Māori Health Activity Report Planning & Funding Update Community & Public Health Update Alliance Update BSMC Q4	Health Target Q4 report Planning & Funding Update Community & Public Health Update Alliance Update	Māori Health Activity Report Planning & Funding Update Community & Public Health Update Alliance Update BSMC Q1	
PRESENTATIONS	As required	As required	Allied Health	As required	As required	As required	As required	As required	
PLANNED ITEMS	Smoke Free Position Statement		2012/13 Draft Maori Health Plan						
GOVERNANCE AND SECRETARIAT	2013 Work Plan							2014 Meeting Dates	
DSAC Reporting	As available	As available	As available	As available	As available	As available	As available	As available	
INFORMATION ITEMS	Latest Board Agenda Chair's Report to Board from last meeting 2013 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan C&PH 6 Monthly report to MoH 2013 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2013 Schedule of Meetings PHO Quarterly Report	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2013 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2013 Schedule of Meetings 2012/13 Final Annual Plan	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2013 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan C&PH 6 Monthly report to MoH 2013 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2014 Schedule of Meetings	

WEST COAST DHB – MEETING SCHEDULE FOR 2013

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

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