

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



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

11 July 2013

**AGENDA
AND
MEETING PAPERS**

All information contained in these committee papers is subject to change

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

COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
To be held in the Board Room, Corporate Office, Greymouth Hospital
Thursday 11 July 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**
6 June 2013
- 3. **Carried Forward/ Action Items**
(There are no carried forward items)

REPORTS/PRESENTATIONS 9.10am

- | | | | |
|----|--|--|--------------------------|
| 4. | Community and Public Health Update | Jem Pupich
<i>Team Leader, Community and Public Health</i> | <i>9.10am - 9.25am</i> |
| 5. | Planning & Funding Update | Carolyn Gullery
<i>General Manager, Planning & Funding</i> | <i>9.25am - 9.40am</i> |
| 6. | Primary & Community Services Update | Karyn Kelly
<i>Acting General Manager
Primary & Community Services</i> | <i>9.40am - 9.55am</i> |
| 7. | Alliance Update | Carolyn Gullery
<i>General Manager, Planning & Funding</i> | <i>9.55am - 10.10am</i> |
| 8. | Presentation – Disability Resource Centre | Debbie Webster
<i>General Manger, Southland & Queenstown
Disability Resource Centre</i> | <i>10.10am – 10.35am</i> |
| 9. | General Business | Elinor Stratford
<i>Chair</i> | <i>10.35am - 10.50am</i> |

ESTIMATED FINISH TIME 10.50am

INFORMATION ITEMS

- Chair’s Report to last Board meeting
- Board Agenda – 28 June 2013
- West Coast CPHAC/DSAC Workplan 2013
- West Coast DHB 2013 Meeting Schedule

NEXT MEETING

Date of Next Meeting: 22 August 2013 Corporate Office, Board Room at Grey Base Hospital.

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)	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • Councillor, Grey District Council • Trustee, West Coast Electric Power Trust • Member of CCS • Co Patron and Member of West Coast Diabetes • Trustee, West Coast Juvenile Diabetes Association
Cheryl Brunton	<ul style="list-style-type: none"> • Medical Officer of Health for West Coast - employed by Community and Public Health, Canterbury District Health Board • Senior Lecturer in Public Health - Christchurch School of Medicine and Health Sciences (University of Otago) • Member - Public Health Association of New Zealand • Member - Association of Salaried Medical Specialists • Member - West Coast Primary Health Organisation Clinical Governance Committee • Member – National Influenza Specialist Group • Member, Alliance Leadership Team, West Coast Better Sooner More Convenient Implementation • Member – DISC Trust
Jenny McGill	<ul style="list-style-type: none"> • Employment with Lifelinks working with Ministry of Health contracted providers, including West Coast DHB. • Husband employed by West Coast DHB
John Ayling	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • Director, Vaile Hardware Limited
Lynnette Beirne	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Promoter for Healthy Eating Healthy Action (20 hours per week) • Executive Member of Makaawhio • Member of Tatau Pounamu

Member	Disclosure of Interest
Mary Molloy (Board Member)	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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

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, 6 June 2013 commencing at 9.00am

PRESENT

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

APOLOGIES

An apology for absence was received and accepted from John Vaile.

EXECUTIVE SUPPORT

Michael Frampton (Programme Director); Dr Carol Atmore (Chief Medical Officer); Gary Coghlan (General Manager, Maori Health); Carolyn Gullery (General Manager, Planning & Funding); and Kay Jenkins (Minutes).

WELCOME

The Chair welcomed everyone and asked Marie Mahuika-Forsyth to lead the Karakia.

The Committee extended congratulations to Board Chair, Dr Paul McCormack, for his Queens Birthday Honour.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

There were no additions or alterations to the Interest Register

Declarations of Interest for Items on Today's Agenda

There were no declarations of interest for items on today's agenda.

Perceived Conflicts of Interest

There were no perceived conflicts of interest.

2. MINUTES OF THE PREVIOUS MEETING

Resolution (5/13)

(Moved: Jenny McGill; Seconded: Robyn Moore - carried)

“That the minutes of the meeting of the Community and Public Health and Disability Support Advisory Committee held on 2 May 2013 be confirmed as a true and correct record”

3. CARRIED FORWARD/ACTION ITEMS

There were no carried forward items.

4. COMMUNITY & PUBLIC HEALTH UPDATE

Dr Cheryl Brunton, Community & Public Health, presented the Community & Public Health Update.

The update detailed the promotions organised for “Smokefree May”.

It also provided information regarding a recent controlled tobacco purchase operation to monitor compliance by tobacco retailers. Fifteen tobacco retailers were visited during this operation. None of the retailers visited sold cigarettes to any of the underage volunteers. The Committee agreed that this was a great result.

Discussion took place regarding retail outlets and the sale of synthetic cannabis. The Committee noted that there are only a small number of outlets on the West Coast. Anything banned is off the shelves however the risk is still there until the products are completely banned.

5. PLANNING & FUNDING UPDATE

Carolyn Gullery, General Manager, Planning & Funding, presented this report which was taken as read.

A query was made regarding the HPV vaccine and it was confirmed that while over 58% of eligible girls have received dose one the rest will also receive this.

The Committee noted that 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 activities underway.

They also noted that a panel with local and national expertise has been formed to review the West Coast Mental Health System and help to define a model of service delivery for the future.

A request was made of management to re-introduce the trend graphs previously provided in regard to the financials. The General Manager, Planning & Funding commented that it is intended to do this commencing with reporting for the new financial year.

The report was noted

6. MAORI HEALTH ACTIVITY UPDATE

Gary Coghlan, General Manager, Maori Health, presented the Maori Health Activity Update.

This update provided information regarding Te Ara Whakawaiora which will be tabled at the next National CEO forum. The paper sets out key opportunities and processes to advance performance against the annual Maori Health Plan indicators.

Information was also provided regarding the May 2013 Te Herenga Hauora Meeting which discussed how South Island DHBs could support Whanau Ora more effectively. This work will be progressed further at the next meeting in June.

The General Manager, Maori Health, advised that he had presented the Kaizan Maori Health Workshop outcomes to the Alliance Leadership Team. The presentation was received positively and as a result some focused work is now taking place within the Complex Clinical Care Network and Diabetes pathways.

He also advised that the Maori Health Annual Plan has been updated in line with feedback from the Ministry of Health and resubmitted as per deadlines. The final version of this plan is due to the Ministry on 29 June 2013.

Discussion took place regarding Whanau Ora and the Committee noted that government seem to be sending very strong signals that they wish us to progress this. The General Manager, Maori Health commented that it is important to note that the Whanau Ora concept applies to everyone. Because it came from a Maori paradigm it is seen as Maori but it can be applied to all.

A query was made regarding whether some of these principles are imbedded in our Annual Plan and the General Manager, Maori Health confirmed that this is the case.

The Committee requested management to provide a one page summary of what Whanau Ora is actually about.

The report was noted

7. ALLIANCE UPDATE

Carolyn Gullery, General Manager, Planning & Funding, and Dr Carol Atmore, Chief Medical Officer, presented this update which was taken as read.

Discussion took place regarding governance issues around the Alliance process and whether this gives a lot of responsibility to those making decisions within the Alliance framework. The Committee noted the importance of ensuring that governance is kept fully informed and that governance arrangements support this framework. The Board Chair commented that the Alliance process has been a challenging one and it is important to note that this is not about representation but about relationships.

The update was noted.

8. HEALTH TARGET RESULTS – QUARTER 3

Carolyn Gullery, General Manager, Planning & Funding, presented these results.

The Committee noted that whilst it is anticipated that the Health Targets will be met, the elective service target will be really tight.

The results were noted.

9. DRAFT PHO AGREEMENT

This paper was also presented by Carolyn Gullery, General Manager, Planning & Funding and advised the Committee that a process has taken place after a decision by Cabinet that an Alliance framework will be used between DHBs and PHOs. The committee noted that a process has taken place resetting the PHO Services Agreement in accordance with an Alliance Framework.

Discussion took place regarding the sustainability of the Primary Care workforce to make this work and it was agreed that we need to build sustainability into this area.

Resolution (6/13)

(Moved: Lynette Beirne; Seconded: Kevin Brown - carried)

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.

10. GENERAL BUSINESS

Discussion took place regarding waiting times for GP appointments. The Committee noted that there are plans to address the recruitment issues in General Practice across the West Coast.

Elinor Stratford provided the Committee with an update on the National Disability Conference which she had attended.

The Committee noted that management intend to bring a plan to the Committee as to how disability can be addressed at this committee.

The Committee also noted that it is Bowel Cancer awareness week.

INFORMATION ITEMS

- Chair's report to last Board meeting
- Board Agenda 10 May 2013
- CPH&DSAC 2013 Work Plan
- West Coast DHB 2013 Meeting Schedule

There being no further business the meeting concluded at 10.20am.

Confirmed as a true and correct record:

Elinor Stratford
Chair

Date

COMMUNITY AND PUBLIC HEALTH UPDATE



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

SOURCE: Community and Public Health

DATE: 11 July 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)

July 2013

Health Impact and the Public Health Response to Major Job Losses in Small Communities

In November 2012 CPH West Coast requested a literature review from our Otago/Christchurch-based CPH Information Team. We were motivated to do so in the wake of the announcement of the closure of Solid Energy's Spring Creek mine. We were seeking information about what might be expected in terms of health and wellbeing impacts on the local community and any evidence about what public health and community responses might serve mitigate the adverse impacts.

The literature review has recently been completed. As well as reviewing the international literature, it also identifies a number of New Zealand case studies, including the effects of freezing works and mine closures. A number of themes regarding the impact this may have on our community were identified:

- The health and wellbeing of individuals and the wider community will suffer from large scale job losses
- Co-ordination of services across sectors is critical
- Each community is unique
- Community-driven response is a success factor in terms of mitigating adverse impacts
- Each community draws on its human, natural and organisational capital to respond to adversity and innate resilience can be supported and enhanced.

This review has already been provided to the current West Coast Mental Health Services Review, and will also be used to inform the Grey District Economic Development Strategy and other public health and community wellbeing responses as appropriate.

Annual Drinking Water Survey

CPH drinking water staff are about to embark on the Annual Drinking Water Survey for the West Coast. The survey is carried out each year and assesses the microbiological and chemical quality of water in New Zealand drinking-water supplies serving populations of more than 100 people, and progress towards meeting the requirements of drinking water legislation. The Health (Drinking Water) Amendment Act 2007 amended the Health Act 1956 and came into force in 2008. It included a number of duties for water suppliers, including taking all practicable steps to comply with the drinking-water standards. The annual survey assesses the level of compliance for each category of water supplier (large, medium, minor, and small) with sections 69S to 69ZC of the Health Act 1956, and the drinking-water standards. Smaller supplies have a longer timeframe to achieve compliance than larger ones. Environmental Science and Research (ESR) co-ordinates this testing, analyses the data and prepares an annual report.

The results of last year's survey were published in June as the Annual Report on Drinking Water Quality 2011-2012 and this report is available at <http://www.health.govt.nz/publication/annual-report-drinking-water-quality-2011-2012>. The West Coast has a high proportion of small water supplies and these are less likely to be microbiologically compliant. In the 2012 survey, only one of the nine water supplies in Buller was compliant with the bacterial standard. In the Grey District seven out of the nine supplies were compliant, as were five out of the ten supplies in the Westland District. Four supplies in Westland were compliant with the protozoal standard but none elsewhere. All West Coast supplies were compliant with the chemical standard.

CPH's drinking water staff continue to work with West Coast drinking water suppliers towards improving compliance and facilitate access to Ministry of Health capital assistance to do so where possible.

Local Alcohol Policy Development

As mentioned in our last report, the Buller, Westland and Grey District Councils decided at their monthly meetings in late April/May to support the development of a joint/uniform Local Alcohol Policy (LAP) for the West Coast. A meeting is being held at the Grey District Council on Wednesday 10th July to progress development of a draft LAP. This meeting will be attended by District Licensing Agency Inspectors and Council Managers, Police, the Medical Officer of Health and CPH staff who work in alcohol regulatory and health promotion roles.

Police will be presenting local data about alcohol-related offending. CPH staff will also present some of the available West Coast data on the health impacts of alcohol and the information obtained from the Community Alcohol survey carried out on the West Coast which had 1200 respondents. These data will help inform the development of the draft LAP conditions. Police and health data on alcohol harm will also be made publicly available as reports at a later date.

Alcohol Controlled Purchase Operation (CPO)

A CPO was carried out last week to test the off-licenses (bottle stores, dairies and supermarkets) in Greymouth regarding their compliance with the legal purchase age restriction for alcohol (18 and over). We are pleased to report that our 17 year old volunteer was not able to purchase alcohol at any of these outlets. These CPOs are a joint exercise between the Police and the liquor licensing staff of CPH. We also carry out CPOs in bars and clubs and our aims are to find that servers routinely ask anyone who looks under 25 for their proof of age identification and that no sales occur.

Despite our "no sale" last week alcohol is still easily obtained by underage people on the West Coast and elsewhere. We know that most alcohol is supplied to minors by someone they know. We also know that how much we drink is strongly influenced by price and availability and that youth are particularly price conscious. While some restrictions on availability may be partially achieved through LAP limitations on opening hours of on and off-licenses (including the alcohol section in the supermarket) and location of licensed premises, LAPs cannot have any effect on price, as they only cover matters related to licensing. The only new control over alcohol pricing introduced by the Sale and Supply of Alcohol Act 2012 is that it will be an offence to advertise or promote a discount on alcohol that leads people to believe that the price is 25% or more below the usual price. "In-store" price discounts will be exempt.

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

SOURCE: Planning & Funding

DATE: 11 July 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

- **Electives Health Target:** The Ministry has advised that the DHB met its Electives Health Target for the 2012/13 year with delivery of 22 cases ahead of our full-year target.
- May **B4 School Check** results show the West Coast DHB is on target overall for the year, and ahead of target for Māori.
- Achieved the **ED health target**, with 99.66% of people admitted or discharged within six hours during the financial year. The West Coast is leading the country in performance against this health target.
- West Coast continues to achieve the **cancer treatment health target**, with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks.
- The **secondary care smokefree health target** is tracking towards meeting target in Quarter 4 with an improvement of 4% for the month of May from the previous quarter.

*** Key Issues & Associated Remedies**

- 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.

① Upcoming Points of Interest

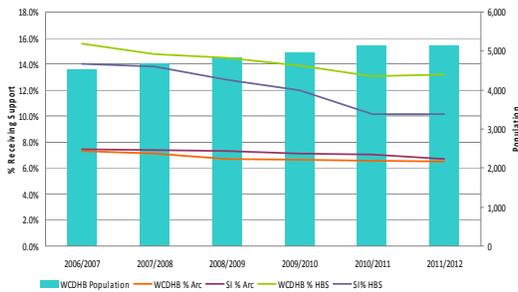
- Work on a new, **restorative homecare model** continues to be on track as part of the Complex Clinical Care Network (CCCN) project, with a variety of activity underway.

Report prepared by: Planning and Funding

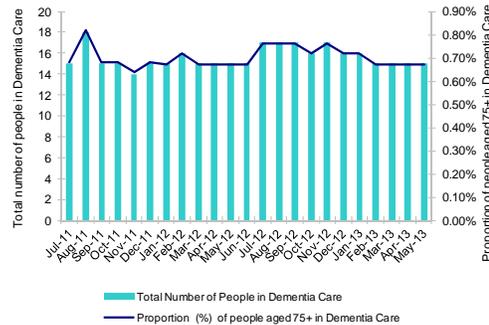
Report approved for release by: Carolyn Gullery, General Manager, Planning & Funding

Older Persons' Health

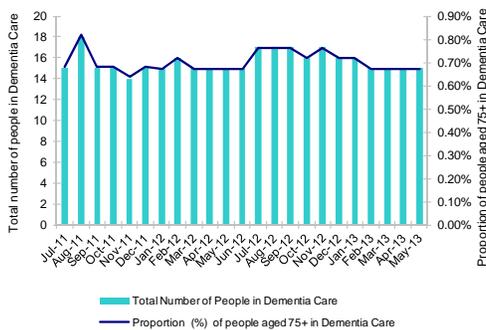
People 65+ Receiving Home-based support vs. in ARC



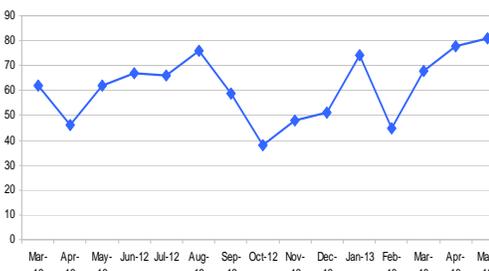
Proportion of people aged 75+ admitted in Rest Home level care



% of people aged 75+ in Specialist Dementia Care



Number of interRAI assessments completed



Comment [CG1]: These two graphs appear to be identical. Can we check

ACHIEVEMENTS / ISSUES OF NOTE

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

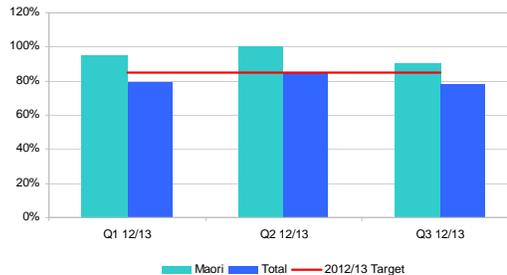
- The timeframe to complete the current backlog of referrals has been extended to 1st August 2013, and confirmation of the revised staffing levels as identified in the “Proposal for Service change” document will be extended to 30 August. As of 23 June, 183 of the 308 outstanding reassessments have now been completed.
- The single point of referral is an important mechanism for supporting the delivery of cohesive services in a community setting. It will help the Health Care Home to develop effective links with a wider range of health and social services, and it will help people with high levels of need to navigate their way through a complex array of professionals and organisations.
- A number of initiatives are being developed as part of the Health Care Home including a West Coast Community Rehabilitation, Enablement & Support Team (CREST) Service and Acute Demand Management Services (ADMS) with the CCCN being the single point of access and coordination.
- The Cognitive Impairment Pathway will be launched 2 July.

Child, Youth & Maternity

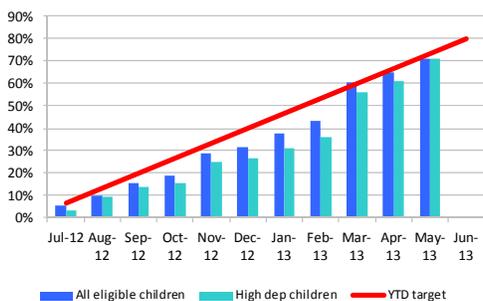
Acute medical discharge rates for children (age 0-14)



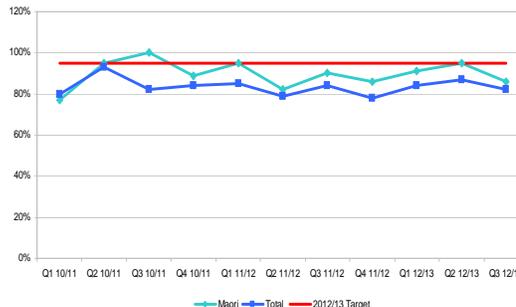
Immunisation HT: Eight-month-olds fully immunised



B4 School Check coverage



Two-year-olds fully immunised



ACHIEVEMENTS / ISSUES OF NOTE

Childhood immunisation: Progress continues with the position paper on immunisation services on the Coast as we strive to fully immunise all reachable children.

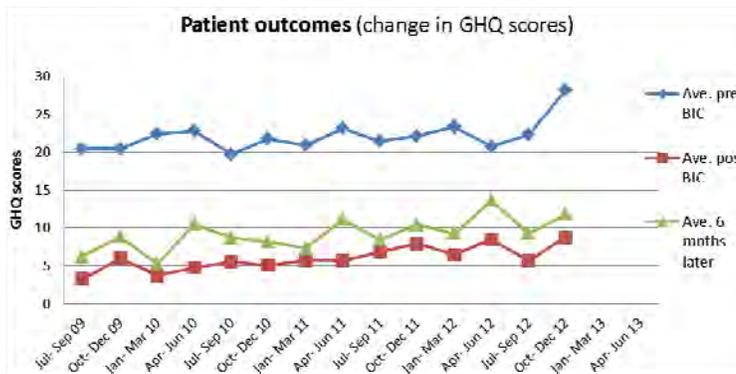
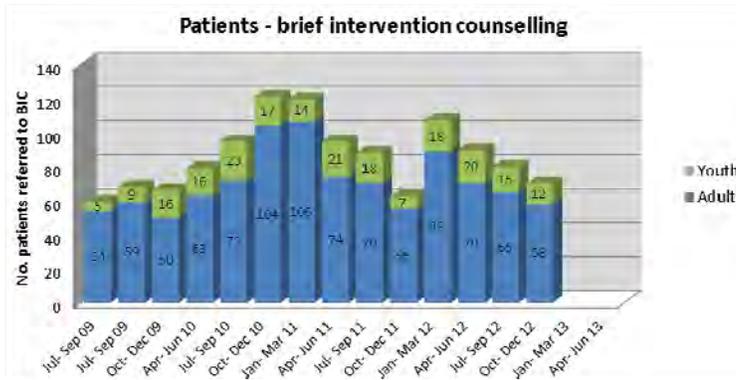
HPV vaccination: West Coast DHB is making good progress on HPV vaccination. Over 63% of eligible girls have received dose one. Of those who consented, 98% received the event.

B4 School Check: The Ministry’s May B4SC results show West Coast DHB is on target overall for the year with a pleasing increase in “High Dep” children checked, and the target for of Māori has been exceeded.

The Government Budget announcement of additional funding of \$7 million over four years to increase B4SC coverage from 80% to 90% of the eligible population resulted in additional funding being allocation to West Coast DHBs for 2013/14.

The Ministry’s geo-coding allocating system change over was completed successfully without affecting the data which supplies the information for determining deprivation quintile (which in turn impacts on funding).

Mental Health

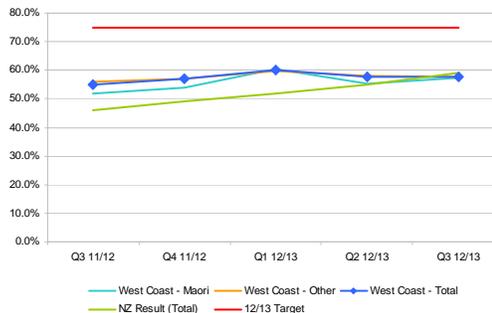


Primary Care & Long-Term Conditions

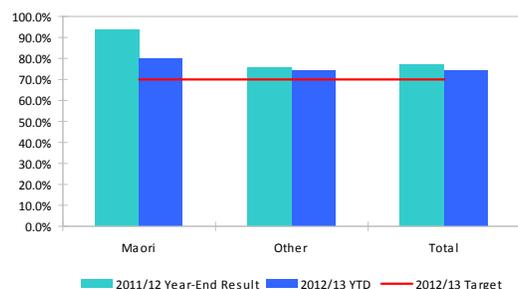
Primary Smokefree Health Target: Smokers attending primary care given advice & help to quit



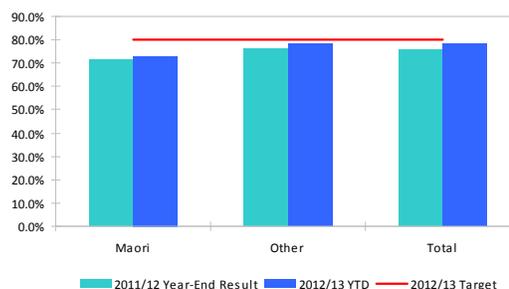
CVD Health Target: % of eligible PHO population having had a CVD risk assessment in the last 5 years



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: Quarter 4 data is not yet available. The installation of the Clinical Audit Tool into general practices has been delayed while IT solutions are being sought. The tool supports clinicians to improve data capture around this target by enabling them to more easily identify patients who do not have their smoking status coded.

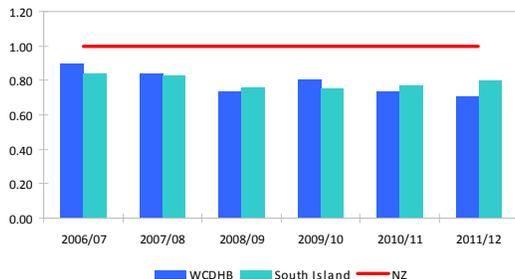
Maternity Smokefree Health Target: Starting Quarter 1 2013/14, there is going to be a new smokefree indicator for maternity - *progress towards 90% of pregnant women who identify as smokers at the time of confirmation of pregnancy in general practice or booking with a Lead Maternity Carer are offered advice and support to quit.* Data capture of this indicator has proven to be a challenge and work is currently underway at Ministry level and locally with maternity staff to ensure there is a mechanism for data to be captured and reported against, for example on the maternity booking form.

Local Alcohol Policy (LAP) Community Consultation: The Sale & Supply of Alcohol Act 2012 was passed on 18 December 2012. The LAP is a set of decisions made by a Territorial Authority (TA) in consultation with its community about the sale and supply of alcohol in their district. LAPs will give TAs much greater influence over decisions about liquor licensing in their districts and once in force must be considered when licence applications are decided. The three Territorial Authorities on the West Coast decided to support the development of a joint Local Alcohol Policy (LAP) for the West Coast.

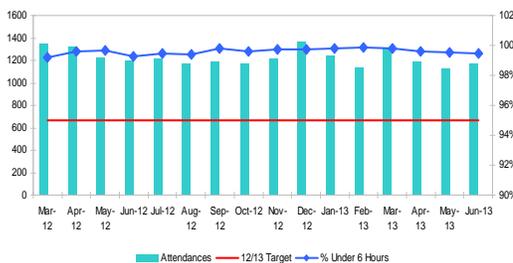
Community & Public Health has commissioned an 'Alcohol in the Community Survey' on the West Coast to get a representative sample of community views to inform the policies and rules on liquor licensing for the West Coast. The data from the survey is currently being analysed. Community & Public Health is also gathering statistical data about alcohol-related harms to inform the LAP.

Secondary Care & System Integration

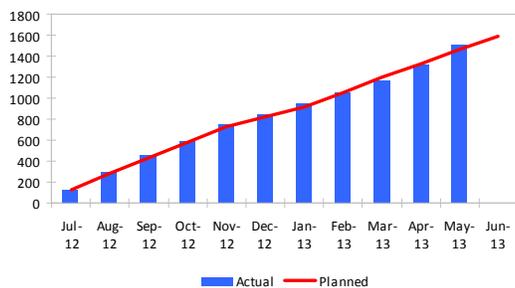
Acute Medical Discharge Rate



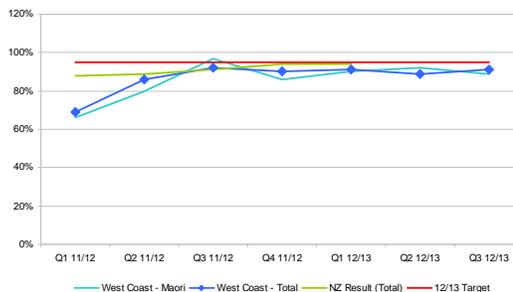
Emergency Department: Attendances & <6 Hours Health Target



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 continued to deliver on the Health Target of over 95% of people seen and admitted, discharged or transferred from Emergency Department services within 6 hours. Results for the financial year to 30 June 2013 show that 99.66% of patients were seen, treated and discharged within 6 hours; and 96.51% seen, treated and discharged 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) 31 May 2013.

Secondary Care Smokefree Health Target: Quarter 4 data is not yet available; however data to the end of May indicates that the 95% target will be met. Key actions undertaken in gaining the last few percentage points in reaching the smokefree health target included developing an on-site mandatory training option trialled in ED, with a strong focus on the clinical relevance of the target.

Electives Health Target: The Ministry, on 1 July, confirmed that the DHB met its Electives Health Target for the 2012/13 year with delivery of 22 cases ahead of our full year target. This number is provisional in that it may increase slightly when final counting is complete.

Funder Arm - Payments to External Providers Year-to-date May 2013						
SERVICES	Year to Date				2012/13 Annual Budget	
	Actual	Budget	Variance			
	\$000	\$000	\$000	%		
Primary Care						
Dental-school and adolescent	374	431	57	13%	✓	470
Maternity	0	27	27	98%	✓	20
Pregnancy & Parent	0	8	8	100%	✓	8
Sexual Health	9	30	22	71%	✓	33
General Medical Subsidy	27	42	15	36%	✓	46
Primary Practice Capitation	5,945	5,920	-26	0%	✗	6,458
Primary Health Care Strategy	79	132	53	40%	✓	144
Rural Bonus	868	871	3	0%	✓	950
Child and Youth	32	63	31	49%	✓	69
Immunisation	178	87	-91	-104%	✗	96
Maori Service Development	194	507	313	62%	✓	551
Whanua Ora Services	239	101	-138	-137%	✗	110
Palliative Care	125	195	69	36%	✓	214
Chronic Disease	81	187	106	57%	✓	204
Minor Expenses	129	123	-6	-5%	✗	134
	8,281	8,724	442	5%	✓	9,507
Referred Services						
Laboratory	181	252	70	28%	✓	269
Pharmaceuticals	7,123	7,467	344	5%	✓	8,129
	7,304	7,718	414	6%	✓	8,398
Secondary Care						
Inpatients	89	244	155	63%	✓	266
Travel & Accommodation	1,127	1,071	-56	-5%	✗	1,168
IDF Payments Personal Health	13,991	13,957	-33	0%	✗	15,226
	15,207	15,272	64	0%	✓	16,660
Primary & Secondary Care Total	30,792	31,714	920	3%	✓	34,565
Public Health						
Nutrition & Physical Activity	205	178	-27	-15%	✗	194
Public Health Infrastructure	59	67	8	11%	✓	73
Tobacco control	121	125	4	3%	✓	136
	385	369	-16	-4%	✗	403
Mental Health						
Eating Disorders	23	21	-2	-10%	✗	23
Community MH	586	719	133	18%	✓	773
Mental Health Work force	-4	8	12	152%	✓	8
Day Activity & Rehab	520	526	7	1%	✓	574
Advocacy Consumer	83	159	76	48%	✓	173
Advocacy Family	120	60	-60	-101%	✗	65
Minor Expenses	0	-10	-10		✗	0
Community Residential Beds	1,322	1,368	46	3%	✓	1,493
IDF Payments Mental Health	747	743	-4	0%	✗	811
	3,396	3,594	198	5%	✓	3,920
Older Persons Health						
Information and Advisory	-6.5	28	35	127%	✓	30
Needs Assessment	0.16	0	0		✗	0
Home Based Support	647	615	-32	-5%	✗	671
Caregiver Support	97	107	10	9%	✓	115
Residential Care-Rest Homes	2,186	2,557	371	14%	✓	2,739
Residential Care Loans	-47	-22	25	115%	✓	-24
Residential Care-Community	118	286	168	59%	✓	312
Residential Care-Hospital	3,889	3,515	-374	-11%	✗	3,828
Ageing in place	7	47	40	86%	✓	50
Environmental Support Mobility	65	120	55	46%	✓	132
Day programmes	95	88	-7	-8%	✗	97
Respite Care	98	141	43	31%	✓	154
IDF Payments-DSS	1,309	1,311	2	0%	✓	1,430
	8,458	8,792	334	4%	✓	9,533
Mental Health & OPH Total	11,854	12,385	531	4%	✓	13,453
Total Expenditure	43,032	44,468	1,436	3%	✓	48,421
Total Expenditure (excluding IDF's)	26,985	28,457	1,470	5%	✓	30,954

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

SOURCE: Acting General Manger, Primary & Community Services

DATE: 11 July 2013

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

This is a new report and will be presented to each Community and Public Health & Disability Support Advisory Committee meeting to provided the Committee with an update of activities in the Primary & Community Services area.

2. RECOMMENDATION

That the Committee
i notes the Primary & Community Services Update.

3. SUMMARY

Practice Management - DHB-Owned Practices: *Better Health Limited Partnership*

- As has been previously reported, a substantive agreement to support the management of West Coast DHB-owned general practices has been reached with *Better Health Limited*. This management contract provides an opportunity to build viable and vibrant DHB owned general practices on the West Coast. The partnership with *Better Health Limited* will lead to the establishment of a stable GP workforce, improved clinical, administration and recruitment systems and a heightened focus on the financial sustainability of practices. All of this is about better supporting primary care teams to deliver improved continuity of care for patients in general practice.
- Areas that *Better Health Limited* will immediately focus on include:
 - Recruitment of General Practitioners and Practice Managers (in partnership with West Coast and Canterbury DHBs' recruitment centre).
 - Training and development of seconded practice managers (being seconded West Coast DHB staff) until permanent Practice Managers are recruited.
 - Accounting and bookkeeping for the practices (with support from the West Coast DHB finance team).
 - Process documentation and improvement.
- It is pleasing to report that *Better Health Limited* have become very active very quickly inside DHB-owned practices. There is a growing body of evidence that issues are being rapidly identified and solutions brought to life, and the team are proving to be responsive to the needs of the practices.

8 Marlborough St [The corner house]

- This facility is working well for the clinical nurse specialist team, with them being able to consult with patients in a quiet environment.

- The Cancer Nurse Coordinator is established in her position and is working with GPs, the Central Booking Unit and consultants on Patient Pathways as a significant start to the role. The nurse attended "Beginning the Journey" Cancer Nurse Coordinators Forum at the Ministry of Health this week
- The Palliative Nurses will be attending the South Island Palliative Care forum in Christchurch. This will enhance the transalpine relationships among other aspects to the day.

Nancarrow Street

- The staff who have relocated to Nancarrow Street are still resolving parking and transport issues.

District Nursing

- This team is currently struggling with staff shortages. A recruitment process has been undertaken, but unfortunately the applicants are not available to take up positions until the end of August.
- The emerging Model of Care means a greater demand on the district nursing team, with their patient numbers growing each month. The team care for most palliative patients at home and also have a number of patients on intravenous antibiotics treated at home, thus removing the need for admission to hospital.
- We have just lost one of our nurses to the Greymouth position at Rata Te Awhina. It is planned that she will work closely with the CNS group as she will be dealing with chronic conditions primarily.

Buller

- Excellent progress has been made in securing locums for the Buller Health Medical Centre to meet demand over the July to September quarter and to replace the two long-term locums who will be leaving in early August. While the current focus is on recruiting doctors for the short to medium term, in the future the *Better Health Limited* team will focus on recruiting permanent doctors alongside the WCDHB / CDHB recruitment team.
- Staff are positive about *Better Health Limited's* involvement in practice management and they are actively exploring ways in which services for Buller residents can be improved.

Reefton

- GP cover remains a concern between 8 July and 12 August. A plan is in place and the Acting GM Primary and Community and *Better Health Limited* have been briefed. From 12 August cover is adequate through to the end of year. This will give *Better Health Limited* time to recruit GPs with Reefton Health needs in mind
- Advertising for a fourth Rural Nurse Specialist [RNS] at Reefton Health has commenced. Once an appropriate nurse has been employed and orientated, the RNSs will cover all after hours calls. This will reduce the need to have locum GP cover in the weekends, and making Reefton a more attractive option for GPs. It will also give the RNSs time to achieve key performance indicators such as long term condition management, cervical smears, smoking cessation, HEEDS assessments for Year 9 pupils at Reefton Area School [Decile 3], and focus on better health outcomes for the community.
- Advertising has begun for two Registered Nurses [RN] for the hospital wing. Unfortunately, two RNs resigned at the same time, both to positions in the North Island.
- Overall, FTE for Reefton Health for May is under budget.
- Performance Appraisals due will be completed at the end of August.
- Annual leave balances are generally low. The staff with high leave balances have plans in place to take leave.
- Standing Orders training for Rural Nurse Specialists is currently in progress, with the third session held in Westport on 26th June for the RNSs from Reefton, Ngakawau and Karamea.
- Residential Care residents remain at eleven hospital level and two rest home level. There has only one GP type inpatient over the past two months, people are kept at home as long as possible with input from the District Nurses and RNSs.

Report Prepared by: Karyn Kelly, Acting General Manager, Primary & Community Services

Approved for release by: Michael Frampton, Programme Director

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

SOURCE: Planning & Funding
Alliance Leadership Team

DATE: 11 July 2013

Report Status – For: Decision Noting Information

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Committee;
i. Notes the Alliance Update.

3. SUMMARY

PROGRESS OF NOTE:

- **DHB owned General Practice Management** – An agreement has been reached with Better Health Limited to support the management of West Coast DHB owned general practices. Areas of immediate focus for Better Health include the recruitment of General Practitioners and Practice Managers, training and development of seconded practice managers until permanent Practice Managers are recruited, accounting and bookkeeping for the practices (with support from the West Coast DHB finance team) and process documentation and improvement within each of the general practices.
- **Grey/Westland Integrated Family Health Services** – The Grey/Westland Integrated Family Health Services 2013-15 work plan was endorsed by the Alliance Leadership Team on 19 June 2013. This work plan outlines key deliverables that support service integration and improvement priorities identified in the 2013/14 Annual Plan and through the Grey Alliance Workshop (held in May 2013), including:
 - The development and implementation of community-based responses for patients at risk of deteriorating health;
 - Improving Maori patient and whanau experience of health care and support services across the West Coast;
 - The redesign of models of care within DHB owned general practices that support the health care home approach and lean thinking models;
 - The development of Integrated Family Health Centres/Services that support a sustainable and quality health system for the West Coast;
 - The integration of community nursing across district nursing, long-term conditions nursing with primary care;
 - The integration of allied health to a single service that is networked to allied health professionals in the community and primary care;

- The integration of mental health services across primary, community and secondary care;
- Localised *HealthPathways* that enable timely clinical decision making and seamless transition between services for patients; and
- The development of an integrated model of pharmacy on the West Coast.

The work plan allocates roles and responsibilities for Clinical Leaders and Project Managers. Planning is underway for the development of a Grey/Westland workstream to support and facilitate the implementation of the work plan.

- **Kaupapa Maori Nurse Appointments** – Rata te Awhina Trust, in partnership with the West Coast DHB, has successfully recruited into the Kaupapa Maori positions. The Kaupapa Maori Nurses will have a long-term conditions focus and will become part of the Integrated Family Health Services based in Westport, Greymouth and Hokitika. Each of the Kaupapa Maori Nurses are supported by a non-clinical Kaiarataki position.
- **Complex Clinical Care Network** – As outlined in the Planning & Funding report the restorative homecare model continues to be on track as part of the Complex Clinical Care Network (CCCN) project.
 - The single point of referral is an important mechanism for supporting the delivery of cohesive services in a community setting. It will help the Health Care Home to develop effective links with a wider range of health and social services, and it will help people with high levels of need to navigate their way through a complex array of professionals and organisations.
 - A number of initiatives are being developed as part of the Health Care Home including a West Coast Community Rehabilitation, Enablement & Support Team (CREST) Service and Acute Demand Management Services (ADMS) with the CCCN being the single point of access and coordination.
 - The Cognitive Impairment Pathway will be launched 2 July.
- **Alliance Leadership Team Membership** – Pam O’Hara was welcomed as a new member of the Alliance Leadership Team at the June meeting. Pam provides a Primary Mental Health perspective on the Alliance Leadership Team.

Report prepared by: Kim Sinclair-Morris, Planning & Funding

Report approved for release by: Stella Ward, Chair, Alliance Leadership Team

**COMMUNITY & PUBLIC HEALTH & DISABILITY
SUPPORT ADVISORY COMMITTEE MEETING
UPDATE 6 JUNE 2013**



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

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

DATE: 28 June 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 6 June 2013. Following confirmation of the minutes of that meeting at the 11 July 2013 meeting, confirmed minutes of the 11 July 2013 meeting will be provided to the Board at its 2 August 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 – 6 June 2013.

3. **SUMMARY**

ITEMS OF INTEREST FOR THE BOARD

- **Community & Public Health Update**

This paper detailed the promotions organised for “Smokefree May”.

It also provided information regarding a recent controlled tobacco purchase operation to monitor compliance by tobacco retailers. Fifteen tobacco retailers were visited during this operation. None of the retailers visited sold cigarettes to any of the underage volunteers.

Community & Public Health’s Health Promoting Schools Coordinator and Nutrition Coordinator presented to students at the Grey District Primary School about healthy eating. School staff had requested this as a focus on healthy eating during Term 2.

- **Planning & Funding Update**

The Planning & Funding Update provided information on key achievements of the DHB, particularly around the health targets.

The Committee noted that 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 activities underway.

They also noted that a panel with local and national expertise has been formed to review the West Coast Mental Health System and help to define a model of service delivery for the future.

- **Maori Health Activity Update**

This update provided information regarding Te Ara Whakawaiaora which will be tabled at the next National CEO forum. The paper sets out key opportunities and processes to advance performance against the annual Maori Health Plan indicators.

Information was also provided regarding the May 2013 Te Herenga Hauora Meeting which discussed how South Island DHBs could support Whanau Ora more effectively. This work will be progressed further at the next meeting in June.

The General Manager, Maori Health, presented the Kaizan Maori Health Workshop outcomes to the Alliance Leadership Team. The presentation was received positively and as a result some focused work is now taking place within the Complex Clinical Care Network and Diabetes pathways.

The Maori Health Annual Plan has been updated in line with feedback from the Ministry of Health and resubmitted as per deadlines. The final version of this plan is due to the Ministry on 29 June 2013.

- **Alliance Update**

Discussion took place regarding governance issues around the Alliance process and whether this gives a lot of responsibility to those making decisions within the Alliance framework. The Committee noted the importance of ensuring that governance are kept fully informed and that governance arrangements support this framework.

- **Health Target Results**

The Committee noted that whilst it is anticipated that the Health Targets will be met, the elective service target will be really tight.



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.

WEST COAST DISTRICT HEALTH BOARD MEETING
To be held at St John, Waterwalk Road, Greymouth
Friday 28 June 2013 commencing at 10.00am

KARAKIA		10.00am
ADMINISTRATION		10.05am
Apologies		
1.	Interest Register <i>Update Board Interest Register and Declaration of Interest on items to be covered during the meeting.</i>	
2.	Confirmation of the Minutes of the Previous Meeting <ul style="list-style-type: none"> ▪ 10 May 2013 	
3.	Carried Forward/Action List Items	
REPORTS		10.15am
4.	Chair's Update – Verbal Report	Dr Paul McCormack <i>Chairman</i> 10.15am – 10.25am
5.	Chief Executive's Update	David Meates <i>Chief Executive</i> 10.25am – 10.40am
6.	Clinical Leader's Report	Karyn Kelly <i>Director of Nursing and Midwifery</i> 10.40am – 10.50am
7.	Finance Report	Justine White <i>General Manager, Finance</i> 10.50am – 11.05am
8.	Health Target Results – Quarter 3	Carolyn Gullery <i>General Manager, Planning & Funding</i> 11.05am – 11.15am
9.	Revised PHO Services Agreement	Carolyn Gullery <i>General Manager, Planning & Funding</i> 11.15am – 11.25am
10.	Report from Committee Meetings	
-	CPH&DSAC <i>6 June 2013</i>	Elinor Stratford <i>Chairperson, CPH&DSAC Committee</i> 11.25am – 11.35am
-	Hospital Advisory Committee <i>6 June 2013</i>	Sharon Pugh <i>Chairperson, Hospital Advisory Committee</i> 11.35am – 11.45am
-	Tatau Pomanau <i>6 June 2013</i>	Elinor Stratford <i>Board Delegate to Tatau Pounamu</i> 11.45am – 11.55am
11.	Resolution to Exclude the Public	<i>Board Secretariat</i> 11.55am – 12noon

INFORMATION ITEMS

- Confirmed Minutes
 - CPH&DSAC Meeting – 10 May 2013
 - HAC Meeting – 10 May 2013
 - Tatau Pounamu Meeting – 10 May 2013
- 2013 Meeting Schedule

ESTIMATED FINISH TIME

12noon

NEXT MEETING

Friday 2 August 2013 commencing at 10.00am

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.