

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**

**20 March 2014
9.00am**

**Board Room
Corporate Office – Grey Base Hospital
GREYMOUTH**

**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 20 March 2014 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

28 November 2013.

3. Carried Forward/ Action Items

REPORTS/PRESENTATIONS

9.10am

4. Community and Public Health Update

Jem Pupich
Team Leader, Community and Public Health

9.10am - 9.25am

5. Draft Community & Public Health Plan 2014-15

Cheryl Brunton
Community & Public Health

9.25am – 9.40am

6. Planning & Funding Update

Ralph La Salle
Planning & Funding

9.40am – 9.55am

7. Maori Health Plan Update

Gary Coghlan
General Manager, Maori Health

9.55am – 10.05am

8. Health Target Report – Q2

Ralph La Salle
Planning & Funding

10.05am – 10.15am

9. Quarterly Performance Summary Q1

Ralph La Salle
Planning & Funding

10.15am – 10.25am

10. Alliance Update

Ralph La Salle
Planning & Funding

10.25am – 10.35am

11. Draft 2014 Committee Work Plan

Elinor Stratford
Chair

10.35am – 10.45am

**12. General Business
- Patient Journey**

Elinor Stratford
Chair

10.45am – 10.55am

ESTIMATED FINISH TIME

10.55am

INFORMATION ITEMS

- Board Agenda – 13 December 2013
- Chair's Report to last Board meeting
- Health Target Report Q1 and Appendices (*as provided to the Board on 13 December 2013*)
- West Coast DHB 2014 Meeting Schedule

NEXT MEETING

Date of Next Meeting: Thursday 1 May 2014

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 • Advisor MS/Parkinson West Coast • Disability Resource Trust - contracted to wind up this Organisation • Trustee, Disability Resource Centre, Queenstown • Elected Member, Arthritis New Zealand, Southern Regional Liaison Group
DEPUTY CHAIR John Vaile (Board Member)	<ul style="list-style-type: none"> • Director, Vaile Hardware Limited • Member of Community Patrols New Zealand
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). • Chair PHO Alliance
Lynnette Beirne	<ul style="list-style-type: none"> • Patron of the West Coast Stroke Group Incorporated • Member South Island Regional Stroke Foundation Advisory 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
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
Michelle Lomax (Board Member)	<ul style="list-style-type: none"> • Kawatiri Action Group – Past Member • Autism New Zealand – Member • West Coast Community Trust – Trustee • Buller High School Board of Trustees – Trustee • St John Youth Leader
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
Joseph Thomas (Board Member)	<ul style="list-style-type: none"> • Chief Executive, Development West Coast • The Canterbury Community Trust – Chair & Member • Canterbury Direct Investments Limited – Director • The Canterbury Community Trust Charities Limited – Director • Canterbury Trust House Limited – Director • Ngati Mutunga o Wahrekauri Asset Holding Company Limited – Chair • Motuhara Fisheries Limited – Director • Management South Limited – Director • Ngati Mutunga o Wharekauri Iwi Trust – Trustee • New Zealand Institute of Management Inc – Member (Associate Fellow) • New Zealand Institute of Chartered Accountants – C A, Member
Dr Paul McCormack Ex-officio (Board Chair)	<ul style="list-style-type: none"> • General Practitioner Member, Pegasus Health
Peter Ballantyne Ex-officio (Board Deputy Chair)	<ul style="list-style-type: none"> • Appointed Board Member, Canterbury District Health Board • Chair, Quality, Finance, Audit and Risk Committee, Canterbury DHB • Retired Partner, Deloitte • Member of Council, University of Canterbury • Trust Board Member, Bishop Julius Hall of Residence • Spouse, Canterbury DHB employee (Ophthalmology Department) • Niece, Juliette Reese, Coordinator/Administrator Medical Training Programmes, West Coast District Health Board

DRAFT
**MINUTES OF THE COMMUNITY AND PUBLIC HEALTH
AND DISABILITY SUPPORT ADVISORY COMMITTEE**
held in the Board Room, Corporate Office, Grey Base Hospital
on Thursday, 28 November 2013 commencing at 9.00am

PRESENT

Elinor Stratford (Chairperson); Lynette Beirne; Dr Cheryl Brunton; Mary Molloy; Robyn Moore; John Vaile; Peter Ballantyne (ex-officio); and Dr Paul McCormack (ex-officio – via video conference)

APOLOGIES

Apologies for absence was received and accepted from Kevin Brown, Jenny McGill and John Ayling.

EXECUTIVE SUPPORT

Carolyn Gullery (General Manager, Planning & Funding – via video conference); Dr Carol Atmore (Chief Medical Officer); Gary Coghlan (General Manager, Maori Health); Kathleen Gavigan (General Manager, Buller Health Services) and Kay Jenkins (Minutes).

WELCOME

The Chair welcomed everyone and asked Gary Coghlan to lead the Karakia.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

Lynette Beirne advised that she is Patron of the West Coast Stroke Group Inc and this should replace “President”.

Mary Molloy advised that she is now Chair of the West Coast Community Trust.

Declarations of Interest for Items on Today’s Agenda

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

Perceived Conflicts of Interest

There were no perceived conflicts of interest.

2. MINUTES OF THE PREVIOUS MEETING

Resolution (10/13)

(Moved: Cheryl Brunton; Seconded: Lynette Beirne - carried)

“That the minutes of the meeting of the Community and Public Health and Disability Support Advisory Committee held on 10 October be confirmed as a true and correct record” with the addition of Robyn Moore as an apology.

3. CARRIED FORWARD/ACTION ITEMS

Report regarding Disability plan to be added to carried forward list.

4. COMMUNITY & PUBLIC HEALTH UPDATE

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

This report provided the Committee with updates on: the Wellbeing Game; Grey New Food Growers Gardening Group and Fruit Trees at Uniting Church; The Westland Wilderness Trail; and Health Promoting Schools (HPS).

Discussion took place regarding nitrate levels and the Committee noted that due to water supplies more often being surface supplies bacterial problems are more of an issue than nitrates.

The Report was noted.

5. ALLIANCE UPDATE – QUARTERLY REPORT

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

This report provided an update of progress made around the West Coast Alliance.

The report also provided the Committee with information on the Complex Clinical Care Network (CCCN); Buller Integrated Family Health System; Pharmacy; Healthy West Coast and work being undertaken across the Alliance work streams

The update was noted.

6. MAORI HEALTH ACTIVITY REPORT

Gary Coghlan, General Manager, Maori Health, presented this report. He commented that generally the DHB is making some good headway. Additional work is taking place around cervical screening outside normal hours and on the weekends.

The Committee noted that the long term goal is very much about Whanau Ora. Whilst there are overarching ideas around this, essentially we will wrap a lot of things around whanau who will be central to what is taking place in their lives.

The report was noted.

7. PLANNING & FUNDING UPDATE

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

This report provided the Committee with an update on progress made on the Minister of Health's health and disability priorities and the West Coast DHBs Annual Plan key priority areas as follows:

Key Achievements

- The West Coast continues to perform well above the 95% **ED health target**; results for the year to 31 October 2013 show that 99.8% of patients were admitted, discharged or transferred within 6 hours - and 96.7% within just 4 hours.

- The West Coast has continued to achieve the **cancer treatment health target** throughout the first four months of the 2013/14 financial year, with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks.
- At the end of Quarter 1, West Coast **B4 School Check coverage** exceeded the year-to-date target of 25% for both the high deprivation group (26%) and for total checks (27%).

Key Issues & Associated Remedies

- 85% of eight-month-olds were fully immunised in Quarter 1– missing the new **immunisation health target** (90%) by just four children. A position paper to streamline immunisation events on the West Coast has been approved by the Alliance Leadership Team, and the implementation plan is now being developed.

Upcoming Points of Interest

- Implementation of a **restorative homecare model** as part of the Complex Clinical Care Network project continues to make progress. A recent development is the offer of a short period of goal-based rehabilitation to help clients improve their functioning and stay independent at home.
- Work continues on increasing integration to enhance responsiveness and flexibility of **mental health services** across the system. The findings of a recent stock-take against the national Mental Health and Addiction Service Development Plan will support this work.
- A joint publicity campaign by the West Coast DHB, PHO and Diabetes Society is being run in November to encourage people to become more active and to get checked for their **cardiovascular disease (CVD) and diabetes** risk. The campaign is designed to coincide with nationwide messages around national Diabetes Awareness Week and CVD risk.

Discussion took place regarding variances in home based support remuneration and the Committee noted that there is a move to a more case-mix funding model for these payments.

The report was noted

8. GENERAL BUSINESS

The Chair advised that members of the Community had raised with her concern around the number of suicides on the West Coast in recent times. The Committee noted that this was part of the background behind the commissioning of the Mental Health Review. They also noted that some areas do have a suicide prevention plan and that there is work taking place here on the West Coast to determine the need for such a plan.

INFORMATION ITEMS

- Chair's report to last Board meeting
- Board Agenda 23 October 2013
- CPH&DSAC 2013 Work Plan
- West Coast DHB 2013 Meeting Schedule

There being no further business the meeting concluded at 9.55am.

Confirmed as a true and correct record:

Elinor Stratford, Chair

Date

CARRIED FORWARD/ACTION ITEMS



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

COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE CARRIED FORWARD/ACTION ITEMS AS AT 20 MARCH 2014

	DATE RAISED	ACTION	COMMENTARY	STATUS
1.	22 August 2013	Alliance Leadership Team Presentation	The Committee requested a presentation on the role and membership of the Alliance Leadership Team.	Scheduled for 1 May 2014 Meeting.
2	22 August 2013	West Coast Disability Plan	A Disability Plan is to be developed and presented to the Committee.	To be scheduled in New Year
3	28 November 2013	Suicide Prevention Strategy	Management to report back on the need for a Suicide Prevention Strategy on the West Coast.	Update at today's meeting.

COMMUNITY AND PUBLIC HEALTH UPDATE



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

SOURCE: Community and Public Health

DATE: 20 March 2014

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

This report is a standing agenda item, 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)
MARCH 2014

Wildfoods Festival

Community and Public Health carried out alcohol monitoring at this year's festival along with Police, the Westland District Council liquor licensing inspector, security and festival organisers. CPH also monitored licensed premises in Hokitika and the local camp sites on Saturday evening. In addition, the Police and CPH conducted an alcohol controlled purchase operation (CPO) at the Festival and at licensed premises in Hokitika on Saturday. No sales were made to our under age volunteer.

This year's festival had a very positive atmosphere and more than 7,000 people attended. Our assessment of the event is that it was well run and that festival liquor outlets were taking their responsibilities under the Sale and Supply of Alcohol Act 2012 seriously. All had measures in place to check for intoxication and under age patrons. Later in the afternoon our monitoring found that levels of intoxication in the crowd were increasing and a decision was made to limit alcohol service. There were few problems with disorderly behaviour or people requiring treatment for intoxication at the event itself, though incidents of both occurred later in the evening in and around the town.

Downtown licensed premises were generally well run and we saw no major issues during our evening monitoring. We did visit the two camp sites at Sunset Point and Wadeson Island and observed a large number of intoxicated people at these sites, mostly young people. Campers can bring their own alcohol and situations like this are not regulated by the Sale and Supply of Alcohol Act 2012.

Final figures for the number of arrests and ambulance treatment and transfers in relation to the festival weekend are not yet available but these should be available by the date of the CPHAC/DSAC meeting.

Tobacco and Alcohol Controlled Purchase Operations (CPOs)

Tobacco and Alcohol CPOs are a strategy used to increase awareness of sales to under aged people and to test retailers' compliance with the law. Under aged volunteers, supervised by public health staff and Police, in the case of alcohol CPOs, attempt to purchase tobacco or alcohol. During January this year CPH conducted two tobacco CPOs. Six outlets in the Grey District were visited with no sales resulting. Fifteen outlets in the Buller District were also visited and one sale occurred. An infringement notice has been issued by the Ministry of Health for this sale.

Two alcohol CPOs have been carried out in the Westland District. One was associated with the Wildfoods Festival (see above) and the other was in the Westland district earlier in the year. At the Wildfoods Festival all liquor outlets at the event and downtown were tested and we are pleased to say that no sales were made. At the earlier CPO several premises were visited and one sale was made. This premises will now be dealt with through the new District Licensing Committee process.

The Police have indicated to us that they would like to increase the numbers of controlled purchase operations that are carried out and CPH will work in partnership with them to do this.

Drinking Water

Results of the Annual Report on Drinking Water Quality 2012-13

The Annual Report on Drinking Water Quality (Annual Survey) for the period 1 July 2012 to 31 June 2013 has just been released by the Ministry of Health. To meet the overall compliance with Drinking Water Standards for New Zealand (DWSNZ) a water supply must meet bacteriological, protozoal and chemical standards. The survey includes results for all networked drinking water supplies serving populations of 100 people or more. Nationally the proportion of the population receiving drinking water meeting bacteriological standards is 96.7% (3,684,000 people), protozoal standards 79.2% (3,017,000 people) and chemical standards 95.3% (3,361,000 people).

The results in the annual survey are divided into categories of water supply. On the West Coast these are medium drinking water supplies (5001-10,000 people); minor drinking water supplies (501-5000 people) and small drinking water supplies (101-500 people).

Overall compliance of the water supplies on the West Coast is significantly less than the national average, apart from the bacteriological compliance results for the Grey District.

- In the Buller District the proportion of the population receiving drinking water meeting bacteriological standards is 72% (4974 people), protozoal standards 0% (0 people) and chemical standards 100% (6953 people). No supplies provided drinking water met all the requirements of the standards.
- In the Grey District Council the proportion of the population receiving drinking water meeting bacteriological standards is 95% (11,774 people), protozoal standards 4% (500 people) and chemical standards 43% (5195 people). No supplies provided drinking water meeting all the requirements of the standards.
- In Westland District the proportion of the population receiving drinking water meeting bacteriological standards is 86% (4704 people), protozoal standards 76% (4176 people) and chemical standards 12% (639 people). Westland District Council has the only two drinking water supplies; Harihari (small) and Ross (small) which meet all the requirements of the standards.

Of concern is the on-going protozoal non-compliance in several water supplies that have had recent water treatment upgrade works which included treatment to meet protozoal compliance. In most cases, these have received Ministry of Health Capital Assistance Programme funding (see below) to do so. These include the Reefton (minor), Punakaiki (small) and Blackball (small) water supplies. Over the last annual survey year these new plant installations either had treatment or monitoring faults meaning full protozoal compliance was not able to be verified. During last year the Franz Josef (small) water supply was upgraded to achieve protozoal compliance and at present the Greymouth (medium) and Westport (minor) water supplies are also undergoing upgrade works. Full compliance for the latter two of the West Coast's largest supplies will not be expected to occur until the next 2014-15 Annual Survey year.

The full Annual Report on Drinking Water Quality (Annual Survey) is available at:

<http://www.health.govt.nz/publication/annual-report-drinking-water-quality-2012-2013>

Capital Assistance Programme (CAP) Applications for West Coast Drinking Water Supplies

The Ministry of Health operates a Capital Assistance Programme to provide financial assistance to communities to upgrade their water supplies. CPH's drinking water staff assist drinking water suppliers to make applications for this funding. CAP applications received this round (February 2014) for the West Coast are:

- Karamea (Stage 2, new supply bore, plant and reticulation), Buller District Council (small; 101-500 people).
- Inangahua Junction, Buller District Council (neighbourhood; 25-100 people)
- Waimangaroa, Buller District Council (small; 101-500 people)
- Kaiata, Grey District Council (new zone for Greymouth water supply; small; 180 people)

No CAP applications have been submitted by Westland District Council this year. The next and final round of CAP applications is due in February 2015. The final round is likely to be over-subscribed nationally.

Appetite for Life

Community and Public Health is currently running the 4th Appetite for Life (AFL) course for this reporting period. Appetite for Life is a weight management and healthy lifestyle programme delivered in groups. These courses have been offered in Greymouth, Hokitika and Westport. There has been a steady flow of referrals from local medical centres, Poutini Waiora and West Coast PHO programmes such as Green Prescription.

Community and Public Health assisted in training a second facilitator for the programme in Westport so that in future AFL can run independently of Community and Public Health. It is positive to see AFL reaching the wider West Coast population.

DRAFT 2014-15 PUBLIC HEALTH ANNUAL PLAN



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

SOURCE: Community and Public Health

DATE: 20 March 2014

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

Public Health Annual Plan generated as a ministry requirement.

2. RECOMMENDATION

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

- i. to endorse the draft WCDHB Public Health Annual Plan, 2014-15

3. SUMMARY

The draft WCDHB Public Health Annual Plan 2014-15 is prepared as a basis of the Community and Public Health (C&PH) contract with the Ministry of Health. While primarily focused on the work of C&PH, the scope of the Plan includes other relevant CDHB-funded activities. The Plan is structured around five core public health functions agreed by the Public Health Clinical Network.

4. DISCUSSION

This draft WCDHB Public Health Annual Plan has been prepared by Community and Public Health, with contributions from the West Coast PHO and the WCDHB Planning and Funding division.

The Plan is based on a template developed in 2012 by the South Island Public Health Services. The short-term outcomes and outcome indicators in the Plan are shared across the South Island. Other content is specific to each DHB.

The Plan covers relevant WCDHB-funded activities, in addition to those delivered by CPH, and as such also includes the West Coast PHO and divisions of the WCDHB in the responsibilities column.

The Plan has two functions:

1. as an appendix to the WCDHB Annual Plan 2014-15, as the WCDHB Public Health Annual Plan,
2. as the basis of the Community and Public Health contract with the Ministry of Health.

5. CONCLUSION

We are seeking Board endorsement of the draft Plan, which will be presented to the Ministry of Health as a first draft by 14 March and final draft by 26 May.

6. **APPENDICES**

Appendix 1: Draft WCDHB Public Health Plan 2014-15

Report prepared by: Annabel Begg, Public Health Specialist, Community and Public Health

Report approved for release by: Evon Currie, General Manager, Community and Public Health
David Meates, Chief Executive

West Coast District Health Board Public Health Plan 2014-15

Draft 11th March 2014



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

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1. WEST COAST DISTRICT HEALTH BOARD'S PUBLIC HEALTH PLAN FOR 2014–15

- West Coast DHB Aim: To provide a people-centred, single health system for the West Coast, that is integrated and visible.
- West Coast DHB Values:
 - Manaakitanga – caring for others
 - Whakapapa – identity
 - Integrity
 - Respect
 - Accountability
 - Valuing people
 - Whanaungatanga – family and relationships.
- This plan accompanies the West Coast DHB Annual Plan 2014-15 and [has been endorsed by the Board of the West Coast DHB].
- It describes public health services provided or funded by the WCDHB and its Public Health Unit, Community and Public Health.
- It describes key relationships with other agencies.
- The plan is based on a South Island planning template utilising the Core Public Health Functions framework (as agreed in the South Island Public Health Partnership plan).

Comment [AB1]: This content pending review by WCDHB CPHAC and Board

a. Our Public Health Service

Community and Public Health (a division of the Canterbury DHB) provides public health services throughout the West Coast DHB region, as well as within Canterbury and South Canterbury. Public health services on the West Coast are also provided through the Planning and Funding Division of the West Coast DHB and by the West Coast Primary Health Organisation. The plan focuses on the work of Community and Public Health, and also includes activities of Planning and Funding and the West Coast Primary Health Organisation, but does not cover non-DHB funded public health providers, such as non-government organisations, Māori and Pacific providers

The West Coast District Health Board serves a population of 32,150 people (up by 2.6% from 31,330 at the 2006 Census), spread over a large area from Karamea in the north to Jackson's Bay in the south (and Otira in the east) - as such, it has the most sparse population of the 20 DHBs in New Zealand. The population is spread across three Territorial Local Authorities (TLAs): Buller, Grey and Westland Districts.

- The West Coast population is slightly older than the rest of New Zealand, with a higher proportion of people aged over 65 (16.1% in 2013, which is up from 13.8% in 2006). This differs for the Māori population (more than one in ten West Coasters are Māori), which is younger overall. At the time of the 2006 Census, the West Coast population was more socioeconomically deprived than the total New Zealand population. For example, those in the most deprived groups (NZDep deciles 6 – 10) made up 61% of the West Coast population, compared with less than 50% of the total New Zealand population.¹
- The work of this plan is guided by the following public health principles:
 - a. focusing on the health of **communities** rather than individuals
 - b. influencing **health determinants**
 - c. prioritising improvements in **Māori health**
 - d. reducing **health disparities**
 - e. basing practice on the best available **evidence**
 - f. building effective **partnerships** across the health sector and other sectors
 - g. remaining **responsive** to new and emerging health threats.

¹ CPH Region NZDep2006 data by ethnic group. NZDep for the 2013 Census is not yet available.

b. Our Key Priorities

- West Coast DHB critical stress factors as specified for 2014-15, are:
 - Achieving the Minister's health targets
 - Managing our financial performance to achieve financial sustainability
 - Delivering better, sooner, more convenient health care
 - A 'Transalpine Approach'
 - Facility development and refurbishment
 - Provision of wrap-around services for older people.
- The five South Island DHBs have identified four strategic outcomes. The first of these outcomes is that: "People are healthier and take greater responsibility for their own health". The focus therefore is on "The development of services that better protect people from harm and support people to reduce risk factors, make healthier choices and maintain their own health and wellbeing".²
The vision for the future of the West Coast health system is of an integrated system that wraps care around the patient to support people to stay safe and well in their own homes and communities wherever possible.

c. Alignment with National and Regional Strategic Health Priorities

- This plan aligns with national and regional priorities and includes activities that support strategic health initiatives.
- The plan is aligned with and sits alongside the West Coast DHB Annual Plan and Statement of Intent 2014-15 and the WCDHB Māori Health Plan 2014-15. The plan contents reflect Government, Ministry of Health and WCDHB priorities. Community and Public Health activities are carried out under the public health service specifications as agreed by the Ministry of Health.
- The NZ Public Health and Disability Act lays out the responsibilities that DHBs have in ensuring Māori health gain as well as Māori participation in health services and decision making. The West Coast DHB works in partnership with Māori to reduce inequalities and improve the health status of Māori.
- The South Island Public Health Partnership is a collaboration of the three South Island Public Health Units (PHUs) – Nelson Marlborough (NMDHB), Community and Public Health (CPH) and Public Health South (Southern DHB). The partnership aims to facilitate the three PHUs working together – collaborating on leadership and sharing planning, resources and strategic work.
- Community and Public Health has statutory responsibilities under the Health Act 1956 that are conducted by Medical Officers of Health (MOsH), Health Protection Officers, and those acting under delegation from the MOH.
- Reporting against this plan will meet the requirements of the Ministry of Health reporting schedule and ISE (Information Supporting the Estimates of Appropriation) reporting as outlined in the planning and reporting package for 2014-15.

d. A Renewed Focus

- The five core public health functions agreed by the Public Health Clinical Network³ and included in the draft revised Ministry of Health Tier One Public Health Service Specifications are:
 1. Health assessment and surveillance
 2. Public health capacity development
 3. Health promotion
 4. Health protection
 5. Preventive interventions.
- This plan groups public health initiatives according to their primary public health function. However, the core public health functions are interconnected; core functions are rarely delivered individually. Effective public health service delivery generally combines strategies from several core functions to achieve public health outcomes in one or more public health issue or setting.
- The appendix outlines how public health strategies from a range of core functions are combined across the West Coast DHB to address priority health issues, and specifies targets for that work.

² West Coast DHB Annual Plan 2012-13, p. 14

³ Available at <http://www.cph.co.nz/Files/CorePHFunctionsNZ.pdf>

2. KEY RELATIONSHIPS

The Public Health work of the WCDHB involves partnership with many health and non-health agencies. Some key partners of Community and Public Health are listed below. Formal agreements are noted in parentheses.

Local authorities:

West Coast Regional Council
Buller District Council
Grey District Council
Westland District Council
District Licensing Agencies

Government agencies:

Alcohol Regulatory and Licensing Authority
Department of Conservation
Department of Internal Affairs
Environmental Protection Authority
Environmental Science and Research
Health Promotion Agency
Liquor Licensing Authority
Ministry of Business, Innovation and Employment
Ministry of Education
Ministry for the Environment
Ministry of Health
New Zealand Fire Service
New Zealand Police

Māori /Iwi agencies:

Te Runanga o Ngati Waewae
Te Runanga o Maakaawhio
Poutini Waiora

Educational institutions:

Education Facilities and Settings
Tai Poutini Polytechnic

West Coast DHB:

Infection Control Nurse Specialist, Grey Hospital
Falls Prevention Coalition
Grey Hospital Infection Control Committee
Immunisation Coordinator
Immunisation Advisory Group
Public Health Nurses
Rural Nurse Specialists
Clinical Board
CPHAC/DSAC
Child and Youth Health Committee

Non-government organisations/networks:

Action on Smoking and Health (ASH)
Active West Coast
Buller and Westland Sports Trusts
Buller Reap
Buller Interagency Forum
Cancer Society
Education West Coast
Family Planning Association
Heart Foundation
Healthy West Coast Governance Group (Terms of Reference, joint work plan)
Laboratories
Liaison on Alcohol and Drugs
Medical Centres
Mental Health Foundation
New Coasters
Smokefree South Island
Sport Canterbury West Coast
Te Rito network
West Coast Tobacco Free Coalition
West Coast Primary Health Organisation
West Coast Youth Workers Collective
West Reap

3. HEALTH ASSESSMENT AND SURVEILLANCE

“UNDERSTANDING HEALTH STATUS, HEALTH DETERMINANTS AND DISEASE DISTRIBUTION”

a. Strategies

- **Monitoring, analysing and reporting** on population health status, health determinants, disease distribution, and threats to health, with a particular focus on health disparities and the health of Māori.
- Detecting and investigating **disease clusters and outbreaks** (both communicable and non-communicable).

b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Performance measures (key measures of quantity or quality of activities)
Health assessment	Robust population health information available for planning health and community services	Availability of information for planning	Monitor, analyse and report on key health determinants, including: alcohol related harm smoking status (e.g. from ASH Year 10 data and 2014 Census and WCPHO reports). Develop health status reports and health needs analyses for specific populations as required. Develop disease-specific reports for conditions of concern, eg Pertussis. Contribute to related work of partner organisations, eg	CPH, P&F WCDHB and WCPHO CPH CPH	Number and accessibility of reports. Formal/informal feedback Number and accessibility of reports. Number and accessibility of reports. Quality of working relationship

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Performance measures (key measures of quantity or quality of activities)
			WCPHO and WCDHB through the Healthy West Coast Workstream.	CPH, WCPHO and WCDHB	No of meetings and records of meetings and outcomes (including joint planning processes and sharing of population health information).
	Improved public understanding of health determinants	Availability of information to public	Disseminate information in existing and dedicated reports (eg WCDHB Quality Accounts, WCDHB website, WCDHB Community Report, print, broadcast and social media).	CPH, WCDHB Communications Team and WCPHO	Number and nature of media reports.
Surveillance	Prompt identification and analysis of emerging disease trends, clusters and outbreaks	Timeliness and effectiveness of reports for identifying trends and outbreaks of concern	Review, analyse and report on communicable diseases data, including via web applications and written reports (eg Public Health Information Quarterly, weekly reports on notifiable diseases and influenza –May to September).	CPH	Number and accessibility of reports. Formal/informal feedback
			Produce disease-specific reports for communicable diseases of concern, eg Pertussis, other diseases causing outbreaks	CPH	Number and accessibility of reports. Formal/informal feedback
			Review, analyse and report on other disease data (eg alcohol-related harm, and diseases relevant to West Coast context).	CPH, P&F WCDHB	Number and accessibility of reports. Formal/informal feedback
			Contribute to the development of a SI Rheumatic fever register.	CPH, SI Partnership	Record of progress.

4. PUBLIC HEALTH CAPACITY DEVELOPMENT

“enhancing our system’s capacity to improve population health”

a. Strategies

- Developing and maintaining public health **information systems**.
- Developing **partnerships** with iwi, hapū, whānau and Māori to improve Māori health.
- Developing partnerships with Pacific leaders and communities to improve Pacific health
- Developing **human resources** to ensure public health staff with the necessary competencies are available to carry out core public health functions.
- Conducting **research, evaluation and economic analysis** to support public health innovation and to evaluate the effectiveness of public health policies and programmes.
- **Planning, managing, and providing expert advice** on public health programmes across the full range of providers, including PHOs, Planning and Funding, Councils and NGOs.
- **Quality management** for public health, including monitoring and performance assessment.

b. Outcomes and Activities table

	Short Term Outcomes (the results that we’re working towards)	Short Term Outcome Indicators (how we’ll monitor progress towards the results)	Activities (what we’ll do to get the result)	Responsibilities (who will do it and when)	Performance measures (key measures of quantity or quality of activities)
Public health information systems	Public health information accessible to public health, partner organisations and the public	Availability and accessibility of public health information	Review and maintain public health information systems (common file structure; databases; intranet, extranet and public websites, including Healthscape, SIPHAN, Health Pathways, HIIIRC, NIR; Community Health Information). Contribute to development and implementation of national,	CPH, P&F WCDHB and WCPHO CPH, WCPHO and WCDHB	Level of utilisation Completeness and currency of information Nature and effectiveness of systems, including degree of

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Performance measures (key measures of quantity or quality of activities)
			regional and local public health information systems, including West Coast STI Surveillance System.		integration.
Partnerships with iwi, hapū, whānau and Māori	Effective partnerships with iwi, hapū, whānau and Māori	Joint processes and initiatives	Take a whānau ora approach to working with local iwi, hapū, whānau and Māori around -health information and analysis -proposals and policies with health implications -health determinants and outcomes. Implement CPH Māori Health Plan.	CPH CPH (Māori Health Sub-Group)	No. of initiatives supported. Formal/informal feedback. Progress against plan.
Partnerships with Pacific and other ethnic leaders and communities	Effective partnerships with Pacific and other ethnic communities	Joint processes and initiatives	Work with local Pacific and other ethnic leaders and communities around -health information and analysis -proposals and policies with health implications -health determinants and outcomes. Contribute to WCDHB ethnic specific plans as appropriate.	CPH CPH, P&F WCDHB and WCPHO	No. of initiatives supported. Formal/informal feedback. Progress towards plan development/implementation.
Human resources	A highly skilled public health workforce	Workforce Development Plans Record of training opportunities (Training	Implement the CPH Workforce Development Plan, including promoting a focus on specific competencies and contributing to SI workforce development	CPH, SI Partnership	Training participation and feedback (for public health, other health sector and non-health staff).

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Performance measures (key measures of quantity or quality of activities)
		calendar)	and national networks. Explore/facilitate training for CPH staff in the Treaty, inequalities, Health in All Policies, Te Reo, Hauora Māori, and undergraduate and postgraduate study in public health as appropriate to staff development needs.	CPH	Formal/informal feedback. Extent of training recorded and evaluated.
Research, evaluation, economic analysis	Information available on priority public health issues and effectiveness of public health interventions	Research / evaluation reports and publications	Support public health research and evaluation, eg research into impacts of mine closures with a particular focus on improving Māori health and reducing health disparities.	CPH	Number and accessibility of reports. Formal/informal feedback
			Media releases about items of interest including Year 10 ASH data, alcohol trends, etc.	CPH	Number and impact of media reports.
			Pursue conference presentations and peer-reviewed publication where appropriate.	CPH	Number and impact of presentations and publications.
Planning and advising on public health programmes	Population health interventions are based on best available evidence and advice	Planning advice / reports	Develop reports and advice for health and non-health organisations to support robust public health interventions, with a focus on improving Māori health and reducing health disparities, including evidence reviews, needs assessments, GIS analysis.	CPH, P&F WCDHB and WCPHO, SI Partnership	Number and accessibility of reports. Formal/informal feedback Extent and impact of

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Performance measures (key measures of quantity or quality of activities)
			Contribute to national, regional and local public health infrastructure and supports, including Public Health Association, Health Promotion Forum, South Island Public Health Partnership, National Public Health Clinical Network, National Health Promoting Schools Group, New Zealand College of Public Health Medicine, Healthy West Coast Workstream, PASHANZ, West Coast Tobacco Free Coalition, Active West Coast, WCDHB Child & Youth Health Workstream and West Coast Immunisation Advisory Group.	CPH	contribution.
Quality management	A continuous improvement culture and robust quality systems for all public health work	Quality improvement plan and reports Accreditation results	Develop, implement and maintain the quality improvement plans including Internal Audit Plan and provision of information, training and support to staff. Present annual quality report to CPH Divisional Leadership Team (DLT). Contribute to the WCDHB organisation-wide quality programme. Maintain IANZ accreditation of	CPH CPH CPH	Plans approved and progress reported , eg review of policies and procedures Progress against improvements and recommendation log. Progress towards quality programme.

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Performance measures (key measures of quantity or quality of activities)
			drinking water unit.	CPH/SIDWAU	Accreditation maintained.
	Effective regional delivery of public health core functions	Reports of South Island Public Health Partnership	Contribute to management and work groups as per <i>South Island Public Health Partnership Plan 2012-15</i> : SI Public Health Analysts Network SI Alcohol Workgroup SI Workforce Development Plan Issues-specific work groups e.g. Sustainability, Tobacco, Communicable diseases protocols Management group	CPH	Progress against plans Partnership evaluation

5. HEALTH PROMOTION

a. Strategies

- Developing public and private sector **policies** beyond the health sector that will improve health, improve Māori health and reduce disparities.
- Creating physical, social and cultural **environments** supportive of health.
- Strengthening **communities' capacity** to address health issues of importance to them, and to mutually support their members in improving their health.
- Supporting **people to develop skills** that enable them to make healthy life choices and manage minor and chronic conditions for themselves and their families.
- Working in **partnership with other parts of the health sector** to support health promotion, prevention of disease, disability, injury, and rational use of health resources

b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Performance measures (key measures of quantity or quality of activities)
Policy	Policies and practices within and beyond the health sector that will improve health, improve Māori health, and reduce disparities	New and reviewed strategies, plans and policies reflect health priorities	Develop and make available resources to support health impact assessment (HIA) and a "health in all policies" (HiAP) approach Support health and non-health sector staff with appropriate tools and customised advice to support a HiAP approach, eg the IRPG (Integrated Recovery Planning Guide), Te Pae Mahutonga, HPSTED etc. Ensure these tools are available to all	CPH (Policy) CPH (Policy)	Record of contributions and their impact. Record of contributions and their impact.

"ENABLING PEOPLE TO INCREASE CONTROL OVER AND IMPROVE THEIR HEALTH"

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Performance measures (key measures of quantity or quality of activities)
			<p>partner agencies and support their implementation.</p> <p>Support settings (workplaces, sports clubs, schools) to develop policies which support health.</p> <p>Engage with and co-ordinate efforts of key external agencies, including local iwi, to identify and support HiAP opportunities, including relevant Ministry of Education initiatives, housing, community resilience & wellbeing in response to mine closures.</p> <p>Develop joint work plans with a range of stakeholders.</p> <p>Support and coordinate development of WCDHB and regional position statements and submissions on public health issues.</p>	<p>CPH</p> <p>CPH</p> <p>CPH</p> <p>CPH, SI Partnership (Population Health Information)</p>	<p>Training opportunities, participation, and feedback</p> <p>Record of contributions. Formal/informal feedback</p> <p>Formal/ informal feedback, including evaluation of joint work plans.</p> <p>Number and impact of position statements and submissions</p>
Social environments, media	Communities educated and aware of health issues and healthy choices and behaviours	Communications Plan, record of campaigns and information delivered	<p>Develop and implement CPH public health communications plan.</p> <p>Deliver relevant and timely public health information and campaigns (including World Smokefree Day, Mental Health Awareness Week, National Heart</p>	<p>CPH</p> <p>CPH, WCDHB ,WCPHO and Poutini Waiora</p>	<p>Progress against plan.</p> <p>No .and type of public health messaging distributed. Evaluation of reach and impact of individual campaigns.</p>

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Performance measures (key measures of quantity or quality of activities)
			Week. Matariki, Waitangi Day and Ask the Professional columns in the Messenger)		
Education settings	ECECs, schools and tertiary settings that support healthy choices and behaviours	Education settings evaluation reports	<p>Develop and support health promoting schools initiatives reflecting national strategic direction and guided by the draft service specification 2013/14.</p> <p>Support school initiatives that meet health and wellbeing needs identified by the school such as promoting student voice, healthy lifestyles and environments, emotional and mental wellbeing, improved attendance, hygiene, and whanau engagement</p> <p>Work with young people to encourage healthy choices e.g. Smokefree, alternatives to alcohol.</p> <p>Support schools with information about alcohol and sexual health especially prior to the school balls being held.</p> <p>Continue to develop the Good Memories No Regrets campaign, raising awareness of safe sex and safe drinking.</p>	<p>CPH, WCDHB PHNs</p> <p>CPH</p> <p>CPH</p> <p>CPH</p> <p>CPH</p>	<p>Number of Schools engaged and with action plans developed.</p> <p>Number of schools engaged in the stages of HPS inquiry</p> <p>Information entered into National HPS Database as required.</p> <p>Number of completed evaluations using the template set out in the National HPS framework.</p> <p>Electronic and hard copy distribution of HPS magazine</p> <p>Uptake of health messages in school newsletters.</p> <p>Record of presentations.</p> <p>Outcomes entered into Healthscape.</p>

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Performance measures (key measures of quantity or quality of activities)
Workplaces	Workplaces that support healthy choices and behaviours	Workplace initiatives and evaluation reports	Work with priority workplaces to develop health promoting workplaces. Work with workplaces to encourage smoking cessation among staff.	CPH CPH and WCPHO	No. of workplaces engaged. Outcomes of workplaces initiatives. Number of referrals. Number of quit attempts.
Marae and Other Māori Settings	Marae and other Māori settings that support healthy choices and behaviours	Marae other Māori settings' initiatives and evaluation reports	Work in a whānau ora approach with Māori in settings to support healthy choices and make healthy lifestyle changes. Settings include: Kohanga Reo, Marae and Poutini Waiora.	CPH	No. of Māori settings worked with. No. of initiatives supported and evaluated ie: Appetite for Life, Auahi Kore, alcohol harm reduction.
Other community settings	Other community settings that support healthy choices and behaviours	Setting initiatives and evaluation reports	Work with event organisers and other community groups to develop health promoting settings e.g. Waitangi Day, Relay for Life, Waka Ama Festival, Kapa Haka festival. Support active transport through advocacy and membership on the WC Regional Transport Committee, West Coast Road Safety Committee. Support initiatives such as Bikewise, bike to work day and walk to work day. Identify ways of working with early childhood centres to promote Smokefree lifestyles.	CPH, WCDHB, WCPHO and Poutini Waiora CPH, WCDHB CPH, WCDHB and WCPHO	No of events supported Evaluation findings. Meetings attended and opportunities of change recorded. No of initiatives recorded and evaluated.

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Performance measures (key measures of quantity or quality of activities)
Community capacity	Communities able to address health issues of importance to them	Changes achieved by community partnerships	Support communities to address priority issues, including community engagement initiatives and development of sound health promotion projects, eg community resilience & wellbeing in response to mine closures, supporting delivery of the Prime Minister's Youth Mental Health initiative. Encourage community members to participate in submission-making process.	CPH, WCDHB and WCPHO CPH	Record of new networks established or linked into. No of initiatives supported and evaluated. No of groups engaged. No of submissions made.
Individual skills	People with skills to enable healthy choices and behaviours	ABC coverage in primary and secondary care. Smoking quit rates Evaluation of other initiatives	Maintain ABC coverage in primary and secondary care including quit card, hospital cessation service and Coast Quit. Deliver Aukati Kai Paipa as per the MoH contract. Develop and deliver other lifestyle intervention support (eg Appetite for Life, Green Prescription, fall prevention programmes, breastfeeding support, cooking programmes). Support mental wellbeing initiatives. Support delivery of the Prime Minister's Youth	WCDHB, WCPHO and CPH CPH CPH, WCDHB, WCPHO and Poutini Waioara CPH, WCPHO (Primary Mental Health Team) and other WCDHB Teams/Services (e.g. Oral Health,	Sustained quit attempt rates MoH targets met. AKP contract specifications met. Numbers of interventions made and evaluated. Number of participants Community linkages engaged with – e.g. Homebuilders, Salvation Army. Level of access to services Awareness of Five Ways to

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Performance measures (key measures of quantity or quality of activities)
			Mental Health initiative. Deliver safe sexual health training and resources to priority groups.	Mental Health) CPH, Family Planning, WCDHB	Wellbeing No. training sessions delivered
Healthcare settings	Hospitals and community healthcare settings that support healthy choices and behaviours	Healthcare initiatives and evaluation reports	Work with hospital and community healthcare providers to develop health promoting settings (eg promoting active transport, Smokefree and healthy food availability).	CPH, WCPHO and WCDHB	No of initiatives supported recorded and evaluated.

DRAFT

6. HEALTH PROTECTION

“protecting communities against public health hazards”

a. Strategies

- Developing and reviewing public health laws and regulations⁴.
- Supporting, monitoring and enforcing compliance with legislation.
- Identifying, assessing, and reducing communicable disease risks, including management of people with communicable diseases and their contacts.
- Identifying, assessing and reducing environmental health risks, including biosecurity, air, food and water quality, sewage and waste disposal, and hazardous substances.
- Preparing for and responding to public health emergencies, including natural disasters, hazardous substances emergencies, bioterrorism, disease outbreaks and pandemics.

b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Performance measures (key measures of quantity or quality of activities)
Communicable disease control	Reduced incidence of notifiable diseases Reduced incidence of influenza	Notifiable diseases and influenza rates and trends Outbreak rates and trends	Investigate cases and contacts as per protocols and Communicable Disease Control Manual 2012, including timely identification and investigation of notifiable diseases and outbreaks. Quality data entry in EpiSurv in a timely manner.	CPH, WCDHB (PHNs, RNSs and Infection Control Service) CPH	Disease rates (as compared with previous years). Data quality as outlined in the ESR Annual Data Quality Report. Statistics as outlined in the ESR

⁴ Public health legislation covers a wide variety of issues, including communicable disease control, border health protection, food quality and safety, occupational health, air and drinking water quality, sewerage, drainage, waste disposal, hazardous substances control, control of alcohol, tobacco and other drugs, injury prevention, health information, screening programmes, and control of medicines, vaccines and health practitioners.

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Performance measures (key measures of quantity or quality of activities)
			<p>Investigate outbreaks as outlined in the Outbreak Response Procedure and ESR guidelines</p> <p>Contribute to the development of shared South Island protocols. Provide public information and advice, including promoting immunisation and hand hygiene and condom distribution. Work with priority settings and communities to increase immunisation and improve infection control.</p> <p>Provide vaccinator and programme authorisations as per Medicines Regulations</p> <p>Contribute to development and implementation of SI Rheumatic Fever Prevention Plan (reported through SI Public Health Partnership via CD protocols group).</p>	<p>CPH, WCDHB (PHNs, RNSs and Infection Control Service)</p> <p>CPH</p> <p>CPH, WCDHB Infection Control Committee, WCDHB Immunisation Advisory Group</p> <p>CPH</p> <p>CPH</p> <p>SI Partnership (Communicable Disease Protocols Group)</p>	<p>Annual Data Quality Report and Annual Outbreak Report.</p> <p>Outbreaks controlled</p> <p>Progress against Outbreak Debrief Report action points.</p> <p>Number and impact of shared protocols.</p> <p>Number of media releases and promotional opportunities undertaken</p> <p>Records of (intra WCDHB and interagency) meetings attended/settings worked with.</p> <p>Impact of contribution as evidenced by meeting minutes.</p> <p>Documented numbers of authorised vaccinator & programme applications and approvals.</p> <p>Progress against Plan.</p>
Drinking water quality	Improved water quality and protection measures in community drinking water	% of minor, medium and large community supplies	Support local authorities to maintain catchment protection	CPH/SIDWAU	Record of interactions with suppliers concerning their legislative obligations (in

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Performance measures (key measures of quantity or quality of activities)
	supplies	complying with DWS % of minor, medium and large community supplies with approved and implemented Water Safety Plans.	Review and prioritise all community supplies and work with prioritised communities and TLAs and regional bodies to improve water quality. Carry out functions and duties of a DWA as defined under the Health Act. Undertake Annual Survey Ensure water carriers are registered. Respond to high-risk transgressions.	CPH CPH CPH CPH CPH	SIDWAU filing system). DWA activities completed within legislative time frames Annual survey data delivered by required date. Record of registration Record of responses and outcomes
Sewage	Less disease caused by human contact with sewage	Sewage-related outbreaks Environmental contamination events	Work with councils to promote and ensure safe sewage disposal. Work with councils to manage risks of unplanned contamination events. Liaise with councils to provide public advice on safe sewage disposal, sewage overflows, and waterways contamination.	CPH CPH CPH	Record of external meetings attended and agreed actions. Record of contribution. Record of contribution.
Recreational water	Less disease caused by contamination of beach, river and lake water	Waterborne disease outbreaks Beach and river water gradings	Agree recreational water protocols with councils annually and monitor implementation. Work with councils to provide public information and advice,	CPH CPH	Agreed protocol in place Number of media releases

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Performance measures (key measures of quantity or quality of activities)
			including health warnings and media releases.		produced in relation to RW including micro quality and algal bloom events.
Housing	Less disease caused by inadequate housing	Housing quality improvements	Work with national, local and community organisations to ensure warm and dry housing, especially for vulnerable groups (including identification and referral of vulnerable households).	CPH, WCDHB P&F and WCPHO	Actions and/or outcomes from key housing stakeholder meetings/interactions reflect public health input.
Resource management	Regional and local council resource management practices and decisions reflect health priorities	Evaluation of council decisions, implementation and enforcement Air quality monitoring results	Work with councils to ensure health issues are identified and considered in RMA processes. Assess and submit on consent applications. Work with stakeholders to identify and address potential health issues	CPH CPH CPH	Number of applications assessed (scoped) Number of submissions made. Number of hearings where evidence presented. Number of decisions reviewed. Record of external meetings attended and agreed actions. Record of formal advice given.
Hazardous substances	Public protected from exposure to hazardous substances	Reports of public exposure	Work with councils and other agencies to reduce public exposure to hazardous substances, including responding to hazardous substance emergencies and complaints. Conduct investigations where required. Provide public information and advice.	CPH CPH	Record of external (including HSTLC) meetings attended and agreed actions. Record of formal advice given. Number and outcome of investigations. Record of advice given, including

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Performance measures (key measures of quantity or quality of activities)
			Process applications for application of vertebrate toxic agents under HSNO legislation. Conduct field audits of VTA activity where appropriate.	CPH CPH CPH	website utilisation. Number of VTA applications processed. Number and outcome of audits.
Early childhood education centres	Health hazards reduced in ECECs	Compliance with ECC Regulations, including infection control and lead exposure	Visit, assess and provide advice to ECECs. Work with councils to ensure appropriate placement of new ECECs.	CPH CPH	Number of ECECs assessed in terms of meeting requirements of ECC 1998/ 2008 Regulations. Number of meetings held with MoE and TAs.
Emergency preparedness	WC districts prepared for emergencies impacting on public health	Effective emergency responses as required	Develop and maintain emergency plans. Deliver CIMS in Health training to new staff and refresher training to established personnel. Participate in Public Health exercise with Public Health South and Nelson/Marlborough Public Health. Contribute to the development of an integrated South Island Public Health Business Continuity Plan.	CPH, WCDHB, WCPHO CPH CPH CPH	Emergency plans are current. Record of training. Performance against exercise performance measures. Progress towards plan completion, implementation.
Sustainability	Greater understanding of and action on sustainability	Evidence of increased awareness and development of sustainable	Raise awareness regarding sustainability and climate disruption, including both	CPH	Evidence of activity to improve understanding of sustainability and to promote sustainable

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Performance measures (key measures of quantity or quality of activities)
		approaches within our DHBs and partner organisations.	adaptation and mitigation strategies.		practices
Tobacco	Reduced tobacco sales, especially to minors Reduced exposure to second-hand smoke	Retailer display compliance at inspection. Retailer compliance during controlled purchase operations. Number and nature of workplace complaints.	Respond to public complaints. Complete education visit/compliance check prior to CPO/complaint. Inspect retailers and licensed premises for compliance in response to complaints. Conduct controlled purchase operations. Provide public and retailer information and advice	CPH CPH CPH CPH CPH	% complaints responded to within 5 days. % of retailers inspected. % of licensed premises inspected. Number of CPOs conducted. CPO compliance. Record of advice, information given.
Alcohol	Less alcohol-related harm	ED presentations Police data (violence, road traffic crashes) Retailer compliance during controlled purchase operations	Set up ED alcohol data collection system. Monitor licensed premises. Inquire into all on- , off-, club, and special licence applications and provide Medical Officer of Health reports to DLC where necessary. Conduct controlled purchase operations. Contribute to training of Duty Managers	WCDHB, CPH CPH CPH CPH	Progress towards establishing system. Number of licensed premises monitored. Number of licence applications processed and percentage processed within 15 working days. Number of CPOs conducted. Number of premises visited during CPO. CPO compliance. Record of contribution.

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Performance measures (key measures of quantity or quality of activities)
			<p>Work with Police and DLC to support community alcohol initiatives, eg alcohol accords.</p> <p>Support councils' implementation of Local Alcohol Policies (LAP's).</p> <p>Work with event organisers, eg for Wildfoods Festival, to encourage development of Event Management Plans.</p> <p>Work with SI Public Health Partnership to facilitate the development of DHB Alcohol Harm Reduction Strategies with associated outcomes frameworks and indicators.</p>	<p>CPH</p> <p>CPH</p> <p>CPH</p> <p>CPH, SI Partnership (Alcohol Workstream)</p>	<p>Record of meetings attended and agreed actions.</p> <p>Health impacts of Local Alcohol Policies.</p> <p>Record of meetings, number of plans in place.</p> <p>Progress against workplan.</p>
Other psychoactive substances	Improved compliance with Psychoactive Substances Act 2013	Retailer compliance during controlled purchase operations	Work with police and other agencies to undertake regulatory activities in line with the Psychoactive Substances Act 2013 and Regulations	CPH	<p>Number of licensed retail premises assessed for compliance.</p> <p>Number of premises visited during Controlled Purchase Operations.</p> <p>CPO compliance</p>
Other	Public protected from other health hazards	Evidence of harm to public	Undertake other regulatory health protection work using a risk-based approach, including six-monthly inspections of solarium as per May 2012 request.	CPH	<p>Record of external meetings attended and agreed actions.</p> <p>Record of formal advice given.</p> <p>Number of documents reviewed.</p> <p>Number of decisions reviewed.</p>

7. PREVENTIVE INTERVENTIONS

a. Strategies

- Developing, implementing and managing **primary prevention programmes** (targeting whole populations or groups of well people at risk of disease: eg immunisation programmes).
- Developing, implementing and managing population-based **secondary prevention programmes** (screening and early detection of disease: eg. cancer screening).

b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Performance measures (key measures of quantity or quality of activities)
Immunisation	Increased immunisation coverage, especially for priority groups	Immunisation rates	Immunisation coordination - work strategically to improve immunisation coverage especially for tamariki and rangatahi. Immunisation promotion eg Pertussis vaccination among frontline healthcare workers, immunisation within ECECs and schools. Immunisation delivery.	CPH, WCDHB (P&F, PHNs, RNSs, WCDHB Immunisation Advisory Group) and WCPHO CPH, WCDHB (Communications Team, PHNs and Outreach Co-ordinator) and WCPHO WCPHO, WCDHB (Outreach Co-ordinator, PHNs, RNSs)	Record of initiatives. Formal/informal feedback. Record of promotion initiatives and outcomes. Record of delivery initiatives and outcomes.
Lifestyle interventions	Systematic identification of and response to risk factors	Completeness of practice and hospital information on smoking, alcohol intake, and physical activity	Work with the Maternity Quality and Safety Programme to enhance coverage and effectiveness of Smokefree ABC	WCDHB, WCPHO, CPH	Record of progress

"population programmes delivered to individuals"

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Performance measures (key measures of quantity or quality of activities)
			<p>interventions with pregnant women who smoke.</p> <p>Implement the ABC Smoking Cessation Strategy in primary care and the community.</p> <p>Meet the smokefree health target.</p> <p>Meet PPP smoking targets, including smoking status documentation and delivery of brief advice and cessation support to smokers.</p> <p>Deliver Coast Quit smoking cessation initiatives.</p>	<p>WCDHB, WCPHO, CPH</p> <p>WCPHO, WCDHB</p> <p>WCPHO, WCDHB</p> <p>WCPHO</p>	<p>Number of practices provided with ABC training.</p> <p>Health Target Quarterly Report</p> <p>PPP Quarterly Reports.</p> <p>Quarterly report to WCDHB Smokefree manager, including enrolments in cessation programmes.</p>
Screening and early detection	Early detection of cancer	Coverage rates for cervical and breast cancer screening	<p>Participate in Cervical Screening Strategic and Working Groups to develop regional strategies to increase uptake.</p> <p>Maintain current levels of uptake of breast screening through a planned approach.</p>	<p>WCPHO, WCDHB</p> <p>WCPHO, WCDHB</p>	<p>Record of strategies and outcomes.</p> <p>Record of strategies and outcomes.</p>
	Early detection of diabetes and cardiovascular disease	Coverage of diabetes and CVD screening programmes	Promote CVD risk assessments and diabetes screening in primary care settings and the community to increase uptake.	WCPHO, WCDHB	<p>Quarterly report on utilisation.</p> <p>Numbers, age group, ethnicity and conditions identified.</p>

8. GLOSSARY/DEFINITIONS

ABC – Ask; Brief Advice; Cessation support. A memory aid approach to smoking cessation for health practitioners.

ACC – Accident Compensation Corporation

AHMC – Alcohol Harm Minimisation Co-ordinator

AKP - Aukati Kai Paipa – A face to face smoking cessation service, offered to Māori and their whānau.

ASH – Action on Smoking and Health – A charity working to eliminate death and disease caused by tobacco.

CIMS – Coordinated Incident Management System – The managed response to incidents within New Zealand amongst multiple agencies.

CPH – Community and Public Health

CPO – Controlled Purchase Operation

CSNZ – Cancer Society New Zealand

CVD – Cardiovascular Disease

DLC – District Licensing Committee

DWA - Drinking Water Assessment

DWS – Drinking Water Standards

ECC – Early Childcare Centre

ECEC – Early Childhood Education Centre

ED – Emergency Department

EpiSurv – National notifiable disease surveillance database.

ESR – Environmental Science and Research

GIS – Geographical Information Systems

Healthscape – The CPH database which records information about CPH activities, and relationships with other organisations.

Healthy West Coast Governance Group – a tripartite alliance of CPH, the WCDHB and WCPHO for joint planning and delivery of health promotion.

HIA – Health Impact Assessment – A systematic procedure to judge what potential (and sometimes unintended) effects a policy, plan, programme or project will have on a population and how those effects will be spread across that population.

HiAP – Health in All Policies

HIIRC – Health Improvement and Innovation Resource Centre. An online resource providing health information.

HPS – Health Promoting Schools

HPSTED – Health Promotion and Sustainability Through Environmental Design

HSNO – Hazardous Substances and New Organisms

HSTLC - Hazardous Substances Technical Liaison Committee

IANZ – International Accreditation New Zealand

IHR - International Health Regulations

IRPG – Integrated Recovery Planning Guide

ISLA – Immunisation Service Level Alliance

MOH – Medical Officer of Health

MoU – Memorandum of Understanding

NGO – Non Government Organisation

NIR – National Immunisation Register

PASHANZ – Promoters Advocating Sexual Health in Aotearoa New Zealand

PEGS - (Preparation, Education, Giving Up and Staying Smokefree) A smoking cessation programme promoted through Primary Care.

PHN – Public Health Nurse

PHO – Primary Health Organisation

PHRMP – Public Health Risk Management Plan

P & F – Planning and Funding

PPP – PHO Performance Programme

Pratique – The license given to a ship to enter a port which states that it is free from contagious disease.

Quality Accounts – Reports provided by health providers on the quality of their services, presented in a similar way to financial accounts showing how an organisation has used its money.

RMA – Resource Management Act

RNSs – Rural Nurse Specialists

RW – Recreational Water

SIDWAU – South Island Drinking Water Assessment Unit

SIPHP – South Island Public Health Partnership

SIPHAN – South Island Public Health Analyst Network

SMG – Strategic Management Group

STI – Sexually Transmitted Infection

Te Pae Mahutonga – A model for Māori Health Promotion. Te Pae Mahutonga is the Māori name given to the constellation of the Southern Cross: four stars with two stars as pointers.

TLA – Territorial Local Authority

VTA – Vertebrate Toxic Agent

WCPHO – West Coast Public Health Organisation

WCDHB – West Coast District Health Board

DRAFT

9. APPENDIX

West Coast Prevention/Early Detection and Intervention Targets 2014-2015

	Community		Primary Care		Secondary Care	
Tobacco						
Goal Increase the number of successful quit attempts and reduce smoking prevalence amongst the West Coast population. <i>To reduce the major risk factor of long-term conditions and inequalities in health outcomes, particularly for Māori and Pacific people, who have disproportionately higher smoking rates.</i>	Three CPOs carried out and appropriate enforcement action taken as necessary.	CPH	90% of enrolled patients who smoke and are seen in General Practice, will be provided with advice and help to quit.	WCPHO WCDHB	95% of hospitalised smokers will be provided with advice and help to quit.	WCPHO WCDHB
	Increase in the number of year 10 students who have never smoked (base 69%)	CPH	4 ABC training sessions are delivered in primary care.	WCPHO WCDHB	Progress is made towards providing 90% of women who identify as smokers at the time of confirmation of pregnancy advice and support to quit.	WCPHO WCDHB CPH
	≥100 people enrol with the Aukati Kai paipa smoking cessation programme.	CPH	>500 people enrol with the Coast Quit smoking cessation programme	WCPHO		
Alcohol						
Goal Reduce the harm caused by alcohol. <i>To reduce a major risk factor of harm and</i>	≥3 monitoring visits per year to high-risk premises	CPH				
	95% of duty managers trained complete the Host Responsibility	CPH				

	Community		Primary Care		Secondary Care	
long term conditions	course.					
	Programmes to reduce the harm caused by alcohol are identified in the hospital and community health settings.					WCDHB WCPHO CPH
Nutrition and Physical Activity						
Goal Empower people and communities to take positive action to improve health & wellbeing. <i>To support healthy eating and physical activity and reduce the risk factors of long-term conditions.</i>	≥5 community nutrition courses delivered	CPH	≥500 Green Prescription referrals (base 274) 74% of infants are fully or exclusively breastfed at 6 weeks and 40% at 6 months. ≥17 Mum-4-Mum Breastfeeding Peer support counselors trained	WCPHO WCPHO WCDHB WCPHO	≥100 lactation support and specialist advice consults in the community. 96% of mothers are breastfeeding on hospital discharge.	WCDHB WCDHB
Immunisation and Vaccine-Preventable Disease						
Government expectation 95% of eight months olds will have their primary course of immunisation (six weeks, three months and five months immunisation events) on time by December 2014.	Provide public information and advice, including promoting immunisation and hand hygiene.	CPH	95% of all West Coast children fully immunised at eight months by December 2014.	WCPHO WCDHB	Identify immunisation status of children presenting at hospital and refer for immunisation if not up to date.	WCDHB
	Work with priority settings and communities to increase immunisation and improve infection control	CPH	95% of all West Coast children fully immunised at aged two.	WCPHO WCDHB		
	All cases and contacts of vaccine preventable disease investigated	CPH	90% of newborns enrolled with a GP or Well Child Tamariki Ora	WCPHO		

	Community		Primary Care		Secondary Care	
Goal Decreased number of cases of vaccine-preventable diseases in the community.	per protocols All outbreaks of vaccine preventable disease investigated and control measures instituted as outlined in the Outbreak Response Procedure and ESR Guidelines.	CPH	provider by 6 weeks of age.	WCDHB		

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

DATE: 20 March 2014

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

- The West Coast continues to perform well above the 95% **ED health target**; results for the year to 28 February 2014 show that 99.8% of patients were admitted, discharged or transferred within 6 hours - and 96.8% within just 4 hours.
- The West Coast has continued to achieve the **cancer treatment health target** throughout the first seven months of the 2013/14 financial year, with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks.
- At the end of Quarter 2, the West Coast DHB **B4 School Checks** has exceeded the year-to-date target of 50% for both the high deprivation group (59%) and for total checks (51%).
- The West Coast PHO exceeded the year-to-date target for completion of **annual diabetes reviews**, with 529 people with diabetes having had an annual review by 31 December (104% of year-to-date target). Māori results for the period was 106% of year-to-date target, with 53 checks having been completed. The year-end target is 70% for all population groups.

✕ Key Issues & Associated Remedies

- 84% of eight-month-olds were fully immunised in Quarter 2— missing the new **immunisation health target** of 90% by just four children. With an 11.9% opt-offs or declines rate, this target continues to be challenging to meet. An implementation plan has been approved and work has commenced.
- **Secondary care smokefree health target:** It was disappointing that the West Coast DHB again did not reach the secondary care smokefree health target of 95%, with a result of 86% for Quarter 2. An action plan is in place and a January result of 94% is promising.

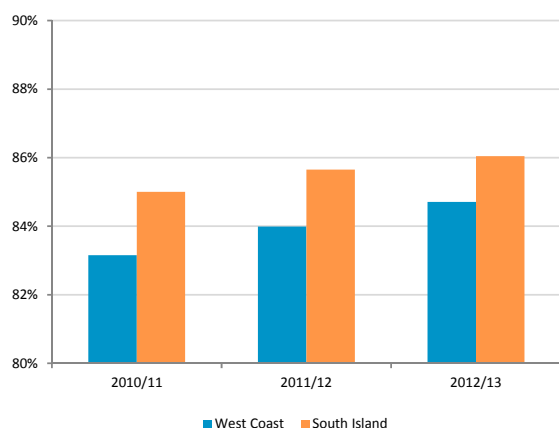
① Upcoming Points of Interest

- **Complex Clinical Care Network's** pilot plan to support case mix 8 clients (those that show potential for short term rehab) is about to be rolled out to a limited number of clients.
- The Canterbury West Coast Well Child Network will focus on three indicators: increasing the number of children receiving all **Well Child Tamariki Ora** checks within their first year; increasing the number of mothers who are smokefree at two weeks postnatal and; increasing the number of children identified as at risk through the "Lift the Lip" program (oral health screening) with these children then being referred to specialist services.
- **Mental Health** integration across primary, community (NGO) and DHB services is continuing to progress with a similar peer support programme that ran weekly for eight weeks in 2013 being planned for Buller.

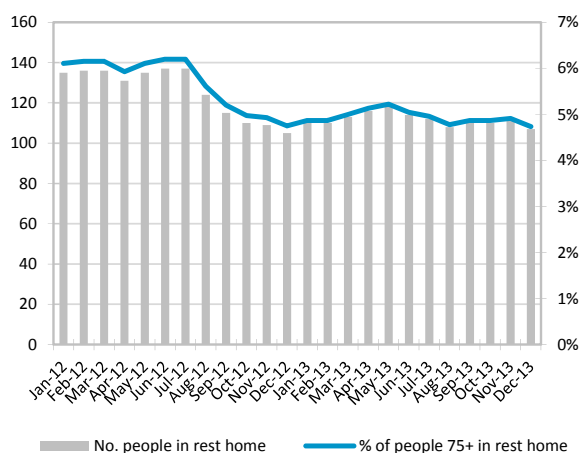
Report prepared by: Planning & Funding
Report approved for release by: Carolyn Gullery, General Manager, Planning & Funding

Older Persons' Health

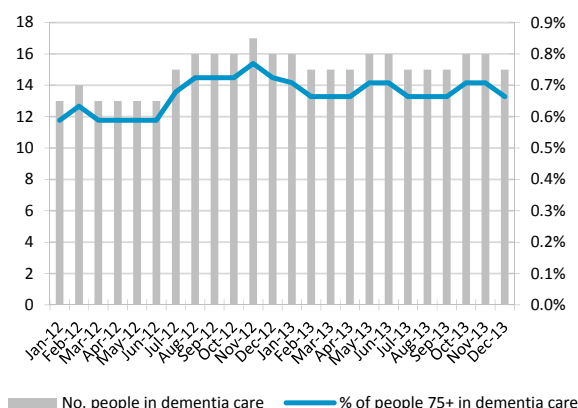
% of people 75+ living in their own homes



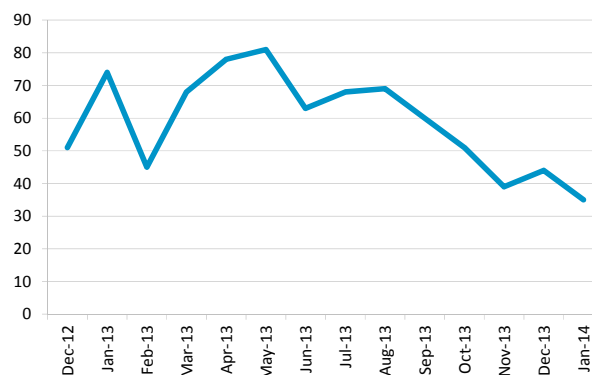
% of people aged 75+ admitted in Rest Home level care



% of people aged 75+ in Specialist Dementia Care



Number of interRAI assessments completed



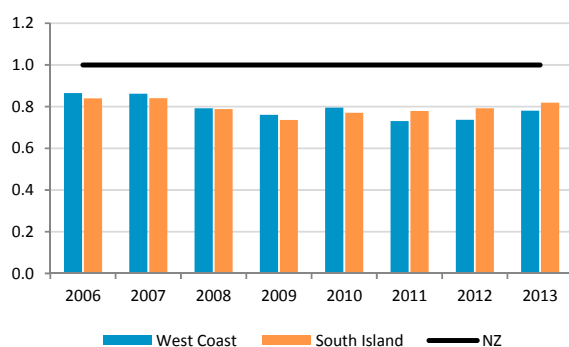
ACHIEVEMENTS / ISSUES OF NOTE

The Complex Clinical Care Network is now well established; all the clinical assessors except for one new staff member are trained in interRAI and are attending regular peer reviews with the providers to establish collaborative goal centred goal ladders/care plans. Case mix funding is proving difficult to establish due to the low numbers on the West Coast, alternatives to this funding model are being explored with the providers.

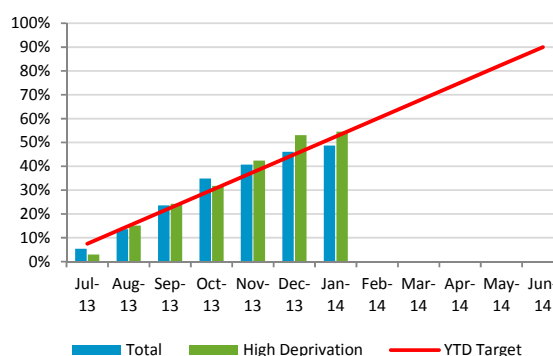
The pilot plan to support the case mix 8 clients (those that show potential for short term rehab) is about to be rolled out to a small group of clients and discussions with the District Nursing service will enhance this service further to ensure a wraparound service for these clients.

Child, Youth & Maternity

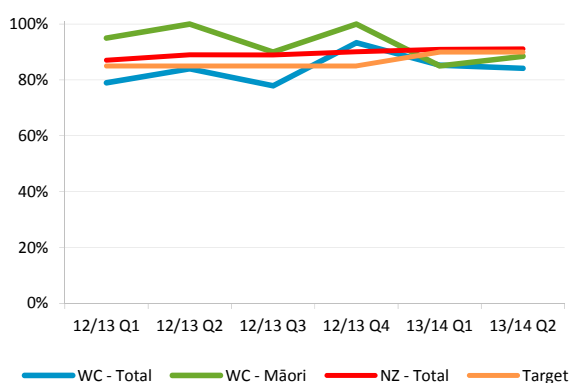
Acute medical discharge rates for children (age 0-14)



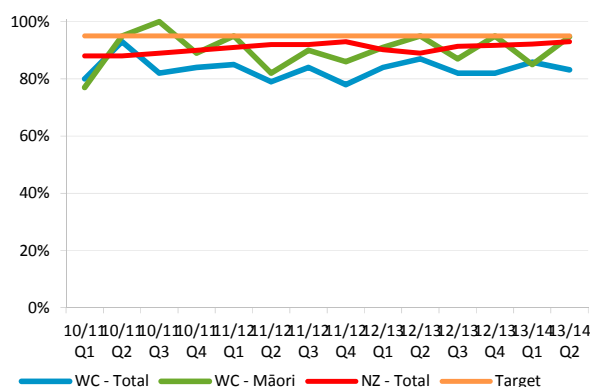
B4 School Check coverage



Immunisation HT: Eight-month-olds fully immunised



Two-year-olds fully immunised



ACHIEVEMENTS / ISSUES OF NOTE

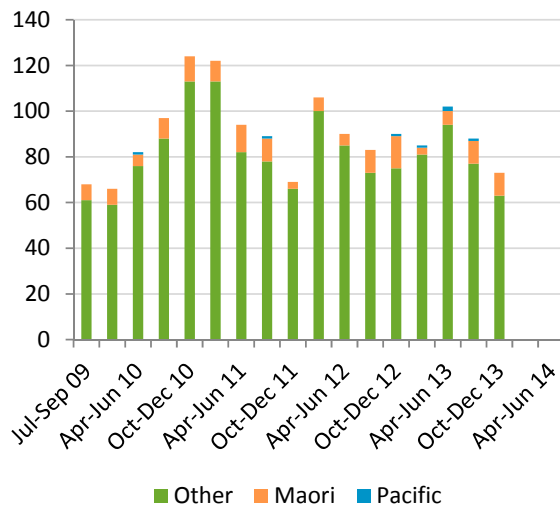
Immunisation: West Coast DHB continues to focus on vaccinating all eligible children within our Population. This quarter 84% of 8 month olds were fully immunised (against the 90% target, increased from 85% last year). Opt off (9.9%) and declines (2%) continue to be a challenge for the West Coast. This means there are 11.9% of children that could not be immunised on the West Coast, due to parent's choice. There were only four children overdue on the West Coast. Of these, one was vaccinated after milestone age and the other three remain overdue.

B4 School Check coverage: By the end of Quarter 2 the West Coast DHB has exceeded the year-to-date target of 50% for both the high deprivation group (59%) and for total checks (51%).

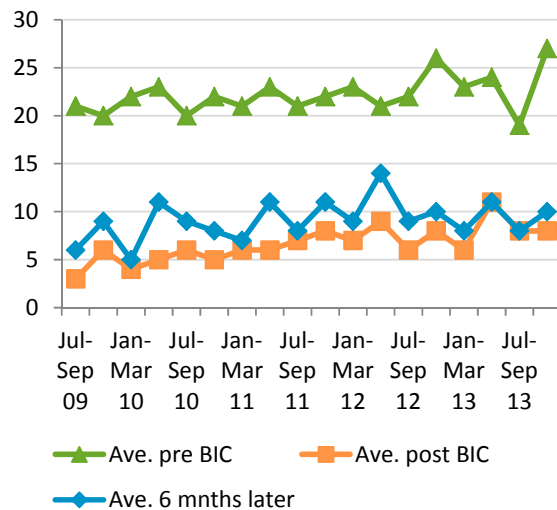
Well Child Tamariki Ora: The West Coast DHB will be working with the Canterbury DHB through the Canterbury West Coast Well Child Network on three chosen indicators to improve Well Child Services over the coming year. These will be: increasing the number of children receiving all Well Child Tamariki Ora checks within their first year; increasing the number of mothers who are smokefree at two weeks postnatal and; increasing the number of children identified as at risk through the "Lift the Lip" program (oral health screening) being referred to specialist services.

Mental Health

Number of patients referred to Brief Intervention Counselling (BIC)



Patient outcomes from General Health Questionnaire (GHQ) scores post-intervention



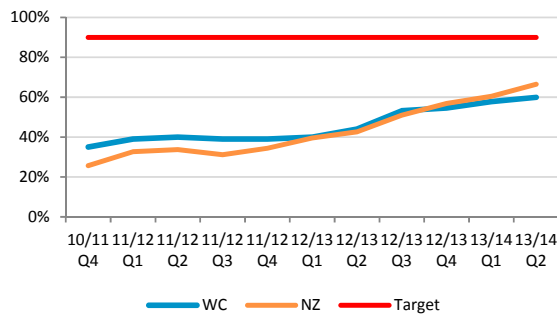
ACHIEVEMENTS/ISSUES OF NOTE

Primary mental health services (graphed above) continue to provide effective early intervention, as shown by the positive change in general health questionnaire (GHQ) scores post-interventions. Outcomes are sustained over a six month period and this suggests the services are potentially preventing the development of more serious conditions.

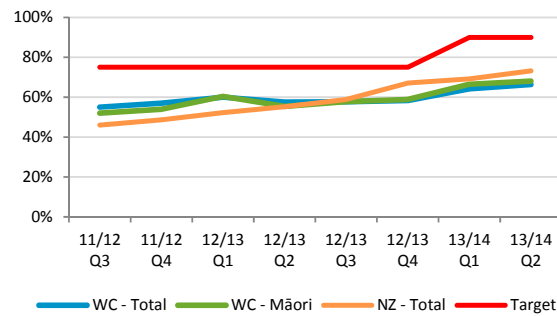
Integration across primary, community (NGO) and DHB services is continuing to progress with forums established to support whole of system planning. An example of this is a peer support programme that ran weekly for eight weeks late 2013 and included participation from NGOs, DHB clinical staff, consumer advisors and the primary mental health team. Planning is underway for a similar initiative in Buller.

Primary Care & Long-Term Conditions

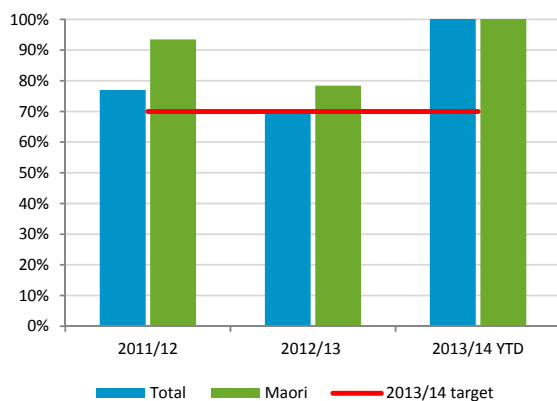
Primary Smokefree Health Target: Smokers attending primary care given advice & help to quit



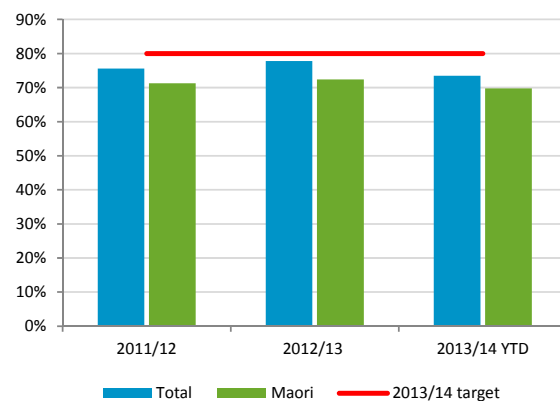
CVD Health Target: % of eligible PHO population having had a CVD risk assessment in the last 5 years



Diabetes Annual Review: % of people estimated to have diabetes who have had an annual check during the 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: Results for Quarter 2 2013/14 show an increase in performance against health target this quarter of 2%, with 60% of people who smoke attending general practice offered advice and support to quit. Further meetings were held to discuss primary target results and to discuss actions for coming period. Analysis of individual practice performance over the preceding 9 months was conducted and the ‘Supporting the Primary Care Health Targets’ Action Plan updated and approved by the Ministry. This identifies key actions including driving and supporting senior and clinical leadership within primary practices, including the reinvigoration of QI Teams and identifying Quality Improvement Primary Health Targets Champions.

CVD Health Target: West Coast continued its upward trend in delivery against the CVD Health Target—although slower than anticipated—not having met our 78% progress target as intended by this date. In total 6781 eligible people have now had a cardiovascular risk assessment in the five years to 31 December 2013, or 66.4% of the total eligible population (10,219). Rates for West Coast Māori are slightly higher than our overall total population, with 68% having had their CVD risk assessments undertaken. The West Coast PHO is working to achieve the national target of 90% of eligible people assessed by 30 June 2014.

A focus on delivering the Primary Care Health Target Action Plan (developed under the West Coast Health Alliance) and the establishment of a new contract in Quarter 2 with the West Coast PHO to provide additional CVD risk assessments, will support meeting the targets. Specific actions in the coming quarter include:

- Integrating Kaupapa Maori nurses to assist with high need engagement for screening;
- Implementing specific nurse led CVRA clinics at practices;
- Screening for CVD patients for CVRA;
- Providing extra nursing resources for CVRAs; and

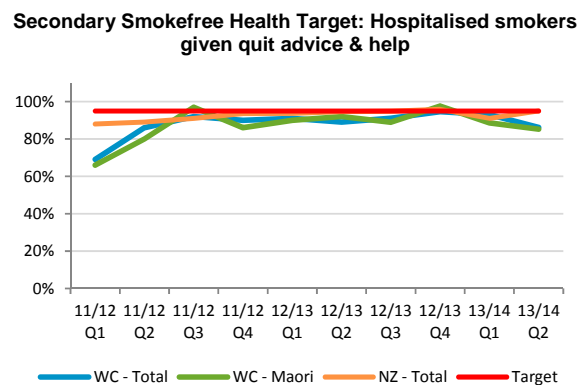
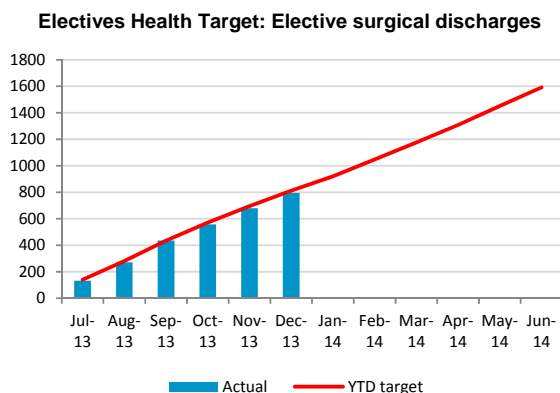
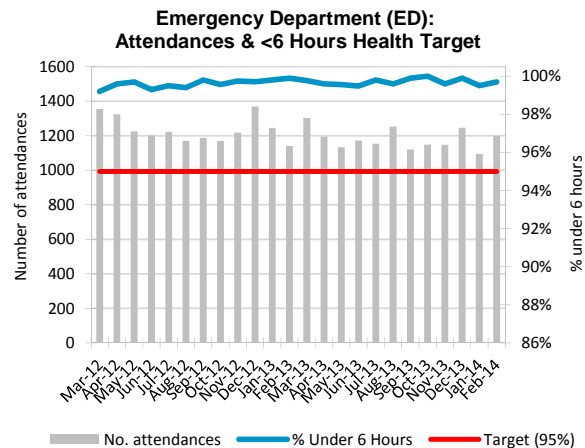
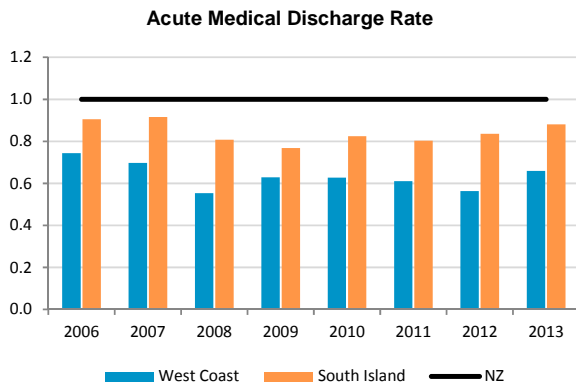
- Introducing practice after-hours clinics to provide additional CVRAs for people not easily able to access general practice during working hours.

Diabetes: The West Coast PHO exceeded the year-to-date target for completion of annual diabetes reviews, with 529 people with diabetes having had an annual review by 31 December (104% of year-to-date target). Māori results for the period was 106% of year-to-date target, with 53 checks having been completed. The year-end target is 70%, which is set for all population groups.

Among those who had their diabetes annual review during the six months to 31 December 2013, 74% had satisfactory or better management of their diabetes, with rates for Māori were slightly lower at 70%. Our annual target for diabetes management is 80%.

The next diabetes retinal screening week of clinics is scheduled to be held in Greymouth in March 2014. The PHO are continuing to engage with patients with high HBA1c levels are high to help them self-manage and achieve better control of their diabetes, primarily through the Long Term Conditions Management Programme.

Secondary Care & System Integration



ACHIEVEMENTS / ISSUES OF NOTE

ED health target: The West Coast continues to perform well above the 95% ED health target. Results for the year to 28 February 2014 show that 99.8% of patients were admitted, discharged or transferred within 6 hours. Furthermore, 96.8% were admitted, discharged or transferred within just four hours during the four-month period to 28 February 2014.

Cancer health target: The West Coast has continued to achieve the cancer treatment health target throughout the first seven months of the 2013/14 financial year, with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks.

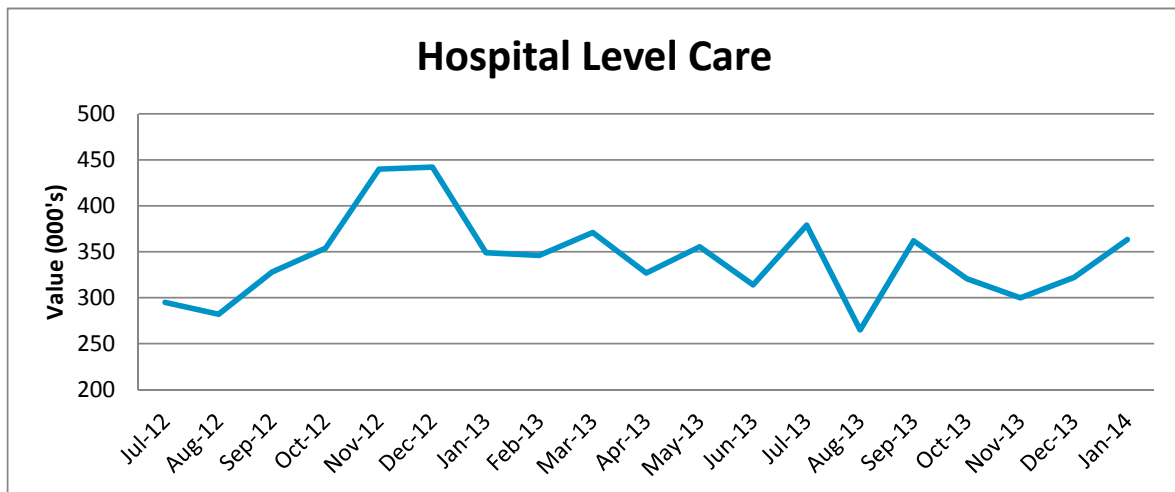
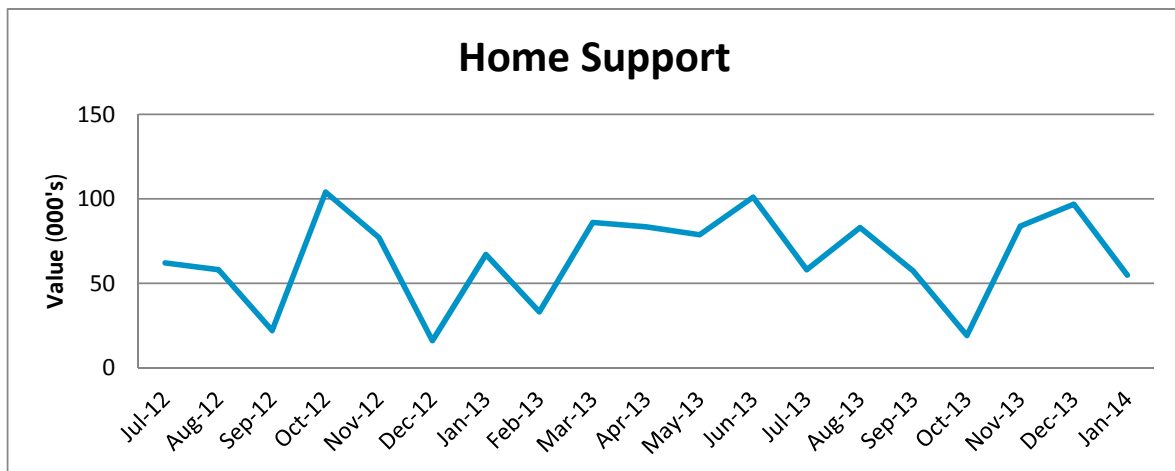
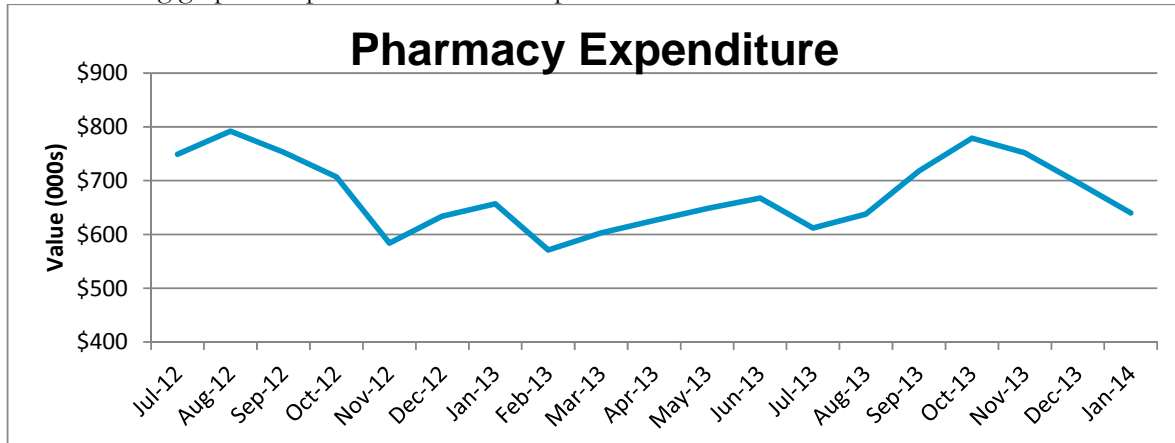
Secondary care Smokefree health target: It was disappointing that the West Coast DHB again did not reach the secondary care Smokefree health target of 95%, with a result of 86% for Quarter 2. Clinical Nurse Managers (CNM) continued to follow up 'missed' ABCs to identify if there were evident reasons for the misses. Work on clarifying 'Smoker' and 'Ex-smoker' status continued as well as raising awareness of Nicotine Replacement Therapy (NRT).

Electives health target: While West Coast DHB remains slightly behind on volumes to the end of December, we remain on track to meeting the Electives Health Target by financial year end. Delivery of elective discharges for the year-to-date to 31 December is confirmed at 795 cases (16 cases behind year-to-date target for the five months). West Coast DHB has been funded to provide an additional 95 operations above the Health Target volume of 1592 cases by 30 June 2014. We plan invest this funding in 60 additional cataract procedures (including 15 for people in the Buller region and 45 in Grey and Westland); with the balance of the 32 cases to be spread among general surgery, gynaecology, urology, plastic surgery, and an introductory trial of a small number of Ear Nose and Throat (ENT) operations.

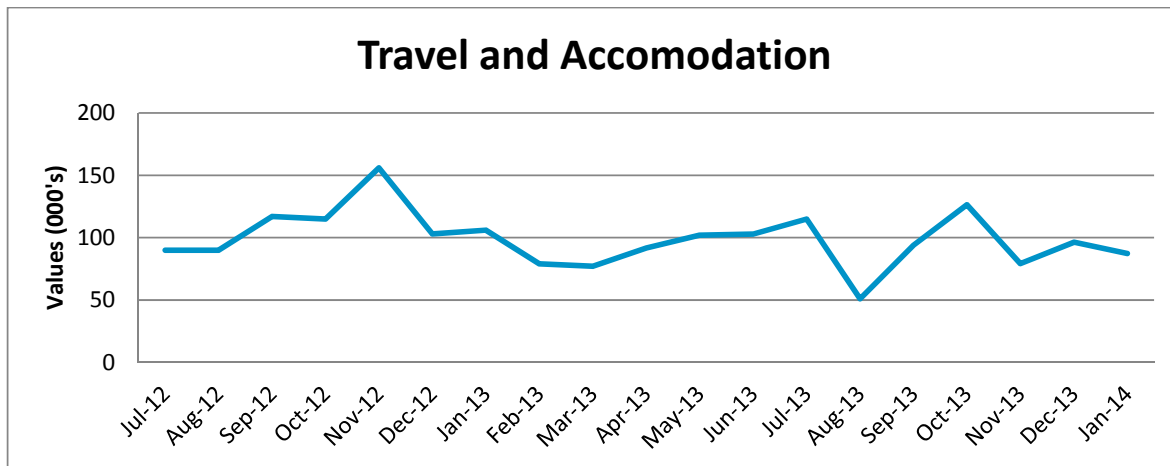
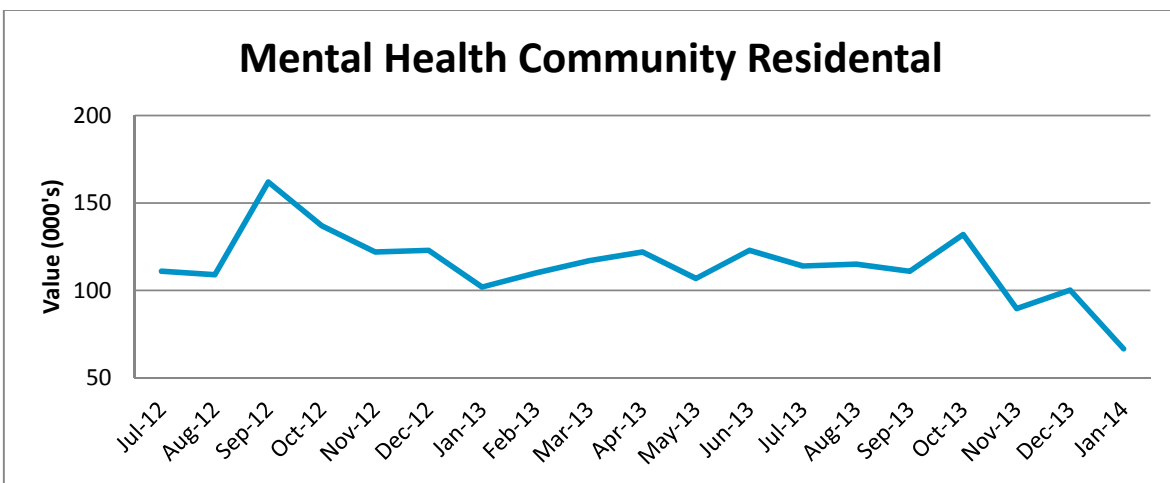
ESPI compliance: No patients exceeded the maximum 150 days' target wait time for First Specialist Appointment (ESPI 2) or for wait for treatment (ESPI 5) at the end of December 2013. All DHBs are expected to maintain waiting times for both ESPI 2 and ESPI 5 to a maximum of 5 months (150 days) throughout the 2013/14 year. We expect to meet this target.

Financials

The following graphs are presented to show expenditure trends over time:



The table below show an increase in spending for the month of December. This is due to a timing issue for top up claims for dementia clients.



Planning and Funding Division
Month ended Jan 2014

Current Month					Year to Date					2013/14 Annual Budget
Actual	Budget	Variance			SERVICES	Actual	Budget	Variance		
\$000	\$000	\$000				\$000	\$000	\$000		
					Primary Care					
18	43	25	58%	✓	Dental-school and adolescent	229	301	72	24%	✓
0	3	3	100%	✓	Maternity	0	19	19	100%	✓
80	84	4	5%	✓	PHO non-Capitated Services & Combine	627	588	-39	-7%	✗
585	578	-7	-1%	✗	Primary Practice Capitation	4,114	4,046	-68	-2%	✗
0	5	5	98%	✓	Child and Youth	19	35	16	46%	✓
0	4	4	100%	✓	Immunisation	24	28	4	13%	✓
4	12	8	63%	✓	Maori Service Development	63	84	21	25%	✓
40	45	5	12%	✓	Whanua Ora Services	359	315	-44	-14%	✗
35	17	-18	-106%	✗	Palliative Care	103	119	16	13%	✓
7	8	1	10%	✓	Chronic Disease	52	56	4	7%	✓
14	18	4	24%	✓	Other Primary	339	126	-213	-169%	✗
784	817	33	4%	✓		5,929	5,717	-212	-4%	✗
					Referred Services					
21	56	35	63%	✓	Laboratory	153	392	239	61%	✓
641	687	46	7%	✓	Pharmaceuticals	4,849	4,809	-40	-1%	✗
661	743	82	12%	✓		5,003	5,201	198	4%	✓
					Secondary Care					
96	96	0	0%	✓	Inpatients	672	672	0	0%	✓
64	66	2	3%	✓	Radiology services	684	462	-222	-48%	✗
87	112	25	22%	✓	Travel & Accommodation	599	784	185	24%	✓
1,365	1,366	1	0%	✓	IDF Payments Personal Health	9,570	9,562	-8	0%	✗
1,612	1,640	28	2%	✓		11,525	11,480	-45	0%	✗
3,057	3,200	143	4%	✓	Primary & Secondary Care Total	22,457	22,398	-59	0%	✓
					Public Health					
30	11	-19	-173%	✗	Nutrition & Physical Activity	158	77	-81	-106%	✗
0	6	6	100%	✓	Public Health Infrastructure	0	42	42	100%	✓
11	12	1	5%	✓	Tobacco control	92	84	-8	-10%	✗
2	0	-2		✗	Screening programmes	17	0	-17		✗
44	29	-15	-50%	✗	Public Health Total	268	203	-65	-32%	✗
					Mental Health					
61	47	-14	-30%	✗	Day Activity & Rehab	359	329	-30	-9%	✗
22	11	-11	-97%	✗	Advocacy Family	133	77	-56	-73%	✗
30	15	-15	-98%	✗	Other Mental Health	201	105	-96	-92%	✗
71	117	46	40%	✓	Community Residential Beds	707	819	112	14%	✓
69	69	0	2%	✓	IDF Payments Mental Health	480	483	3	2%	✓
251	259	8	3%	✓		1,880	1,813	-67	-4%	✗
					Older Persons Health					
55	56	1	2%	✓	Home Based Support	452	392	-60	-15%	✗
5	9	4	49%	✓	Caregiver Support	37	63	26	42%	✓
256	214	-43	-20%	✗	Residential Care-Rest Homes	1,624	1,481	-142	-10%	✗
0	-2	-2	100%	✗	Residential Care Loans-Rest Homes	-6	-14	-8	-57%	✗
0	-2	-2	100%	✗	Residential Care Loans-Hospital Level	-7	-14	-7	-50%	✗
10	26	16	62%	✓	Residential Care-Community	74	182	108	59%	✓
363	372	8	2%	✓	Residential Care-Hospital	2,301	2,578	277	11%	✓
0	0	0		✓	Ageing in place	-3	0	3		✓
9	8	-1	-12%	✗	Day programmes	66	56	-10	-17%	✗
-2	8	10	131%	✓	Respite Care	59	56	-3	-6%	✗
1	4	3	80%	✓	Community Health	11	28	17	61%	✓
92	91	-1	-1%	✗	IDF Payments-DSS	647	637	-10	-2%	✗
787	783	-4	-1%	✗		5,254	5,445	192	4%	✓
1,039	1,042	3	0%	✓	Mental Health & OPH Total	7,134	7,258	125	2%	✓
4,139	4,271	132	3%	✓	Total Expenditure	29,859	29,859	0	0%	✓

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

SOURCE: General Manager, Maori Health

DATE: 20 March 2014

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

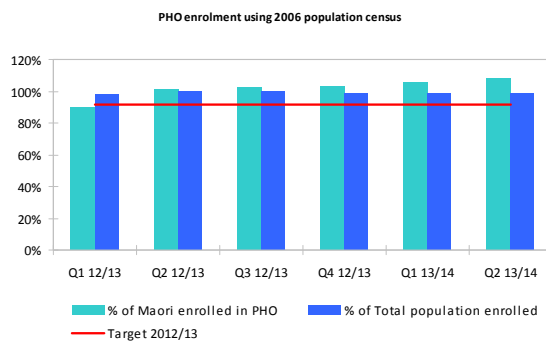
That the Community & Public Health & Disability Support Advisory Committee:
i notes the Maori Health Plan Update.

3. SUMMARY

Maori Health Quarterly Report – Q2, 2013/14

Access to care

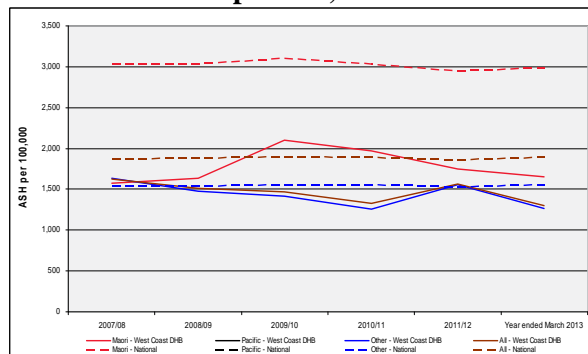
Percentage of Maori enrolled in the PHO



* 2006 census population was used as the denominator.

Ambulatory Sensitive Hospitalisation

Ambulatory Sensitive Hospitalisation per 100,000



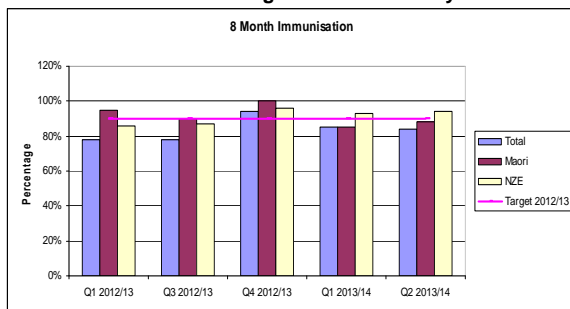
ACHIEVEMENTS/ISSUES OF NOTE

Enrolment in PHO: Using the 2006 population census figures 93% of Maori were enrolled with the PHO as at December 30 2013. Enrolments for Maori and Pacific people continue to increase at a faster rate than other ethnicities and exceed that of other ethnicities.

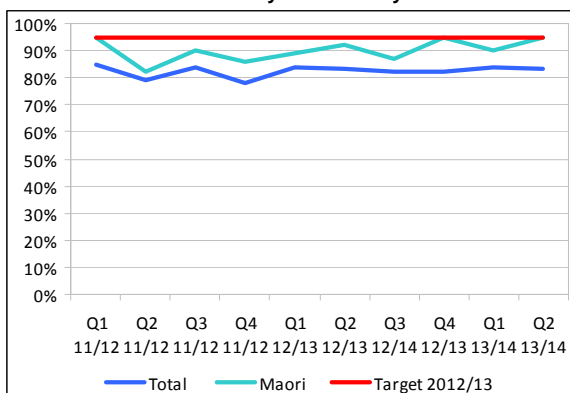
On the 20th June 2013 the Ministry of Health issued a Request for Proposal, to Implement the Primary Care Ethnicity Data Audit Tool. The West Coast PHO and the DHB have jointly developed the proposal and it was submitted in August. The Audit tool comprises Systems Compliance and Audit Checklist, Implementation of a staff survey, Data matching quality audit with the findings being collated and reported back to practices to enable a level of benchmarking for quality improvement. Any residual funding from the project will be used for ethnicity data collection education.

Child, Youth and Maternity

NEW Immunisation HT: Eight-month-olds fully immunised



Immunisation: Two-year-olds fully immunised



Eight-month-old immunisation: 88% of Maori babies have been immunised on time at 8 months of age in quarter 2. This equates to 23 babies out of 26.

Two-year-old immunisation: The West Coast DHB's total coverage for Quarter 2 is 83% of babies being immunised by 8 months of age. – This remains high as was the case in Quarter 4 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 95% so 18 from 19 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;
- Collaboration with other Well Child service providers to refer children for immunisation; and
- Improving the enrolment process at birth

Breastfeeding: Breastfeeding results for the 12/13 year were released by the MoH during this reporting period. It is important to note that unfortunately the DHB is unable to present a full picture of breastfeeding results this year and it is Plunket services only. Poutini Waioara and the WCDHB also provide WCTO services, but due to national data issues with Plunket data the three data sources cannot be accurately combined as they have been in the previous years.

WCDHB 2012/13 results (Plunket data only):

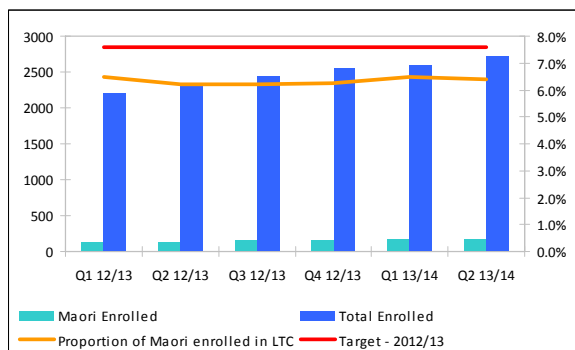
	Target	Maori	Total
6 weeks	74%	70%	61%
6 months	40%	15%	22%

Breastfeeding Support: Mum 4 Mums – Peer Counselling for this quarter has seen a marked increase in the number of Maori Mums being trained and graduating with 4 Maori Mums in the Buller. We are still looking to increase the number of Maori mums being involved in this initiative.

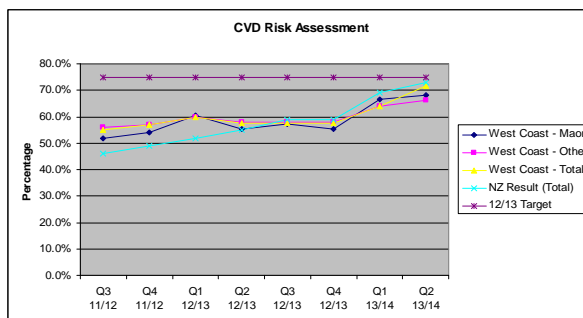
Newborn Enrolment: The Newborn enrolment form will now include a section where new Mums can consent to being contacted by a Lactation Consultant within a week of birth. The lactation consultant will then be able to determine whether support is required or not. This service can be provided in the home or clinic.

Long Term Conditions

Number of Maori enrolled in LTC management programme



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



ACHIEVEMENTS/ISSUES OF NOTE

More Heart & Diabetes Checks:

MoH is providing additional funding over four years (2013/14 = \$57,052 and decreasing annually) to support the achievement of the national Health Target *More Heart & Diabetes Checks* in Primary Care. A delivery plan on how to implement the *More Heart & Diabetes* service funding is being developed by the PHO alongside their clinical governance group. The delivery plan will be reviewed with secondary care and tabled with the ALT.

Activities discussed include; additional registered nurses FTE to carry out screening and after hours screening clinics at general practice. Increasing integration and collaboration with Kaupapa Maori Nurses.

CVD Health Target: Performance against this health target has shown an increase from 58% in the June quarter to 71.8% of the eligible enrolled West Coast population now having had a cardiovascular risk assessment in the five years to 30 December 2013. Quarter 2 rates for West Coast Māori show 68.1% having had their CVD risk assessments undertaken which is an increase from 66% last quarter. Collaboration with Poutini Waiora, the PHO and several practices is enabling better outreach to high-need Māori, including an awareness campaign (which began during Quarter 1) and a tailored package of care from Poutini Waiora through its Kaupapa Māori Nurses and its Kaiarataki (non-clinical Māori Health Navigators). Greymouth Medical Centre and Poutini Waiora began working together in Quarter 4 2012/13 to provide support and health care for Māori and Pacific people with long-term conditions, with the Kaupapa nurse working within the practice and 'out-reaching' directly to practice patients. This pilot model expanded to Hokitika during Quarter 1 and is working well.

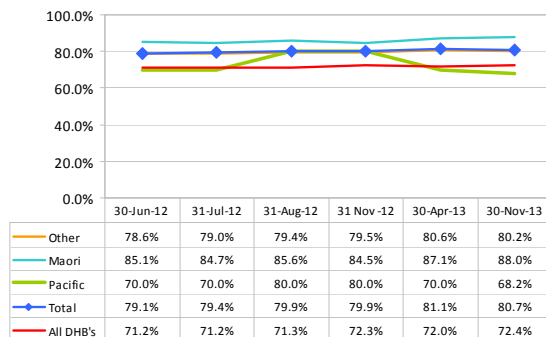
Practice teams continue to actively identify and invite eligible people to nurse-led clinics to have their cardiovascular risk assessed, with a special focus on high-need people who haven't been screened.

Green Prescription: Quarter 2 has seen a steady increase in Maori referrals in to the Green Prescription programme with 13% (10) in the Grey/Westland district and 26% (6) in the Buller district. The major group of conditions this quarter is people with elevated body mass index (BMI), followed by depression/anxiety and cardiovascular disease.

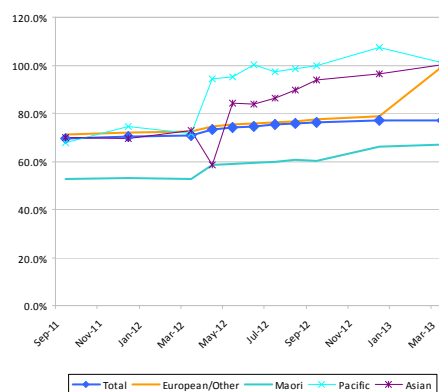
Long Term Condition Management (LTC): 159 Maori are enrolled in the Long Term Conditions programme as at Dec 30 2013. Year to date Maori enrolment makes up 6.4% of all enrolment in the LTC programme. The target is 7.6%. For comparison Maori make up 5.3% of the enrolled population at the primary practices aged 45 years and above. This means that from the 2717 enrolments on the LTC programme 174 are Maori and 8 are Pacific. We are working closely with the CEO and Clinical Manager of the PHO, and Poutini Waiora to identify those Maori who are enrolled in the programme and link them in to the Kaupapa Maori Nurses and Kaiarataki and also to identify any Maori who should be enrolled in the programme but aren't.

Cancer

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



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



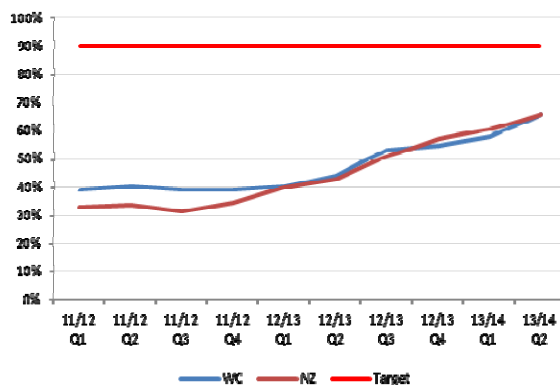
ACHIEVEMENTS/ISSUES OF NOTE

Breast Cancer Screening: Approximately 81% of all eligible women aged 45-69 age-groups on the West Coast have undergone breast screening for the period ending 30th November 2013. The coverage for eligible Maori women (88%) is higher compared to all other ethnicities on the West Coast. The National Maori Health Plan Indicators report shows that the West Coast DHB is 2nd from 20 DHB's for this Indicator.

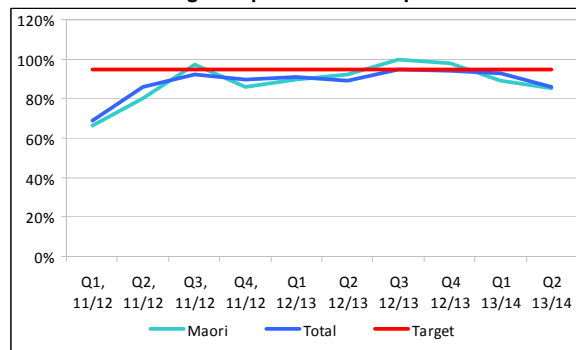
Cervical cancer screening: At the end of Dec 2013, the preliminary three year coverage result for cervical screening on the West Coast non-Maori was 78%. The coverage rate for eligible Maori women is at 71% an increase from last quarter and a sustained increase from June 2012. The process for cervical screening is being embedded into the practices with overdue priority lists regularly being forwarded through to the Maori cervical screening. Additionally to this the Maori cervical screener is working very closely with Poutini Waioara to locate those hardest to reach and holding community clinics.

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: Results for Quarter 2 2013/14 show the target has increased by 2% to reach 60% with 58% of Maori smokers who have attended general practice offered advice and support to quit. There is a comprehensive plan in place to improve this target. The majority of Poutini Waiora kaimahi are trained to give brief cessation advice and are aware of the pathways for referral.

Secondary Smokefree Health Target: The secondary target of 95% was not achieved this quarter with 86% of the total population being offered advice and 85% of Maori in the hospital being offered brief advice. More work is occurring with senior hospital management to ensure greater progress is achieved against this target.

Aukati Kai Paipa: For the period December 2013 the AKP service is working with 85 clients, 47 who identify as Maori with 20% validated abstinence rate at 3 months. The Aukati Kai Paipa cessation adviser is working more closely with Poutini Waiora which is resulting in increased referrals to the service.

Report prepared by: Kylie Parkin, Maori Health

Report approved for release by: Gary Coghlan, General Manager Maori Health

HEALTH TARGET REPORT – QUARTER 2



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

SOURCE: Planning & Funding

DATE: 20 March 2014

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 2 (October-December 2013). The attached report (Appendix 1) provides a detailed account of the results and the work underway for each health target.

DHB performance against the health targets is published each quarter in newspapers and on the Ministry and DHB websites. The Quarter 2 health target league table is attached as Appendix 2.

2. RECOMMENDATION

That the Community and Public Health & Disability Support Advisory Committee note the West Coast's performance against the health targets.

3. SUMMARY

The West Coast has performed well in Quarter 2. It has:

- Achieved the **ED health target**, with 99.8% of people admitted or discharged within six hours. The West Coast is a leader the country in performance against this health target.
- 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.

Health target performance has been weaker, but still positive, in the following areas:

- Performance against the **elective surgery health target** saw a minor decrease against the target for the quarter - that is expected to be made up for by quarter 4. A two-week shut down and issues with visiting specialists are most likely responsible for being 17 patients shy of this target.
- For the **immunisation health target**, 84% of all eight-month-olds were fully immunised in Quarter 2 (the national target changed in quarter 1, increasing from 85% to 90%). While this is a decrease on last quarter, op-off's and declines have risen by 3%. Only three children remain overdue. An implementation plan for recommendations made by the Alliance Leadership Team on the West Coast has been approved.
- The West Coast DHB did not meet the **hospitalised smokers health target**, with 86.2% of hospitalised smokers having received advice and help to quit – 31 smokers were missed. The systems and processes are in place for the target to be achieved however challenges do exist including the level of staff attendance at ABC Smokefree training. Meetings with senior hospital management will be ongoing until progress against the target is again achieved and sustained.

- General practices' performance against the **primary care smokers health target** continues to show modest increases, up 1.9% on the previous quarter, with 59.9% of smokers attending primary care receiving advice and help to quit. Activities continue to focus on improving data capture, feedback and training.
- Performance against the **heart checks health target** has had a 2.4% increase this quarter to 66.4% of the eligible enrolled West Coast population having had a cardiovascular risk assessment in the last five years. A range of activities are occurring to increase this and remove the barriers preventing assessments taking place, such as after-hours clinics in a variety of locations.

4. **APPENDICES**

Appendix 1:	Health Target Report – Quarter 2
Appendix 2:	Ministry Health Target League Table – Quarter 2
Report prepared by:	Planning and Funding
Report approved by:	Carolyn Gullery, GM Planning & Funding



National Health Targets Performance Summary

Quarter 2 2013/2014 (October-December 2013)

Target Overview

Target	Q3 12/13	Q4 12/13	Q1 13/14	Q2 13/14	Target	Status	Pg
Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours	99.8%	99.6%	99.8%	99.8%	95%	✓	2
Improved Access to Elective Surgery West Coast's volume of elective surgery	1,173 YTD	1,686	434 YTD	795 YTD	812 YTD	✗	2
Shorter Waits for Cancer Treatment People needing cancer radiation therapy or chemotherapy having it within four weeks	100%	100%	100%	100%	100%	✓	3
Increased Immunisation Eight-month-olds fully immunised	78%	93%	85%	84%	90%	✗	5
Better Help for Smokers to Quit Hospitalised smokers receiving help and advice to quit	91%	95%	93%	86.2%	95%	✗	3
Better Help for Smokers to Quit Smokers attending primary care receive help and advice to quit	53%	55%	58%	59.9%	90%	✗	4
More Heart and Diabetes Checks Eligible enrolled adult population having had a CV risk assessment in the last 5 years	58%	58%	64%	66.4%	90%	✗	6

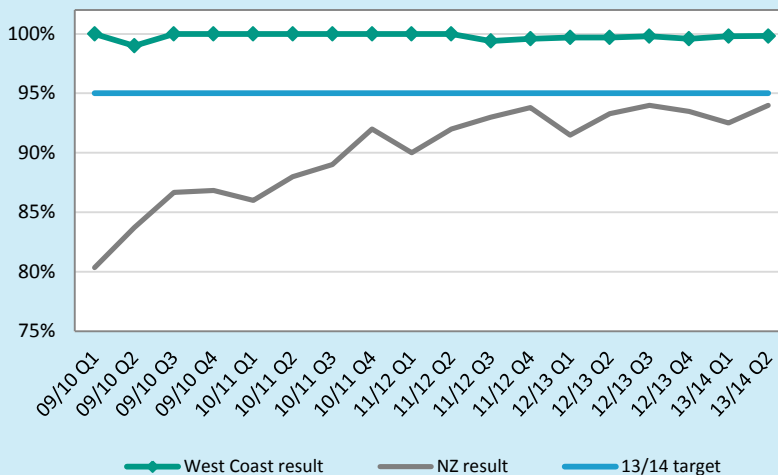


Shorter Stays in Emergency Departments

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



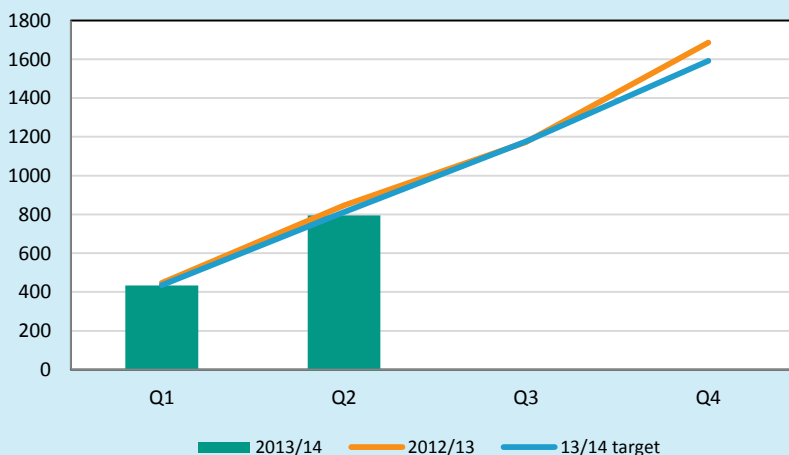
The West Coast continues to achieve impressive results against the ED health target, with **99.8%** of patients admitted, discharged or transferred from ED within 6 hours during Quarter 2.

Improved Access to Elective Surgery

Target: 1,592 elective surgeries in 2013/14



Figure 2: Elective surgical discharges delivered by the West Coast DHB¹



795 elective surgical cases were delivered to Coasters in Quarter 2 2013/14, representing **97.9%** of our year-to-date target delivery. Being only 17 patients shy of meeting the targeted 812 this quarter, we have no doubt that this shortfall will be made up for by the end of Quarter 4.

A two week shutdown at Christmas and issues with visiting specialists during December are most likely responsible for our decline this quarter.

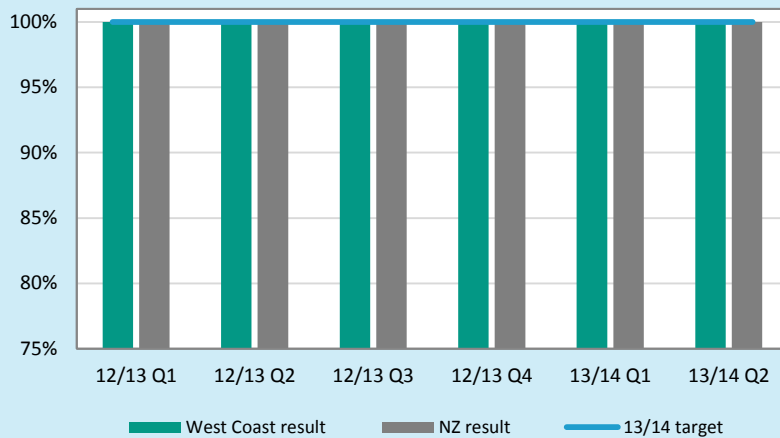
¹ Excludes cardiology and dental procedures. Progress is graphed cumulatively.



Shorter Waits for Cancer Treatment

Target: 100% of people needing radiation or chemotherapy receive it within four weeks

Figure 3: Percentage of West Coasters needing radiation or chemotherapy treatment who received it within four weeks²

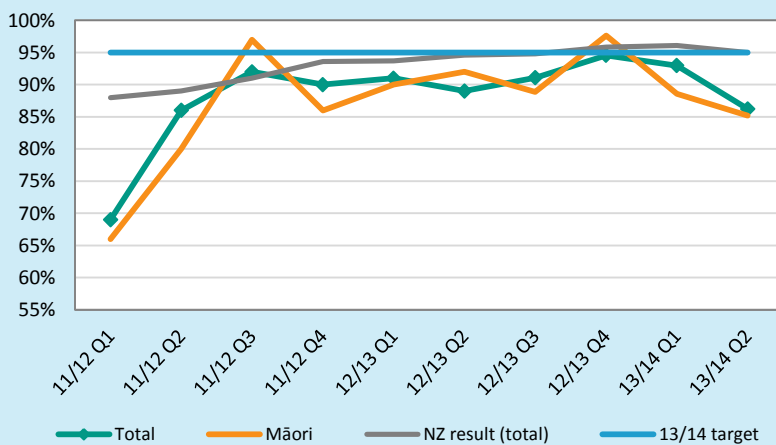


In Quarter 2 2013/14, **100%** of patients met the 4 week target for both radiation therapy and chemotherapy.

Better Help for Smokers to Quit: *Secondary*

Target: 90% of smokers attending primary care receive advice to quit

Figure 4: Percentage of West Coasters needing radiation or chemotherapy treatment who received it within four weeks



In Quarter 2, West Coast DHB staff provided **86.2%** of hospitalised smokers with smoking cessation advice and support – 31 patients shy of meeting the targeted 95%.

The systems and processes are in place for the target to be achieved by June 2014; however, challenges do exist including the level of staff attendance at ABC Smokefree training which can impede full understanding of the ABC procedures as a national health target and a significant clinical intervention. Meetings with senior hospital management will need to be ongoing until progress against the target is again achieved and sustained.

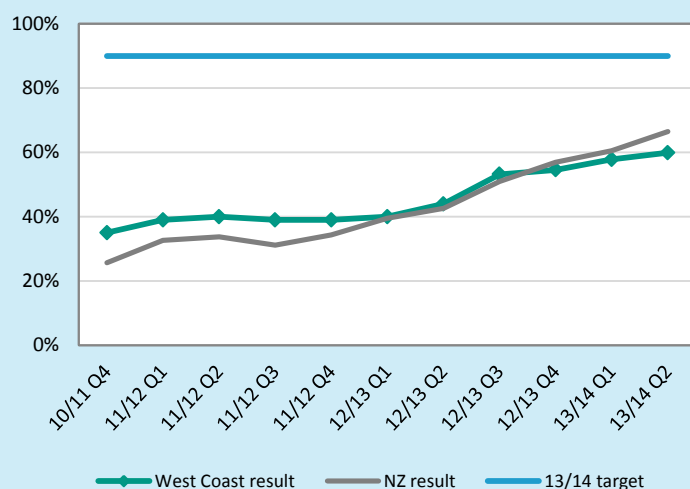
² This measure does not include instances in which a patient chooses to wait for treatment or there are clinical reasons for delay.



Better Help for Smokers to Quit: Primary

Target: 90% of smokers attending primary care receive advice to quit

Figure 5: Percentage of smokers expected to attend primary care who were offered advice and help to quit smoking³



West Coast general practices have reported giving 2,693 smokers cessation advice in the 12 months ending December 2013, representing **59.9%** of smokers expected to attend general practice during the period. A 2% increase against the previous quarter but still well under the target.

A key barrier to achieving this target is data capture and coding of conversations taking place. Monthly coding and data entry training has been implemented at the PHO as part of standard orientation for all new practice staff in an effort to increase data capture. Smoking assessment tools that prompt staff where required should also increase data capture, and their implementation continues to be progressed. The use of advanced forms on MedTech 'smoking assessment' tool supports and reminds staff to capture the correct data and prompts the 'brief advice' if required. Practice-specific feedback is circulated monthly to all staff within general practice, through a 'Primary Health Target Bulletin,' alongside clinical relevant messaging regarding the health target or quarterly Coast Quit outcomes to create a clear link between ABC intervention and patients quitting smoking.

During this quarter the Smokefree Services Coordinator (SSC) further analysed individual practice performance. This identified one practice in particular that required extra support to improve their coding of B&C⁴. This support was provided by the SSC and should result in improved results for this practice for Quarter 3.

Along with existing and previously reported actions, during this quarter the 'Supporting the Primary Care Health Targets' Action Plan was updated and approved by the MoH. This identifies opportunities for better integration between the two primary care health targets. Key actions include driving and supporting senior and clinical leadership within primary practices, including the reinvigoration of Quality Improvement Teams and identifying Quality Improvement Primary Health Targets Champions. Work is already underway against this plan and will continue through to July 2014.

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

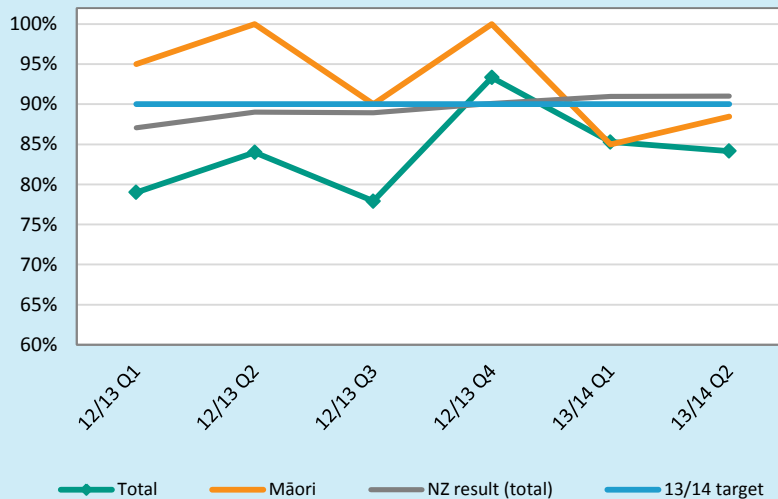
⁴ The 'B & C' refer to the latter part of the The ABC Strategy for Smoking Cessation involves Asking if a patient smokes, offering Brief advice to quit and referring them to Cessation support



Increased Immunisation

Target: 90% of eight-month-olds are fully immunised

Figure 6: Percentage of West Coaster eight-month-olds who were fully immunised



The West Coast has not achieved the revised national health target this quarter, vaccinating 84% of eligible children. This represents NZ European (94%), Māori (88%) and 100% of Pacific and Asian children.

Opt-off⁵ (9.9%) and declines (2%) continue to be a challenge for the West Coast. 11.9% of children this quarter could not be immunised due to parent's choice (a noteworthy increase from last quarter of 3.1%). Of those that were able to be immunised, there were only four children missed. Of these, one was vaccinated after milestone age and the other three remain overdue.

An implementation plan for recommendations made by the Alliance Leadership Team on the West Coast has been approved. Recommendations include data management; increased focus on outreach, linking with B4 School Checks process; DHB promotions and communications plan—linking with the Canterbury DHB Immunise for Life programme (with a West Coast theme); Seasonal Influenza Programme; working on leadership and engagement of Service Level Alliances and the West Coast Immunisation Advisory Group; and strengthening clinical and administration linkages between Canterbury and the West Coast.

Work is now underway on this with the aim to get a better understanding of immunisation provision and improve immunisation rates.

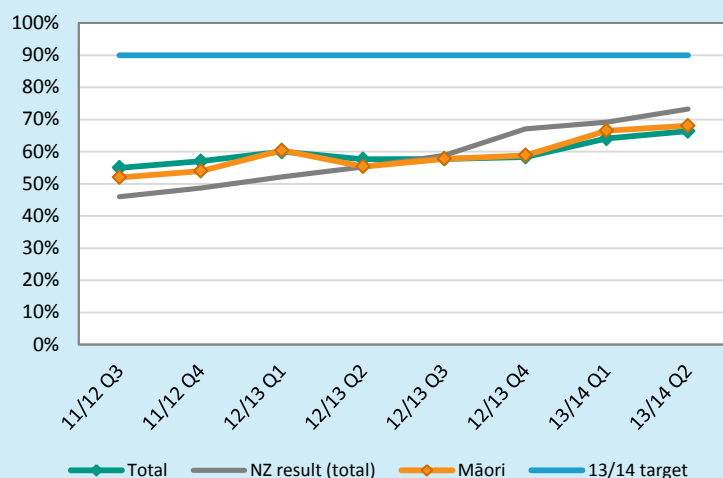
⁵ Children's parents can decide (typically at the child's birth) to opt their child off the NIR. These children continue to be counted in the cohort for the DHB of birth, but there is no way to determine or record if they have later been vaccinated, declined or moved out of the DHB area.



More Heart and Diabetes Checks

Target: 90% of the eligible enrolled population have had a CVD risk assessment in the last five years

Figure 7: Percentage of the eligible enrolled West Coast population having had a CVD risk assessment in the last 5 years⁶



Data for the five years to 31st December 2013 shows that West Coast general practices have continued to increase coverage, with 66.4% of the eligible enrolled West Coast population having had a cardiovascular risk assessment (CVRA) – up from 64% in Quarter 1.

A lot of positive work was undertaken this Quarter to improve performance, and while the results demonstrate an increase of 2.4% on the previous quarter's result, we have not met our 78% progress target as intended.

WCDHB continues to work on increasing the rates during the year and meet the 90% target by 1st July 2014. This includes integration of Kaupapa Maori nurses, implementing specific nurse led CVRA clinics at practices and providing extra nursing resources for CVRAs.

Additional funding received from the Ministry of Health to support further uptake of More Heart and Diabetes checks has resulted in an after-hours clinic delivered in Reefton. Further recruitment of nurses to work at dedicated general practices after-hours clinics, marae, work places and other venues continues.

To meet the 90% target we are focussed on delivering the Primary Care Health Target Action Plan to support a more integrated approach to both primary care health targets, which was signed off by the Ministry in December 2013.

Actions in the coming quarter to address performance and reach the target include:

- Integrating Kaupapa Maori nurses to assist with high need engagement for screening;
- Implementing specific nurse led CVRA clinics at practices;
- Screening for CVD patients for CVRA;
- Providing extra nursing resources for CVRAs; and
- Introducing after-hours clinics to provide additional CVRAs for people not easily able to access general practice during working hours.

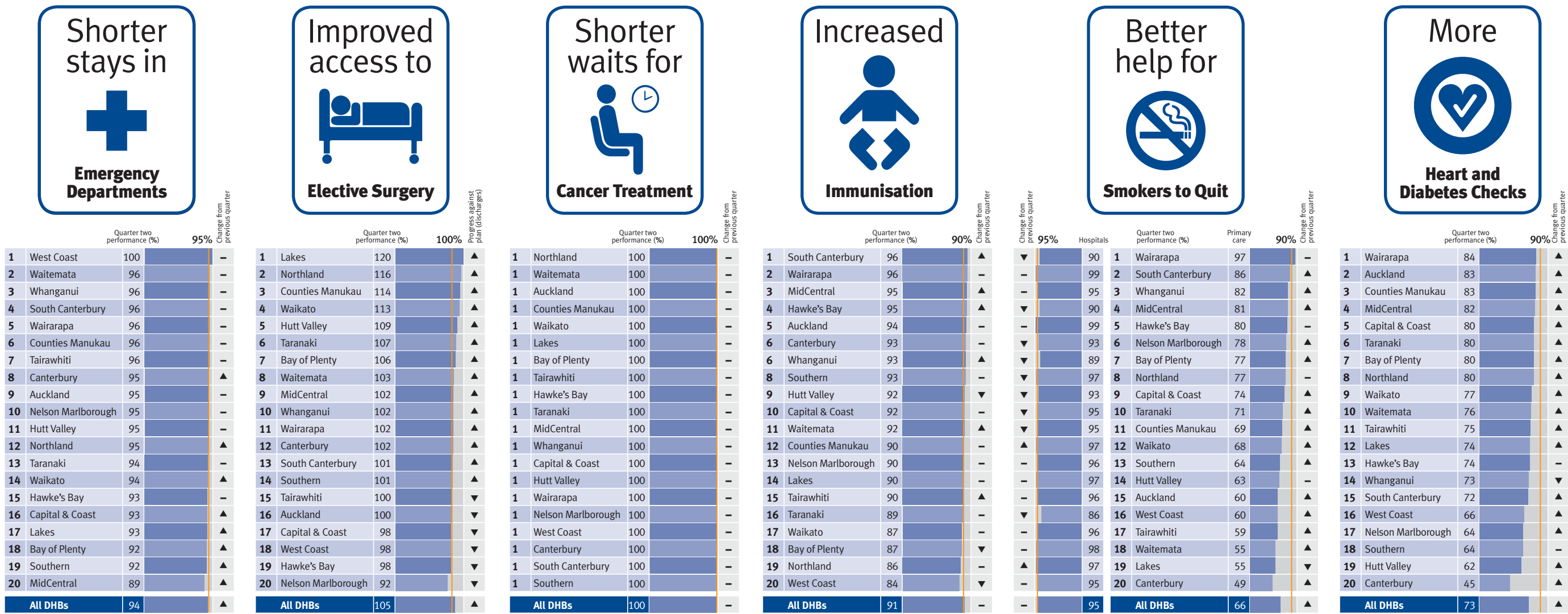
⁶ Data for this measure is supplied by the Ministry on a quarterly basis from the PHO Performance Programme (PPP).

How is My DHB performing?



2013/14 QUARTER TWO (OCTOBER–DECEMBER) RESULTS

www.health.govt.nz/healthtargets



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 76,231 discharges for the year to date, and have delivered 3554 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.

Increased immunisation

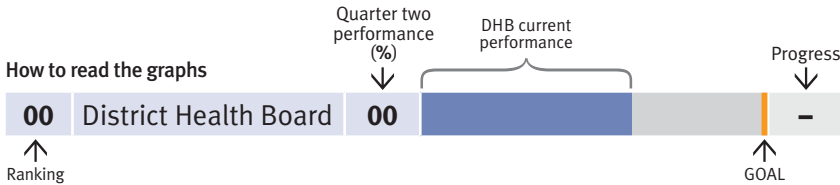
The national immunisation target is 90 percent of eight-month-olds have their primary course of immunisation at six weeks, three months and five months on time by July 2014 and 95 percent by December 2014. This quarterly progress result includes children who turned eight-months between October and December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



Health target results are sourced from individual DHB reports, national collections systems and information provided by primary care organisations.

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

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

SOURCE: Planning and Funding

DATE: 20 March 2014

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

The purpose of this report is to summarise the ratings received from the Ministry of Health for the quarterly non-financial reporting. This reporting is made up of the national Health Targets and DHB performance measures, as well as additional Crown Funding Agreement (CFA) reporting agreed in separate contact variations.

Ratings received from the Ministry of Health for Quarter 2 2013/14 reports are graphed in the attached summary (Appendix 1), which also provides a progressive quarterly breakdown of all ratings and additional commentary where the DHB received lower ratings.

2. RECOMMENDATION

That the Community and Public Health & Disability Support Advisory Committee notes the West Coast DHB's results for Quarter 2 2013/14 and the commentary provided against the lower ratings.

3. SUMMARY

The West Coast received an 'achieved' or 'satisfactory' rating on 29 (74%) of the reports submitted in Quarter 2 (1 October - 31 December 2013).

Nine reports (23%) received a 'partially achieved' rating.

Five Health Targets received these lower ratings: the access to elective surgery target, the CVD risk assessment target, the increased immunisation target and both the primary and secondary smoking cessation targets.

The West Coast received one 'B, further work required' rating against the CFA measure 'Alcohol Brief Interventions', which is a new quarterly report. There was no data available to report as the service had only just begun. We expect to provide data next quarter.

All DHBs received a 'not applicable' rating for the new maternity element of the smoking cessation health target. This is because the Ministry's data for this indicator is incomplete; therefore, the Ministry has decided to provide it for information only (without a rating), although DHBs are still required to provide a report.

4. APPENDICES

Appendix 1: Quarterly Non-Financial Reporting Summary – Q2 2013/14

Report prepared by: Planning and Funding Team

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



Non-Financial Quarterly Reporting Summary

Quarter 2 2013/2014 (October-December 2013)

This summary presents the DHB's quarterly non-financial performance ratings received from the Ministry of Health. Performance reporting is made up of national Health Targets, performance measures agreed in the DHB's Annual Plan, and reporting agreed in Crown Funding Agreement (CFA) variations. The national DHB performance measures are divided into five 'dimensions': Policy Priorities (PP), System Integration (SI), Ownership (OS), Outputs (OP) and Developmental (DV).

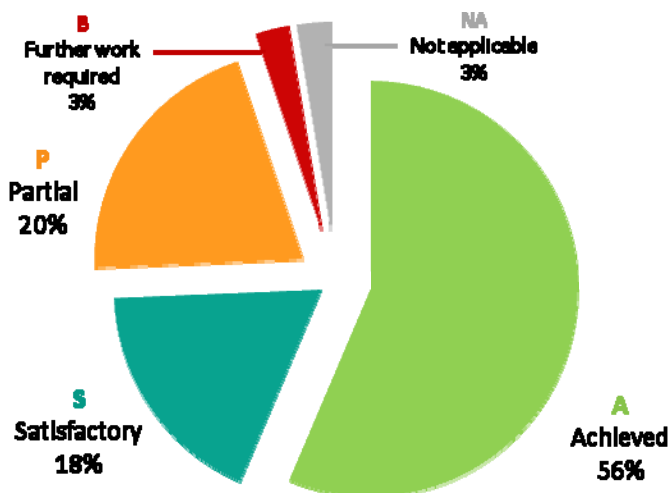
Not all indicators are reported every quarter. From this reporting, the Ministry provides the Minister of Health with a quarterly report on the performance of the DHB.

This summary includes:

- An overview of the ratings received from the Ministry of Health for Quarter 2 2013/14;
- A detailed progressive quarterly breakdown of all ratings;
- Further detail around key performance issues.

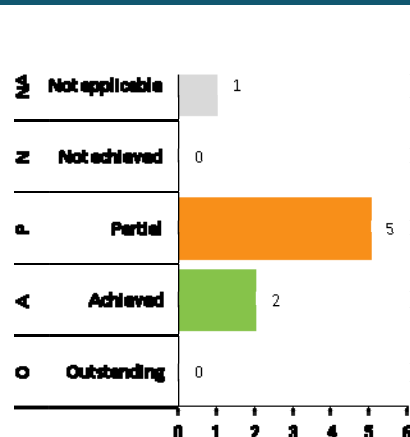
1) Ratings Overview

Non-financial quarterly reporting – 2013/14 Q2 Ratings

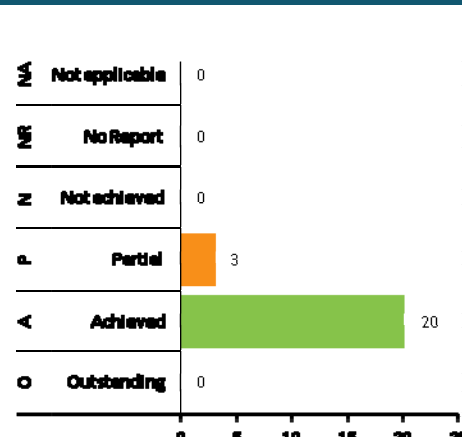


For Quarter 2, the West Coast DHB received good ratings ('satisfactory' or 'achieved') on 29 or 74% of the reports. One report received a 'not applicable' for all DHBs. The remaining 9 (23%) 'Partially achieved' or 'further work required' ratings are discussed in Section 3 of this report.

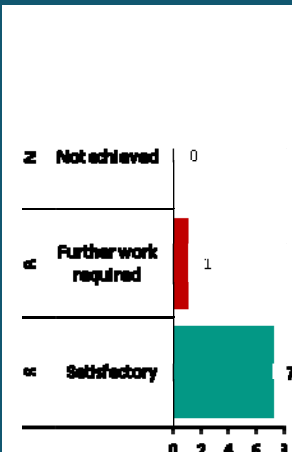
Level 1 – Health Targets



Level 2 – DHB Performance Measures



Level 3 – CFA Variation Reporting





2) Quarterly Breakdown of Ratings

Key	O	A	S	P	B	N	NA	-	▲, ▼, —
	Outstanding	Achieved	Satisfactory	Partial	Further work required	Not achieved	Not applicable	Not required for the quarter	Better, worse, same as last time ¹

Health Targets		Q1	Q2	Q3	Q4	Actual	Target	Change
+	Shorter stays in Emergency Departments (ED) – <i>within 6 hours</i>	A	A			99.8%	95%	—
+	Improved access to elective surgery – <i>discharges delivered</i>	A	P			97.9%	100%	-1.9% ▼
+	Shorter waits for cancer treatment – <i>radiation & chemotherapy in 4 wks</i>	A	A			100%	100%	—
+	Increased immunisation – <i>eight-month-olds fully vaccinated</i>	P	P			84%	90%	-1% ▼
+	Better help for smokers to quit – <i>hospitalised smokers given help/advice</i>	P	P			86.2%	95%	-6.8% ▼
+	Better help for smokers to quit – <i>smokers in primary care given help/advice</i>	P	P			59.9%	90%	+2% ▲
+	Better help for smokers to quit – <i>pregnant women given help/advice</i>	NA	NA			100% ²	90%	—
+	More heart & diabetes checks – <i>CVD risk assessment</i>	P	P			66.4%	90%	+2.4% ▲

Policy Priorities	Q1	Q2	Q3	Q4	Actual	Target	Change
Health System							
PP1: Clinical leadership self-assessment	-	-	-		qualitative		-
PP22: System integration	A	A			qualitative		—
Mental Health							
PP6: Mental health access rates	-	A	-		-		-
PP7: Mental health relapse planning – <i>clients with relapse prevention plans</i>	-	A	-		48%	95%	-52% ³ ▼
PP8: Shorter waits for non-urgent mental health & addiction services	P	A			-		▲
PP26: Mental Health and Addiction Service Development Plan	P	A	-		qualitative		▲
Child & Youth Health							
PP10: DMFT (decayed/missing/filled teeth) Score at Year 8	-	-		-	-	≤1.35	-
PP11: Children caries-free at 5 years of age	-	-		-	-	61%	-
PP12: Utilisation of DHB funded dental services by adolescents	-	-	-		-	75%	-
PP13: Improving the number of children enrolled in DHB funded dental services	-	-		-	-		-
- <i>Children enrolled aged 0-4 years</i>					-	77%	-
- <i>Children not examined aged 0-12 years</i>					-	≤10%	-
PP21: Immunisation coverage – <i>two-year-olds fully vaccinated</i>	P	P			83%	95%	-3%▼
PP25: Prime Minister’s youth mental health initiative	A	A	-	-	qualitative		—
PP27: Delivery of the Children’s Action Plan	A	A			qualitative		—

¹ 'Change' is in comparison with the previous time the measure was reported (varies from last quarter, six months, year, etc).

² MoH is sourcing data for the maternity smoking cessation indicator via the national Maternity Data Set; however, the source of this data only represents around 80% of all pregnancies nationally, and therefore the Ministry has decided to provide this results as information only and will not publish results online or in newspapers.

³ Previously this measure has captured all clients with prevention plans in place – this now only counts those plans that have been updated in the last 12 months.



Policy Priorities	Q1	Q2	Q3	Q4	Actual	Target	Change
Health of Older People							
PP18: Improving community support to maintain the independence of older people	A	A			93.9% ⁴	95%	—
PP23: Wraparound ‘health of older people’ services	A	A			qualitative		—
Long-term Conditions							
PP20: Improved management for long-term conditions	A	A			-		—
PP24: Cancer multidisciplinary meetings	A	A			qualitative		—
PP28: Reducing rheumatic fever	P	A			-		▲

System Integration	Q1	Q2	Q3	Q4	Actual	Target	Change
SI1: Ambulatory sensitive (avoidable) hospital admissions	-	A	-		-		-
SI3: Service coverage	-	A	-		qualitative		-
SI4: Elective services standardised intervention rates	A	A			Per 10,000:		—
- Cardiac procedures					5.44	6.5	-0.22 ▼
- Major joint procedures (hip and knee)					26.92	21	1.52 ▲
- Cataract procedures					44.15	27	-11.15 ▼
SI5: Delivery of Whānau Ora	-	-	-		qualitative		-

Ownership	Q1	Q2	Q3	Q4	Actual	Target	Change
OS3a: Inpatient length of stay – elective surgical	P	P			3.29	≤3.16	-0.01 ▲
OS3b: Inpatient length of stay – acute	A	A			3.11	≤3.50	-0.16 ▲
OS8a: Acute readmissions to hospital – total population	A	A			4.9%	≤8.1%	—
OS8b: Acute readmissions to hospital – population aged 75+	A	A			6.9%	≤11.5%	—
OS10: Improving the quality of data provided to National Collection Systems	A	A			-		—
- NHI duplications					2.22%	≤6%	+2.22% ▼
- Ethnicity not stated in NHI					0.00%	≤2%	—
- Standard vs specific descriptors - NMDS					81.46%	≥75%	+8.16% ▲
- Timeliness of NMDS data					2.41%	≤5%	-13.9% ▲
- Matching NNPAC and NMDS ED admitted events					98.16%	≥97%	-0.74% ▼
- PRIMHD File Success Rate					92.57%	≥98%	-4.63% ▼

Outputs	Q1	Q2	Q3	Q4	Actual	Target	Change
OP1: Mental Health Volumes Delivered to Plan	A	A			-		—

Developmental Measures	Q1	Q2	Q3	Q4	Actual	Target	Change
DV1: Faster cancer treatment	P	P			qualitative		—

⁴ DHBs have interpreted the PP18 instructions differently; MoH has not yet clarified definitions. We calculated the West Coast's Q1 achievement at 91-93%, however this was amended to 88.1% during Q2.



Additional CFA Reporting	Q1	Q2	Q3	Q4	Change
Child & Youth					
B4 School Check	S	S			—
Well Child/Tamariki Ora Services	S	S			—
Immunisation coordination service	-	S	-		-
NIR ongoing administration services	-	-		-	-
Oral health business case	-	S	-		-
Mental Health					
Primary mental health initiative	-	S			New
Alcohol brief interventions	-	B			New
Secondary Care					
Cancer Nurse Coordinators	-	S	-		-
Electives Initiative and Ambulatory Initiative	S	S			—
Older Persons' Health					
Boost hospice funding	S	-		-	—
Emergency Preparedness					
Personal protective equipment and critical supplies for a national emergency	-		-		-



3) Key Performance Issues

In Quarter 2, West Coast received an 'A' ('achieved') rating on its System Integration (SI) and Output (OP) reports. Ratings for other categories are discussed below.

Key	O	A	S	P	B	N	NA	-	▲, ▼, —
	Outstanding	Achieved	Satisfactory	Partial	Further work required	Not achieved	Not applicable	Not required for the quarter	Better, worse, same as last time ⁵

Health Targets

West Coast received an 'A' ('achieved') rating on 2 Health Target reports. The remaining 5 'P' ('partially achieved') ratings are discussed below. A 'P' rating indicates the target is not fully met, but the resolution plan satisfies the Ministry that the DHB is on track to compliance.

Measure	Q1	Q2	Q3	Q4	Actual	Target	Change
Improved access to elective surgery – <i>discharges delivered</i>	A	P			97.9%	100%	-1.9% ▼
West Coast comment: Being only 17 patients shy of meeting the targeted 812 this quarter, we have no doubt that this shortfall will be made up for by the end of Quarter 4. A two week shutdown at Christmas and issues with visiting specialists during December are most likely responsible for our decline this quarter.							

Measure	Q1	Q2	Q3	Q4	Actual	Target	Change
Increased immunisation – <i>eight-month-olds fully vaccinated</i>	P	P			84%	90%	-1% ▼
MoH feedback: The Ministry is pleased to learn of the approval of the Immunisation Position Paper by the Alliance Leadership Team that will support meeting the health target. With a combined Opt off and Decline rate of 11.9 % the Ministry acknowledges that increasing coverage can be difficult and that despite best efforts results will at times be frustrating. Perhaps the Ministry can meet with the immunisation leaders to assist the DHB in the development of an overall plan for 2014 to increase coverage. Please contact us should you wish to take up this offer.							
West Coast comment: West Coast DHB continues to focus on vaccinating all eligible children within our Population. There were only four children overdue on the West Coast this quarter and of these, one was vaccinated after milestone age. The ethnicity breakdowns demonstrated West Coast immunised: NZ European (94%); Maori (88%); and 100% of Pacific and Asian children. The Immunisation Position Paper (recently approved by the Alliance Leadership Team) included recommendations in data management, outreach, promotion, seasonal influenza programme, leadership/engagement and clinical and administration linkages. An implementation plan for these recommendations has recently been approved with work now underway.							

Measure	Q1	Q2	Q3	Q4	Actual	Target	Change
Better help for smokers to quit – <i>smokers in primary care given help/advice</i>	P	P			59.9%	90%	+2% ▲
MoH feedback: Your preliminary Q2 result is 59.9% compared with 57.8% in the last quarter. This represents a 2% per cent increase on last quarter's result. Your Q2 result is below the national Q2 result. The Ministry acknowledges the effort that you have put into improving the Health Target results but unfortunately the increase in the results has been minimal. It is evident from your report that the DHB and PHO have							

⁵ 'Change' is in comparison with the previous time the measure was reported (varies from last quarter, six months, year, etc.).



invested clinical in leadership. This is a great initiative and we encourage you to continue to invest in this area.

It is great to read that the PHO is identifying and supporting the poor performing practices and providing them with extra support. I also acknowledge the action plan that you have produced and the extra resources that you will transition to primary care over the next few months. I expect to see a bigger increase in your Health Target result as a result of these.

West Coast comment: We continue to work with the PHO to increase provision of smoking cessation advice and support and to improve the capture of related data. Monthly coding and data entry training for all new practice staff continues. During this quarter the Smokefree Services Coordinator (SSC) further investigated individual practice performance. This identified one key practice in particular that required extra support to improve their coding of B&C⁶. This support was provided by the SSC and should result in improved results for this practice for Quarter 3.

Along with existing and previously reported actions, during this quarter the 'Supporting the Primary Care Health Targets' Action Plan was updated and approved by the MoH. This identifies opportunities for better integration between the two primary care health targets. Key actions include supporting senior and clinical leadership within primary practices, including the reinvigoration of Quality Improvement Teams and identifying Quality Improvement Primary Health Targets Champions. Work is already underway against this plan through to July 2014.

The Clinical Audit Tool (CAT) was to be installed during the quarter, but was delayed due to IT issues. We are working to resolve this.

Measure	Q1	Q2	Q3	Q4	Actual	Target	Change
Better help for smokers to quit – hospitalised smokers given help/advice	P	P			86.2%	95%	-6.8%▼

MoH feedback: It is disappointing to see that West Coast DHB's hospital target result has dropped again this quarter after having reached 95% in quarter four 2012/13. The Ministry notes that documentation and leadership from senior management continue to be an issue. The DHB will need to monitor its results carefully over the coming months to ensure that its result doesn't drop again in quarter three. The DHB may want to consider what other systems or checks and balances could be put in place to support the hospital target. Better leadership and promotion may not be enough for the DHB to reach 95%.

West Coast comment: In addition to the ongoing activities outlined in previous reports, the West Coast DHB has implemented an action plan to support achievement of this target. The action plan includes: regular meetings with hospital management, management support for missed ABC through monthly reports, inclusion of Brief Advice training in Discharge Planning, improved processes for short stay admissions, clarification of existing smoker status; further managerial assistance and support; an audit with ED to assess the level of progress staff have made; and increased ABC visibility through posters (presenting ward results) circulated in all wards. The systems and processes are in place for the target to be achieved by June 2014; however, challenges do exist including attendance levels at ABC-Smokefree training. Meetings with senior hospital management will need to be ongoing until progress against the target is again achieved and sustained.

Measure	Q1	Q2	Q3	Q4	Actual	Target	Change
More heart & diabetes checks – CVD risk assessment	P	P			66.4%	90%	+2.4%▲

Ministry comment: Your preliminary result is 66.4%, a 2.2% inc on last quarter and rank of 16th. Thanks for your report. There are some good activities underway and we look forward to seeing your results continue to improve over the coming months.

West Coast comment: West Coast PHO was just 4% shy of reaching their 78% progress target by December 2013, a good milestone on the way to achieving the national target of 90% of eligible people assessed by 30 June 2014. Although we didn't meet our progress target, an increase shows that work is underway in changing this. A range of activities continue to follow up eligible patients and provide risk assessments, including active recall to nurse-led clinics, targeting of high-need populations and reducing access barriers through after hours clinics. An updated action plan (signed off by the Ministry in December 2013) will help us continue our positive progress in reaching this target.

⁶ The 'B & C' refer to the latter part of the The ABC Strategy for Smoking Cessation involves Asking if a patient smokes, offering Brief advice to quit and referring them to Cessation support.



Policy Priorities

West Coast received an 'A' rating ('achieved') on 12 of the 13 Quarter 2 'Policy Priorities'. West Coast received a 'P' ('partially achieved') rating on one report, discussed below.

Measure	Q1	Q2	Q3	Q4	Actual	Target	Change
PP21: Immunisation coverage – two-year-olds fully vaccinated	P	P			83%	95%	-3% ▼
<p>MoH feedback: This is solid performance by West Coast DHB to achieve 83% immunisation coverage for two-year-olds. Well done. We note the DHB has the highest opt off and decline rate in the country of 17 percent and the best result possible was 83 percent total coverage. The Ministry is aware that high decline and opt off rates will continue to affect the DHB's ability to achieve consistently high coverage rates.</p> <p>West Coast comment: As the MoH feedback acknowledges, the national target continues to be significantly challenging to meet due to the high opt-off and decline rate. There were no children overdue or missed this quarter. Of the 95 eligible children, 79 were vaccinated. Our 3% reduction on last quarters result reflects the 3.6% increase in opt-off and decline rates.</p>							

Developmental Measures

West Coast received a 'P' ('partially achieved') rating on its single developmental measure, discussed below.

Measure	Q1	Q2	Q3	Q4	Actual	Target	Change
DV1: Faster cancer treatment	P	P			qualitative		—
<p>MoH feedback: Many thanks for your extensive commentary. Unfortunately we did not receive your data file until 28 January and we did not have time to load it into our database or check data quality. We would be grateful if data is received on the 20th of the month.</p> <p>West Coast comment: Data collection issues around tools and data quality resulted in our delayed file upload. We are investigating the process and tools we are currently using to resolve this issue. Improvements are expected in the next reporting period.</p>							

CFA Reporting

West Coast received a 'B' ('further work required') rating on one CFA report, discussed below.

Measure	Q1	Q2	Q3	Q4	Actual	Target	Change
Alcohol brief interventions	-	B			qualitative		New
<p>West Coast comment: There is no data available to report currently as the service has only just begun. We expect to provide data next quarter.</p>							

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

SOURCE: Planning & Funding
Alliance Leadership Team

DATE: 20th March 2014

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

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

2. RECOMMENDATION

That the Committee;
i. Notes the Alliance Update.

3. SUMMARY

PROGRESS OF NOTE:

- **Alliance Leadership Team** – The Alliance Leadership Team met as a group on February 26th. They received a resignation from Contessa Popata, Maori Health and District Nursing expertise.
- **Annual Planning** - February's meeting was an opportunity for ALT to review draft workplans from each of the workstreams for the coming Annual Planning year. They provided feedback on the plans and suggestions where necessary.
- **Complex Clinical Care Network (CCCN) –**
 - Development of the case mix criteria continues with providers. The roll out of this new model of care is on track for quarter 4.
 - Regular peer reviews and training sessions are being held with providers to ensure that that this new direction of restorative home based support services are in line with the model and that a collaborative delivery of service is rolled out to meet client need.
- **Buller Integrated Family Health Service [IFHS] –**
 - Poutini Waiora staff are now on site in the Buller facility. This collocation is working well and enabling closer integration with the Buller Medical GP practice.
 - A new Clinical Nurse Manager has been appointed to the GP practice and the Clinical Nurse Manager position for Aged Residential Care has been re-advertised. Filling these vacancies will allow staff to focus on wider service improvements rather than day to day running.
 - The workstream have met to further develop the workplan as part of the Annual Planning process.
 - A workshop to explore implementing a Single Point of Entry is being planned with involvement from staff in the GP practice, acute services, community mental health and the CCCN.

- **Grey/Westland Family Health Service [IFHS] -**
 - The Grey/Westland workstream group met formally for the first time in mid-January to progress these discussions. Members are working to further define the process redesign needed in DHB-owned general practices that will support the health care home approach and privately owned practices have been invited to join these discussions.
 - Work is also progressing to implement Standard Operating Procedures and Standing Order Delegation Systems within the DHB-owned practices.

- **Pharmacy -**
 - Pharmacists are now working regularly in three general practices to assist with the medicines-related care of complex patients and the input of pharmacists in the Complex Clinical Care Network is being formalised.
 - Work on planned quality improvement processes is on hold pending release of the national community pharmacy quality framework.

- **Healthy West Coast –**
 - The Healthy West Coast workstream have developed a workplan for 2014/15 which encompasses two new priorities; the reduction of harm caused by alcohol and the More Heart & Diabetes Heath Target.
 - The workstream are currently undertaking a re-prioritisation process of the workplan activities as some services delivered under the plan are at risk due to funding contracts coming to an end this financial year (2013/14).

- **Child and Youth –**
 - Members of the Child & Youth workstream have been involved in localising a number of nationally driven initiatives, including; Maternity Quality & Safety Programme, National Children’s Action Plan, Well Child Tamariki Ora Quality Improvement Framework and the Prime Minister’s Youth Mental Health Project.
 - Members of the ALT have expressed concern over the amount of nationally and regionally driven expectations placed on this workstream and are working with the Project Lead to manage resource and ensure accountability for the workplan is appropriately shared and therefore achievable.

Report prepared by: Jenni Stephenson, Planning & Funding

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

WORKPLAN FOR CPH&DSAC 2014 – BASED ON WEST COAST DHB PRIORITY PLAN

	20 March	1 May	12 June	24 July	11 September	23 October	27 November	2015
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	
STANDARD REPORTS	Health Target Q2 report Planning & Funding Update Community & Public Health Update Alliance Update Quarterly Performance Summary Q1 Maori Health Plan Update	Planning & Funding Update Community & Public Health Update	Health Target Q3 Report Planning & Funding Update Community & Public Health Update Alliance Update Quarterly Performance Summary Maori Health Plan Update	Planning & Funding Update Community & Public Health Update	Health Target Q4 report Planning & Funding Update Community & Public Health Update Alliance Update Quarterly Performance Summary Māori Health Plan Update	Planning & Funding Update Community & Public Health Update	Planning & Funding Update Community & Public Health Update Alliance Update	
PRESENTATIONS	As required	Alliance Leadership Team Presentation	As required	As required	As required	As required	As required	
PLANNED ITEMS	West Coast Draft Public Health Plan 2014-15							
GOVERNANCE AND SECRETARIAT	2014 Work Plan							
DSAC Reporting	As available	Disability Plan	As available	As available	As available	As available	As available	
INFORMATION ITEMS	Latest Board Agenda Chair's Report to Board from last meeting 2014 Schedule of Meetings Health Target Report Q1	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan C&PH 6 Monthly report to MoH 2014 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2014 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2014 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2014 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2014 Schedule of Meetings C&PH 6 Monthly report to MoH	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2014 Schedule of Meetings	

WEST COAST DISTRICT HEALTH BOARD MEETING
To be held St John, Waterwalk Road, Greymouth
Friday 21 February 2014 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		
	▪ 13 December 2013		
3.	Carried Forward/Action List Items		
REPORTS			10.15am
4.	Chair's Update	Dr Paul McCormack	10.15am – 10.25am
	(Verbal Update)	<i>Chairman</i>	
5.	Chief Executive's Update	David Meates	10.25am – 10.40am
		<i>Chief Executive</i>	
6.	Clinical Leader's Update	Dr Carol Atmore	10.40am – 10.50am
		<i>Chief Medical Officer</i>	
		Karyn Kelly	
		<i>Director of Nursing and Midwifery</i>	
		Stella Ward	
		<i>Executive Director, Allied Health</i>	
7.	Finance Report	Justine White	10.50am – 11.00am
		<i>General Manager, Finance</i>	
8.	Notice of Motion	Peter Neame	11.00am – 11.20am
	i. Birthing Facilities Buller	<i>Board Member</i>	
	ii. Greymouth Laundry		
9.	Health Benefits Shared Banking & Treasury Services Authorised Signatories	Justine White	11.20am – 11.30am
		<i>General Manager, Finance</i>	
10.	Proposed Committee Membership	Dr Paul McCormack	11.30am – 11.45am
		<i>Chairman</i>	
11.	Report from Committee Meetings		
	- Tatau Pomanau Advisory Group		
	20 February 2014	Elinor Stratford	11.45am – 11.50am
	Verbal Update	<i>Board Representative to Tatau Pounamu</i>	

12. Resolution to Exclude the Public

Board Secretariat

11.50am

INFORMATION ITEMS

- 2014 Meeting Schedule

ESTIMATED FINISH TIME

11.50am

NEXT MEETING

Friday 4 April 2014

COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE 28 NOVEMBER 2013



TO: Chair and Members
West Coast District Health Board

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

DATE: 13 December 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 28 November 2013. Following confirmation of the minutes of that meeting at the next meeting, confirmed minutes of the 28 November 2013 meeting will be provided to the Board at its February 2014 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 – 28 November 2013.

3. SUMMARY

ITEMS OF INTEREST FOR THE BOARD

- **Community & Public Health Update.**

This report provided the Committee with updates on: The Wellbeing Game; the Westland Wilderness Trail; Health Promoting Schools; Fruit Trees at Uniting Church and the new Food Growers Gardening Group.

Discussion took place regarding water quality and the Committee noted that currently bacterial problems are more of an issue on the West Coast than nitrate levels..

- **Alliance Update**

This report provided an update of progress made around the West Coast Alliance

The report also provided the Committee with information on the Complex Clinical Care Network (CCCN); Buller Integrated Family Health System; Pharmacy; Healthy West Coast and work being undertaken across the Alliance work streams

- **Maori Health Activity Update**

This quarterly report is included in today's Board papers.

- **Planning & Funding Update**

This report provided the Committee with an update on progress made on the Minister of Health's health and disability priorities and the West Coast DHBs Annual Plan key priority areas.

Key Achievements

- The West Coast continues to perform well above the 95% **ED health target**; results for the year to 31 October 2013 show that 99.8% of patients were admitted, discharged or transferred within 6 hours - and 96.7% within just 4 hours.
- The West Coast has continued to achieve the **cancer treatment health target** throughout the first four months of the 2013/14 financial year, with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks.
- At the end of Quarter 1, West Coast **B4 School Check coverage** exceeded the year-to-date target of 25% for both the high deprivation group (26%) and for total checks (27%).

Key Issues & Associated Remedies

- 85% of eight-month-olds were fully immunised in Quarter 1— missing the new **immunisation health target** (90%) by just four children. A position paper to streamline immunisation events on the West Coast has been approved by the Alliance Leadership Team, and the implementation plan is now being developed.

Upcoming Points of Interest

- Implementation of a **restorative homecare model** as part of the Complex Clinical Care Network project continues to make progress. A recent development is the offer of a short period of goal-based rehabilitation to help clients improve their functioning and stay independent at home.
- Work continues on increasing integration to enhance responsiveness and flexibility of **mental health services** across the system. The findings of a recent stock-take against the national Mental Health and Addiction Service Development Plan will support this work.
- A joint publicity campaign by the West Coast DHB, PHO and Diabetes Society is being run in November to encourage people to become more active and to get checked for their

cardiovascular disease (CVD) and diabetes risk. The campaign is designed to coincide with nationwide messages around national Diabetes Awareness Week and CVD risk.

Discussion took place regarding variances in home based support remuneration and the Committee noted that there is a move to a more case-mix funding model for these payments.

- **General Business**

The Chair advised that members of the Community had raised with her concern around the number of suicides on the West Coast in recent times. The Committee noted that this was part of the background behind the commissioning of the Mental Health Review. They also noted that some areas do have a suicide prevention plan and that there is work taking place here on the West Coast to determine the need for such a plan.

4. APPENDICES

Appendix 1: Agenda – Community & Public Health & Disability Support Advisory Committee – 28 November 2013.

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

COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
To be held in the Board Room, Corporate Office, Greymouth Hospital
Thursday 28 November 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

10 October 2013.

3. Carried Forward/ Action Items

REPORTS/PRESENTATIONS

9.10am

4 Community and Public Health Update

Jem Pupich
Team Leader, Community and Public Health

9.10am - 9.25am

5. Alliance Update

Carolyn Gullery
General Manager, Planning & Funding

9.25am - 9.40am

6. Maori Health Activity Report

Gary Coghlan
General Manager, Maori Health

9.40am – 9.55am

7. Planning & Funding Update

Carolyn Gullery
General Manager, Planning & Funding

9.55am – 10.05am

8 General Business

Elinor Stratford
Chair

10.05 am - 10.50am

ESTIMATED FINISH TIME

10.50am

INFORMATION ITEMS

- Chair's Report to last Board meeting
- Board Agenda – 13 September 2013
- West Coast CPHAC/DSAC Workplan 2013
- West Coast DHB 2013 Meeting Schedule

NEXT MEETING

Date of Next Meeting: to be confirmed

HEALTH TARGET REPORT – QUARTER 1



TO: Chair and Members
West Coast District Health Board

SOURCE: Planning & Funding

DATE: 13 December 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 1 (July – September 2013). The attached report (Appendix 1) provides a detailed account of the results and the work underway for each health target.

DHB performance against the health targets is published each quarter in newspapers and on the Ministry and DHB websites. The Quarter 1 health target league table is attached as Appendix 2.

2. RECOMMENDATION

That the Board:

- i note the West Coast's performance against the health targets; and
- ii note that due to the timing of the release of the report this will be provided to the Community & Public Health & Disability Support Advisory Committee as an information item at their next meeting.

3. SUMMARY

The West Coast has performed well in Quarter 1. It 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.
- Achieved the **electives health target**, delivering 434 elective surgeries this quarter.
- 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.

Health target performance has been weaker, but still positive, in the following areas:

- For the **immunisation health target**, 85% of all eight-month-olds were fully immunised in Quarter 1 (the national target has changed this quarter increasing from 85% to 90%). While this is a decrease from the exceptional results of the previous quarter (where 93% of all eight-month-olds were fully immunised), it is higher than the coverage achieved in Quarters 1-3 last year. The National Immunisation Register Administrator is working closely with each practice to ensure a stronger focus on pre-call and on-time immunisation.
- The West Coast DHB was just 2% off meeting the **hospitalised smokers health target**, with 93% of hospitalised smokers having received advice and help to quit. As noted in previous reports, the main challenge with this target is the small numbers involved; the Quarter 1 result was just five patients shy of meeting the 95% target. Identifying 'missed' patients and addressing any gaps at ward level continues to be the key strategy to improve performance. In

addition, lifting ED performance and promoting the provision of Nicotine Replacement Therapy throughout the DHB are current areas of focus.

- General practices' performance against the **primary care smokers health target** continues to show modest increases, up 3% on the previous quarter, with 58% of smokers attending primary care receiving advice and help to quit. Activities continue to focus on improving data capture, feedback and training.
- Performance against the **heart checks health target** has had a substantial 6% increase this quarter to 58% of the eligible enrolled West Coast population having had a cardiovascular risk assessment in the last five 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.

It is anticipated that the installation of the Clinical Audit Tool (currently undergoing technical issues but expected to be functional soon) will support improvement in both these targets.

4. **APPENDICES**

Appendix 1:	Health Target Report – Quarter 1
Appendix 2:	Ministry Health Target League Table – Quarter 1
Report prepared by:	Planning and Funding
Report approved by:	Carolyn Gullery, GM Planning & Funding

Quarter 1 2013/14 Performance Summary

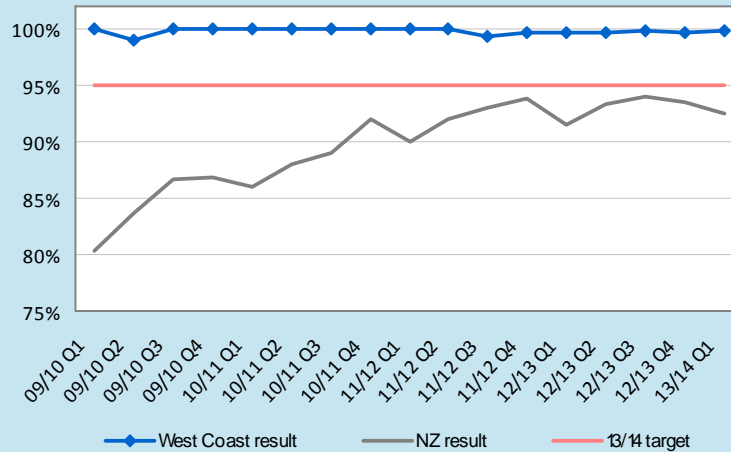
Target	Q2 12/13	Q3 12/13	Q4 12/13	Q1 13/14	Target	Status	Pg
Shorter Stays in ED: Patients admitted, discharged or transferred from an ED within 6 hours	99.7%	99.8%	99.6%	99.8%	95%	✓	2
Improved Access to Elective Surgery: West Coast's volume of elective surgery	846 YTD	1,173 YTD	1,686	434 YTD	1,592	✓	3
Shorter Waits for Cancer Treatment: People needing cancer radiation therapy or chemotherapy having it within four weeks	100%	100%	100%	100%	100%	✓	3
Increased Immunisation: Eight-month-olds fully immunised	84%	78%	93%	85%	90%	✗	4
Better Help for Smokers to Quit: Hospitalised smokers receiving help and advice to quit	89%	91%	95%	93%	95%	✗	5
Better Help for Smokers to Quit: Smokers attending general practice receiving help and advice to quit	44%	53%	55%	58%	90%	✗	6
More Heart and Diabetes Checks: Eligible enrolled adult population having had a CV risk assessment in the last 5 years	58%	58%	58%	64%	90%	✗	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



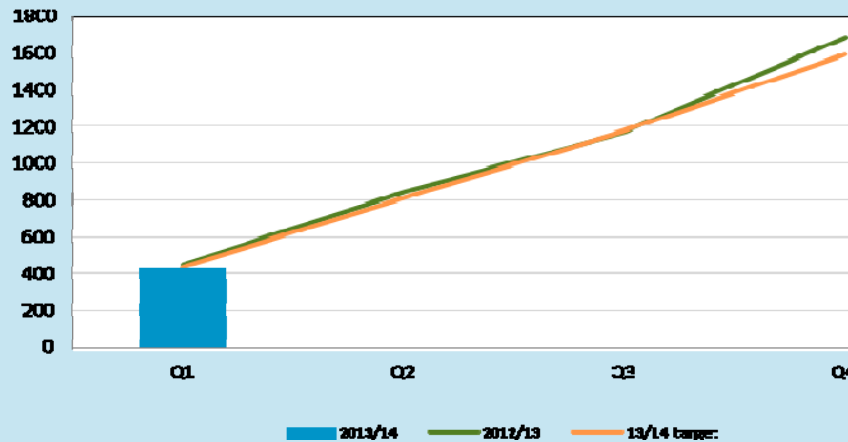
The West Coast continues to achieve impressive results against the ED health target, with **99.8%** of patient events admitted, discharged or transferred from ED within 6 hours during Quarter 1.

Improved Access to Elective Surgery

Target: West Coast's volume of elective surgery is to be 1,592 in 2013/14



Figure 2: Elective surgical discharges delivered by the West Coast DHB¹



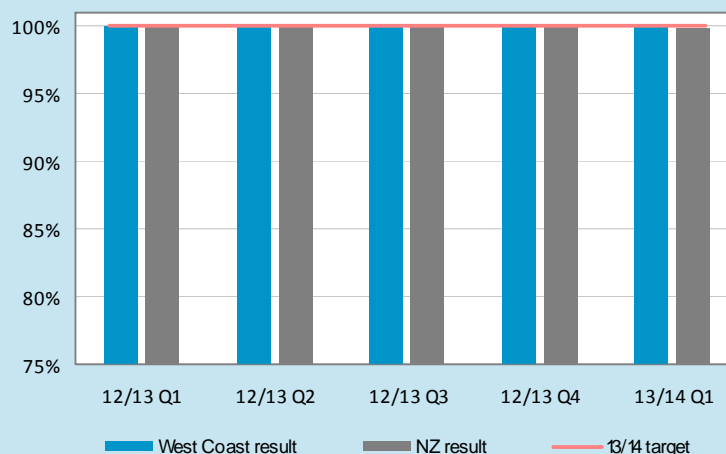
434 elective surgical cases were delivered to Coasters in Quarter 1 2013/14, representing **99.8%** of our year-to-date target delivery. At just one discharge below target, the discrepancy from the year-to-date target is not considered material and will be made up in future quarters.

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 weeks²



In Quarter 1 2013/14, **100%** of patients met the 4 week target for both radiation therapy and chemotherapy.

¹ Excludes cardiology and dental procedures. Progress is graphed cumulatively.

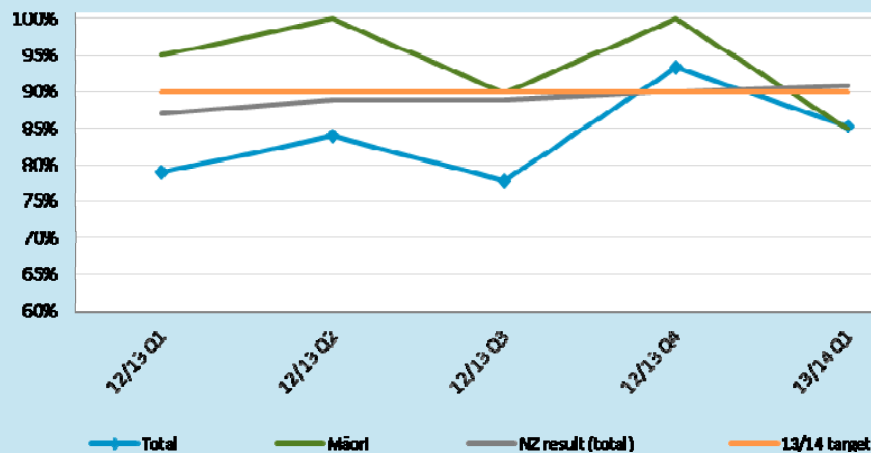
² This measure does not include instances in which a patient chooses to wait for treatment or there are clinical reasons for delay.

Increased Immunisation

Target: 90% of eight-month-olds are to be fully immunised



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



Quarter 1 is the first quarter against the increased national target, which has risen from 85% to 90%.

The West Coast has not achieved the revised national health target this quarter, vaccinating **85%** of eligible children. While this is a decrease from the exceptional results of the previous quarter (where 93% of all eight-month-olds and all Māori eight-month-olds were fully immunised), it is higher than the coverage achieved in Quarters 1-3 last year.

Opt-offs³ and declines (3.9% and 4.9% respectively) continue to be a challenge for the West Coast; however, they are at lower rates than previous quarters.

Of the 102 eligible children, 87 were fully vaccinated, nine opted-off or declined and only six children were unvaccinated. Three of these six were vaccinated after their milestone age, leaving only three still overdue.

This may suggest that considerable effort is going into recall and outreach services, rather than pre-call and on-time immunisation prior to and at five months. To address this, all practices will now be using a suggested process timeline for their guidance to ensure timely immunisation for children by eight months of age. With the support of the PHO and practices, the National Immunisation Register (NIR) Administrator is working closely with a key person in every practice to identify children who have not been enrolled with a practice, notify the practices to follow up on children who are due or overdue for an immunisation and ensure timely referral to Outreach Immunisation Services when required.

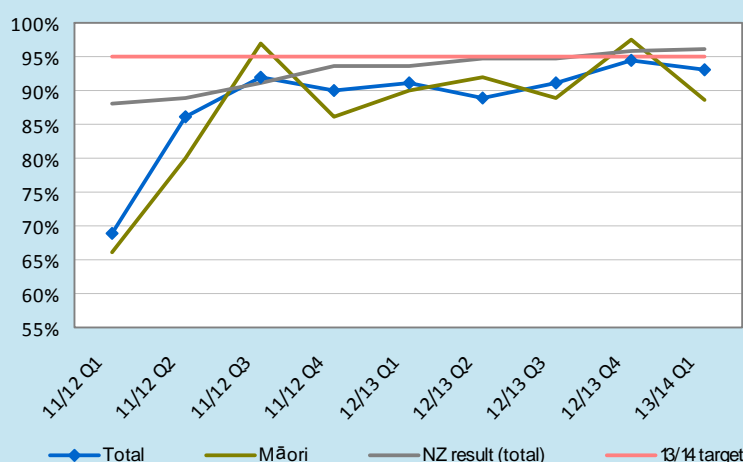
³ Children's parents can decide (typically at the child's birth) to opt their child off the NIR. These children continue to be counted in the cohort for the DHB of birth, but there is no way to determine or record if they have later been vaccinated, declined or moved out of the DHB area.

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 1, West Coast DHB staff provided **93%** of hospitalised smokers with smoking cessation advice and support – just five patients shy of meeting the targeted 95%.

While small numbers continue to make the 95% target a challenge, the West Coast DHB is committed to achieving the target. Clinical Nurse Managers (CNMs) continue to identify ‘missed’ patients and pinpoint any gaps at ward level. These are then acted upon to improve the next month's results. Following up these patients has now become standard practice by CNMs and is crucial for picking up the last few percentage points.

Communication between the Smokefree Services Coordinator and the ED Clinical Nurse Manager continues, with ABC⁴ performance and staff's understanding of what is required steadily improving. The Smokefree Services Coordinator will carry out an audit with ED to assess the level of progress the staff have made with implementing the ABC initiative so that their efforts can be documented and acknowledged.

In Quarter 4 2012/13, the Smokefree Services Coordinator started background work on a Nicotine Replacement Therapy (NRT) charting audit. This work has carried on during Quarter 1, and the audit showed that NRT is being prescribed at a low level on the wards. Raising awareness of the value and use of NRT on the wards is a priority, which is being promoted to staff by the Smokefree Services Coordinator, the Chief Medical Officer and the Director of Nursing. Further NRT promotion will continue next quarter through the DHB in-service and CEO updates.

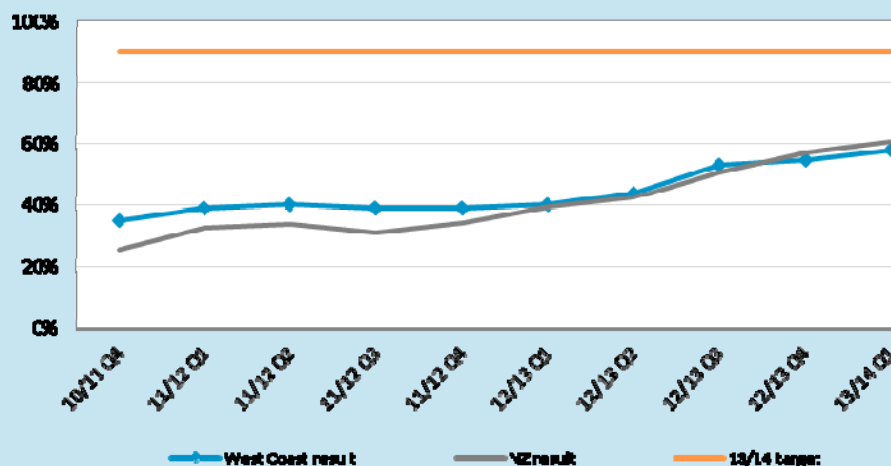
⁴ The ABC Strategy for Smoking Cessation involves Asking if a patient smokes, offering Brief advice to quit and referring them to Cessation support.

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 smoking⁵



West Coast general practices have reported giving 2,554 smokers cessation advice in the 12 months ending September 2013, representing **58%** of smokers expected to attend general practice during the period.

The key barrier to achieving this target is data capture and coding of conversations taking place. Monthly coding and data entry training has been implemented at the PHO as part of standard orientation for all new practice staff in an effort to increase data capture. Smoking assessment tools that prompt staff where required should also increase data capture, and their implementation continues to be progressed.

The PHO Clinical Manager is liaising with each practice to review results, set goals and identify actions to improve individual practices' performance against the health target. The PHO is also working alongside Better Health to support improved practice management of DHB-owned general practices.

Training has increased this quarter, with Quit Card Update training sessions provided in Westport and Greymouth for both community services and DHB staff.

During Quarter 1, an action plan was developed to support increased integration of activity for the primary care smokefree and cardiovascular risk assessment health targets. Activity was already underway to support this way of working (such as the implementation of IT systems); however, further actions that are to be explored to support improved performance against the primary smokefree health target include:

- Improved senior and clinical leadership and accountability by supporting the reinvigoration and expectation of functioning Quality Improvement teams in DHB-owned general practices;
- Supporting Quality Improvement Champions for both health targets; and
- Implementing texting as an IT tool to be used for target groups across both health targets.

⁵ Data for this measure is supplied by the Ministry on a quarterly basis from the PHO Performance Programme (PPP).

More Heart and Diabetes Checks


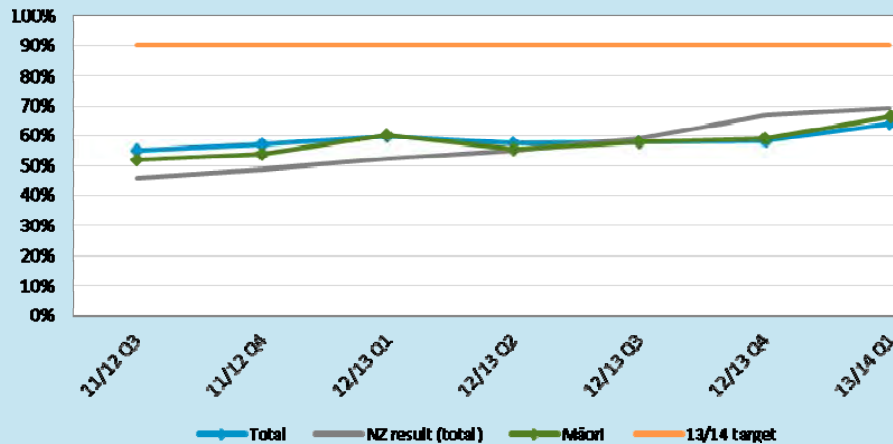
Target: 90% of the eligible enrolled population are to have had a CV risk assessment in the last 5 years 

Figure 7: Percentage of the eligible enrolled West Coast population having had a CVD risk assessment in the last 5 years⁶



Data for the five years to 30 September 2013 shows that West Coast general practices have continued to increase coverage, with **64%** of the eligible enrolled West Coast population having had a cardiovascular risk assessment (CVRA) – up from 58% in Quarter 4.

The West Coast PHO has set a progress target to reach 78% for this measure by December 2013, a good milestone on the way to achieving the national target of 90% of eligible people assessed by 30 June 2014.

Key activities during Quarter 1 included the following:

- Ongoing support from the PHO clinical manager to practice nurses/teams to identify and actively recall eligible patients; Practice teams actively inviting eligible people to nurse-led clinics to have their CVRA;
- Concentration on the high-need population who haven't been screened. Practices now receive quarterly reports on high-needs patients who aren't screened;
- Use of Healthstat to monitor practice performance. The Clinical Audit Tool (CAT) was to be installed during the quarter, but this has been delayed again due to IT issues. A fix is now underway. When installed, the CAT will enable practice teams to identify eligible patients who have not yet been screened and address this as part of their Quality Improvement process;
- Continued support of non-fasting blood testing for people who have never been screened before for screening purposes, and follow-up of identified high risk people; and
- New funding issued for 2013/14 for incentivising additional CVRAs.

Specific services have also been introduced to support Māori, Pacific, and other high-risk populations, including the following:

- Collaboration between Rata Te Awhina Trust's Kaupapa Māori nurses, the PHO and several practices on outreach to the high-needs Māori population who have not responded to invitations for CVRA screening. An awareness campaign has commenced; and
- Extension of the Rata Te Awhina Kaupapa Māori nurse outreach model (originally piloted in Greymouth Medical Centre in Quarter 4) to Hokitika in Quarter 1. So far, this is working very well.

⁶ Data for this measure is supplied by the Ministry on a quarterly basis from the PHO Performance Programme (PPP).

In achieving the target a quality and patient focus remains paramount. The West Coast PHO is actively working to encourage and support the programme through audit, clinical leadership champions, quality improvement programmes, and encouraging individuals to see the benefits of the programme for their patients.

How is My DHB performing?



2013/14 QUARTER ONE (JULY–SEPTEMBER) RESULTS

www.health.govt.nz/healthtargets

Shorter stays in

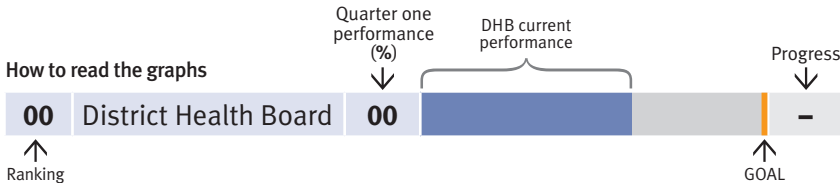
Emergency Departments

	Quarter one performance (%)	95%	Change from previous quarter
1 West Coast	100		–
2 South Canterbury	97		–
3 Wairarapa	96		▼
4 Counties Manukau	96		–
5 Waitemata	96		–
6 Whanganui	96		▼
7 Tairāwhiti	96		–
8 Nelson Marlborough	95		▼
9 Auckland	95		–
10 Hutt Valley	95		▼
11 Canterbury	94		–
12 Taranaki	94		▼
13 Hawke's Bay	93		–
14 Northland	92		–
15 Southern	90		▼
16 Bay of Plenty	90		–
17 Lakes	90		▼
18 Waikato	87		▼
19 Capital & Coast	86		–
20 MidCentral	85		▼
All DHBs	93		–

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.

This quarter, four smaller hospitals have been added to the Shorter Stays in Emergency Departments target (see the website for further details).



Health target results are sourced from individual DHB reports, national collections systems and information provided by primary care organisations.

Improved access to

Elective Surgery

	Quarter one performance (%)	100%	Progress against plan (discharges)
1 Lakes	123		▲
2 Northland	118		▲
3 Waikato	116		▲
4 Counties Manukau	114		▲
5 Hutt Valley	113		▲
6 Taranaki	112		▲
7 Bay of Plenty	108		▲
8 South Canterbury	107		▲
9 Waitemata	104		▲
10 Wairarapa	103		▲
11 Canterbury	102		▲
12 Auckland	100		▲
13 West Coast	100		▼
14 MidCentral	100		▼
15 Whanganui	100		▼
16 Southern	98		▼
17 Hawke's Bay	95		▼
18 Capital & Coast	94		▼
19 Nelson Marlborough	94		▼
20 Tairāwhiti	93		▼
All DHBs	105		▲

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 38,629 discharges for the year to date, and have delivered 1964 more.

Shorter waits for

Cancer Treatment

	Quarter one 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 Tairāwhiti	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 South Canterbury	100		–
1 Southern	100		–
19 Canterbury	99.7		–
20 Waikato	99.5		–
All DHBs	99.9		–

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.

During quarter one 2013/14, three patients who were ready-for-treatment waited longer than four weeks, one for radiotherapy and the other two for chemotherapy.

Increased

Immunisation

	Quarter one performance (%)	90%	Change from previous quarter
1 Wairarapa	97		▲
2 Hutt Valley	94		▲
3 Auckland	94		▲
4 South Canterbury	94		▲
5 MidCentral	94		–
6 Southern	94		▼
7 Canterbury	93		▼
8 Capital & Coast	92		–
9 Hawke's Bay	92		▼
10 Counties Manukau	91		–
11 Waitemata	90		▼
12 Nelson Marlborough	90		▲
13 Taranaki	90		–
14 Lakes	89		▲
15 Bay of Plenty	88		–
16 Whanganui	88		▼
17 Tairāwhiti	87		▼
18 Waikato	87		▲
19 Northland	86		▲
20 West Coast	85		▼
All DHBs	91		–

Increased immunisation

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

Better help for

Smokers to Quit

	Change from previous quarter	95%	Hospitals	Quarter one performance (%)	Primary care	90%	Change from previous quarter
▲			99	1 Wairarapa	98		▲
–			98	2 South Canterbury	83		▲
–			99	3 Hawke's Bay	81		–
▲			93	4 MidCentral	77		▲
–			99	5 Northland	77		▲
–			98	6 Bay of Plenty	75		–
▼			94	7 Whanganui	74		▲
–			95	8 Nelson Marlborough	73		▲
–			95	9 Capital & Coast	68		▲
–			96	10 Taranaki	67		▲
–			97	11 Hutt Valley	64		▲
–			96	12 Waikato	62		▲
▼			96	13 Lakes	61		–
–			96	14 Southern	60		▲
▲			96	15 Counties Manukau	59		▲
▼			93	16 West Coast	58		▲
–			96	17 Tairāwhiti	56		▲
–			95	18 Auckland	51		▲
–			97	19 Waitemata	47		▲
▲			95	20 Canterbury	37		▲
–			96	All DHBs	60		▲

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

	Quarter one performance (%)	90%	Change from previous quarter
1 Wairarapa	82		▲
2 Counties Manukau	81		▲
3 Auckland	80		▼
4 Capital & Coast	78		▲
5 Whanganui	77		▲
6 Northland	76		▲
7 Taranaki	76		▲
8 MidCentral	75		▲
9 Waikato	75		▲
10 Hawke's Bay	73		–
11 Bay of Plenty	72		–
12 Waitemata	72		–
13 Tairāwhiti	70		▲
14 South Canterbury	68		▲
15 Lakes	68		▲
16 West Coast	64		▲
17 Southern	64		–
18 Nelson Marlborough	59		▲
19 Hutt Valley	56		▲
20 Canterbury	36		▲
All DHBs	69		▲

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 by July 2014.

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

WEST COAST DHB – MEETING SCHEDULE

FEBRUARY – DECEMBER 2014

DATE	MEETING	TIME	VENUE
Thursday 20 February 2014	TATAU POUNAMU	2.00PM	Board Room, DHB Corporate Office
Friday 21 February 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 20 March 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 20 March 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 20 March 2014	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 10 April 2014	TATAU POUNAMU	3.00pm	Poutini Waiora
Friday 4 April 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 1 May 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 1 May 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 1 May 2014	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 1 May 2014	TATAU POUNAMU	3.00pm	Board Room, DHB Corporate Office
Friday 9 May 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 12 June 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 12 June 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 12 June 2014	QFARC	1.30pm	Boardroom, Corporate Office
Friday 27 June 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 24 July 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 24 July 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 24 July 2014	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 24 July 2014	TATAU POUNAMU	2.00pm	Board Room, DHB Corporate Office
Friday 8 August 2014	BOARD	10.00am	West Coast Regional Council
Thursday 11 September 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 11 September 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 11 September 2014	QFARC	1.30pm	Boardroom, Corporate Office
Friday 26 September 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 23 October 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 23 October 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 23 October 2014	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 23 October 2014	TATAU POUNAMU	3.00pm	Board Room, DHB Corporate Office
Friday 31 October 2014	BOARD	10.00am	West Coast Regional Council
Thursday 27 November 2014	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 27 November 2014	HAC	11.00am	Boardroom, Corporate Office
Thursday 27 November 2014	QFARC	1.30pm	Boardroom, Corporate Office
Thursday 4 December 2014	TATAU POUNAMU	3.00pm	Board Room, DHB Corporate Office
Friday 12 December 2014	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth

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