

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

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

**Thursday 12 June 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 12 June 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**

*1 May 2014*

3. **Carried Forward / Action Items**

## REPORTS/PRESENTATIONS

**9.10am**

- |   |   |   |                   |
|---|---|---|-------------------|
| 4 | <b>Community and Public Health Update</b> | Jem Pupich<br><i>Team Leader, Community and Public Health</i> | 9.10am - 9.25am   |
| 5 | <b>Health Targets Q3 Report</b>           | Phil Wheble<br><i>Team Leader, Planning &amp; Funding</i>     | 9.25am - 9.40am   |
| 6 | <b>Planning &amp; Funding Update</b>      | Phil Wheble<br><i>Team Leader, Planning &amp; Funding</i>     | 9.40am - 9.55am   |
| 7 | <b>Alliance Update</b>                    | Phil Wheble<br><i>Team Leader, Planning &amp; Funding</i>     | 9.55am - 10.10am  |
| 8 | <b>General Business</b>                   | Elinor Stratford<br><i>Chair</i>                              | 10.10am - 10.30am |

## ESTIMATED FINISH TIME

**10.30am**

## INFORMATION ITEMS

- Board Agenda – 9 May 2014
- Chair's Report to last Board meeting
- Work Plan 2014
- West Coast DHB 2014 Meeting Schedule

## NEXT MEETING

**Date of Next Meeting:** Thursday 24 July 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
<b>CHAIR</b> Elinor Stratford <b>(Board Member)</b>	<ul style="list-style-type: none"> <li>• Clinical Governance Committee, West Coast Primary Health Organisation</li> <li>• Committee Member, Active West Coast</li> <li>• Chairperson, West Coast Sub-branch - Canterbury Neonatal Trust</li> <li>• Deputy Chair of Victim Support, Greymouth</li> <li>• Committee Member, Abbeyfield Greymouth Incorporated</li> <li>• Trustee, Canterbury Neonatal Trust</li> <li>• Advisor MS/Parkinson West Coast</li> <li>• Disability Resource Trust - contracted to wind up this Organisation</li> <li>• Trustee, Disability Resource Centre, Queenstown</li> <li>• Elected Member, Arthritis New Zealand, Southern Regional Liaison Group</li> </ul>
<b>DEPUTY CHAIR</b> John Vaile <b>(Board Member)</b>	<ul style="list-style-type: none"> <li>• Director, Vaile Hardware Limited</li> <li>• Member of Community Patrols New Zealand</li> </ul>
John Ayling	<ul style="list-style-type: none"> <li>• Chair of West Coast Primary Health Organisation</li> <li>• Chair of Access Home Health, a subsidiary of Rural Women New Zealand which has a contract with the West Coast District Health Board</li> <li>• Shareholder/Director in Split Ridge Associates Limited (which provides services to the disability sector).</li> <li>• Chair PHO Alliance</li> </ul>
Lynnette Beirne	<ul style="list-style-type: none"> <li>• Patron of the West Coast Stroke Group Incorporated</li> <li>• Member South Island Regional Stroke Foundation Advisory Committee</li> <li>• Partner in Chez Beirne (provider of catering and home stay services for the West Coast DHB and West Coast Primary Health Organisation)</li> <li>• Contract for the Café and Catering at Tai Poutini</li> <li>• Daughter employed as nurse for West Coast DHB</li> <li>• Member of West Coast DHB Consumer Council</li> </ul>
Cheryl Brunton	<ul style="list-style-type: none"> <li>• Medical Officer of Health for West Coast - employed by Community and Public Health, Canterbury District Health Board</li> <li>• Senior Lecturer in Public Health - Christchurch School of Medicine and Health Sciences (University of Otago)</li> <li>• Member - Public Health Association of New Zealand</li> <li>• Member - Association of Salaried Medical Specialists</li> <li>• Member - West Coast Primary Health Organisation Clinical Governance Committee</li> <li>• Member – National Influenza Specialist Group</li> <li>• Member, Alliance Leadership Team, West Coast Better Sooner More Convenient Implementation</li> <li>• Member – DISC Trust</li> </ul>

Jenny McGill	<ul style="list-style-type: none"> <li>• Employment with Lifelinks working with Ministry of Health contracted providers, including West Coast DHB.</li> <li>• Husband employed by West Coast DHB</li> </ul>
Michelle Lomax <b>(Board Member)</b>	<ul style="list-style-type: none"> <li>• Kawatiri Action Group – Past Member</li> <li>• Autism New Zealand – Member</li> <li>• West Coast Community Trust – Trustee</li> <li>• Buller High School Board of Trustees – Trustee</li> <li>• St John Youth Leader</li> </ul>
Robyn Moore	<ul style="list-style-type: none"> <li>• Family member is the Clinical Nurse Manager of Accident and Emergency</li> <li>• Member of the West Coast Clinical Board</li> <li>• Consumer Representative on South Island Quality &amp; Safety SLA</li> </ul>
Joseph Thomas <b>(Board Member)</b>	<ul style="list-style-type: none"> <li>• Chief Executive, Development West Coast</li> <li>• The Canterbury Community Trust – Chair &amp; Member</li> <li>• Canterbury Direct Investments Limited – Director</li> <li>• The Canterbury Community Trust Charities Limited – Trustee</li> <li>• Canterbury Trust House Limited – Director</li> <li>• Ngati Mutunga o Wahrekauri Asset Holding Company Limited – Chair</li> <li>• Motuhara Fisheries Limited – Director</li> <li>• Management South Limited – Director</li> <li>• Ngati Mutunga o Wharekauri Iwi Trust – Trustee</li> <li>• New Zealand Institute of Management Inc – Member (Associate Fellow)</li> <li>• New Zealand Institute of Chartered Accountants – C A, Member</li> </ul>
Dr Paul McCormack Ex-officio <b>(Board Chair)</b>	<ul style="list-style-type: none"> <li>• General Practitioner Member, Pegasus Health</li> </ul>
Peter Ballantyne Ex-officio <b>(Board Deputy Chair)</b>	<ul style="list-style-type: none"> <li>• Member, Quality, Finance, Audit and Risk Committee, Canterbury DHB</li> <li>• Retired Partner, Deloitte</li> <li>• Member of Council, University of Canterbury</li> <li>• Trust Board Member, Bishop Julius Hall of Residence</li> <li>• Spouse, Canterbury DHB employee (Ophthalmology Department)</li> <li>• Niece, Juliette Reese, Coordinator/Administrator Medical Training Programmes, West Coast District Health Board</li> <li>• Interim Acting Chair, Brackenridge Estate Limited</li> </ul>

**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, 1 May 2014 commencing at 9.00am**

**PRESENT**

Elinor Stratford (Chairperson); John Ayling; Lynette Beirne; Dr Cheryl Brunton Michelle Lomax; Jenny McGill; Robyn Moore; Joseph Thomas (via video conference); John Vaile; Dr Paul McCormack (ex-officio) and Peter Ballantyne (ex-officio).

**APOLOGIES**

There were no apologies.

**EXECUTIVE SUPPORT**

Karen Bousfield (Director of Nursing & Midwifery); Gary Coghlan (General Manager, Maori Health); Kathleen Gavigan (General Manager, Buller Health Services – via video conference) Ralph La Salle (Planning & Funding); Mark Newsome (General Manager, Grey & Westland); Phil Wheble (Team Leader, Planning & Funding) 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 a member of the Consumer Council

Joseph Thomas advised that he is no longer “Chair & Member” of the Canterbury Community Trust but a “Trustee”.

**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 (3/14)**

(Moved: Michelle Lomax; Seconded: Cheryl Brunton - carried)

“That the minutes of the meeting of the Community and Public Health and Disability Support Advisory Committee held on 20 March 2014 be confirmed as a true and correct record with the amendment that Lynette Beirne be removed from the list of those present”

Matters Arising

Discussion took place regarding the state of the water quality and whether issuing boil water notices is the best that can be done to address this problem. It was agreed that this would be escalated to the Board for discussion to enable the best way to communicate these concerns to the local Councils.

### **3. CARRIED FORWARD/ACTION ITEMS**

1. Alliance Leadership Presentation – this will come to the next meeting.
2. Disability Plan - Planning and Funding will follow up to see if this can be presented before the scheduled September date.
3. Complex Clinical Care Network – this will be scheduled for the next meeting.

Water Quality is to be added to carried forward list.

Suicide Prevention Progress to be added to the 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: Submissions on Tobacco Plain Packaging; Smokefree May/World Smokefree Day (31 May 2014); Community Resources; Health Promoting Schools; Lifhack West Coast; and Tai Poutini Polytechnic Health Day.

Discussion also took place regarding consultation with Maori and the Committee noted that Community & Public Health have a focus on strengthening relationships in this area.

A query was made regarding community resources and whether there has ever been any assessment of the value of this. The Committee noted that some of these resources are developed nationally and these are evaluated. Others are developed locally and these do go through a process.

Discussion took place regarding dental health and the Committee noted that this is not a Public Health issue. It was also noted that the government does not have a policy that provides free dental health care.

The Report was noted.

### **5. ACTIVE WEST COAST PRESENTATION**

Rosie McGrath, Coordinator of Active West Coast, provided the Committee with a verbal update on Active West Coast.

It was noted that Active West Coast started in 2002 so has been going for 12 years. It is a network of agencies and organisations that benefit the wellbeing of people on the West Coast. It was also noted that whilst the group is administered by the Community & Public Health coordinator it is a separate entity in its own right.

The Committee thanked Rosie for her address.



## 6. PLANNING & FUNDING UPDATE

Ralph La Salle, Planning and Funding, presented this report which 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 March 2014 show that 99.7% of patients were admitted, discharged or transferred within 6 hours - and 96.6% within just 4 hours.
- The West Coast has continued to achieve the **cancer treatment health target** throughout the first nine months of the 2013/14 financial year, with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks.
- The West Coast remains on track to deliver the **Elective Services health target**; at just four cases behind the year to date target of 1046 operations to 28 February.

### *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. Internal preliminary data bodes well for Quarter 3 results.
- 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.

### *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) has been piloted with two clients.
- **Mental Health** integration across primary, community (NGO) and DHB services is continuing to progress with a peer support programme in Buller, similar to one that ran in 2013. This is a cross agency initiative to provide support to people with addiction and other mental health issues with the goals of providing more community based support, building a peer network that is well connected to clinical services and strengthening relationships between agencies through a collaborative initiative.

Discussion took place regarding Older Person's Health and the treatment of people in their own homes. In particular there was interest around measuring patient well-being in their homes and whether there is feedback from the service users. The Committee noted that within the Alliance there is some work taking place around outcomes based reporting.

The report was noted.

## 7. ALLIANCE UPDATE

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

The report also provided the Committee with information on the Alliance Leadership Team; Complex Clinical Care Network; Buller Integrated Family Health Service; Grey/Westland Integrated Family Health Service; Pharmacy; Healthy West Coast; and Child and Youth Workstream.

Discussion took place regarding the Psychoactive Substance Abuse Act and whether the DHB anticipates any increase in presentations to ED and Mental Health as a result of this.

The update was noted.

**INFORMATION ITEMS**

- Board Agenda 4 April 2014
- Chair's report to last Board meeting
- Committee 2014 Work Plan
- Community & Public Health six Monthly Report to the Ministry of Health
- West Coast DHB 2014 Meeting Schedule

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

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 12 MAY 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 24 July 2014 Meeting.
2	22 August 2013	West Coast Disability Plan	A Disability Plan is to be developed and presented to the Committee.	Scheduled for 24 July 2014 Meeting.
3	20 March 2014	Complex Clinical Care Network	The Committee requested a presentation on the Complex Clinical Care Network be scheduled.	On today's agenda
4	1 May 2014	Water Quality	On-going updates to be provided to the committee	As required
5	1 May 2014	Suicide Prevention Progress	Progress report to be provided to committee	Scheduled for 11 September 2014 Meeting

# COMMUNITY AND PUBLIC HEALTH UPDATE



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

**SOURCE:** Community and Public Health

**DATE:** 12 June 2014

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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)**

**June 2014**

**District Council Annual Plan submissions**

Active West Coast, the West Coast Tobacco Free Coalition and CPH made submissions to all four Council Annual Plans. Submissions included comments on water supply upgrades, solid waste disposal, environmental health services and emergency management activities. Submissions also supported provision of safe roading systems including cycle lanes and improved footpaths, the West Coast Road Safety Committee and the Total Mobility scheme. District councils were also encouraged to continue their provision of pensioner housing, progress the development of their Local Alcohol Policy and widen the scope of their Smokefree areas. The submission to the Regional Council also included comments regarding the Warm Homes Insulation project which Council has scaled back to homes within the Reefton air-shed.

**Grey District Council Gambling Policy**

The Grey District Council is reviewing their combined 'TAB and Class 4 Gaming Machine Policy'. Written submissions have been made by Active West Coast and Community and Public Health. The draft policy proposes to retain the possible number of gaming machine venues in the Grey District at 18 and the potential number of machines at 130.

For the year ended 31 March 2014, a total of \$3.3 million was spent gambling at Class 4 gaming (or pokie) machines in the Grey District. That equates to an average of \$249 for each person who lives in the Grey District (based on 2013 Census figures). This compares with a national spend of \$191 per person. It is estimated that between 33 and 197 people will score as problem gamblers and that between 231 and 3,349 people within the Grey District are currently harmed by someone else's gambling. Adverse impacts of problem gambling include physical and mental health issues, suicide attempts and suicides, relationship break-ups and family neglect, lost time at work or job loss, crime and 'inherited' problem gambling behaviours. While problem gambling is often hidden from wider society, once a problem gambler is publicly identified, say as a result of prosecution, family members carry the shame and embarrassment for many years.

In the light of this evidence, CPH's submission recommended that Council decrease the cap on both venues and machine numbers to closer to the national average, and implement a "sinking lid" on new venues and machines to achieve this. The Council will hear verbal submissions at their monthly meeting on Tuesday 3<sup>rd</sup> June.

**Aukati Kai Paipa Smoking Cessation Service**

Aukati Kaipaipa (AKP) is a Smoking Cessation service provided by CPH which is designed to help Maori smokers to quit. It involves one-to-one sessions with a trained Maori Smoking Cessation Practitioner. Clients work through their goals and determine their readiness to quit. It is delivered using a Maori for Maori approach which is adapted to fit the client's needs. It is a free service which provides coaching support and information for clients and whanau, with the use of nicotine replacement therapy (NRT) which is free of charge. The AKP practitioner can travel to people's homes as well as seeing clients at CPH's office in Greymouth.

In the reporting year to date, AKP has had a total of 113 clients. The quit rate is measured in two ways: clients are tested by a smokealyzer which measures the amount of carbon monoxide on the breath (validated quit rate) and by clients' self-reported non-smoking (non-validated quit rate). The target quit rates are 25% (validated) and 35% (non-validated) at 4 weeks and 3 months. AKP West Coast exceeds both targets at 3 months.

1 July 2013- 23 <sup>rd</sup> May 2014	Validated target 25%	Non-validated target 35%
4 weeks	22.5%	28%
3 months	27.3%	37%

## **Punakaiki Drinking Water Update**

In our last CPHAC report we noted our concerns about repeated transgressions of the drinking water standards in the Punakaiki water supply. The matter had been escalated to the Ministry of Health which had co-funded the new treatment plant. Further investigations have assessed that there was insufficient water flow through the plant and the UV disinfection unit was operating outside its design parameters.

Subsequently the UV plant was taken away by the suppliers for repairs. This meant there was a period where there was no treatment of the water supply and the Buller District Council reconfirmed the boil water notice (BWN) in the local newspaper. CPH would prefer that residents on the supply had been informed by letter drop rather than newspapers when issues of this magnitude occur.

The UV unit was reinstalled in the last week of May. It is now operating at 4.8 cubic metres per hour: a large increase on the 2.5 cubic metres per hour that had been occurring. The UV unit had originally had a flow restrictor installed and this has now been removed. It is now working within its design flows of greater than 3.6 cubic metres per hour. The UV plant supply contractor has undertaken the repairs and investigations at their cost. The previous issues with having to by-pass the pre-treatment filter had permanently reduced the water pressure through the plant and this is why the flows had dropped. There is now enough flow through the plant to keep the water levels in the reservoirs topped up. The telemetry has been repaired as well so the Buller District Council is now confident that any faults will be effectively transmitted to their water treatment operators.

Microbiological water testing in the last week of May showed “no detection” of *Escherichia coli* (E. coli) at the treatment plant and reticulation. Council will have another sample taken after Queens Birthday. Provided this is clear they will proceed with lifting the boil water notice.

## **Fruit Trees at Uniting Church and Grey High School**

One (the one on the right in the photograph below) of the apple trees planted at the Uniting Church last September produced a few apples in its first season. Church members shared the produce at this year's Easter celebration morning tea. The Church has confirmed it is happy to have more fruit trees planted on its grounds. Two feijoa trees have been purchased by CPH and will be planted shortly. Initial plans are in place for CPH to support Grey High School to have fruit trees planted on their school site.



**Apple trees at the Uniting Church, Greymouth**

# HEALTH TARGET REPORT – QUARTER 3



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

**SOURCE:** Planning & Funding

**DATE:** 12 JUNE 2014

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Report Status – For:      Decision    ☐      Noting    ☒      Information    ☐

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## 1. ORIGIN OF THE REPORT

The purpose of this report is to present the Board with West Coast's progress against the national health targets for Quarter 3 (January-March 2014). The attached report 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 3 health target league table is attached as Appendix 2.

## 2. RECOMMENDATION

That the Board note the West Coast's performance against the health targets.

## 3. SUMMARY

In Quarter 3, the West Coast has:

- Achieved the **ED health target**, with 99.6% of people admitted or discharged within six hours. The West Coast is a leader in the country with consistent performance against this health target.
- Achieved the access to **elective surgery health target**, delivering 1,182 elective surgical cases against our 1,176 year-to-date 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:

- A decrease in opt-offs and declines is reflected in our results for meeting the **immunisation health target** with our highest achievement yet at 89% of all 8 month old fully immunised and only four children missed this quarter—two children off meeting target.
- The West Coast DHB did not meet the **hospitalised smokers health target**, with 92.5% of hospitalised smokers having received advice and help to quit – but a positive 6.2% increase on the previous quarter. 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.

- Performance against the **heart checks health target** has increased 3.6% this quarter to 69.6% 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 result and remove the barriers preventing assessments taking place, including after-hours clinics in a variety of locations across the West Coast.
- Performance against the **primary care smokers health target** has suffered a 4.5% decrease this quarter, with 55.4% of smokers attending primary care receiving advice and help to quit. It was identified that a large number of recorded statuses expiring (beyond the target's 12 month timeframe) contributed to this drop. Activities continue to focus on improving data capture, IT tools, feedback loops and training.

#### 4. **APPENDICES**

Appendix 1:	Health Target Report – Quarter 3
Appendix 2:	Ministry Health Target League Table – Quarter 3
Report prepared by:	Libby Doran
Report approved by:	Carolyn Gullery, GM Planning & Funding David Meates, Chief Executive





## National Health Targets Performance Summary

Quarter 3 2013/2014 (January-March 2014)

### Target Overview

Target	Q4 12/13	Q1 13/14	Q2 13/14	Q3 13/14	Target	Status	Pg
<b>Shorter Stays in ED</b> Patients admitted, discharged or transferred from an ED within 6 hours	99.6%	99.8%	99.8%	99.6%	95%	✓	2
<b>Improved Access to Elective Surgery</b> West Coast's volume of elective surgery	1,686	434 YTD	795 YTD	1,182 YTD	1,176	✓	2
<b>Shorter Waits for Cancer Treatment</b> People needing cancer radiation therapy or chemotherapy having it within four weeks	100%	100%	100%	100%	100%	✓	3
<b>Increased Immunisation</b> Eight-month-olds fully immunised	93%	85%	84%	89%	90%	✗	5
<b>Better Help for Smokers to Quit</b> <b>Hospitalised</b> smokers receiving help and advice to quit	95%	93%	86.2%	92.5%	95%	✗	3
<b>Better Help for Smokers to Quit</b> Smokers attending <b>primary care</b> receive help and advice to quit	55%	58%	59.9%	55.4%	90%	✗	4
<b>More Heart and Diabetes Checks</b> Eligible enrolled adult population having had a CV risk assessment in the last 5 years	58%	64%	66.4%	69.6%	90%	✗	6

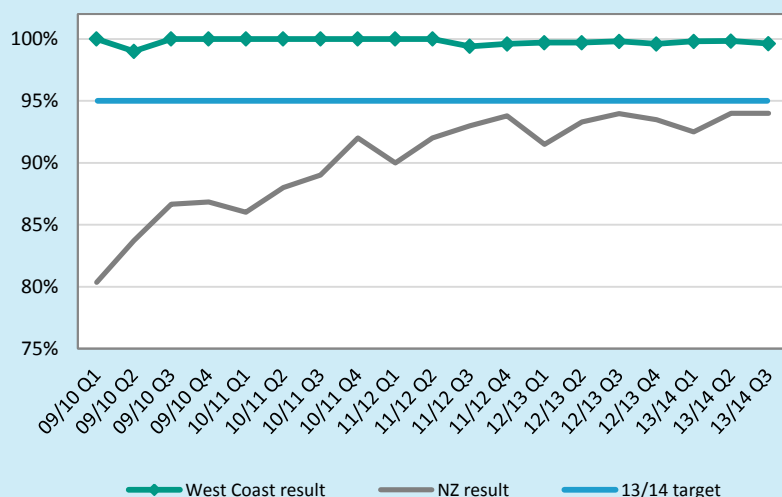
## Shorter Stays in Emergency Departments

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



The West Coast continues to achieve impressive results against the ED health target, with **99.6%** of patients admitted, discharged or transferred from ED within 6 hours during Quarter 3.

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



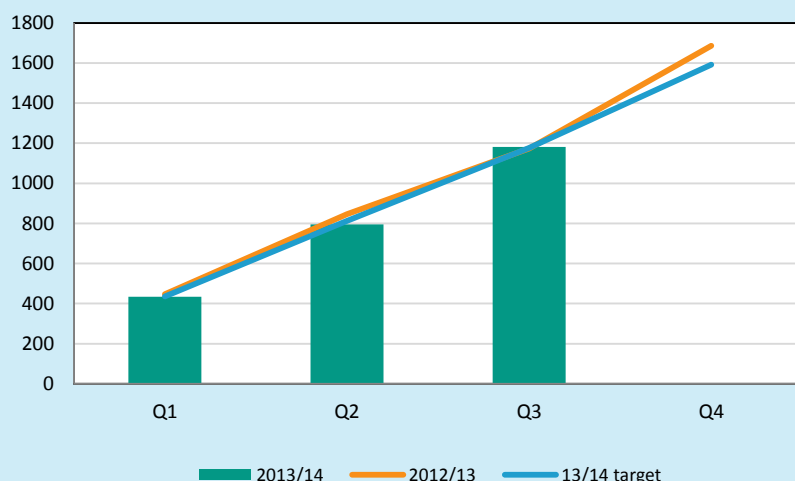
## Improved Access to Elective Surgery

**Target:** 1,592 elective surgeries in 2013/14



**1,182** elective surgical cases were delivered to Coasters in Quarter 3 2013/14, representing **100.5%** of our year-to-date target delivery. We are pleased to have made up for the small shortfall of last quarter as expected.

**Figure 2: Elective surgical discharges delivered by the West Coast DHB<sup>1</sup>**



<sup>1</sup> Excludes cardiology and dental procedures. Progress is graphed cumulatively.

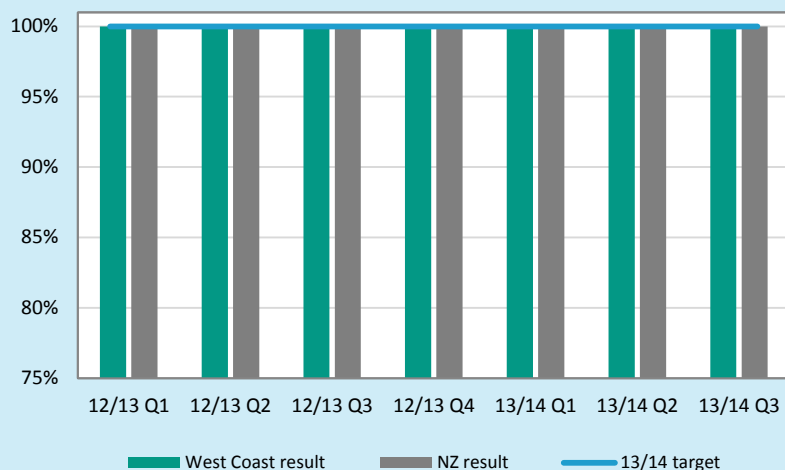
## Shorter Waits for Cancer Treatment

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



In Quarter 3 2013/14, **100%** of patients met the 4 week target for both radiation therapy and chemotherapy.

**Figure 3: Percentage of West Coasters needing radiation or chemotherapy treatment who received it within four weeks<sup>2</sup>**



## Increased Immunisation

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

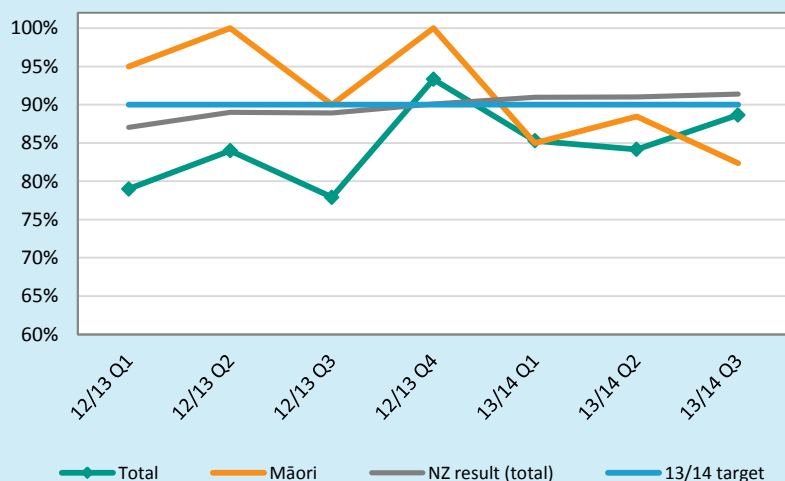


Although we have not met the 8-month-old immunisation target this quarter, we have achieved our strongest result yet with 89% of all 8 month olds fully immunised— just one percent (two children) off target. This represents NZ European (95%), Maori (82%) and 100% of Pacific and Asian children.

Opt-off<sup>1</sup> (4%) and declines (3.1%) continue to be a challenge for the West Coast, however these were at their lowest combined total of 7.1%. This is a significant 4.8% decrease on last quarter which is reflected in our achievement against the target.

In total only four children (3%) were overdue on the West Coast. Of these, three were vaccinated after milestone age and only one remains overdue. This child moved to the West Coast during the quarter.

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

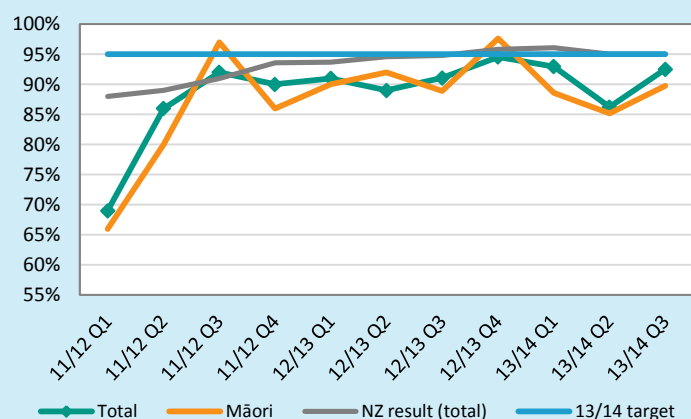


<sup>2</sup> This measure does not include instances in which a patient chooses to wait for treatment or there are clinical reasons for delay.

## Better Help for Smokers to Quit: *Secondary*

**Target:** 95% of smokers attending primary care receive advice to quit

**Figure 5: Percentage of West Coasters needing radiation or chemotherapy treatment who received it within four weeks**



In Quarter 3, West Coast DHB staff provided 92.5% of hospitalised smokers with smoking cessation advice and support – 19 patients shy of meeting the targeted 95% and a 6.3% increase from Quarter 2.

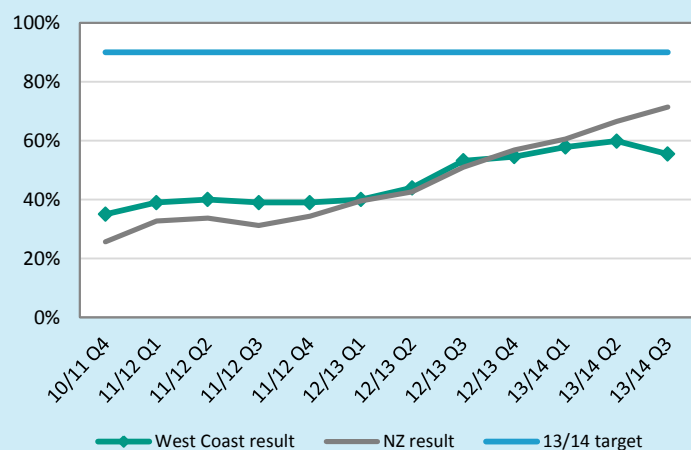
The newly-developed 'My Care Plan' document has increased staff awareness and a new Smokefree champion role has been developed for the Mental Health Inpatient Unit.

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 and small numbers—with a single missed ABC contributing to more than 1% of the target. Meetings with senior hospital management are ongoing until progress against the target is again achieved and sustained.

## Better Help for Smokers to Quit: *Primary*

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

**Figure 6: Percentage of smokers expected to attend primary care who were offered advice and help to quit smoking<sup>3</sup>**



West Coast general practices have reported giving 2,524 smokers cessation advice in the 12 months ending March 2014, representing 55.4% of smokers expected to attend general practice during the period. A disappointing and surprising 4.4% decrease (169 patients) against Quarter 2.

Analysis has identified that some of this drop is due to a large hump of recorded statuses expiring beyond the target's 12 month timeframe from this time last year. The larger number recorded 12 months ago is due in part to the install of Health Stat at that time, which prompted a big push to record smoking status and brief advice<sup>4</sup> given. This resulted in a 9.2% spike increase in B's that quarter which were not matched this quarter.

While previously reported actions continue, plans looking forward to the 14/15 year include the trial of IT tools such as the Appointment Scanner and Dashboard. These tools cannot be implemented until necessary upgrades have been made to local Medtech systems (planned for August 2014).

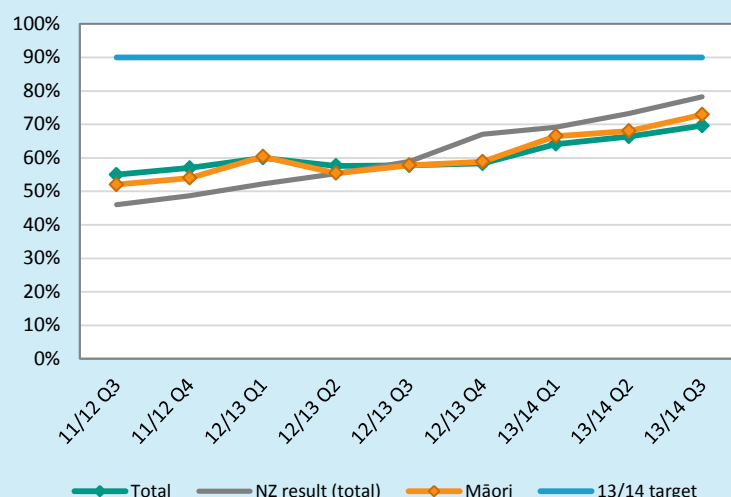
<sup>3</sup> Data for this measure is supplied by the Ministry on a quarterly basis from the PHO Performance Programme (PPP).

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

## 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 years<sup>5</sup>**



Data for the five years to 31st March 2014 shows that West Coast general practices have continued to increase coverage, with 69.6% of the eligible enrolled West Coast population having had a cardiovascular risk assessment (CVDRA) – up from 66.4% in Quarter 2.

A lot of positive work was undertaken this Quarter to improve performance, and while the results demonstrate an increase of 3.6% on the previous quarter's result, we have not met the target.

We continue to work on increasing the rates during the year to meet the 90% target by 1st July 2014. This includes; integration of Kaupapa Maori nurses; implementing specific nurse led CVRA clinics at practices and our PHO having dedicated resource to commence capturing CVRAs in absentia and increased coding of patients with a >20% risk of CVD.

To meet the 90% target we are focussed on implementing the Primary Care Health Target Action Plan to support a more integrated approach to both primary care health targets, with progress monitored by the Healthy West Coast Alliance Workstream.

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

- Continuing to work with Poutini Waiora and their Kaupapa Maori nurses to assist with high need engagement for screening;
- Continuing specific and additional nurse led CVRA clinics at practices;
- Screening for CVD patients for CVRA;
- Providing extra nursing resources for CVRAs; and
- Developing further the Quality Improvement Champion roles through a joint DHB and PHO Primary Care workshop; and
- Following delays in install, the text-to-remind system is anticipated to be in use during Quarter 4.

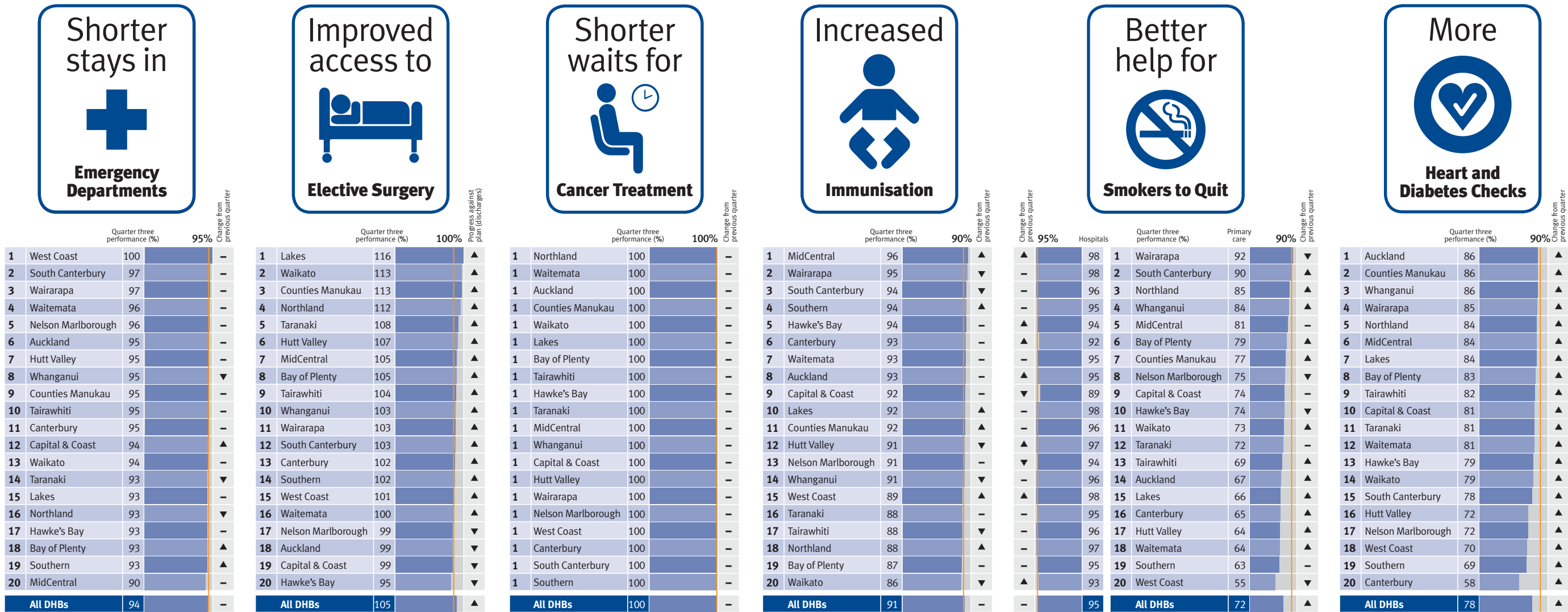
<sup>5</sup> Data for this measure is supplied by the Ministry on a quarterly basis from the PHO Performance Programme (PPP).

# How is My DHB performing?



2013/14 QUARTER THREE (JANUARY–MARCH) RESULTS

[www.health.govt.nz/healthtargets](http://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 112,245 discharges for the year to date, and have delivered 5074 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

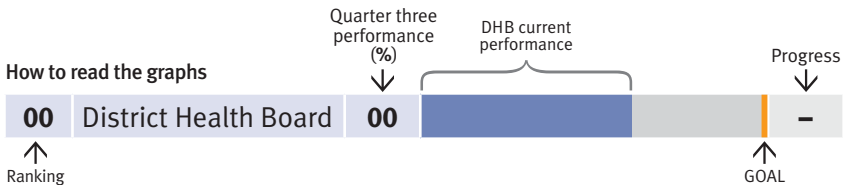
The national immunisation target is 90 percent of eight-month-olds have their primary course of immunisation at six weeks, three months and five months on time by July 2014 and 95 percent by December 2014. This quarterly progress result includes children who turned eight-months between January and March 2014 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](http://www.health.govt.nz/healthtargets)

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

**DATE:** 12 June 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 30 April 2014 show that 99.7% of patients were admitted, discharged or transferred within 6 hours - and 96.6% 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.
- The West Coast PHO exceeded the year-to-date target for completion of **annual diabetes reviews** for 15-74 year olds, with 737 diabetics having had an annual review by 31 March 2014. This represents 97% of year-to-date target, using the most recently available 2012 population estimate. Māori results for the period were also at 97% of year-to-date target, with 73 checks having been completed.

### \* Key Issues & Associated Remedies

- Results for the Quarter 3 **Primary care smokefree health target** showed a disappointing and surprising 4.4% decrease in performance against the health target, with 55.4% of smokers attending general practice being offered advice and support to quit. Analysis has identified that some of this drop is due to a large number of recorded statuses expiring beyond the target's 12 month timeframe from this time last year. Previously reported actions continue and Buller Medical is initiating a program looking to improve capturing of information including the use of the Text 2 Remind tool and resource from administration. Plans looking forward to the 14/15 year include the trial of IT tools such as the Appointment Scanner and Dashboard. These will be implemented once necessary upgrades have been made to local Medtech systems (planned for August 2014).
- While we achieved a result of 92.5% and made up some of the loss from the previous quarter, we are still not meeting the **Secondary Smokefree Health Target** or our result from the end of last year (95%). The systems and processes are in place for the target to be achieved by June 2014; however challenges do exist including small numbers—a single missed ABC contributes to more than 1% of the target.
- **B4 School Check coverage:** As at the end of April 2014, the West Coast DHB has provided B4 School Checks to 67% of the total eligible population and 71% of the high deprivation eligible population against the 75% target. Despite a number of clinics taking place during April, checks were unable to be completed due to workforce constraints. A plan has been put in place for these checks to be completed and to realign progress against the target of 90% by the end of June.

**① Upcoming Points of Interest**

- **Complex Clinical Care Network's** pilot plan to support 'casemix 8' clients (those that show potential for short term rehab) has been piloted with two clients, with changes to the model expected to follow.
- Following the recommendations of the DHB Mental Health Review, ALT has endorsed the establishment of a **Mental Health Workstream**. The workstream will initially be tasked with ensuring the Review recommendations are implemented.

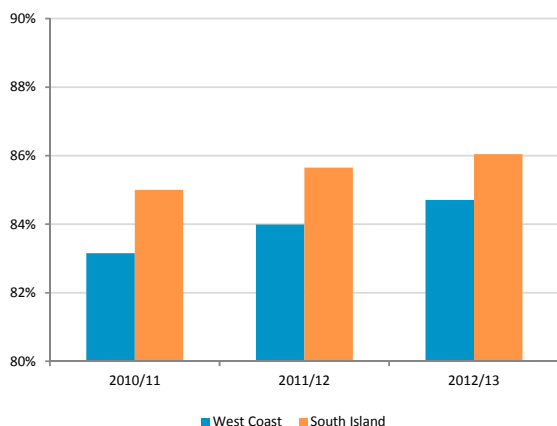
Report prepared by: Planning & Funding

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

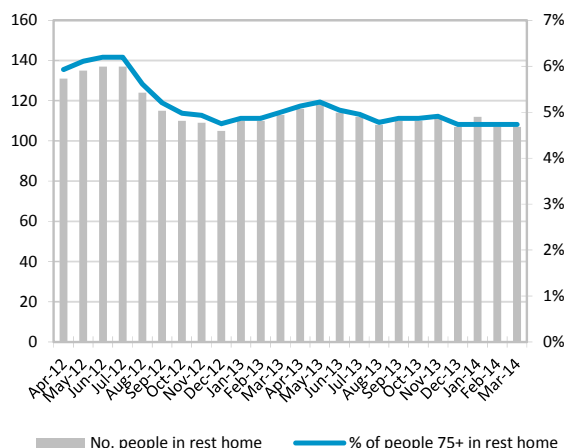


# Older Persons' Health

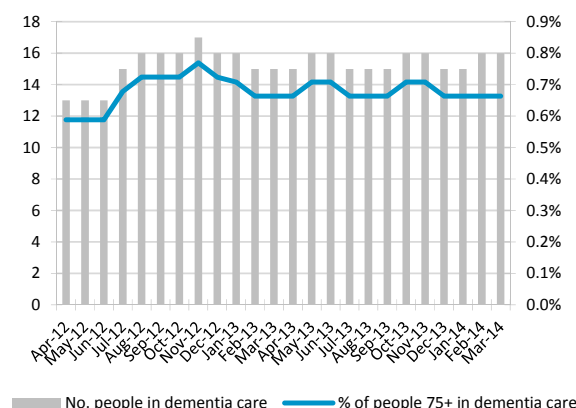
% of people 75+ living in their own homes



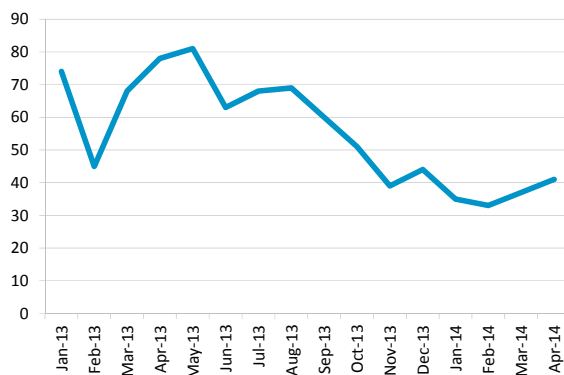
% of people aged 75+ admitted in Rest Home level care



% of people aged 75+ in Specialist Dementia Care



Number of interRAI assessments completed



## ACHIEVEMENTS / ISSUES OF NOTE

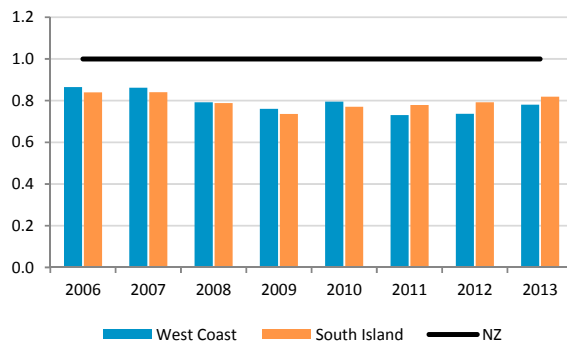
The Complex Clinical Care Network (CCCN) continues to assess clients and work towards the restorative packages of care. The number of clients receiving care in their own home is steadily increasing which is allowing them to remain functionally independent. This shows that the restorative pilot is working and as a result admissions in Aged Residential Care (ARC) is trending downwards. This has caused a slight increase in the number of clients accessing specialist dementia care. Clients having a choice to remain at home longer with a restorative package of care has meant that when their complexity has increased they are going directly into this specialist dementia care instead of being admitted into ARC first.

With some CCCN staff being allocated to assist in other areas there is a backlog of assessments. A workplan has been put in place to address this and all complex clients are discussed at the weekly IDT meetings. Progress notes from IDT for each client will be recorded on Health Connect South to ensure that all IDT members are able to view the client health record.

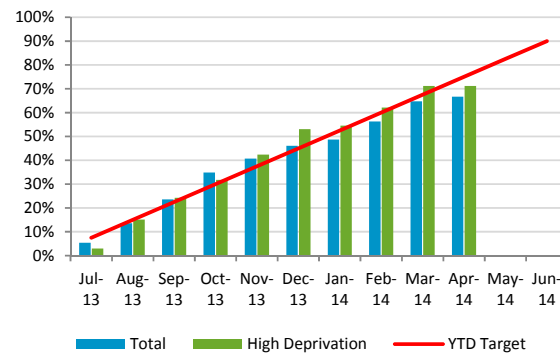
The pilot for casemix 8 (CREST like model) is underway with two patients being referred to the CCCN. At this time the triage process identified that both patients (one from primary care and one discharged from hospital) were medically stable but required flexible rehab support for up to six weeks—which fits the casemix 8 criteria. These patients will be monitored over the coming weeks to ensure that the process is working.

# Child, Youth & Maternity

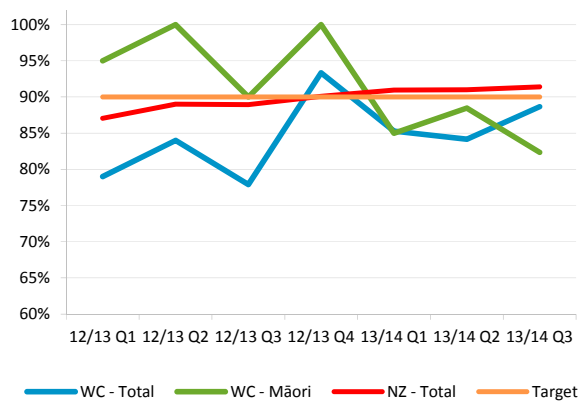
**Acute medical discharge rates for children (age 0-14)**



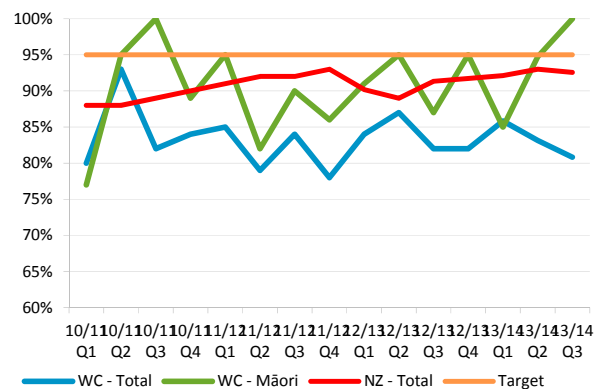
**B4 School Check coverage**



**Immunisation HT: Eight-month-olds fully immunised**



**Two-year-olds fully immunised**



## ACHIEVEMENTS / ISSUES OF NOTE

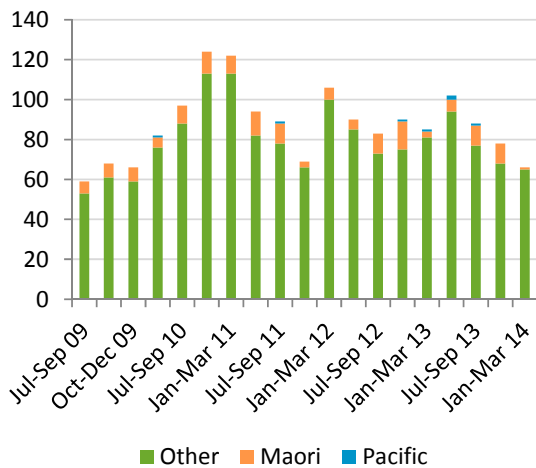
**Immunisation:** Opt off (4%) and declines (3.1%) continue to be a challenge for the West Coast, however they were at their lowest combined total of 7.1% to date. This is a 4.8% decrease on last quarter. There were only four children overdue on the West Coast when they turned 8 months of age; of these three were vaccinated after milestone age and only one remains overdue.

**B4 School Check coverage:** As at the end of April 2014, the West Coast DHB has provided B4 School Checks to 67% of the total eligible population and 71% of the high deprivation eligible population against the 75% target. Despite a number of clinics taking place during April, checks were unable to be completed due to workforce constraints. A plan has been put in place for these checks to be completed and to realign progress to meet the target of 90% by the end of June.

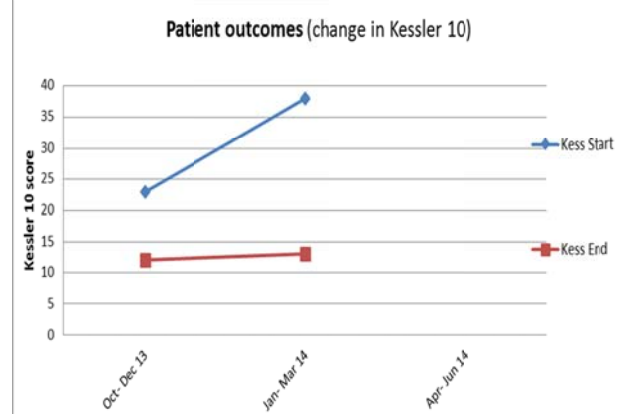
**Well Child Tamariki Ora:** The West Coast DHB continues to work with the Canterbury DHB through the Canterbury West Coast Well Child Network on the quality improvement framework. In an effort to ensure all eligible children receive all their checks within the first year, a new data capture system has been implemented for DHB staff. It is envisaged that this tool will provide a clear understanding of gaps in Well Child Tamariki Ora services. The DHB are also meeting with Plunket to assess the level of service coverage geographically, with the intention of understanding any service gaps.

# Mental Health

**Number of patients referred to Brief Intervention Counselling (BIC)**



**Patient outcomes from (change in Kessler 10)**

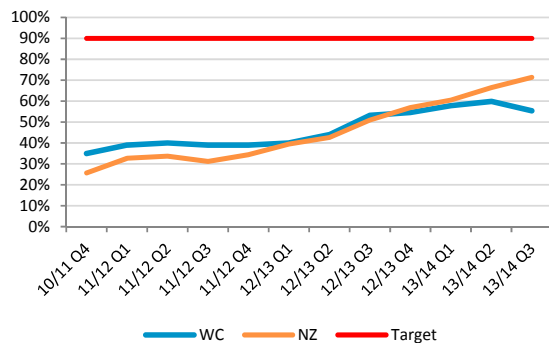


## ACHIEVEMENTS/ISSUES OF NOTE

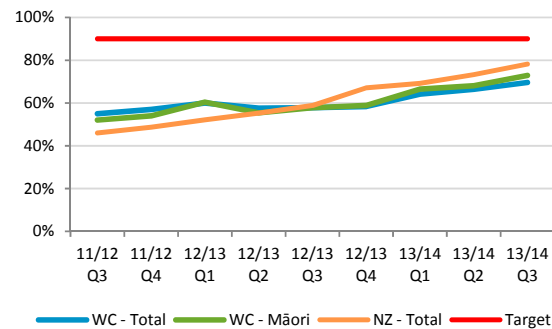
The Mental Health review recommendations have been finalised. Following these recommendations, the Alliance Leadership Team (ALT) has endorsed the establishment of a Mental Health Workstream. The Workstream will initially be tasked with ensuring the review recommendations are implemented, and terms of reference including the scope of this workstream are currently being written.

# Primary Care & Long-Term Conditions

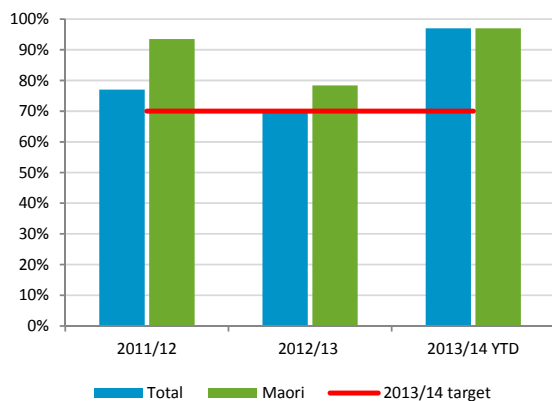
**Primary Smokefree Health Target: Smokers attending primary care given advice & help to quit**



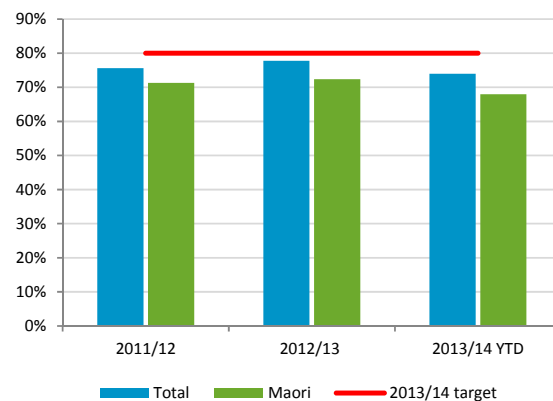
**CVD Health Target: % of eligible PHO population having had a CVD risk assessment in the last 5 years**



**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 3 showed a disappointing and surprising 4.4% decrease (169 patients) in performance against the health target, with 55.4% of smokers attending general practice being offered advice and support to quit. Analysis has identified that some of this drop is due to a large number of recorded statuses expiring beyond the target's 12 month timeframe from this time last year. The larger number recorded 12 months ago is due in part to the install of Health Stat at that time, which prompted a big push to record smoking status and brief advice given. This resulted in a 9.2% increase in B's<sup>1</sup> that quarter. While this was not a sustainable way to meet the target, it aimed to boost results while other IT tools to assist maintaining this performance were installed. Delays in implementing these IT tools (including Text to Remind) continue and while systems and processes have improved, this has not been enough to sustain performance.

Previously reported actions continue, and plans looking forward to the 14/15 year include the trial of IT tools such as the Appointment Scanner and Dashboard. These tools cannot be implemented until necessary upgrades have been made to local Medtech systems (planned for August 2014).

**CVD Health Target:** We have continued our upward trend in delivery against the CVD Health Target—although slower than anticipated with a Quarter 3 result of 69.6% (7129 people). Rates for West Coast Māori are slightly higher than our overall total population at 72.9%. Work continues to achieve the national 90% target by 30 June 2014.

As reported previously, a plan to improve performance against the Health Targets was completed and agreed with the West Coast PHO during Quarter 2, with the implementation of this being monitored by

<sup>1</sup> The ABC Strategy for Smoking Cessation involves Asking if a patient smokes, offering Brief advice to quit and referring them to Cessation support.

the West Coast Health Alliance. Increased activity during Quarter 3 included:

- Ongoing support from the West Coast PHO Clinical Manager to practice nurses/teams to help identify eligible patients for CVDRA (cardiovascular disease risk assessments) and patients who are overdue for one. Practice teams are actively recalling and inviting people into nurse-led clinics to have CVDRA.
- Practices are being provided resource for extra nurse-led CVDRA Clinics. Grey and Buller Medical Centres have already conducted several additional and out of hours Clinics. Reefton Medical Centre have integrated booking patients for CVDRA during weekend calls.
- Monthly CVDRA reports are now being sent to practices in conjunction with smoking reports (via healthstat) to identify and invite patients to have assessments.
- Text messaging capability for West Coast DHB Medtech practices is also now installed. Text2Remind training was delivered to PHO staff to enable support to practices

**Diabetes:** Performance against the annual diabetes review target remains exemplary as the West Coast PHO continues to exceed the year-end target of 70% earlier than targeted. Both the total and Māori population achieved 97%<sup>2</sup> of people with diabetes complete an annual review by the end of March (737 people, 73 of which were Māori).

Among those who had their diabetes annual review during the six months to 31 March 2014, 74% had satisfactory or better management of their diabetes, with rates for Māori lower at 68%. Our annual target for diabetes management is 80%.

During the quarter our first Diabetes Conversation Maps self-management course was completed. Planning is underway for the next course targeted for people with type 2 diabetes.

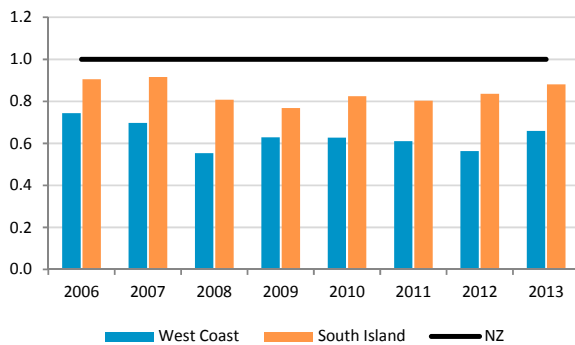
Retinal screening clinics were held in Greymouth in March, with 124 people being screened. Total numbers of diabetes retinal screenings for the first nine months of this financial year now stands at 460 –25 more than last year and 65 more than in 2011/12. The next mobile retinal screening clinic has nearly been completed, running in both Buller and Reefton. Data on attendances will be confirmed once finished.

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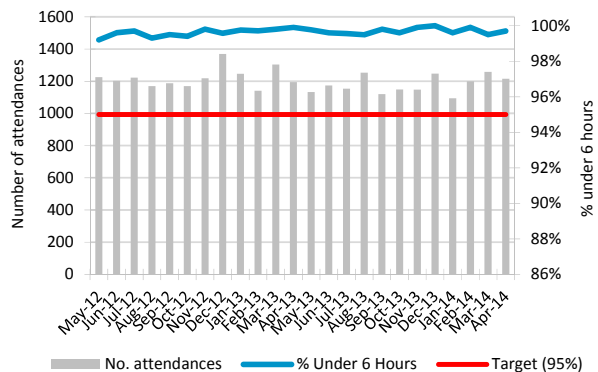
<sup>2</sup> Calculated using the latest available diabetes population estimates to 2012

# Secondary Care & System Integration

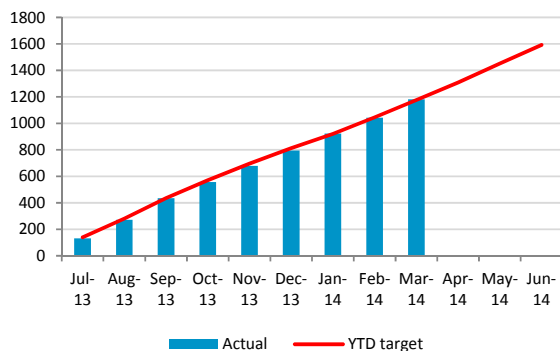
**Acute Medical Discharge Rate**



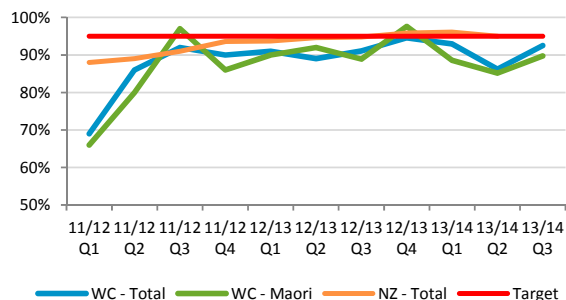
**Emergency Department (ED):  
Attendances & <6 Hours Health Target**



**Electives Health Target: Elective surgical discharges**



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



## ACHIEVEMENTS / ISSUES OF NOTE

**ED health target:** The West Coast continues to perform well above the 95% ED health target. Results for the year to 30 April 2014 show that 99.7% of patients were admitted, discharged or transferred within 6 hours. Furthermore, 96.6% were admitted, discharged or transferred within just four hours during the ten-month period to 30 April 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:** In Quarter 3, West Coast DHB staff provided 92.5% of hospitalised smokers with smoking cessation advice and support – 19 patients shy of meeting the targeted 95% and a 6.3% increase from Quarter 2.

The newly-developed 'My Care Plan' document has increased staff awareness and a new Smokefree champion role has been developed for the Mental Health Inpatient Unit.

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 and small numbers—with a single missed ABC contributing to more than 1% of the target. Meetings with senior hospital management are ongoing until progress against the target is again achieved and sustained.

**Electives health target:** After being just four cases short of the Improved Access to Elective Surgery Health Target last quarter, The West Coast DHB is pleased to have made up this difference as expected. We look set to meet our cumulative end-of-year target and had 1,182 discharges in the nine months to 31st March 2014 against the 1,176 year-to-date target. 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 to 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

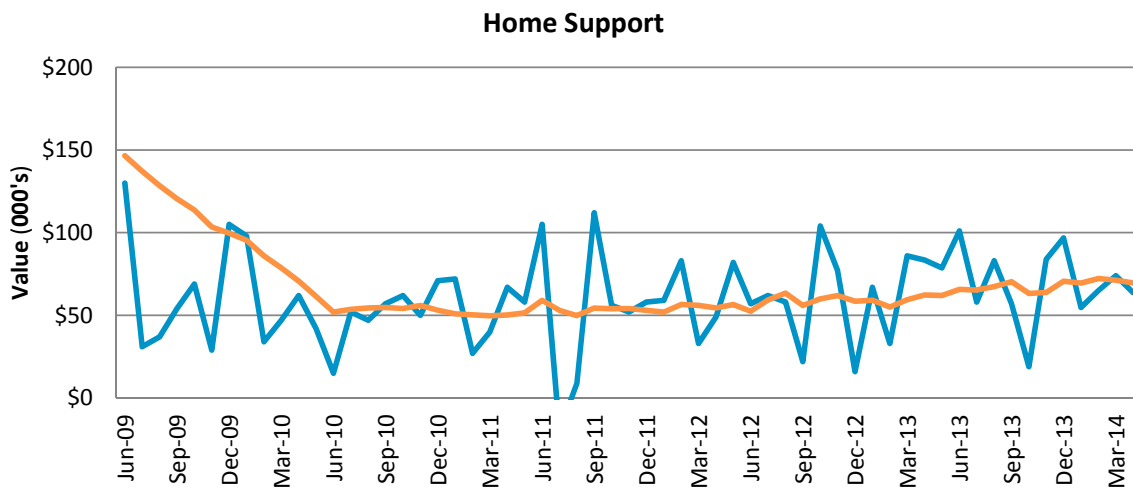
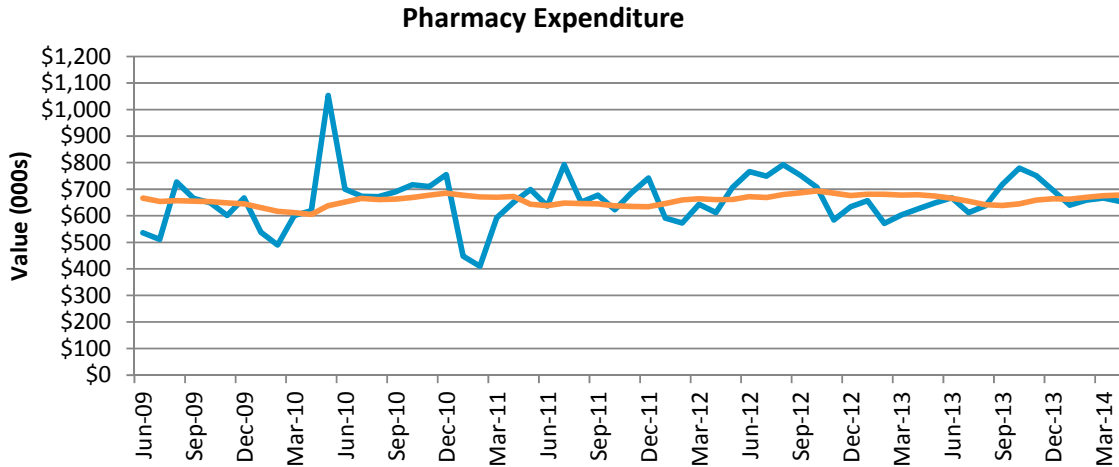
and Throat (ENT) operations.

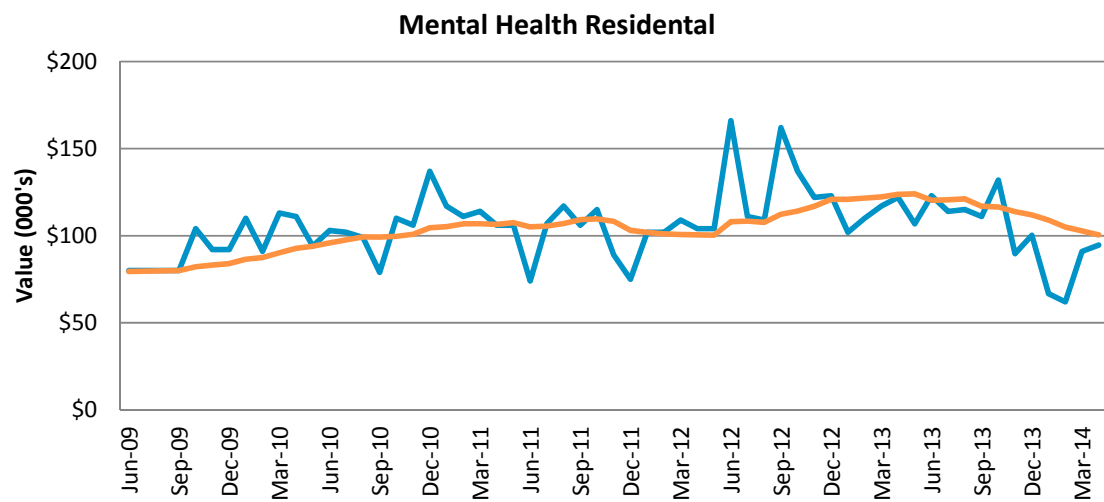
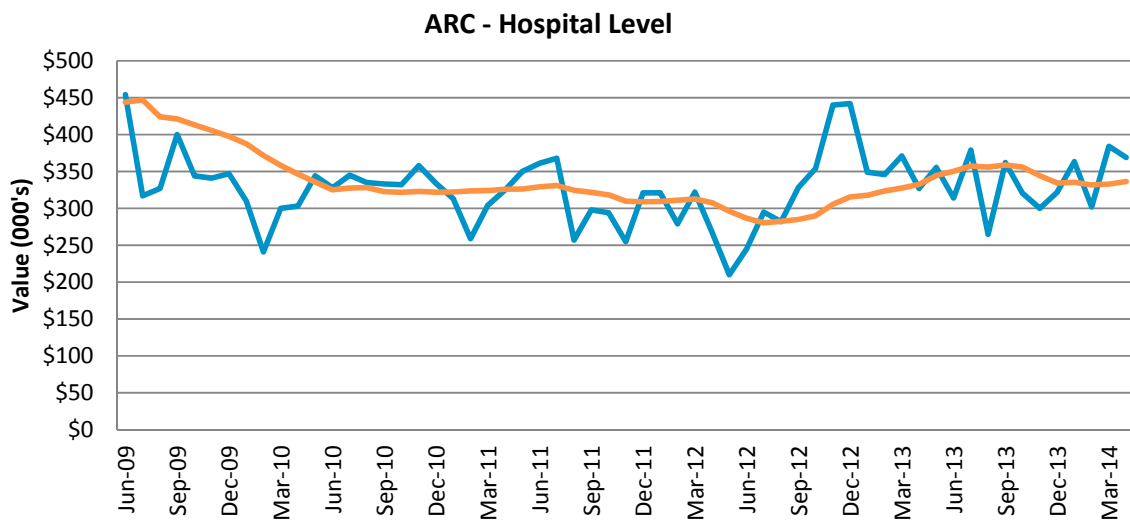
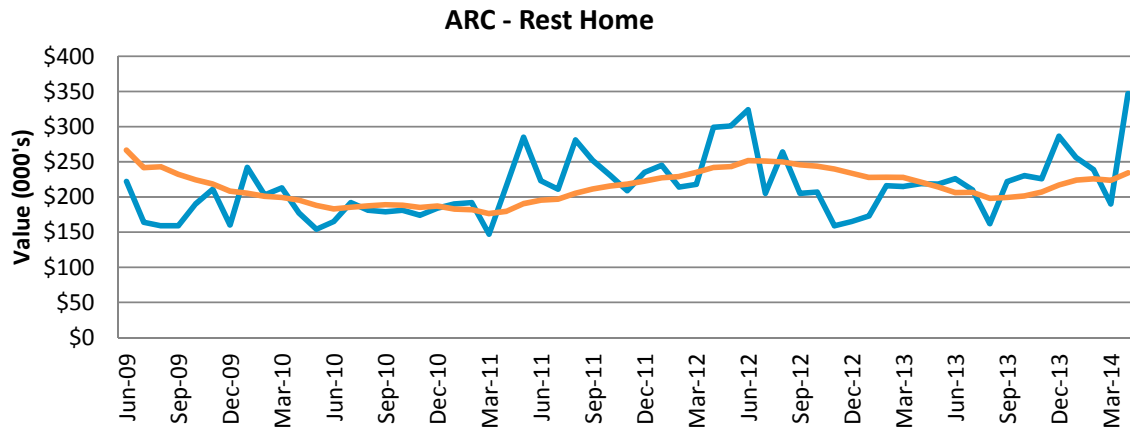
**ESPI compliance:** No patients exceeded the maximum 150 days' wait time target for First Specialist Appointment (ESPI 2) as at the end of March 2014. One orthopaedic patient was over the maximum 5-month waiting time target for treatment (ESPI 5). This patient (which proved to be an ACC case, rather than a DHB-funded case) has subsequently been attended, and the ESPI targets are being met.

## Financials

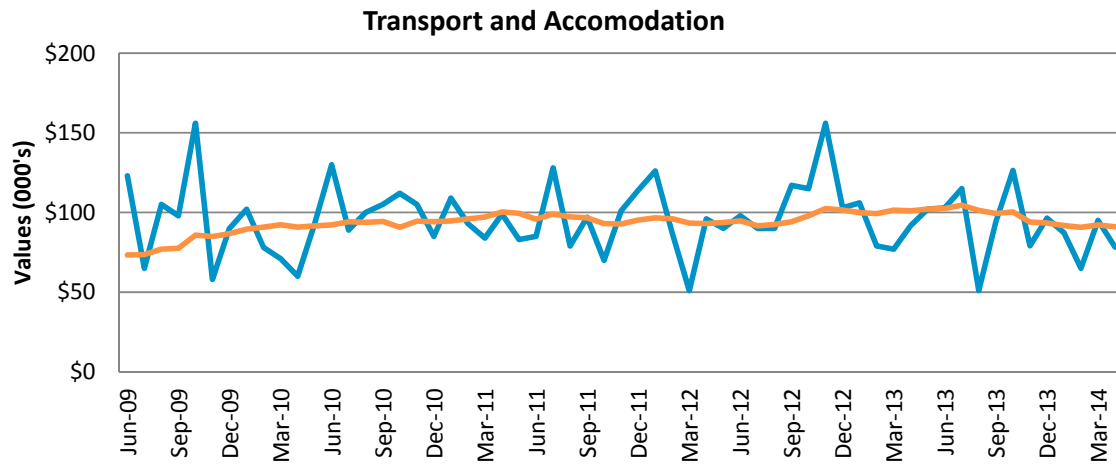
The following graphs are presented to show expenditure trends over time:

— Expenditure Trend — Rolling average









**Planning and Funding Division**  
**Month ended Apr 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						
35	43	8	19%	✓	Dental-school and adolescent	324	430	106	25%	✓	512
0	3	3	100%	✓	Maternity	0	28	28	100%	✓	28
80	84	4	4%	✓	PHO non-Capitated Services & Combine	870	840	-30	-4%	✗	1,013
585	579	-6	-1%	✗	Primary Practice Capitation	5,837	5,781	-56	-1%	✗	6,930
5	5	0	-7%	✗	Child and Youth	33	50	17	35%	✓	55
12	4	-18	-449%	✗	Immunisation	99	40	-59	-147%	✗	53
					Maori Secondary Care						148
57	45	-12	-27%	✗	Whanua Ora Services	523	450	-73	-16%	✗	536
9	17	8	46%	✓	Palliative Care	127	170	43	25%	✓	215
7	8	1	10%	✓	Chronic Disease	74	80	6	8%	✓	87
6	18	12	69%	✓	Other Primary	369	180	-189	-105%	✗	215
813	818	5	1%	✓		8,333	8,169	-164	-2%	✗	9,792
					Referred Services						
2	56	54	97%	✓	Laboratory	-6	560	566	101%	✓	675
654	687	33	5%	✓	Pharmaceuticals	6,829	6,870	41	1%	✓	8,238
655	743	88	13%	✓		6,823	7,430	607	9%	✓	8,913
					Secondary Care						
96	96	0	0%	✓	Inpatients	960	960	0	0%	✓	1,161
78	66	-12	-18%	✗	Radiology services	897	660	-237	-36%	✗	795
78	112	34	30%	✓	Travel & Accommodation	837	1,120	283	25%	✓	1,344
1,365	1,366	2	0%	✓	IDF Payments Personal Health	13,662	13,660	-2	0%	✗	16,396
1,617	1,640	23	1%	✓		16,356	16,400	44	0%	✓	19,696
3,085	3,201	116	4%	✓	Primary & Secondary Care Total	31,512	31,999	487	2%	✓	38,401
					Public Health						
5	11	6	53%	✓	Nutrition & Physical Activity	210	110	-100	-91%	✗	126
0	6	6	100%	✓	Public Health Infrastructure	0	60	60	100%	✓	73
11	12	1	5%	✓	Tobacco control	126	120	-6	-5%	✗	137
0	0	0		✓	Screening programmes	0	0	0		✗	6
17	29	12	43%	✓	Public Health Total	336	290	-46	-16%	✗	342
					Mental Health						
61	47	-14	-30%	✗	Day Activity & Rehab	541	470	-71	-15%	✗	569
11	11	0	3%	✓	Advocacy Family	187	110	-77	-70%	✗	132
32	15	-17	-116%	✗	Other Mental Health	384	150	-234	-156%	✗	168
95	117	22	19%	✓	Community Residential Beds	954	1,170	216	18%	✓	1,408
69	69	0	2%	✓	IDF Payments Mental Health	686	690	4	2%	✓	823
267	259	-8	-3%	✗		2,752	2,590	-162	-6%	✗	3,100
					Older Persons Health						
64	56	-8	-14%	✗	Home Based Support	650	560	-90	-16%	✗	665
12	9	-3	-36%	✗	Caregiver Support	70	90	20	23%	✓	111
347	207	-140	-68%	✗	Residential Care-Rest Homes	2,400	2,095	-306	-15%	✗	2,520
0	-2	-2	100%	✗	Residential Care Loans-Rest Homes	-6	-20	-14	-70%	✗	-25
0	-2	-2	100%	✗	Residential Care Loans-Hospital Level	-7	-20	-13	-65%	✗	-26
-11	26	37	144%	✓	Residential Care-Community	77	260	183	71%	✓	314
369	360	-9	-3%	✗	Residential Care-Hospital	3,356	3,646	290	8%	✓	4,371
0	0	0		✓	Ageing in place	-3	0	3		✓	0
9	9	0	3%	✓	Day programmes	91	82	-9	-12%	✗	96
12	8	-4	-53%	✗	Respite Care	92	80	-12	-15%	✗	99
1	4	3	69%	✓	Community Health	18	40	22	56%	✓	42
92	91	-1	-2%	✗	IDF Payments-DSS	924	910	-14	-2%	✗	1,089
895	766	-130	-17%	✗		7,661	7,722	62	1%	✓	9,255
1,162	1,025	-138	-13%	✗	Mental Health & OPH Total	10,413	10,312	-101	-1%	✓	12,355
4,264	4,255	-9	0%	✗	Total Expenditure	42,261	42,601	340	1%	✓	51,098
2,738	2,729	-8	0%	✗	Total Expenditure (excluding IDF's)	26,989	27,341	352	1%	✓	32,790

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

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

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

**DATE:** 12 June 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** – Following the release of the Mental Health Review, the recommendation to form a Mental Health workstream has been taken to and endorsed by the Alliance Leadership Team. Recommendations have been made by them regarding workstream membership and scope of their workplan.
- **Annual Planning** - The final drafts of the WCDHB Annual Plan and Maori Health Action Plan have been endorsed by ALT.
- **Mental Health Workstream** - Following the recommendations of the DHB Mental Health Review, ALT have endorsed the establishment of a Mental Health Workstream. The workstream will initially be tasked with ensuring the Review recommendations are implemented.
- **Complex Clinical Care Network (CCCN) –**
  - The new restorative case mix model of care continues to be piloted with providers. Initial progress had indicated where modifications are needed to tailor the service to fit the West Coast population needs and to enable services in the right place at the right time.
  - Regular training sessions continue to be invaluable for the teams and have allowed complex clients to receive a more comprehensive assessment and care to enable them to be more functionally independent in their own home.
  - The Rehab Response model based on the Canterbury CREST model is being finalised and a planned pilot is scheduled for Quarter 4.
- **Grey/Westland & Buller Family Health Services [IFHS] -**
  - Feedback from the working party who visited the Midlands Health Network (MHN) is currently being collated into a report to be shared with both DHB and PHO staff. This report

will include recommended next steps for moving towards the Health Care Home model of integrated Primary Care.

- Two workshops have been held with key staff involved in the integration of services. The first looked at the structure and organisation of Primary Care currently, with a view to identifying strategies learned from the MHN that can be rolled out immediately for the West Coast. The second focussed on the Long Term Conditions Management programme with a view to understanding changes needed following the roll out of the CCCN and the introduction of the PHO Health Navigators.
- **Pharmacy -**
  - Pharmacists continue to work regularly from local general practices to improve medicines use and integration with general practice.
  - Pharmacy workstream members (Hospital based and community based) have engaged in Maori Health Awareness training with hospital pharmacists including some basic Te Reo.
- **Healthy West Coast –**
  - Discussions have taken place and will continue, looking at the roles of Health Promotion staff at both the PHO and Community & Public Health to improve the focus and visibility of actions to target improved access to primary care and Maori specific programmes.
  - Discussions have progressed regarding better support in the community for people with a high risk of Cardiovascular Disease. Increased resource around nutrition advice has been identified as a current gap and a proposal will be developed about how to best address this.
  - Following the DHB Clinical Board's decision to prioritise the reduction of harm caused by both alcohol and tobacco, Healthy West Coast are working with Greymouth ED on an improved system to collect data on alcohol related injuries and investigating ways of targeting Maori smokers to increase the uptake of smoking cessation services by this group.
- **Child and Youth –**
  - Following the concern regarding the extensive expectations of the Child & Youth workstream, the Project Lead has worked with members to identify the resources required to deliver on plan. There is strong clinical buy in for the plan and cautious optimism that the work can be achieved.
  - The Newborn Multiple Enrolment form has been successfully rolled out and has resulted in better informed choice regarding Well Child Tamariki Ora Service provision as well as increased referral to, and improved timeliness of, Breastfeeding support services.
  - First draft plans for both "Improved access by Maori, Pacific and young mothers to Pregnancy & Parenting Education" and "Priority Plan for Breastfeeding" have been developed and are with key stakeholders for consultation and feedback.

**Report prepared by:** Jenni Stephenson, Planning & Funding

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

**WEST COAST DISTRICT HEALTH BOARD MEETING**  
**To be held St John, Waterwalk Road, Greymouth**  
**Friday 9 May 2014 commencing at 10.15am**

<b>KARAKIA</b>	<b>10.15am</b>
<b>ADMINISTRATION</b>	<b>10.20am</b>

Apologies

1. **Interest Register**

*Update Board Interest Register and Declaration of Interest on items to be covered during the meeting.*

2. **Confirmation of the Minutes of the Previous Meeting**

- *4 April 2014*

3. **Carried Forward/Action List Items**

<b>REPORTS</b>	<b>10.25am</b>
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4. <b>Chair's Update</b> (Verbal Update)	Paul McCormack <i>Chairman</i>	10.25am – 10.35am
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5. <b>Chief Executive's Update</b>	David Meates <i>Chief Executive</i>	10.35am – 10.50am
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6. <b>Clinical Leader's Update</b>	Karyn Bousfield <i>Director of Nursing and Midwifery</i> Stella Ward <i>Executive Director, Allied Health</i>	10.50am – 11.00am
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7. <b>Finance Report</b>	Justine White <i>General Manager, Finance</i>	11.00am – 11.10am
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8. <b>Clinical Board Update</b> (Verbal Update)	Stella Ward <i>Executive Director, Allied Health</i>	11.10am – 11.30am
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9. <b>Tatau Pounamu Terms of Reference</b> (Late Paper)	Michael Frampton <i>Programme Director</i>	11.30am – 11.40am
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10. <b>Health &amp; Quality &amp; Safety Commission Address</b>	Dr Janice Wilson <i>Chief Executive</i> <i>Health Quality &amp; Safety Commission</i>	11.40am - 11.55am
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**11. Report from Committee Meetings**

- |  |   |   |
|--|---|---|
| <ul style="list-style-type: none"><li>- CPH&amp;DSAC<br/>1 May 2014<br/><i>(Due to the timing of the Committee meetings this report will be provided as a late paper)</i></li><br/><li>- Hospital Advisory Committee<br/>1 May 2014<br/><i>(Due to the timing of the Committee meetings this report will be provided as a late paper)</i></li><br/><li>- Tatau Pounamu Advisory Group<br/>10 April 2014<br/><i>(Verbal Update)</i></li></ul> | <p style="text-align: right;">Elinor Stratford<br/><i>Chair, CPH&amp;DSAC Committee</i></p><br><p style="text-align: right;">Sharon Pugh<br/><i>Chair, Hospital Advisory Committee</i></p><br><p style="text-align: right;">Elinor Stratford<br/><i>Board Representative to Tatau Pounamu</i></p> | <p style="text-align: right;">11.55am - 12.05pm</p><br><p style="text-align: right;">12.05pm - 12.15pm</p><br><p style="text-align: right;">12.15pm - 12.25pm</p> |
|--|---|---|

**12. Resolution to Exclude the Public**

*Board Secretariat*                      12.25pm

**INFORMATION ITEMS**

- 2014 Meeting Schedule

**ESTIMATED FINISH TIME**

**12.25pm**

**NEXT MEETING**

Friday 27 June 2014

# COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE 1 MAY 2014



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

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

**DATE:** 9 May 2014

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Report Status – For:      Decision      ☐      Noting      ☒      Information      ☐

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## 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 1 May 2014.

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 – 1 May 2014; and
- ii. asks management to address with local Councils the concerns around water quality.



### 3. SUMMARY

#### ITEMS OF INTEREST FOR THE BOARD

- **Community & Public Health Update.**

This report provided the Committee with updates on: Submissions on tobacco Plain Packaging; Smokefree May/World Smokefree Day (31 May 2014); Community Resources; Health Promoting Schools; Lifehack West Coast; and Tai Poutini Polytechnic Health Day.

Discussion took place regarding the state of the water quality and whether issuing boil water notices is the best that can be done to address this problem. It was agreed that this would be escalated to the Board for discussion to enable the best way to communicate these concerns to the local Councils.

Discussion also took place regarding consultation with Maori and the Committee noted that Community & Public Health have a focus on strengthening relationships in this area.

A query was made regarding community resources and whether there has ever been any assessment of the value of this. The Committee noted that some of these resources are developed nationally and these are evaluated. Others are developed locally and these do go through a process.

Discussion took place regarding dental health and the Committee noted that this is not a Public Health issue. It was also noted that the government does not have a policy that provides free dental health care.

- **Active West Coast**

Rosie McGrath, Coordinator of Active West Coast, provided the Committee with a verbal update on Active West Coast.

The Committee noted whilst the group is administered by the Community & Public Health coordinator it is a separate entity in its own right.

The Committee thanked Rosie for her address.

- **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. The following information was noted:

#### ***Key Achievements***

- The West Coast continues to perform well above the 95% **ED health target**; results for the year to 31 March 2014 show that 99.7% of patients were admitted, discharged or transferred within 6 hours - and 96.6% within just 4 hours.
- The West Coast has continued to achieve the **cancer treatment health target** throughout the first nine months of the 2013/14 financial year, with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks.
- The West Coast remains on track to deliver the **Elective Services health target**; at just four cases behind the year to date target of 1046 operations to 28 February.



### ***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. Internal preliminary data bodes well for Quarter 3 results.
- 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.

### ***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) has been piloted with two clients.
- **Mental Health** integration across primary, community (NGO) and DHB services is continuing to progress with a peer support programme in Buller, similar to one that ran in 2013. This is a cross agency initiative to provide support to people with addiction and other mental health issues with the goals of providing more community based support, building a peer network that is well connected to clinical services and strengthening relationships between agencies through a collaborative initiative.

Discussion took place regarding Older Person's Health and the treatment of people in their own homes. In particular there was interest around measuring patient well being in their homes and whether there is feedback from the service users. The Committee noted that within the Alliance there is some work taking place around outcomes based reporting.

- **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 Alliance Leadership Team; Complex Clinical Care Network; Buller Integrated Family Health Service; Grey/Westland Integrated Family Health Service; Pharmacy; Healthy West Coast; and Child and Youth Workstream.

## **4. APPENDICES**

Appendix 1: Agenda – Community & Public Health & Disability Support Advisory Committee – 1 May 2014

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 1 May 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**

*20 March 2014*

**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 - 9.20am*

**5. Presentation – Active West Coast**

Jem Pupich  
*Team Leader, Community and Public Health*

*9.20am – 9.40am*

**6. Planning & Funding Update**

Ralph La Salle  
*Planning & Funding*

*9.40am – 9.50am*

**7. Alliance Update**

Ralph La Salle  
*Planning & Funding*

*9.50am-10.00am*

**8. General Business**

Elinor Stratford  
*Chair*

*10.00am – 10.15am*

## ESTIMATED FINISH TIME

**10.15am**

## INFORMATION ITEMS

- Board Agenda – 4 April 2014
- Chair's Report to last Board meeting
- Work Plan 2014
- Community & Public Health six monthly report to Ministry of Health
- West Coast DHB 2014 Meeting Schedule

## NEXT MEETING

**Date of Next Meeting:** Thursday 12 June 2014

## 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  Maori Health Plan Update	Planning & Funding Update  Community & Public Health Update  Alliance Update	Health Target Q3 Report  Planning & Funding Update  Community & Public Health Update  Alliance Update	Planning & Funding Update  Community & Public Health Update  Alliance Update  Maori Health Plan Update	Health Target Q4 report  Planning & Funding Update  Community & Public Health Update  Alliance Update  Māori Health Plan Update	Planning & Funding Update  Community & Public Health Update  Alliance Update	Planning & Funding Update  Community & Public Health Update  Alliance Update	
PRESENTATIONS	As required	As required		Alliance Leadership Team Presentation Complex Clinical Care Network Presentation	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	As available	As available	As available	Disability Plan	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 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
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	Kahurangi Room, Grey Hospital
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.