

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**

**Thursday 11 September 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 11 September 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**

24 July 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 - 9.25am

5. **Planning & Funding Update**

Phil Wheble
Team Leader, Planning & Funding

9.25am - 9.40am

6. **Alliance Update**

Phil Wheble
Team Leader, Planning & Funding

9.40am - 9.55am

7. **Maori Health Plan Update**

Gary Coghlan
General Manager Maori Health

9.55am - 10.10am

8. **Health Target Q4 Update**

Phil Wheble
Team Leader, Planning & Funding

10.10am - 10.25am

9. **General Business**

Elinor Stratford
Chair

10.25am - 10.30am

ESTIMATED FINISH TIME

10.30am

INFORMATION ITEMS

- Board Agenda – 8 August 2014
- Chair's Report to last Board meeting
- Work Plan 2014
- West Coast DHB 2014 Meeting Schedule

NEXT MEETING

Date of Next Meeting: Thursday 23 October 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 • 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 • Member of West Coast DHB Consumer Council
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 – Joint Chair • St John Youth Leader
Mary Molloy	To be advised at meeting.
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 • Sister (Julie Lucas) Acting Nurse Manager, Clinical Services
Peter Ballantyne Ex-officio (Board Deputy Chair)	<ul style="list-style-type: none"> • Member, 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 • Interim Acting Chair, Brackenridge Estate Limited

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, 24 July 2014 commencing at 9.00am

PRESENT

Elinor Stratford (Chairperson); Lynette Beirne; Cheryl Brunton, Jenny McGill; Robyn Moore; Joseph Thomas; John Vaile; and Peter Ballantyne (ex-officio).

APOLOGIES

Apologies were received and accepted from John Ayling and Michelle Lomax.

EXECUTIVE SUPPORT

Michael Frampton (Programme Director); 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) (via video conference); Mark Newsome (General Manager, Grey & Westland); Phil Wheble (Team Leader, Planning & Funding); and Kay Jenkins (Minutes).

WELCOME

The Chair welcomed everyone and asked Cheryl Brunton to lead the Karakia.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

Robyn Moore advised of an addition to the Interest Register – her sister, Julie Lucas, is Acting Nurse Manager, Clinical Service.

Peter Ballantyne – delete “Deputy” from Deputy Chair.

Lynette Beirne advised that she is a member of the WCDHB Falls Coalition Committee.

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 (5/14)

(Moved: Jenny McGill; Seconded: Peter Ballantyne - carried)

“That the minutes of the meeting of the Community and Public Health and Disability Support Advisory Committee held on 12 June 2014 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION ITEMS

The Carried Forward/Action Items were noted.

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:

- Norovirus Outbreak at local Residential Care Homes;
- District Licensing Committees;
- Presentation to Buller Interagency Forum on Health impacts of job losses in small communities;
- West Coast Pathway Case Study;
- Promoting Wellbeing at AgFest;
- Lifhack Update; and
- Responding to increased demand for Appetite for Life.

Discussion took place regarding the Norovirus outbreak and the Committee noted that this virus is incredibly infectious and spreads differently to other viruses. It was also noted that this is not normally seen in rest homes unless it is already in the community.

The Report was noted.

5. PLANNING & FUNDING UPDATE

Phil Wheble, Team Leader, 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 has **achieved the 95% ED health target**; performing well above with results for the year to 30 June 2014 showing that 99.7% of patients were admitted, discharged or transferred within 6 hours—and 96.3% within just 4 hours.
- The West Coast has **achieved the Shorter Waits for Cancer Treatment health target** throughout the 2013/14 financial year, with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks.
- West Coast is set to meet the **Elective Surgery health target** of 1,592 elective operations by the end of June 2014, with 1,517 discharges delivered in the eleven months to 31st May 2014—66 cases above the May year-to-date target of 1,451.

Key Issues & Associated Remedies

- As reported previously, West Coast did not meet the **Primary Care Smokefree health target** in Quarter 3 with 55.4% of smokers attending general practice being offered advice and support to quit against a target of 90%. Quarter 4 results are not yet available.
- As reported previously, West Coast did not meet **Secondary Smokefree Health Target** in Quarter 3 with 92.5% of hospitalised smokers offered advice and help to quit. Preliminary monthly data shows May's performance at 91% with official Quarter 4 results due soon.

Upcoming Points of Interest

- The new **Mental Health Workstream** has had positive feedback from its first meeting. The workstream will initially be tasked with ensuring the Review recommendations are implemented.

- **Community Engagement Planning Buller**

A draft engagement and communications plan has been developed to guide engagement with the Buller community about the future care of their growing older population. Care is being taken to ensure that this is a genuine conversation with the public and a more focused stakeholder group to identify how best to care for Buller elders as demand grows.

The report was noted.

6. ALLIANCE UPDATE

Phil Wheble, Team Leader, Planning & Funding, presented this report which was taken as read.

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

- Alliance Leadership Team
- Mental Health Workstream
- Complex Clinical Care Network
- Grey/Westland and Buller Integrated Family Health Services
- Healthy West Coast and
- Child and Youth Workstream

A query was made as to whether there were any areas within the Alliance Framework that were not moving along as they should be. Mr Wheble commented that the Single Point of Entry (SPOE) in Buller could be one of these however this is progressing but not at the speed we would like. He added that the Mental Health workstream is just beginning and there is a lot to achieve in this area.

A Committee member asked that it be noted they had received good feedback regarding the Complex Clinical Care Network (CCCN). Discussion took place regarding how the Canterbury CREST service will be developed for the West Coast and this would be from a West Coast perspective.

The update was noted.

7. MAORI HEALTH PLAN UPDATE

Gary Coghlan, General Manager, Maori Health, presented this report which was taken as read. He commented that there is good information contained in this report and that Maori Health on the West Coast is based around Poutini Waioara.

The Committee noted that Dr Melissa Cragg, General Manager, Poutini Waioara, has resigned and the DHB will continue to work with Poutini Waioara to ensure they can deliver on their expectations.

It was also noted that a Kaupapa Maori Nurse has now been engaged by the DHB.

The update was noted.

8. DISABILITY ACTION PLAN PROCESS FOR DEVELOPMENT

Cathy O'Neill, Service Development Manager, Mental Health, Planning & Funding, presented a report to the Committee to seek feedback, advice and endorsement on the process for the development of a West Coast DHB Disability Action Plan for 2015-17.

The report was well received and the intention to develop the plan around the needs of the clients and advocate for funding separately was supported.

Discussion took place regarding disability funding and the challenge around those clients who move between the funding models. The Committee noted the desire to develop a coordination of care for these people.

It was suggested that some key strategic priorities should be developed to ensure that there is delivery of effective achievable outcomes.

It was also suggested that “to ensure access to quality and safe healthcare for everyone” be added.

The Committee will receive a quarterly update on this.

Resolution (6/14)

(Moved: Lynette Beirne; Seconded: Robyn Moore - carried)

That the Community and Public Health & Disability Support Advisory Committee:

- i. Endorse the development of a West Coast Disability Action Plan 2015-17; and

9. GENERAL BUSINESS

The Chair advised of an NGO organisation in the area “Snapshot” who are specifically for youth in the community who are 'at risk'. The Youth Workers work with referrals from Youth Justice, CYF teams, schools, families and other community agencies.

The meeting concluded at 10.05am.

Items 10 & 11 Combined with Hospital Advisory Committee Meeting

10. COMPLEX CLINICAL CARE NETWORK PRESENTATION

Nancy Stewart, Service Portfolio Manager, Planning & Funding, provided a presentation on the Complex Clinical Care Network. The Committee noted that this network has been named quite deliberately as it is not just for older people.

The presentation contained the following key points:

- Services for the frail elderly need to be centred on the patient, be mindful of the single integrated system and also make sure we are delivering the best service for our elderly to enable them to remain functionally independent and have choices on the service they can receive.
- To change the model of care three main areas were looked at for a more planned proactive care, people (*at risk individuals*), the process (*to increase independence and function*); and the place (*ensuring that services were at home*). A number of services, programmes and funding streams existed and the aim was to pull these together to form one comprehensive integrated programme to improve the patient journey and experience for all. The plan was to implement a restorative home based support service and supported discharge programme on the West Coast.

This means investing in wrap-around services that are integrated across the health system to support people to stay healthy and well, in their own homes, for as long as possible.

- The CCCN works with the whole of the West Coast Health System with a virtual and transalpine interdisciplinary team which consists of - Geriatrician, GNS, Clinical Assessors, Manager, Allied Health, Administration, Hospital, Primary Care, Nursing, Clinical Assessors, ARC, Allied Health General Practice, and Rural Nursing.
- This client centred approach enables collaboration between disciplines, which breaks down “silos of care”.

Nancy took the meeting through the complex clinical care network and how it has changed it services for clients. She also spoke about the falls prevention project which was designed to reduce falls in the community and reduce hospitalisation as a result.

The Committees thanked Nancy for her presentation.

11. ALLIANCE LEADERSHIP TEAM PRESENTATION

Stella Ward, Chair Alliance Leadership Team, provided a presentation on the Alliance Leadership Team.

The committees noted the following points:

- *What is the Alliance?* The partnership of health professionals and providers established to enable collaborative planning and determine appropriate models of care across the whole health system.
- *The Goal:* To provide increasingly integrated and coordinated health services through clinically-led services development and implementation, within a “best for patient, best for system” framework.

Stella went on to talk about the priorities for Buller IFHS; Priorities for Health of Older Persons; Priorities for Pharmacy; Priorities for Mental Health; Priorities for Child & Youth; Priorities for Healthy West Coast; and priorities for Grey/Westland IFHS.

The Committees thanked Stella for her presentation.

INFORMATION ITEMS

- Board Agenda 27 June 2014
- Chair’s report to last Board meeting
- Committee 2014 Work Plan
- West Coast DHB 2014 Meeting Schedule

There being no further business the meeting concluded at 10.05am.

The combined presentations concluded at 10.45am

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 11 SEPTEMBER 2014

	DATE RAISED	ACTION	COMMENTARY	STATUS
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 October 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: 11 September 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)

August 2015

Drinking Water Subsidies

Four West Coast communities were successful in obtaining Ministry of Health funding from the recent 2013/14 round of drinking-water subsidies. No West Coast applications were declined.

Applicant name	Water supply name	Total project cost	Approved funding
Buller District Council	Karamea	\$1,686,310	\$1,433,364
Grey District Council	Kaiata	\$1,144,973	\$973,227
Buller District Council	Inangahua	\$222,740	\$189,329
Buller District Council	Waimangaroa	\$473,692	\$402,639

This is very good news for the Karamea community as this project will construct a new reticulated water supply using the new water source they developed last year. The Kaiata project will create a new reticulation zone of the Greymouth water supply to serve the residential properties in Kaiata. The Inangahua and Waimangaroa supplies have also been approved but will have to meet conditions around funding.

Due to the poor condition of many West Coast community water supplies this is a very pleasing outcome and we would like to congratulate the Grey and Buller District Councils on their successful applications. Community and Public Health will be working closely with Councils as these projects are implemented.

Alcohol Policies in Schools

CPH staff, including the Medical Officer of Health, have made presentations to the Principals' Association and Education West Coast about alcohol-related issues. The topics discussed have included alcohol policies, special licences, whether alcohol has a place at school fundraising events, the provisions of the Gambling Act relating to alcohol, and the changes to legislation around supply of alcohol to under 18 year olds. Each presentation has stimulated lively discussion and CPH staff have offered assistance to schools wanting to develop alcohol policies if they do not already have these.

Alcohol Controlled Purchase Operations (CPOs)

The two licensed premises that sold alcohol to our 15 and 16 year old volunteers in Franz Josef and Fox Glacier back in April have accepted a 24 hour suspension of their trade at a date to be decided by the Alcohol Regulatory and Licensing Authority. These CPOs are carried out monthly by Police with the assistance of CPH and it is always disappointing when a sale is made when all that is required to avoid it is for sellers to ask for proof of age

Promoting healthy nutrition and physical activity

CPH staff supported the following community events: Te Putahitanga Whanau Ora Launch in Hokitika, the Kapa Haka competition and festival in Westport, and the Grey Youth Development Trust Buskers Festival in Greymouth. CPH provided a combination of soup, fruit and water to role model healthy nutrition choices at these events. CPH also provided a nutrition session to the participants and whanau at the bootcamp run by Blue Light in Greymouth and also led a Tai Chi taster session as part of the Kaumatua Wellbeing and Pamper Day held recently at Arahura Marae.

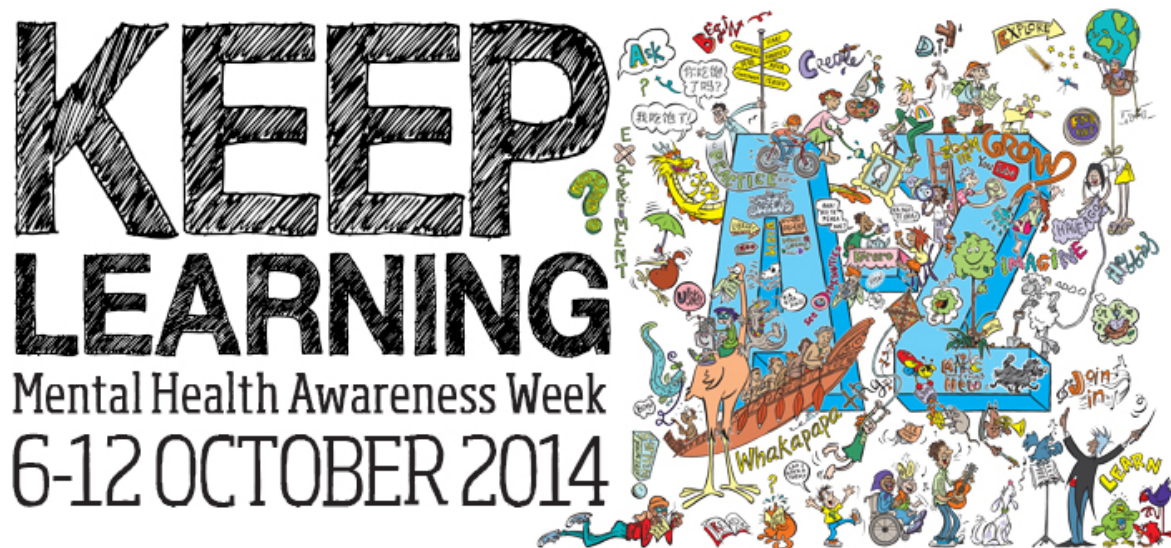
Stoptober

The West Coast Tobacco Free Coalition is supporting Stoptober, the 31 day stop smoking challenge being held around New Zealand during October. Advertising and events are focussed on getting people who smoke to sign up to quit by 1st October. People are being encouraged to sign up at www.stoptobernz.co.nz. The website offers free daily texts (three evidence-based support messages a day), a free daily email and a free downloadable Stoptober app, a calculator for savings being made, support karakia in Te Reo and English and lots of other support. The key message is for people to get support to help them stop smoking. On the West Coast we will be promoting Stoptober in the streets of Greymouth and Hokitika in September. There will also be stop smoking support groups running in Greymouth and Westport.



Keep Learning for Mental Health

This is the theme for this year's Mental Health Awareness Week being held from 6-12 October. There will be opportunities in various locations across the West Coast for people to try out new activities and keep learning. Activities confirmed to date include Tai Chi, yoga, knitting and crochet. People are being encouraged to share their talents and skills with others to support everyone's wellbeing.



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

SOURCE: Planning & Funding

DATE: 11 September 2014

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE 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 Community and Public Health & Disability Support Advisory Committee

- i. notes the Planning & Funding Update.

3. SUMMARY

✓ Key Achievements

- The West Coast continues to perform well above the **ED health target**; with 99.7% of patients admitted, discharged or transferred within 6 hours, and 95.3% within 4 hours.
- The West Coast continues to achieve the **Shorter Waits for Cancer Treatment health target** during July with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks.
- During Quarter 4 West Coast DHB staff provided 95% of hospitalised smokers with smoking cessation advice and support –meeting the Secondary Care Better Help for Smokers to Quit Health Target. Work continues to increase consistency of results.

✗ Key Issues & Associated Remedies

- While we are still 28% off target and ranked last out of all DHBs against the **primary care smokers better help to quit health target**, we had a pleasing 6.5% increase this quarter that represents our best result yet. Actions previously reported continue, with monthly practice by practice reporting expected to provide visibility for which practices need most support.

① Upcoming Points of Interest

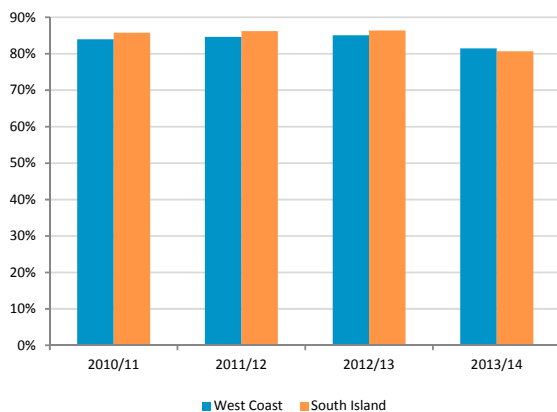
- The **B4 Schools Check Clinical Advisory Group** has formed and met for the first time in August. This group will provide guidance on clinical issues, including access and referral patterns and processes related to the programme.
- **Community Engagement Mental Health**
The recently formed Mental Health Workstream is developing a model for service provision in Buller within the context of IFHS. Community engagement meetings are planned for the coming weeks.

Report prepared by: Planning & Funding

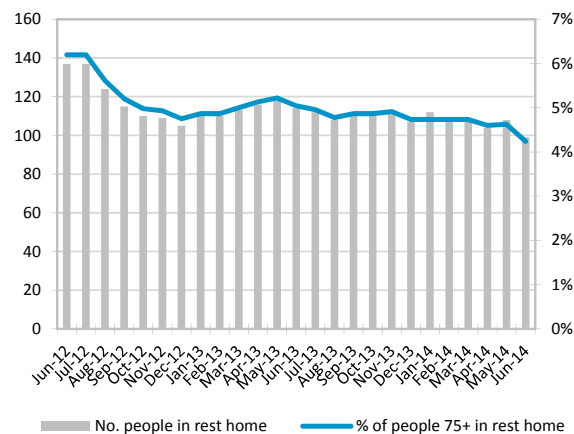
Report approved for release by: Carolyn Gullery, General Manager, Planning & Funding

Older Persons' Health

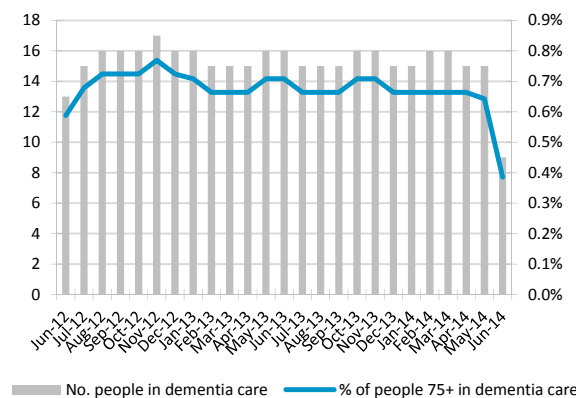
% of people 75+ living in their own homes



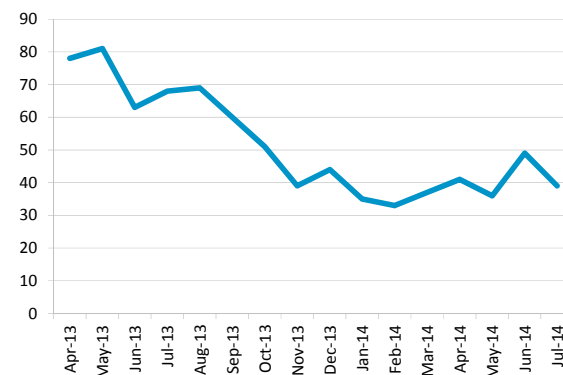
% of people aged 75+ admitted in Rest Home level care



% of people aged 75+ in Specialist Dementia Care



Number of interRAI assessments completed



Achievements / Issues of Note

The DHB continue to work with Home Based Providers to train key support workers to enable increased supports for complex clients as outlined with the additional allocation of funding.

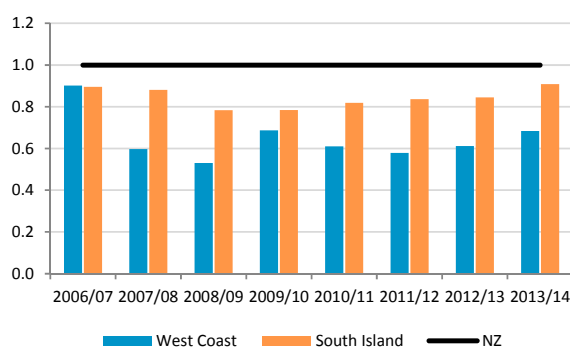
The Complex Clinical Care Network (CCCN) are working alongside Primary Care to ensure that at risk individuals are receiving appropriate care. In the past quarter there has been a steady increase in the number of direct referrals from Primary Care.

The Casemix 8 *Rapid Rehab* pilot has been constantly monitored with gaps identified in the service. The CCCN are working closely with Home Based Providers, clinicians and Primary Care to make the appropriate changes to the service to ensure that it meets the needs of the population of the West Coast. The next stage in the pilot is reviewing the service from the point of referral, service delivery and point of discharge and updating both the training plan and referral/service pathway accordingly for a full roll out of the service.

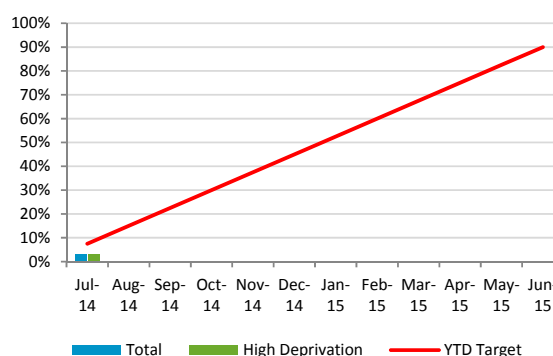
A workgroup has been set up to look at both falls prevention and a fracture liaison service that meets the needs of the West Coast.

Child, Youth & Maternity

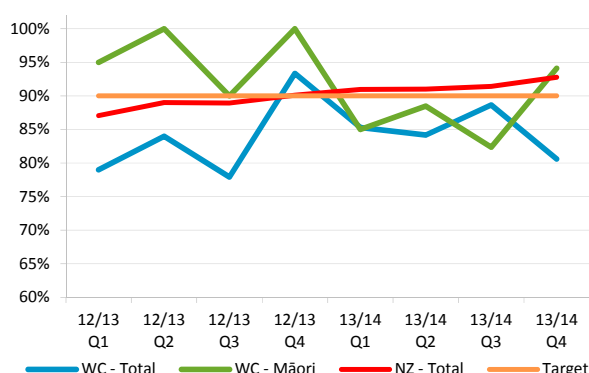
Acute medical discharge rates for children (age 0-14)



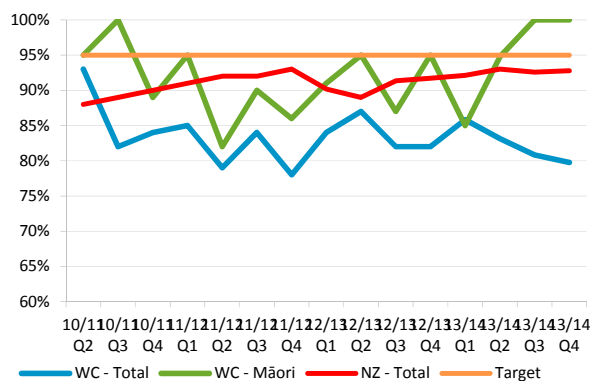
B4 School Check coverage



Immunisation HT: Eight-month-olds fully immunised



Two-year-olds fully immunised



Achievements / Issues of Note

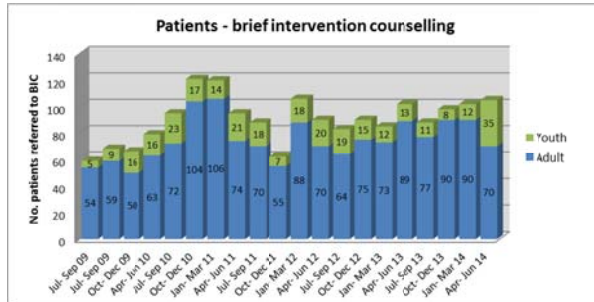
Immunisation: West Coast did not meet the target in Quarter 4 with only 81% of our population fully vaccinated. This quarter saw an increase in opt-offs to 15.1%, however declines remained consistent at 3.1%. In total there was 18.4% of the population who actively choose not to vaccinate. There was only one child who was “overdue” for an immunisation event at 8 months of age, and this child has since been vaccinated.

B4 School Check coverage: During July the West Coast DHB delivered B4 School Checks to 3% of both the total eligible population and the high deprivation population against the 8% target. During this period only one clinic was held with the B4SC Coordinator on annual leave. The B4 Schools Check Clinical Advisory Group has formed and met for the first time in August. This group will provide guidance on clinical issues, including access and referral patterns and processes related to the programme.

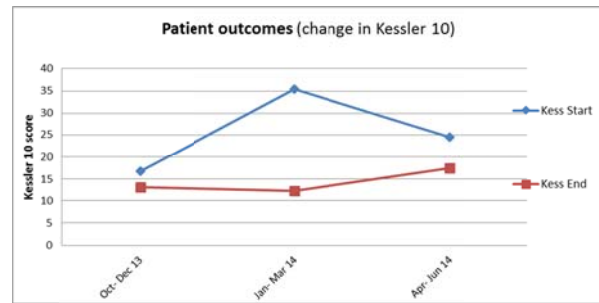
Well Child Tamariki Ora: The Ministry have provided feedback to the DHB on the performance of Well Child Tamariki Ora providers which are funded through the DHB (for the West Coast this is Public Health Nurses, Rural Nurse Specialists and Poutini Waiora) following more detailed reporting since January 2013. Following this feedback, areas of focus for quality improvement will be: ensuring that all children are enrolled with a Well Child provider; closing the gap between maternity services and Well Child providers; and, continuing to improve the quality of data capture so that performance can be monitored and improved.

Mental Health

Number of patients referred to Brief Intervention Counselling (BIC)



Patient outcomes (change in Kessler 10)

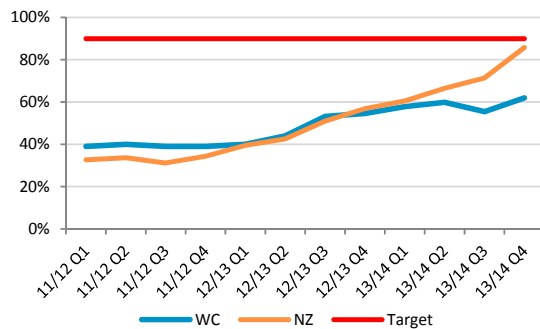


Achievements / Issues of Note

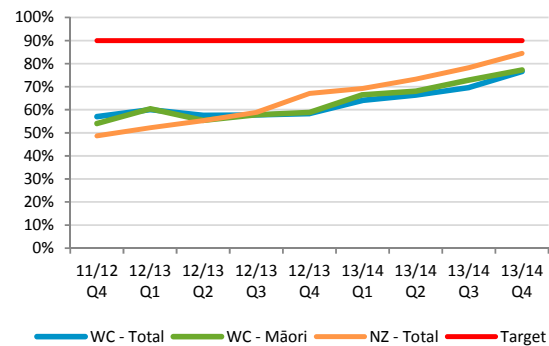
The current focus of the Mental Health Workstream is to develop a model for service provision in Buller within the context of IFHS. This is based on increasing capacity across all services and supports across the community. Community engagement is essential and meetings are planned for the coming weeks.

Primary Care & Long-Term Conditions

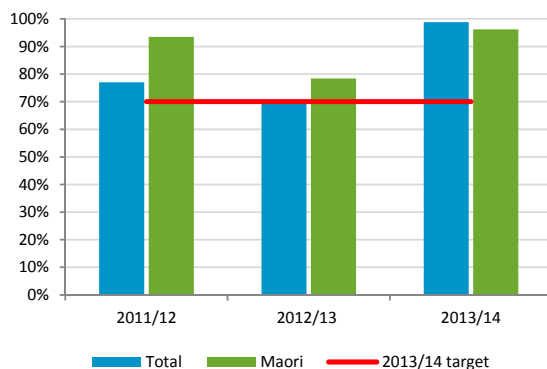
Primary Smokefree Health Target: Smokers attending primary care given advice & help to quit



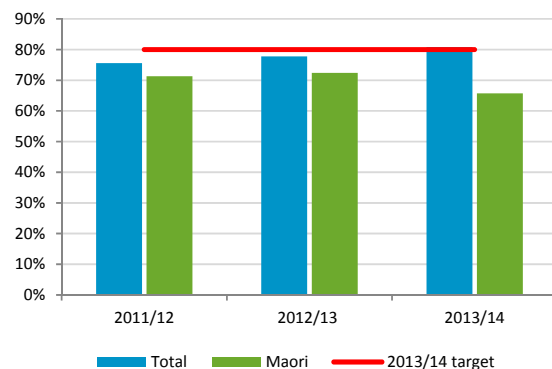
CVD Health Target: % of eligible PHO population having had a CVD risk assessment in the last 5 years



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 better help for smoker's health target: West Coast general practices have reported giving 2,875 smokers cessation advice in the 12 months ending June 2014, representing 61.9% of smokers expected to attend general practice during the period. While this is a pleasing 6.5% increase on last quarter, we are still 28% off target and ranked last out of all DHBs in performance against this target.

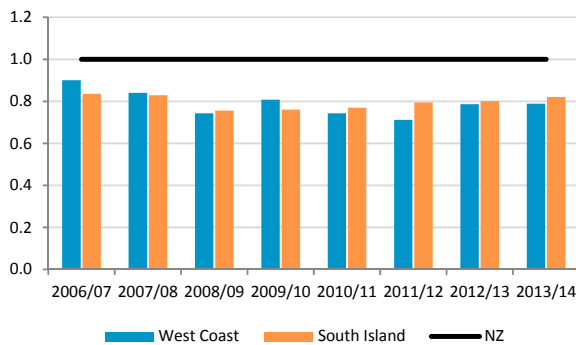
While previously reported actions continue, plans looking forward to the 14/15 year include the trial of IT tools.

CVD health target: Performance against the More Heart and Diabetes Checks Health Target continues to steadily increase with 76.6% of the eligible enrolled West Coast population having had a cardiovascular risk assessment in the last five years. While this is an encouraging 7% increase, West Coast DHB is still below the national average, ranked 19th out of 20 DHBs. Work continues to meet target and we expect to see a continuation of this steady upward trend in delivery in the coming year we aim to meet the 90% target for the measure.

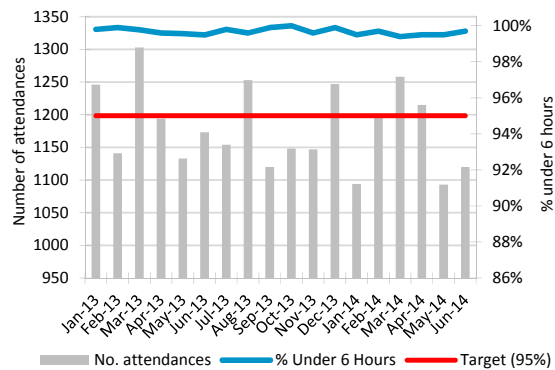
Diabetes: Retinal screening clinics were held in Westport and Reefton in May, with 81 people being screened. A total of 541 diabetes retinal screenings have been undertaken in 2013/14—an increase of 106 from the previous year and 146 more than the 2012-13 financial year. The next mobile retinal screening clinic sessions are scheduled for September.

Secondary Care & System Integration

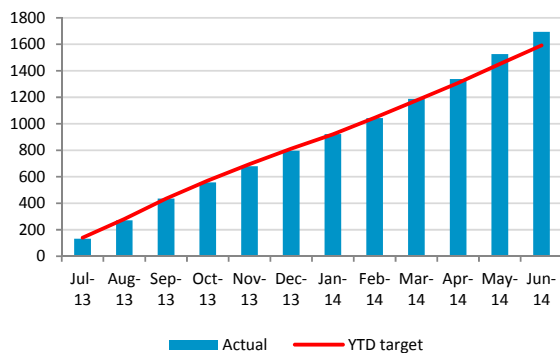
Acute Medical Discharge Rate



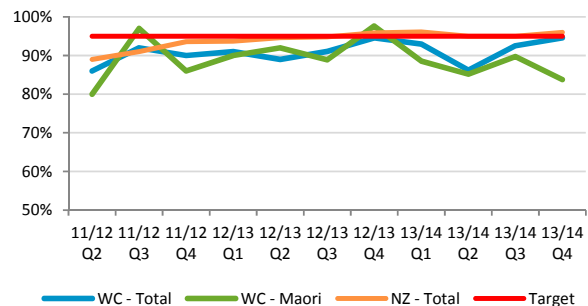
**Emergency Department (ED):
Attendances & <6 Hours Health Target**



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 DHB continues to achieve impressive results with 99.7% of patients admitted, discharged or transferred from ED within six hours during the 2013/14 financial year, as well as in July 2014. Data for the 12 month period 2013/14 financial year shows 96.3% were admitted discharged or transferred within just four hours (95.3% in July 2014).

Cancer health target: The West Coast achieved the cancer treatment health target throughout the 2013/14 financial year, with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks. Results for July 2014 were also at 100%.

Secondary care better help for smokers to quit health target: In Quarter 4, West Coast DHB staff provided 94.6% of hospitalised smokers with smoking cessation advice and support –just meeting the 95% target.

While it is pleasing to meet the target following varied results during the year, work continues to increase consistency of performance during 2014/15.

Electives health target: The West Coast DHB both met and surpassed our year-end target of 1,592 elective operations, having delivered **1,695** in the twelve months to 30 June 2014. Of the additional 103 cases, 95 operations were funded to provide above the Health Target volume for the year.

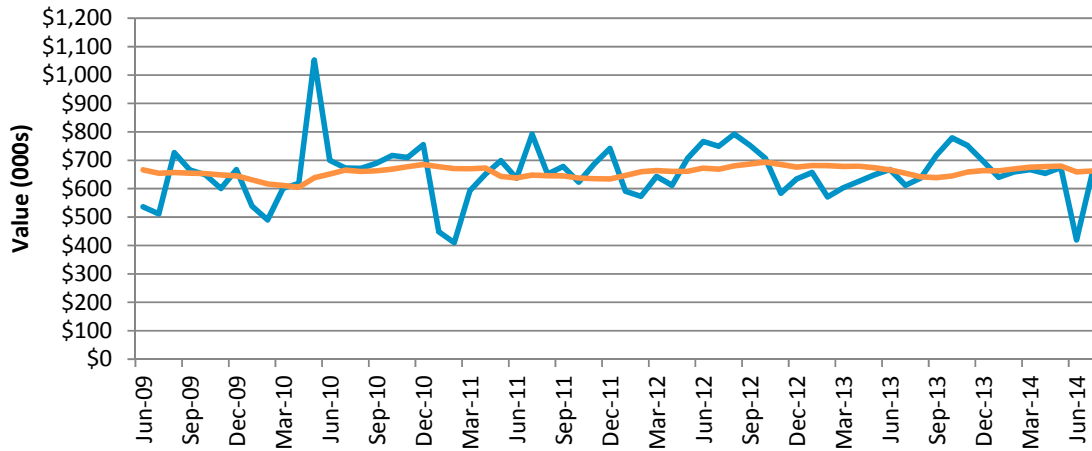
ESPI compliance: No patients exceeded the maximum 150 days' wait time target for either First Specialist Appointment (ESPI 2) or waiting time target for treatment (ESPI 5). Preliminary results for July 2014 also show no-one waiting longer than 5 months in either the ESPI2 or ESPI5 category.

Financials

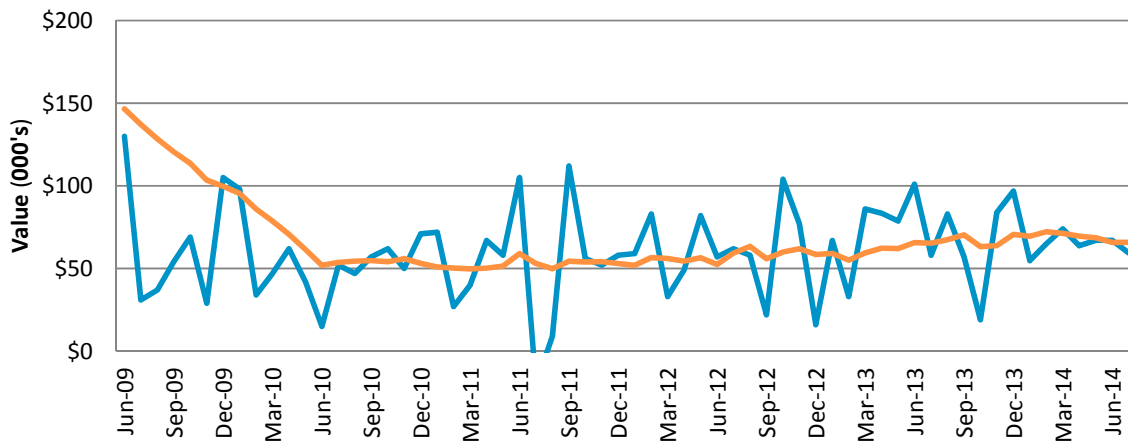
The following graphs are presented to show expenditure trends over time:

— Expenditure Trend — Rolling average

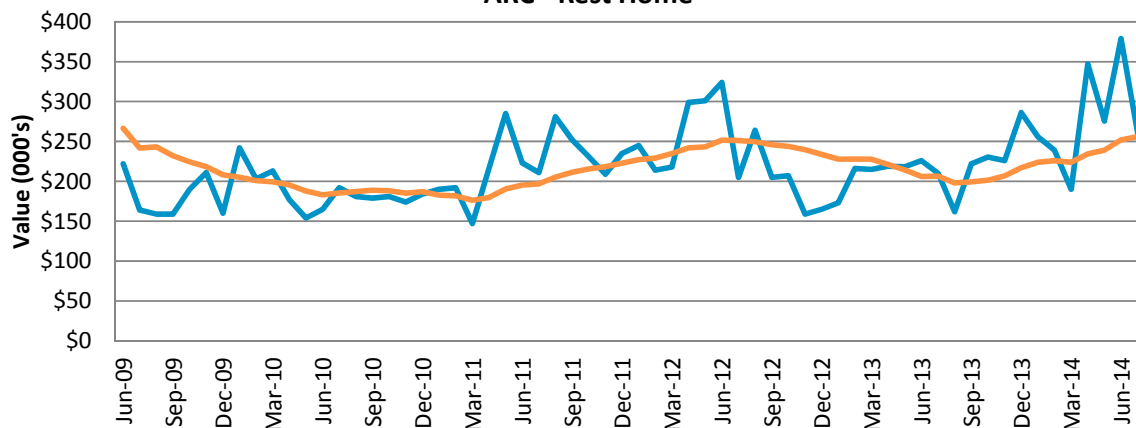
Pharmacy Expenditure



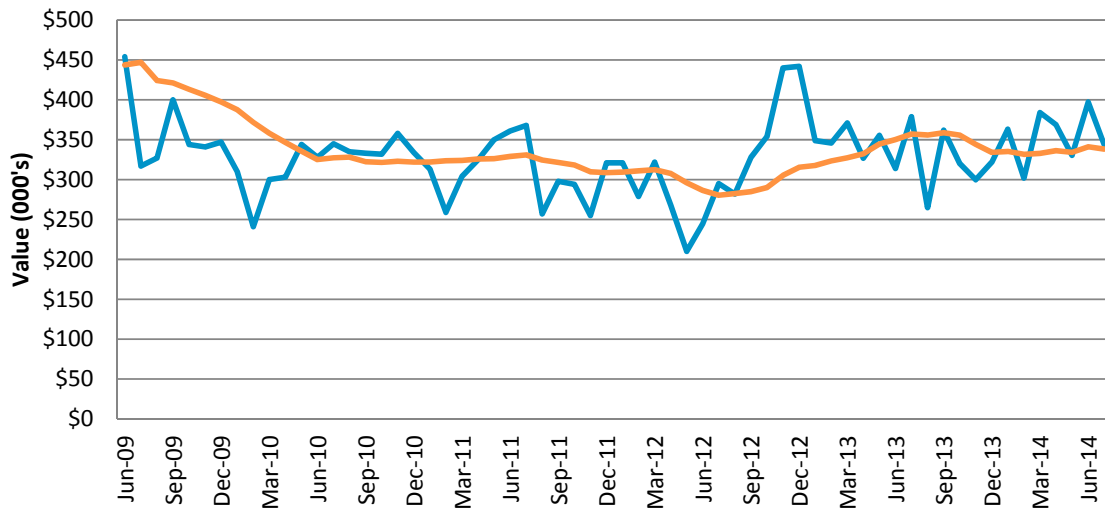
Home Support



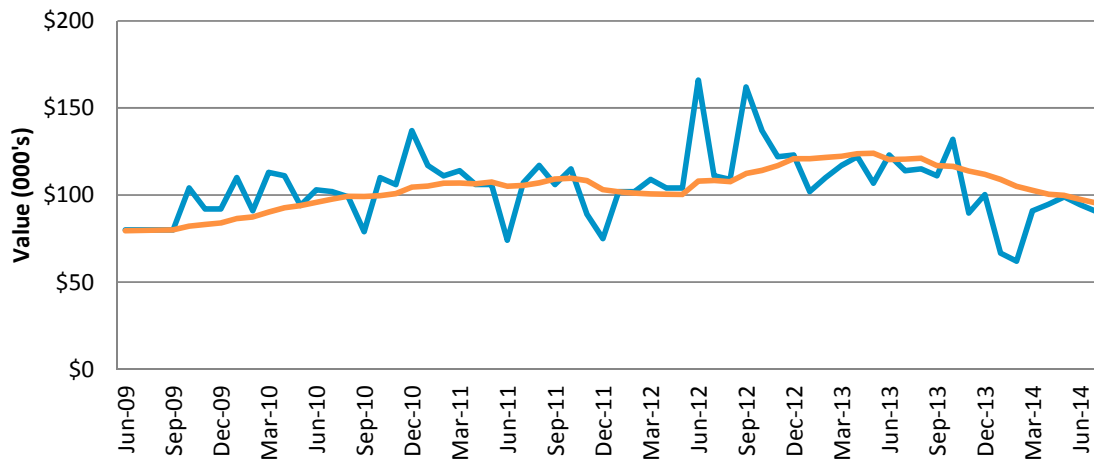
ARC - Rest Home



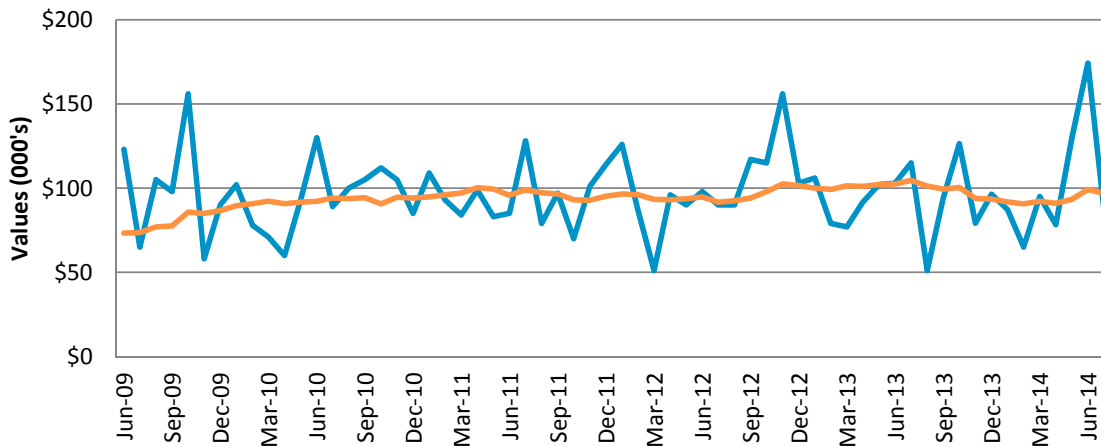
ARC - Hospital Level



Mental Health Residential



Transport and Accomodation



Planning and Funding Division
Month Ended July 2014

Current Month				Year to Date					2014/15
Actual	Budget	Variance		SERVICES	Actual	Budget	Variance		Annual Budget
\$000	\$000	\$000	%		\$000	\$000	\$000	%	\$000
Primary Care									
37	36	0	-1% ✗	Dental-school and adolescent	37	36	0	-1% ✗	434
	2	2	100% ✓	Maternity	0	2	2	100% ✓	20
	1	1	100% ✓	Pregnancy & Parent	0	1	1	100% ✓	8
	3	3	100% ✓	Sexual Health	0	3	3	100% ✓	33
2	3	1	48% ✓	General Medical Subsidy	2	3	1	48% ✓	36
495	522	26	5% ✓	Primary Practice Capitation	495	522	26	5% ✓	6,258
91	91	0	0% ✓	Primary Health Care Strategy	91	91	0	0% ✓	1,093
79	80	1	1% ✓	Rural Bonus	79	80	1	1% ✓	963
4	5	1	11% ✓	Child and Youth	4	5	1	11% ✓	59
4	8	3	42% ✓	Immunisation	4	8	3	42% ✓	153
5	5	0	1% ✓	Maori Service Development	5	5	0	1% ✓	58
52	53	1	1% ✓	Whanua Ora Services	52	53	1	1% ✓	634
15	18	4	19% ✓	Palliative Care	15	18	4	19% ✓	218
	0	0		Community Based Allied Health	0	0	0		0
7	9	2	19% ✓	Chronic Disease	7	9	2	19% ✓	106
47	54	7	13% ✓	Minor Expenses	47	54	7	13% ✓	647
839	888	50	6% ✓		839	888	50	6% ✓	10,722
Referred Services									
24	24	-1	-3% ✗	Laboratory	24	24	-1	-3% ✗	283
651	658	7	1% ✓	Pharmaceuticals	651	658	7	1% ✓	7,961
676	682	6	1% ✓		676	682	6	1% ✓	8,244
Secondary Care									
230	202	-28	-14% ✗	Inpatients	230	202	-28	-14% ✗	2,420
112	101	-11	-11% ✗	Radiology services	112	101	-11	-11% ✗	1,212
87	115	28	25% ✓	Travel & Accommodation	87	115	28	25% ✓	1,380
1,520	1,520	0	0% ✓	IDF Payments Personal Health	1,520	1,520	0	0% ✓	18,242
1,948	1,938	-10	-1% ✗		1,948	1,938	-10	-1% ✗	23,254
3,463	3,508	45	1% ✓	Primary & Secondary Care Total	3,463	3,508	45	1% ✓	42,220
Public Health									
14	25	11	44% ✓	Nutrition & Physical Activity	14	25	11	44% ✓	298
6	7	1	17% ✓	Public Health Infrastructure	6	7	1	17% ✓	88
12	5	-7	-140% ✗	Tobacco control	12	5	-7	-140% ✗	58
-2	0	2		Screening programmes	-2	0	2		0
30	37	7	19% ✓	Public Health Total	30	37	7	19% ✓	445
Mental Health									
7	7	0	1% ✓	Dual Diagnosis A&D	7,083	7	0	1% ✓	86
	2	2	100% ✓	Eating Disorders	0	2	2	100% ✓	23
20	20	0	1% ✓	Child & Youth Mental Health Services	20	20	0	1% ✓	243
5	5	0	1% ✓	Mental Health Work force	5	5	0	1% ✓	61
61	61	1	1% ✓	Day Activity & Rehab	61	61	1	1% ✓	735
11	11	0	1% ✓	Advocacy Consumer	11	11	0	1% ✓	130
81	82	1	1% ✓	Other Home Based Residential Support	81	82	1	1% ✓	982
11	11	0	1% ✓	Advocacy Family	11	11	0	1% ✓	134
10	29	19	66% ✓	Community Residential Beds	10	29	19	66% ✓	345
0	0	0	100% ✓	Minor Expenses	0	0	0	100% ✓	1
92	92	0	0% ✗	IDF Payments Mental Health	92	92	0	0% ✗	1,100
297	320	23	7% ✓		297	320	23	7% ✓	3,839
Older Persons Health									
	0	0	100% ✓	Information and Advisory	0	0	0	100% ✓	1
	0	0		Needs Assessment	0	0	0		0
60	67	7	11% ✓	Home Based Support	60	67	7	11% ✓	784
8	9	1	16% ✓	Caregiver Support	8	9	1	16% ✓	107
260	216	-45	-21% ✗	Residential Care-Rest Homes	260	216	-45	-21% ✗	2,538
4	10	6	55% ✓	Residential Care-Community	4	10	6	55% ✓	120
344	349	5	2% ✓	Residential Care-Hospital	344	349	5	2% ✓	4,114
0	0	0		Ageing in place	0	0	0		0
9	10	1	7% ✓	Day programmes	9	10	1	7% ✓	118
11	18	7	38% ✓	Respite Care	11	18	7	38% ✓	220
1	1	0	1% ✓	Community Health	1	1	0	1% ✓	15
	0	0	100% ✓	Minor Disability Support Expenditure	0	0	0	100% ✓	3
58	58	0	0% ✗	IDF Payments-DSS	58	58	0	0% ✗	698
756	739	-20	-3% ✗		756	739	-18	-2% ✗	8,720
1,053	1,058	4	0% ✓	Mental Health & OPH Total	1,053	1,058	6	1% ✓	12,559
4,545	4,603	58	1% ✓	Total Expenditure	4,545	4,603	58	1% ✓	55,223

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

SOURCE: Planning & Funding

DATE: 11 September 2014

Report Status – For: Decision ☐ Noting ☒ Information ☐

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 Community and Public Health & Disability Support Advisory Committee

- i. notes the Alliance Update.

3. SUMMARY

Progress of Note:

▪ **Mental Health Workstream**

- The workstream continues to meet regularly while still in its early stages of setting priorities for the rest of this year. The main focus of the workstream is the development of a model for Buller that shows how mental health services can be provided within an Integrated Family Health Services context.

▪ **Complex Clinical Care Network (CCCN)**

- Ongoing training with home based providers is working well with the continuation of the roll out of the restorative model of care.
- Support workers have begun training for the rapid rehab (CREST like) model of care. The Pilot has shown gaps in the model and work is being done to ensure that the appropriate response for this group of clients can be actively managed.
- A communication plan is being drafted for both DHB staff and Primary care around the roll out of the rehab model later in quarter two.
- Buller public engagement commenced and a Stakeholder group has been formed and met for the first time in August. Staff focus group meetings have also begun.

▪ **Grey/Westland & Buller Family Health Services (IFHS) -**

- The process of undertaking risk profiling and stratification of the West Coast population has begun.
- Community engagement has begun in Reefton to understand how services can be best delivered to that community in the future.
- Clinical Nurse Specialists across the Coast now have access to the Primary Care MedTech system allowing for easier communication with the Health Care Home.

- The Greymouth Practices have begun the process of tracking and analysing practice activity by completing a 2 week survey of patient activity type and telephone call type. This will help inform decisions around possible shared resources in the IFHC.
- One practice is trialling the concept of allocated time in the day for doctor triage and as a result of the trial will continue to adopt this process. Their learnings will be shared with the workstream for consideration of possible adoption in other practices.
- The preferred option for an electronic patient portal (online access to appointment booking and repeat prescription ordering) has been decided with implementation due by end of Q2. The preferred option for an electronically shared care-pathway visible across the system has also been identified and implementation set for end of Q4.

▪ **Healthy West Coast**

- The West Coast Tobacco free Coalition are pleased to confirm that Grey District Council has a Smokefree policy in place for council owned housing. The Coalition is working with Westland Council to develop a similar policy for future tenancy agreements.
- The Smokefree services coordinator, through the Coalition, has also provided support to Oceana Gold to become a smokefree workplace.
- The Smokefree information available to DHB staff via the intranet has been reviewed and updated including updated link to the MoH e-learning course about the ABC intervention. The preferred IT tools to support the primary care health targets have been identified and discussions have begun with the vendor to finalise costs.
- Tailored Smokefree training has been provided for West Coast midwives, focussing on how to better support pregnant smokers and encourage a quit attempt. This training was well attended and provided the opportunity for the three cessation service providers to talk with staff. Work continues to design a programme to target this group and increase cessation service uptake.
- An action plan to target Maori smokers has been developed for endorsement by HWC at the next meeting.

▪ **Child and Youth**

- The Youth Health Action Group has been formalised with the first priority being the development of the West Coast Youth Consumer Model. This is a critical step in the delivery of the Youth Health Plan as this group will advise much of the work. There will also be a formal link with the West Coast Consumer Council.
- A B4 Schools Check Clinical Advisory Group has been formed and met for the first time in August. This group will provide guidance on clinical issues and processes related to the B4 School Check Programme.
- Following feedback from the MoH regarding the performance of the Well Child Tamariki Ora services coast wide, areas of focus for quality improvement will be; ensuring that all children are enrolled with a Well Child provider, closing the gap between maternity services and Well Child providers and continuing to improve the quality of data capture so that performance can be monitored and improved.
- A Pregnancy and Parenting Education (PPE) Project plan is being developed to improve PPE for all pregnant women on the coast but with specific focus on those pregnant for the first time, Maori and young mothers. This work is being completed by a wide group of stakeholders including providers of the service, consumers and Maori Health.

▪ **Pharmacy**

- Pharmacists in Greymouth and Hokitika have committed to completing their professional accreditation requirements for Medicines Use Review (MUR) by the end of September 2014 and MUR services in Buller will be provided by visiting pharmacists from West Coast DHB.
- Pharmacist training for Medtech practice management system has been completed allowing pharmacists to better communicate with the Health Care Home.
- On 1 August, funding for community pharmacies changed under a new National Pharmacy Agreement. Changes of note include:
 - The additional pharmacist care that patients on multiple medications often need has been recognised;
 - An allowance for more frequent dispensing where this is in the best interests of the patient
 - A mechanism to support patients assessed as needing additional medication adherence support from their pharmacist via the Long-Term Conditions Pharmacy Service.

Report prepared by:

Jenni Stephenson, Planning & Funding

Report approved for release by:

Stella Ward, Chair, Alliance Leadership Team

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

SOURCE: General Manager, Maori Health

DATE: 11 September 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 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 Update.

3. SUMMARY

Rangatahi Work Placement – West Coast DHB 17-19 September 2014

A rangatahi/youth work placement programme is being organised in September by the Maori health team with assistance from Mokowhiti consultancy. Kia Ora Hauora is a Ministry of Health funded initiative which is led by Tumu Whakarae - General Managers Maori Health. This is the first time the work placement programme has been offered on the Tai Poutini and is a fantastic opportunity for our rangatahi who could potentially look at a career in health. It is available to year 12/13 students who have expressed an interest in health as a career. Work is occurring with secondary schools and Tai Poutini Polytechnic. There has been great interest in the programme which will offer up to twelve places. The students will visit various departments both within the hospital setting and in the community i.e., Maternity, Social work, laboratory, Paediatrics, PHO, CPH Westland Medical Centre, Poutini Waiora Physio and Occupational Therapy.

West Coast Health Alliance – Workplan activity

Child and Youth Workstream

Pregnancy and Parenting Education plan with a special focus on improving attendance of Maori, Pacific and younger women has been finalised. There is now a lot of scope to revisit the way in which parenting programmes are delivered for Maori.

Breastfeeding Implementation Plan has now been developed and finalised.

Healthy West Coast

Maori Smoking Cessation

Progress has been made within the plan in the following areas

- Stoptober – the first stop smoking month in NZ will begin in October and will look at specific Maori focus groups working alongside Poutini Waiora Kaimahi
- Joe Mason has been working with practices to phone Maori who have not been offered brief cessation advice
- WERO challenge – the aim is to have several teams ready to go for the March round

- Approached Kaihauutu at Poutini Waiora to identify a potential champion within the organisation for cessation also to identify potential clients for Stoptober and to increase the number of Kaimahi who are trained in ABC (smoking cessation brief advice)
- Incentivisation project has been approved to try to increase the number of pregnant Mums who continue to smoke during pregnancy

Te Whare Oranga Pai

An implementation plan will be developed and approved by Healthy West Coast for Te Whare Oranga Pai so that we can get a service specification developed and a contract finalised. This is one-off funding aimed at providing intensive support for Maori who are at risk of poor health outcomes due to inactivity and poor nutrition

Poutini Waiora

The Organisational Restructure for Poutini Waiora has begun and recruitment and reorientation of several positions is underway. The Kaihauutu has been working with the DHB senior nurses to begin the development of a formal clinical supervision agreement for the Kaupapa Maori Nurses and to identify opportunities that will ensure that levels of clinical proficiency are maintained.

Treaty of Waitangi and Maori Health workshop

The Maori health team ran a full day Treaty of Waitangi and Health Inequalities workshop this month. There was a total of eighteen staff with the majority being clinicians from many different services within the hospital. The morning focused on the Treaty of Waitangi from a health context and in the afternoon we shifted focus to health inequity and the use of Inequality Assessment tools. We broke into working groups with each group identifying a service relevant to them and then applying a condensed version of the Health Equity Assessment Tool (HEAT). Feedback has been positive particularly with the focus group session providing a practical context. This training is a key way to improve mainstream awareness and the workshop offers a practical way for participants to consider health equity and awareness of inequality within their jobs.

Report prepared by: Kylie Parkin, Maori Health

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

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

SOURCE: Planning & Funding

DATE: 11 September 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

The purpose of this report is to present the committee with West Coast's progress against the national health targets for Quarter 4 (April-June 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 4 health target league table is attached as an Appendix.

2. RECOMMENDATION

That the Community and Public Health & Disability Support Advisory Committee:

- i. notes the West Coast's performance against the health targets.

3. SUMMARY

In Quarter 4, 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 1,695 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.
- Achieved the **better help for smokers to quit (secondary) health target**, with 95% of hospitalised smokers receiving help and advice to quit.

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

- Although experiencing a decrease in results against the **increased immunisation health target**—vaccinating 81% of eight-month-olds this quarter, 99% of consenting children were immunised. High opt-off and declines (18.4%) continue to be challenging in meeting this target.
- Performance against the **more heart and diabetes checks health target** continues to steadily increase with 76.6% of the eligible enrolled West Coast population having had a cardiovascular risk assessment in the last five years. While this is an encouraging 7% increase, West Coast DHB is still below the national average, ranked 19th out of 20 DHBs.
- While we are still 28% off target and ranked last out of all DHBs against the **primary care better help for smokers to quit health target**, this is a pleasing 6.5% increase this quarter and our best result yet.

6. **APPENDICES**

Appendix 1: Q4 1314 WC Health Target Report
Appendix 2: Q4 1314 WC Health Ministry League Table

Report prepared by: Libby Doran, Planning & Funding
Report approved by: Carolyn Gullery, GM Planning & Funding



National Health Targets Performance Summary

Quarter 4 2013/2014 (April-June 2014)

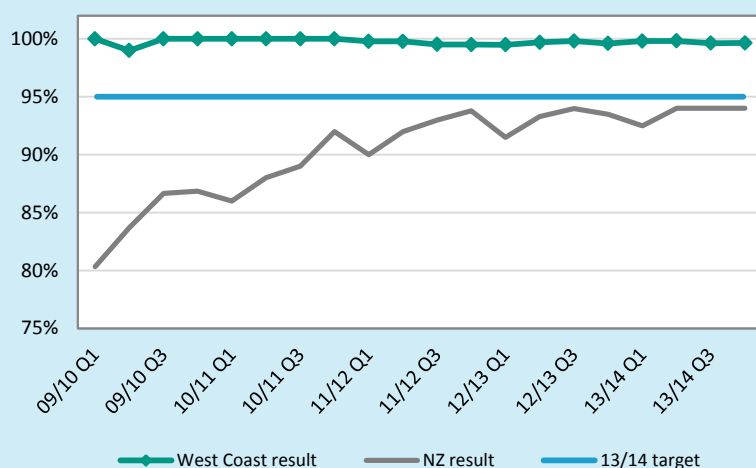
Target Overview

Target	Q1 13/14	Q2 13/14	Q3 13/14	Q4 13/14	Target	Status	Pg
Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours	99.8%	99.8%	99.6%	99.6%	95%	✓	2
Improved Access to Elective Surgery West Coast's volume of elective surgery	434 YTD	795 YTD	1,182 YTD	1,695	1,592	✓	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	85%	84%	89%	81%	90%	✗	3
Better Help for Smokers to Quit Hospitalised smokers receiving help and advice to quit	93%	86.2%	92.5%	94.6%	95%	✓	4
Better Help for Smokers to Quit Smokers attending primary care receive help and advice to quit	58%	59.9%	55.4%	61.9%	90%	✗	4
More Heart and Diabetes Checks Eligible enrolled adult population having had a CV risk assessment in the last 5 years	64%	66.4%	69.6%	76.6%	90%	✗	5

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

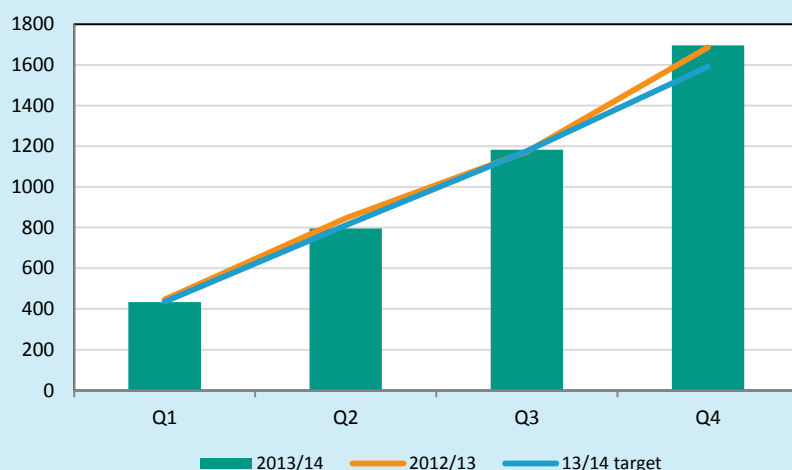


The West Coast continues to achieve impressive results against the ED health target, with **99.6%** of patients admitted, discharged or transferred from ED within 6 hours during Quarter 4.

Improved Access to Elective Surgery

Target: 1,592 elective surgeries in 2013/14

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



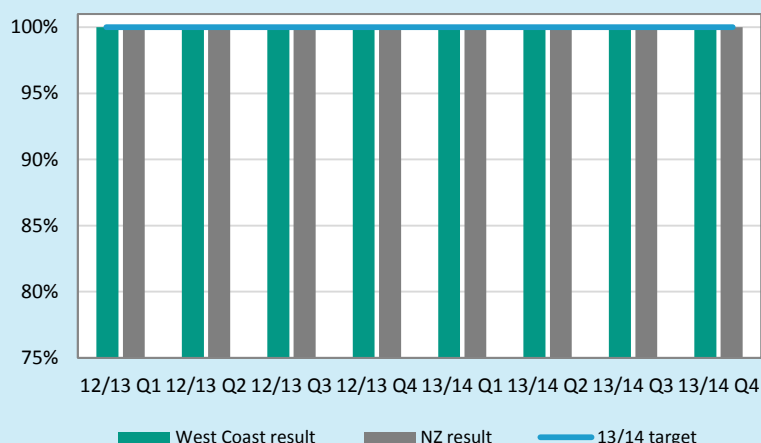
1,695 elective surgical cases were delivered to Coasters during 2013/14, representing **106.5%** of our year-end target delivery. We are pleased to have exceeded our target by 103 discharges.

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

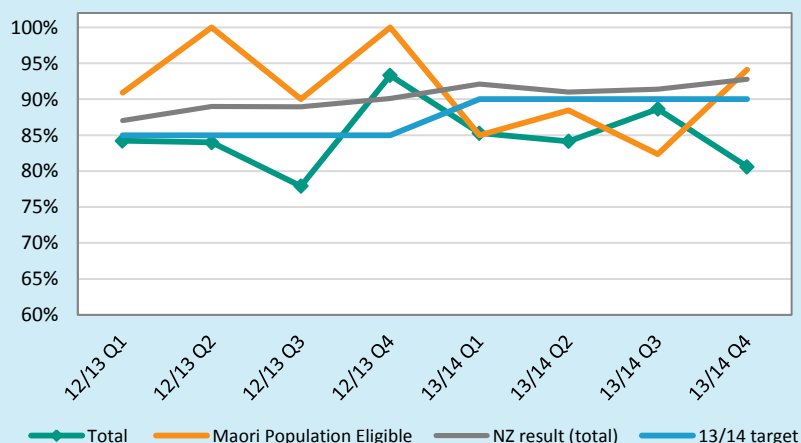


In Quarter 4 2013/14, **100%** of patients met the 4 week target for both radiation therapy and chemotherapy.

Increased Immunisation

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

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



Although we have not met the 8-month-old immunisation target this quarter, we have vaccinated 99% of consenting children. **81%** of all 8 month olds were fully immunised during the quarter, with only one child missing the milestone age. This child is now fully vaccinated.

Strong results were achieved for Pacific and Asian at 100% and NZ European and Maori performance both at 94%.

Opt-off³ (15.3%) and declines (3.1%) made the target impossible to reach this quarter with a combined total of 18.4%. We continue to focus vaccinating 100% of reachable children.

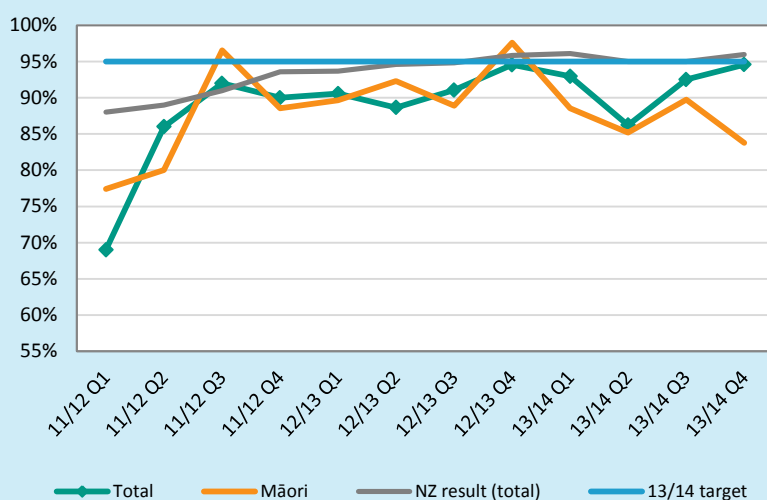
² This measure does not include instances in which a patient chooses to wait for treatment or there are clinical reasons for delay.

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: *Secondary*

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

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



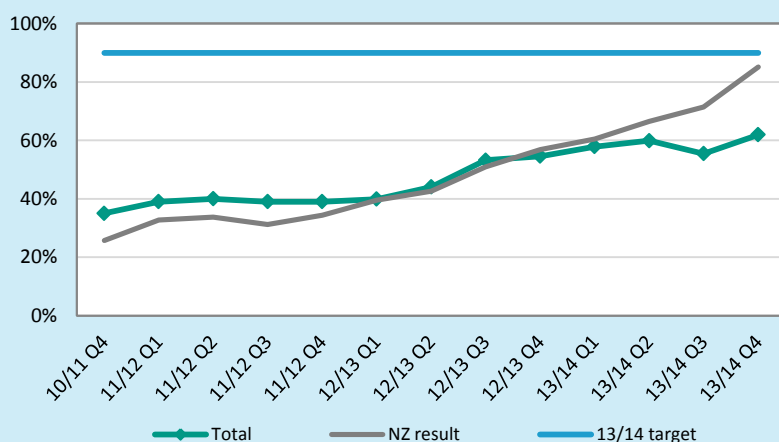
In Quarter 4, West Coast DHB staff provided **94.6%** of hospitalised smokers with smoking cessation advice and support –just meeting the 95% target.

While it is pleasing to meet the target following varied results during the year, work continues to increase consistency of performance during 2014/15.

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 smoking⁴



West Coast general practices have reported giving **2,875** smokers cessation advice in the 12 months ending June 2014, representing 61.9% of smokers expected to attend general practice during the period. While this is a pleasing 6.5% increase on last quarter, we are still 28% off target and ranked last out of all DHBs in performance against this target.

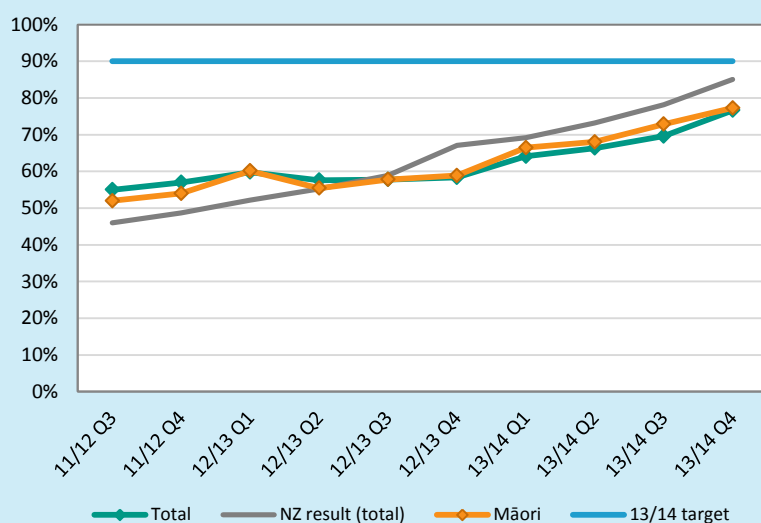
While previously reported actions continue, plans looking forward to the 14/15 year include the trial of IT tools such as the Appointment Scanner and Dashboard. These tools cannot be implemented until necessary upgrades have been made to local Medtech systems (planned for August 2014).

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

More Heart & 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 years⁵



Data for the five years to 30th June 2014 shows that West Coast general practices have continued to increase coverage, with **76.6%** of the eligible enrolled West Coast population having had a cardiovascular risk assessment (CVDRA)—a 7% increase.

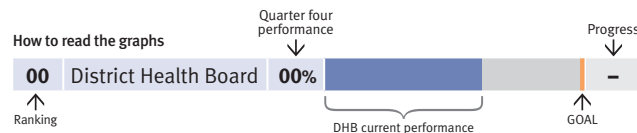
While it is pleasing to have increased in performance throughout the year, we still have not met the target and rank 19th out of the 20 DHBs in performance against this target.

Continuing work includes; integration of Kaupapa Maori nurses; implementing specific nurse led CVDRA clinics at practices and our PHO having dedicated resource to commence capturing CVDRA in absentia and increased coding of patients with a >20% risk of CVD.

Progress on implementing the Primary Care Health Target Action Plan to support a more integrated approach to both primary care health targets continues, with progress monitored by the Healthy West Coast Alliance Workstream.

Following install delays, TXT2Remind was activated in Buller as a first step in implementation. Reefton practice has commenced the patient consent process as part of the next phase of its roll-out.

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



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.

	Quarter four performance (%)	Change from previous quarter
1 West Coast	100	—
2 South Canterbury	96	—
3 Waitemata	96	—
4 Nelson Marlborough	96	—
5 Counties Manukau	96	—
6 Tairāwhiti	96	▲
7 Wairarapa	96	▼
8 Whanganui	96	—
9 Canterbury	95	—
10 Capital & Coast	95	—
11 Auckland	95	—
12 Taranaki	94	—
13 Hutt Valley	93	▼
14 Bay of Plenty	93	—
15 Northland	93	—
16 Waikato	93	▼
17 Lakes	91	▼
18 Hawke's Bay	91	▼
19 Southern	90	▼
20 MidCentral	89	▼
All DHBs	94	—

95%



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 152,287 discharges for the 2013/14 year, and have delivered 9646 more.

	Quarter four performance (%)	Progress against plan (discharges)
1 Northland	125	▲
2 Lakes	114	▲
3 Taranaki	113	▲
4 Counties Manukau	112	▲
5 Waikato	111	▲
6 MidCentral	109	▲
7 West Coast	106	▲
8 Bay of Plenty	106	▲
9 Whanganui	106	▲
10 Southern	106	▲
11 Hutt Valley	106	▲
12 Tairāwhiti	105	▲
13 Hawke's Bay	104	▲
14 South Canterbury	104	▲
15 Wairarapa	104	▲
16 Nelson Marlborough	103	▲
17 Waitemata	102	▲
18 Capital & Coast	101	▲
19 Auckland	101	▲
20 Canterbury	101	▲
All DHBs	106	▲

100%



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.

	Quarter four performance (%)	Change from previous quarter
1 Northland	100	—
1 Waitemata	100	—
1 Auckland	100	—
1 Counties Manukau	100	—
1 Waikato	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 Canterbury	100	—
1 South Canterbury	100	—
1 Southern	100	—
All DHBs	100	—

100%



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 April and June 2014 and who were fully immunised at that stage.

	Quarter four performance (%)	Change from previous quarter
1 MidCentral	97	—
2 Whanganui	95	▲
3 Hawke's Bay	94	—
4 Capital & Coast	93	—
5 Hutt Valley	93	▲
6 Canterbury	93	—
7 Southern	93	—
8 Auckland	93	—
9 South Canterbury	92	▼
10 Waitemata	92	—
11 Counties Manukau	92	—
12 Tairāwhiti	91	▲
13 Nelson Marlborough	90	—
14 Taranaki	90	▲
15 Wairarapa	90	▼
16 Lakes	89	▼
17 Waikato	89	▲
18 Northland	88	—
19 Bay of Plenty	86	▼
20 West Coast	81	▼
All DHBs	92	—

90%



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.

* Waitemata DHB's result is 101 percent as, in addition to offering advice in primary care settings, they contacted patients who had not recently attended their general practice to offer them brief advice and support to quit smoking.

Change from previous quarter	Hospitals	Quarter four performance (%)	Primary care	Change from previous quarter
—	97	1 Waitemata*	101	▲
—	97	2 Auckland	100	▲
—	96	3 Counties Manukau	99	▲
▼	94	4 Wairarapa	98	▲
—	99	5 South Canterbury	97	▲
▼	94	6 Northland	97	▲
▲	93	7 Bay of Plenty	88	▲
—	96	8 Taranaki	84	▲
▲	97	9 Tairāwhiti	84	▲
—	96	10 Waikato	84	▲
—	93	11 MidCentral	81	—
—	99	12 Lakes	78	▲
—	98	13 Hawke's Bay	77	▲
▲	97	14 Whanganui	76	▼
—	95	15 Canterbury	75	▲
▲	96	16 Nelson Marlborough	75	—
▲	92	17 Capital & Coast	72	▼
—	95	18 Southern	71	▲
—	96	19 Hutt Valley	71	▲
▲	95	20 West Coast	62	▲
—	96	All DHBs	86	▲

95% 90%



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.

	Quarter four performance (%)	Change from previous quarter
1 Auckland	92	▲
2 Counties Manukau	91	▲
3 Whanganui	91	▲
4 Northland	90	▲
5 Waitemata	89	▲
6 Wairarapa	88	▲
7 Lakes	88	▲
8 Taranaki	88	▲
9 MidCentral	87	▲
10 Bay of Plenty	87	▲
11 Tairāwhiti	86	▲
12 Capital & Coast	85	▲
13 Waikato	85	▲
14 Hawke's Bay	84	▲
15 South Canterbury	81	▲
16 Hutt Valley	81	▲
17 Nelson Marlborough	78	▲
18 Southern	78	▲
19 West Coast	77	▲
20 Canterbury	66	▲
All DHBs	84	▲

90%

WEST COAST DISTRICT HEALTH BOARD MEETING
To be held To be held at West Coast Regional Council, Greymouth.
Friday 8 August 2014 commencing at 10.15am

KARAKIA		10.15am
ADMINISTRATION		10.20am
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 ▪ 27 June 2014	
3.	Carried Forward/Action List Items	
REPORTS		10.25am
4.	Chair's Update (Verbal Update)	Peter Ballantyne <i>Chairman</i> 10.25am - 10.35am
5.	Chief Executive's Update	David Meates <i>Chief Executive</i> 10.35am - 10.50am
6.	Clinical Leader's Update	Dr Carol Atmore <i>Chief Medical Officer</i> Karyn Bousfield <i>Director of Nursing and Midwifery</i> Stella Ward <i>Executive Director, Allied Health</i> 10.50am - 11.00am
7.	Finance Report	Justine White <i>General Manager, Finance</i> 11.00am - 11.10am
8.	Presentation – The Year in Review and the Year Ahead.	Michael Frampton <i>Programme Director</i> 11.10am – 11.40am
9.	Maori Health Plan Update	Gary Coghlan <i>General Manager, Maori Health</i> 11.40am – 11.50am
10.	Report from Committee Meetings	
-	CPH&DSAC 24 July 2014	Elinor Stratford <i>Chair, CPH&DSAC Committee</i> 11.50am – 12noon
-	Hospital Advisory Committee 24 July 2014	Sharon Pugh <i>Chair, Hospital Advisory Committee</i> 12noon – 12.10pm
-	Tatau Pounamu Advisory Group 24 July 2014	Elinor Stratford <i>Board Representative to Tatau Pounamu</i> 12.10pm – 12.20pm
11.	Resolution to Exclude the Public	<i>Board Secretariat</i> 12.20pm

INFORMATION ITEMS

- 2014 Meeting Schedule

ESTIMATED FINISH TIME

12.20pm

NEXT MEETING

Friday 26 September 2014

COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE 24 JULY 2014



TO: Chair and Members
West Coast District Health Board

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

DATE: 8 August 2014

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 24 July 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 – 24 July 2014.

3. SUMMARY

ITEMS OF INTEREST FOR THE BOARD

a) Community & Public Health Update.

This report provided the Committee with updates on:

- Norovirus Outbreak at local Residential Care Homes;
- District Licensing Committees;
- Presentation to Buller Interagency Forum on Health impacts of job losses in small communities;
- West Coast Pathway Case Study;
- Promoting Wellbeing at AgFest;
- Lifehack Update; and
- Responding to increased demand for Appetite for Life.

Discussion took place regarding the Norovirus outbreak and the Committee noted that this virus is incredibly infectious and spreads differently to other viruses. It was also noted that this is not normally seen in rest homes unless it is already in the community.

The report was noted

b) 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 as follows:

Key Achievements

- The West Coast has **achieved** the 95% **ED health target**; performing well above with results for the year to 30 June 2014 showing that 99.7% of patients were admitted, discharged or transferred within 6 hours—and 96.3% within just 4 hours.
- The West Coast has **achieved** the **Shorter Waits for Cancer Treatment health target** throughout the 2013/14 financial year, with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks.
- West Coast is set to meet the **Elective Surgery health target** of 1,592 elective operations by the end of June 2014, with 1,517 discharges delivered in the eleven months to 31st May 2014—66 cases above the May year-to-date target of 1,451.

Key Issues & Associated Remedies

- As reported previously, West Coast did not meet the **Primary Care Smokefree health target** in Quarter 3 with 55.4% of smokers attending general practice being offered advice and support to quit against a target of 90%. Quarter 4 results are not yet available.
- As reported previously, West Coast did not meet **Secondary Smokefree Health Target** in Quarter 3 with 92.5% of hospitalised smokers offered advice and help to quit. Preliminary monthly data shows May's performance at 91% with official Quarter 4 results due soon.

Upcoming Points of Interest

- The new **Mental Health Workstream** has had positive feedback from its first meeting. The workstream will initially be tasked with ensuring the Review recommendations are implemented.

- **Community Engagement Planning Buller**

A draft engagement and communications plan has been developed to guide engagement with the Buller community about the future care of their growing older population. Care is being taken to ensure that this is a genuine conversation with the public and a more focused stakeholder group to identify how best to care for Buller elders as demand grows.

The report was noted.

c) Alliance Update

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

- Alliance Leadership Team
- Mental Health Workstream
- Complex Clinical Care Network
- Grey/Westland and Buller Integrated Family Health Services
- Healthy West Coast and
- Child and Youth Workstream

The report was noted.

d) Clinical Leaders Update

This report is also provided to the Board as a regular update.

e) Maori Health Plan Update

This report is also provided to the Board as a regular update.

f) West Coast Disability Action Plan

A report was presented to the Committee to seek feedback, advice and endorsement on the process for the development of a West Coast DHB Disability Action Plan for 2015-17.

The report was well received and the intention to develop the plan around the needs of the clients and advocate for funding separately was supported.

The Committee will receive an update on this quarterly.

g) Presentations

Two presentations were delivered to a joint CPH/DSAC & HAC meeting.

Nancy Stewart presented on the Complex Clinical Care Network and Stella Ward presented on the Alliance Leadership Team.

4. APPENDICES

Appendix 1: Agenda – Community & Public Health & Disability Support Advisory Committee – 24 July 2014

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

AGENDA

COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
To be held in the Board Room, Corporate Office, Greymouth Hospital
Thursday 24 July 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**

12 June 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. **Planning & Funding Update**

Phil Wheble
Team Leader, Planning & Funding

9.20am - 9.30am

6. **Alliance Update**

Phil Wheble
Team Leader, Planning & Funding

9.30am - 9.40am

7. **Maori Health Plan Update**

Gary Coghlan
General Manager Maori Health

9.40am - 9.50am

8. **Disability Action Plan Process for Development**

Kathy O'Neill
Service Development Mgr, Mental Health, P&F

9.50am - 10.10am

9. **General Business**

Elinor Stratford
Chair

10.10am - 10.15am

PRESENTATIONS IN CONJUNCTION WITH HOSPITAL ADVISORY COMMITTEE

10. **Complex Clinical Care Network Presentation**

Nancy Stewart
Service Portfolio Manager, Planning & Funding

10.30am - 11.00am

11. **Alliance Leadership Team Presentation**

Stella Ward
Chair, Alliance Leadership Team

11.00am - 11.30am

ESTIMATED FINISH TIME

11.30am

INFORMATION ITEMS

- Board Agenda – 27 June 2014
- Chair's Report to last Board meeting
- Work Plan 2014
- West Coast DHB 2014 Meeting Schedule

NEXT MEETING

Date of Next Meeting: Thursday 11 September 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	Disability Action Plan Process for Development	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 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.