

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 23 October 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 23 October 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

11 September 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. General Business

Elinor Stratford
Chair

9.55am - 10.15am

8. Oral Health Review

Bridget Lister
Project Specialist, Planning & Funding

10.15am - 10.30am

ESTIMATED FINISH TIME

10.30am

INFORMATION ITEMS

- Board Agenda – 26 September 2014
- Chair's Report to last Board meeting
- Community and Public Health Six Monthly Report to Ministry of Health
- Work Plan 2014
- West Coast DHB 2014 Meeting Schedule

NEXT MEETING

Date of Next Meeting: Thursday 27 November 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 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	<ul style="list-style-type: none"> • Spokesperson for Farmers Against 1080 • Director, Molloy Farms South Westland Ltd • Trustee, L.B. & M.E. Molloy Family Trust • Executive Member, Wildlands Biodiversity Management Group Inc. • Chair of the West Coast Community Trust
Robyn Moore	<ul style="list-style-type: none"> • Family member is the Clinical Nurse Manager of Accident and Emergency • Member of the West Coast Clinical Board • Consumer Representative on South Island Quality & Safety SLA • Sister (Julie Lucas) Acting Nurse Manager, Clinical Services
Peter Ballantyne Ex-officio (Board 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 • Director, 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, 11 September 2014 commencing at 9.00am

PRESENT

Elinor Stratford (Chairperson); Cheryl Brunton, Mary Molloy; Robyn Moore; and Peter Ballantyne (ex-officio).

APOLOGIES

Apologies were received and accepted from John Ayling, John Vaile, Lynette Beirne, Michelle Lomax and Jenny McGill.

EXECUTIVE SUPPORT

Dr Carol Atmore (Chief Medical Officer); Gary Coghlan (General Manager, Maori Health); Kathleen Gavigan (General Manager, Buller) (via video conference); Phil Wheble (Team Leader, Planning & Funding); and Kay Jenkins (Minutes).

WELCOME

The Chair welcomed new member Mary Molloy to the meeting and asked Gary Coghlan to lead the Karakia.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

Mary Molloy will provide her interests for the next meeting.

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: Cheryl Brunton; Seconded: Robyn Moore - carried)

"That the minutes of the meeting of the Community and Public Health and Disability Support Advisory Committee held on 24 July 2014 be confirmed as a true and correct record with the deletion of "and spreads differently to other viruses".

3. CARRIED FORWARD/ACTION ITEMS

The Carried Forward/Action Items were noted.

4. COMMUNITY & PUBLIC HEALTH UPDATE

Dr Cheryl Brunton, Medical Officer of Health, Community & Public Health, presented the

Community & Public Health Update.

This report provided the Committee with updates on:

Drinking Water Subsidies

The Committee noted that 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. Details are:

Applicant	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 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)

Two licensed premises that sold alcohol to 15 & 16 year old volunteers in Franz Josef and Fox Glacier 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 Community & Public Health 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

Community & Public Health continue to support community events around Healthy Nutrition and Physical Activity.

Stoptober

This is a 31 day stop smoking challenge being held around New Zealand during October. On the West Coast this will be promoted in the streets of Greymouth and Hokitika in September. There will also be stop smoking support groups running throughout the West Coast.

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:

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

Key Achievements

- The West Coast continues to perform well above the **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.

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.

Discussion took place regarding the B4 School Checks target and the Committee noted that management have a focus on the data around this result and the possible issue around the number of 4 year olds available to check.

Discussion also took place regarding immunisation and it was noted that in addition to people opting not to receive immunisations there are also people who opt for this not to be recorded. It was also noted that there are people other than those in Gloriavale who opt not to receive immunisations.

A query was made regarding the identified gaps in the *Rapid Rehab* pilot and the Committee noted that this pilot is to identify the gaps and adapt the process to suit the West Coast. This also covers how we provide care to people in their own homes and we are also looking at how coordination is improving with many patients having treatment from multiple services.

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:

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

The Committee noted that management are working through some new reporting for the Alliance around work streams.

A query was made regarding the availability of ante natal classes in South Westland and management will follow up on this.

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 a lot of work taking place with a lot of involvement in the DNA work being undertaken.

Discussion took place regarding the Rangatahi Work Placement programme which is being held on the West Coast 17 – 19 September 2014. The Committee noted that this is the first time the work placement programme has been offered on the Tai Poutini and is a great opportunity for Maori youth to potentially look at a career in health.

Discussion also took place regarding the Treaty of Waitangi and Health Inequalities Workshop held earlier in the month. The Committee noted that this had been well received and offered a practical way for participants to consider health equity and awareness of inequality within their own roles within the DHB.

The update was noted.

8. HEALTH TARGET REPORT QUARTER 4

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

The Committee noted that the West Coast DHB achieved the: ED health target; elective surgery health target; faster cancer treatment health target; and better help for smokers to quit (secondary) health target. Whilst performance was weaker in the: increased immunisation health target; more diabetes checks health target; and primary care better help for smokers to quit health target, progress has still been positive.

9. GENERAL BUSINESS

The Committee noted that there will be an update on the Disability Plan at the next meeting.

INFORMATION ITEMS

- Board Agenda 8 August 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 10.40am.

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 23 OCTOBER 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 November 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: 23 October 2014

Report Status – For:	Decision	<input type="checkbox"/>	Noting	<input checked="" type="checkbox"/>	Information	<input type="checkbox"/>
----------------------	----------	--------------------------	--------	-------------------------------------	-------------	--------------------------

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)

October 2014

Health Promoting Schools

CPH's new Health Promoting Schools facilitator is currently working through the new School Community Health and Wellbeing Review Tool with West Coast priority schools. The tool supports the school community to self-review the degree to which health and wellbeing activities, practices, policies and behaviours are integrated into the school culture. It also tracks the school community's progress in relation to the key health and wellbeing indicators that are identified in the tool.

Keep Learning for Wellbeing/Play the Wellbeing Game

A whole raft of taster sessions and events all over the Coast happened during Mental Health Awareness Week, 6th – 12th October. From Karamea to Franz Josef and many places in-between, there were sessions on felting, yoga, tai chi, to name but a few. Some random bursts of free compliments in the street have also resulted in lots of smiles, increased wellbeing and even free hugs! Various organisations have collaborated to make these events happen and information on all aspects of wellbeing & mental health have been available at information days around the Coast.

The Wellbeing Game also began during Mental Health Awareness week. This is an on-line that can be played by individuals and teams. It encourages the practice of the five ways to wellbeing (Connect, Give, Take Notice, Keep Learning and Be Active) and allows participants to track their use of these. The team award for the game was won by a West Coast team last year. See www.thewellbeinggame.org.nz

Smokefree Controlled Purchase Operations

Three Controlled Purchase Operations (CPOs) were carried out in early October to test compliance of tobacco retailers with the Smokefree Environments Act's requirement that tobacco must not be sold to persons under 18 years of age. Volunteers under the age of 18 years were used to test if they could purchase from retailers in the Greymouth, Hokitika and South Westland areas. Of the 28 premises visited, just one sale was made and that store is now going through the enforcement process. 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.

Grey Food Gardening Group

CPH has been working with the New Coasters organisation to encourage community connectedness through supporting people to grow vegetable gardens. After a couple of months off over winter some members of the group met at Grey Main School to look at their garden, share gardening ideas and swap seedlings and seeds. The group have other garden get-togethers planned in the coming months to support each other to grow some of their kai.



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

SOURCE: Planning & Funding

DATE: 23rd October 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 Committee notes the Planning & Funding Update.

3. SUMMARY

✓ **Key Achievements**

- The West Coast continued to perform well above the ED health target during the 3 month period to 30 September 2014; with 99.6% 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 with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks. This measure is being replaced with a new Faster Cancer Treatment health target from 1 October 2014. The new target is that patients receive their first cancer treatment within 62 days of being referred with a high suspicion of cancer.
- West Coast DHB is slightly behind by 8 discharges our year-to-date electives health target for August, delivering 282 discharges over the first two months of the year. We do not envisage any difficulties in reaching our 2014-15 financial year-end target.

✗ **Key Issues & Associated Remedies**

- Performance against the B4 School Checks target has suffered another disappointing month with 14% of the total and 15% of the high deprivation eligible population having had a B4 School Check in September, against our YTD target of 23%. Further investigation on what is causing this drop in results is occurring.

① **Upcoming Points of Interest**

• **Community Engagement Buller**

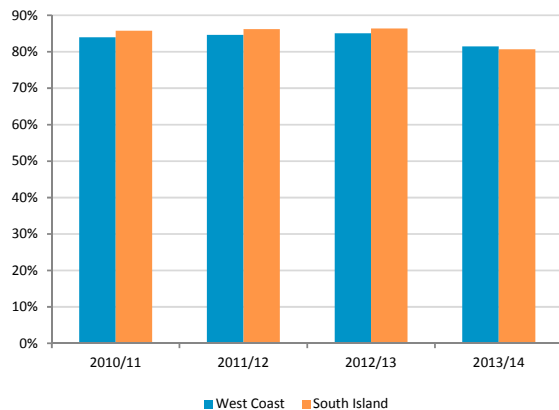
The Buller engagement around services for our older population has identified eight key outcomes for potential further development for older people. These are Workforce, Housing, Transport, Community Care, Coordination, Information, Quality Improvement and After Hours.

Report prepared by: Planning & Funding

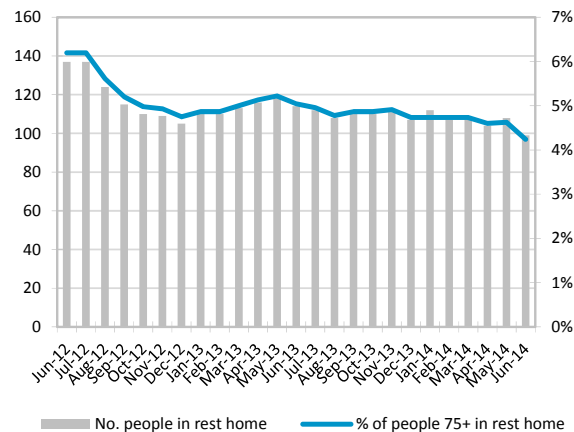
Report approved for release by: Carolyn Gullery, General Manager, Planning & Funding

Older Persons' Health

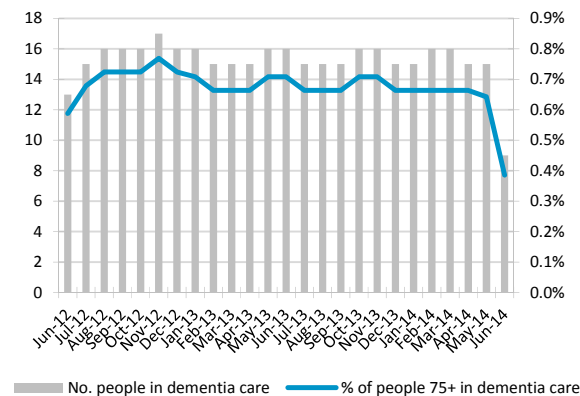
% of people 75+ living in their own homes



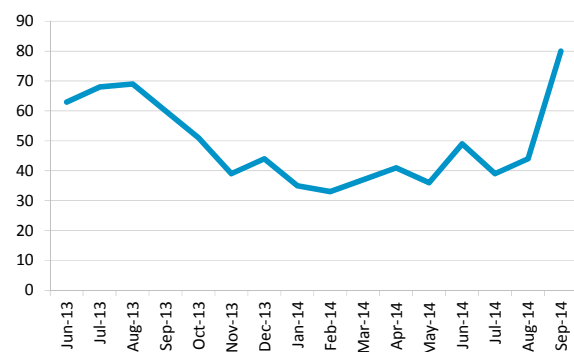
% of people aged 75+ admitted in Rest Home level care



% of people aged 75+ in Specialist Dementia Care



Number of interRAI assessments completed



Achievements / Issues of Note

The DHB has been engaging with Primary Care, Allied Health and District Nursing around a First Level Option for Community Care. This will incorporate both the rapid and rehab response (Casemix 8) and acute demand model of care.

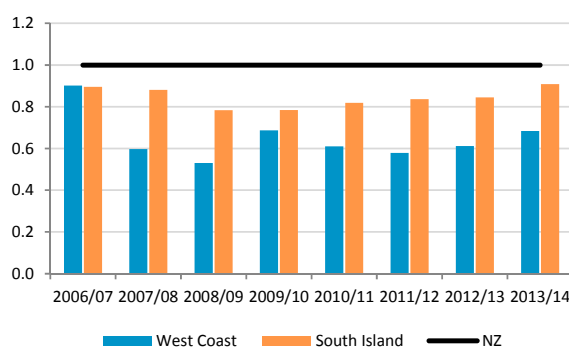
Referrals into the CCCN are steadily increasing with 47 direct referrals from General Practice in the last quarter. The team have also noticed an increase in family referrals which supports the communication and engagement process that is being done with community groups.

The Buller engagement around services for our older population has identified eight key outcomes for potential further development for older people. These are Workforce, Housing, Transport, Community care, Coordination, Information, Quality Improvement and After Hours.

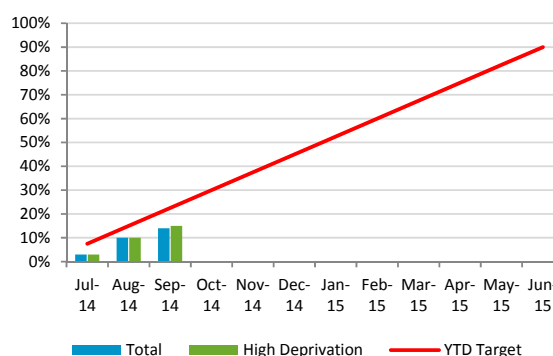
Work is progressing for an integrated Falls prevention and Fracture Liaison Service for the West Coast. A business case has been presented at the Falls Coalition with feedback required early this month.

Child, Youth & Maternity

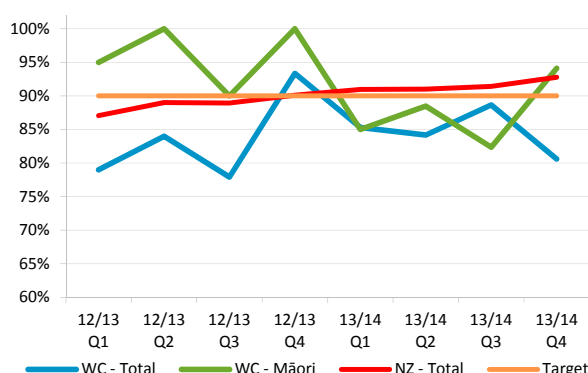
Acute medical discharge rates for children (age 0-14)



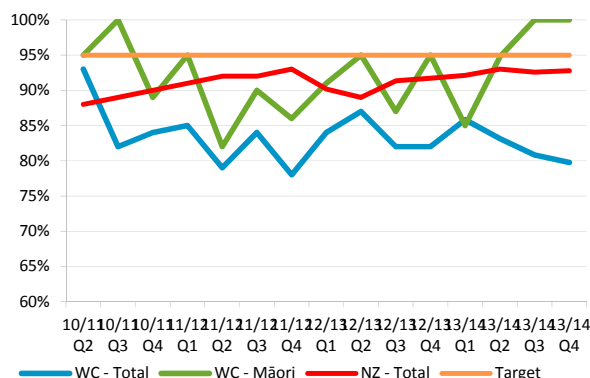
B4 School Check coverage



Immunisation HT: Eight-month-olds fully immunised



Two-year-olds fully immunised



Achievements / Issues of Note

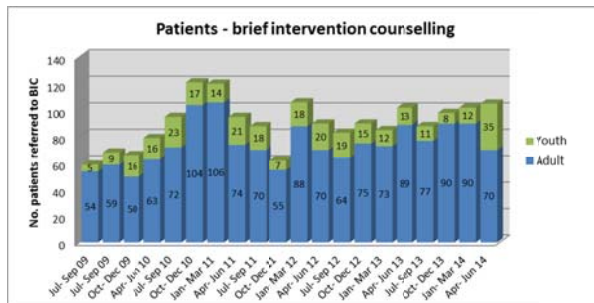
Immunisation: As reported previously, West Coast did not meet the target in Quarter 4 with only 81% of our population fully vaccinated. This quarter saw an increase in opt-offs to 15.3%, however declines remained consistent at 3.1%. In total there was 18.4% of the population who actively choose not to 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. Quarter 1 results are expected next month.

B4 School Check coverage: As at September 2014, 14% of the total and 15% of the high deprivation eligible population had a B4 School Check, against our YTD target of 23%. This means we were about 36 children short of meeting target this quarter. Further investigation on what is causing this drop in results is occurring. During this period there was a high number of “Did Not Attends” at arranged clinics. The parents of those children have all been contacted and new appointments arranged during September and October. The B4 School Check Coordinator continues to work closely with Pre-Schools and Early Childhood Education Centres to promote the checks and work with teachers to identify children who have not yet had a check completed.

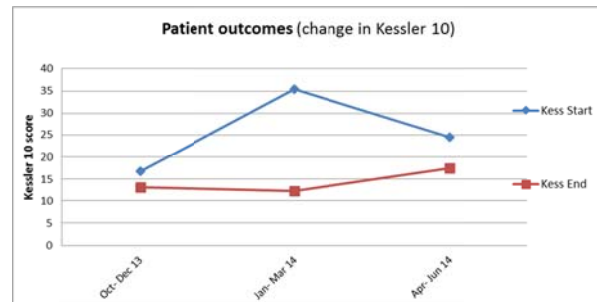
Maternity: West Coast and Canterbury DHBs are working together on key areas of the maternity journey that have been identified as opportunities for improvement through their Maternity Quality and Safety Programme. Part of this work has been to review Pregnancy & Parenting Education currently being provided and develop an improvement plan specifically targeting first time mothers, Maori, Pacific and young women. This work is being carried out by a small implementation group under the umbrella of the Child & Youth Workstream of the West Coast Alliance.

Mental Health

Number of patients referred to Brief Intervention Counselling (BIC)



Patient outcomes (change in Kessler 10)



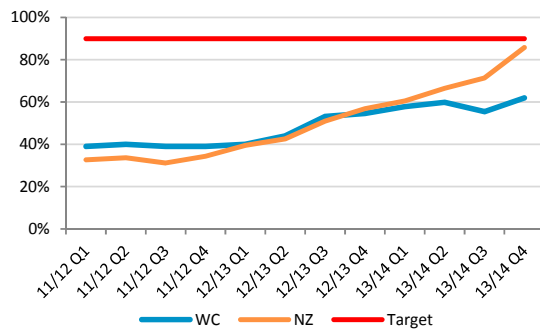
Achievements / Issues of Note

The Mental health Workstream met with several stakeholder groups in Buller during September to inform the development of future service provision. There is support for more locality based services as described in the Mental Health Review report, particularly from consumers and families.

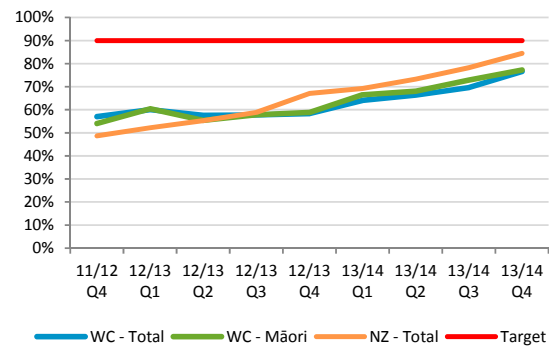
Reconfiguration options are being explored with a workshop with Greymouth and South Westland staff planned for October.

Primary Care & Long-Term Conditions

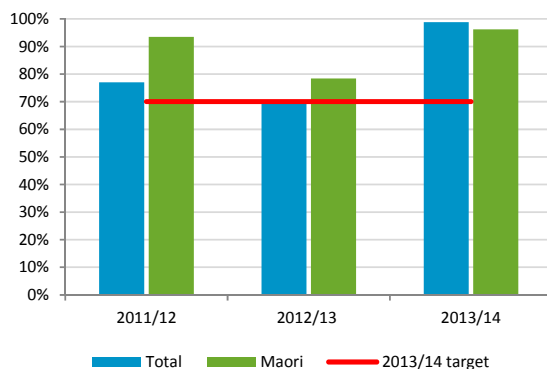
Primary Smokefree Health Target: Smokers attending primary care given advice & help to quit



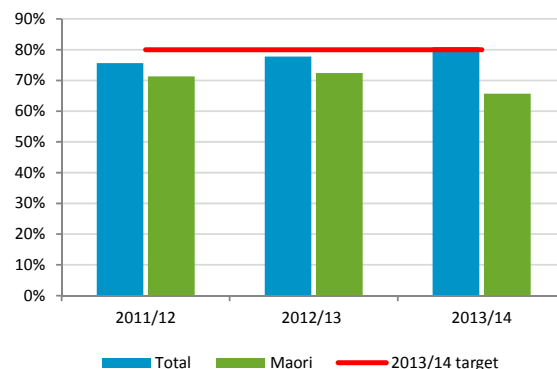
CVD Health Target: % of eligible PHO population having had a CVD risk assessment in the last 5 years



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

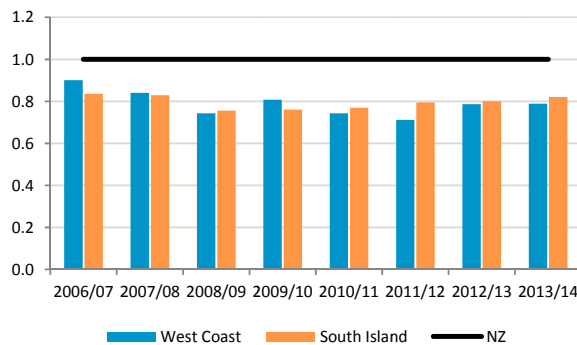
Primary care better help for smoker's health target: As reported previously, West Coast general practices have reported giving 2,875 smokers cessation advice in the 12 months ending June 2014, representing 61.9% of smokers expected to attend general practice during the period. While this is a pleasing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

CVD health target: As reported previously, 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, as at Quarter 4. Data for quarter 1 is expected later this month.

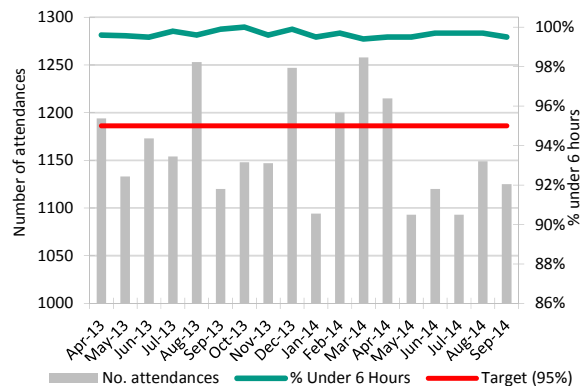
Diabetes: As reported previously, a total of 541 diabetes retinal screenings have been undertaken in 2013/14—an increase of 106 from the previous year and 146 more than the 2012-13 financial year. Data for quarter 1 is expected later this month.

Secondary Care & System Integration

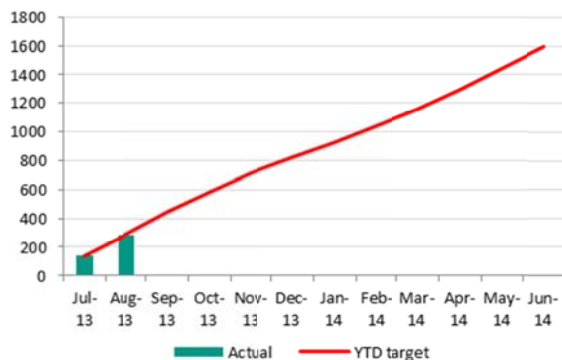
Acute Medical Discharge Rate



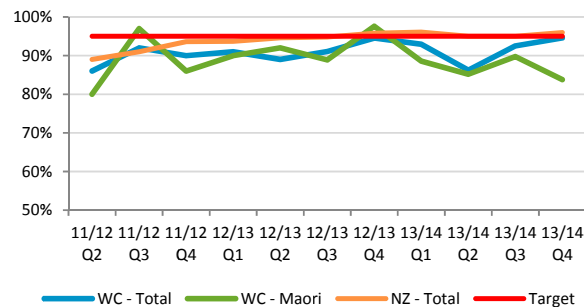
**Emergency Department (ED):
Attendances & <6 Hours Health Target**



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 99.6% of patients admitted, discharged or transferred from ED within six hours during the first three months of the 2014/15 financial year to date. Data for the period shows 95.3% were admitted discharged or transferred within just four hours.

Cancer health target: The West Coast continues to achieve the cancer treatment health target with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks.

A new Faster Cancer Treatment health target for District Health Boards is being introduced from 1 October 2014. The new target is that patients receive their first cancer treatment within 62 days of being referred with a high suspicion of cancer. It is contingent on the hospital doctor receiving the referral also believing there is a need for an appointment within two weeks. The 62-day wait is measured from receipt of the referral by the hospital triaging clinician to the date treatment (or other management) begins.

Secondary care better help for smokers to quit health target: As previously reported, West Coast DHB staff provided 94.6% of hospitalised smokers with smoking cessation advice and support –just meeting the 95% target in Quarter 4. Data for quarter 1 is expected later this month.

Electives health target: The West Coast DHB is 8 cases behind our progress target of 290 operations completed for the two months to 31 August. It is not envisaged that there will be any difficulties in meeting our year-end target of 1,592 elective operations by 30 June 2015.

ESPI compliance: Two patients (one dermatology and one paediatric medical patient) exceeded the maximum 150 days' wait time target for either First Specialist Appointment (ESPI 2), and one urology

patient exceeded the waiting time target for surgical treatment (ESPI 5) as at the end of August. The dermatology patient had been booked into a clinic which was cancelled at short notice. They have since been seen in Christchurch for their FSA. The paediatric medical patient failed to attend three of their booked outpatient appointments, before finally attending and being seen on 30 September. The non-compliant ESPI 5 urology patient was treated on 2 September, so waited 152 days for their surgery.

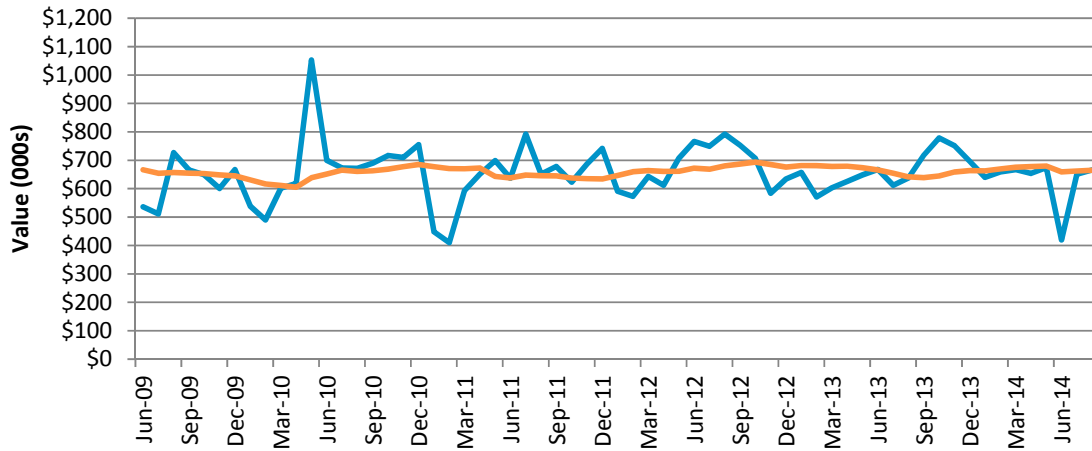
Both ESPI 2 and ESPI 5 waiting time targets both drop to 4 months (120 days) from the end of December 2014.

Financials

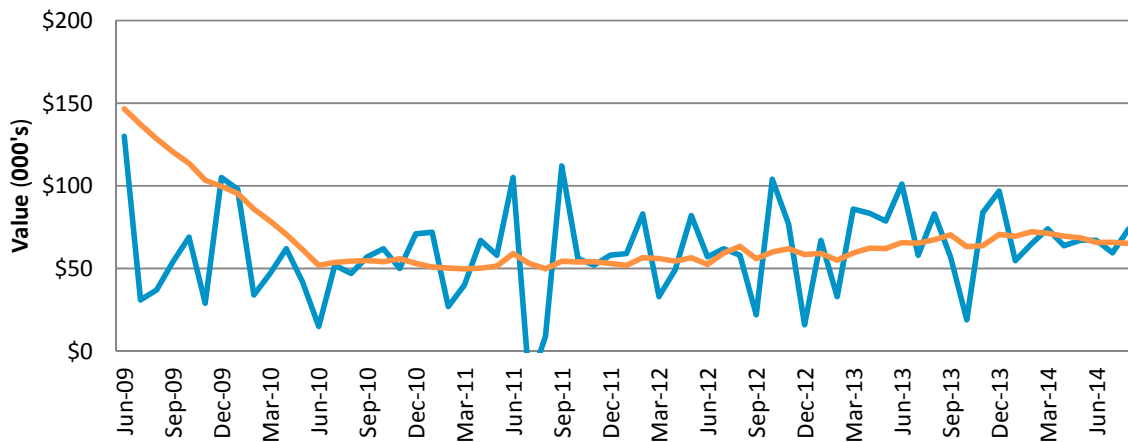
The following graphs are presented to show expenditure trends over time:

— Expenditure Trend — Rolling average

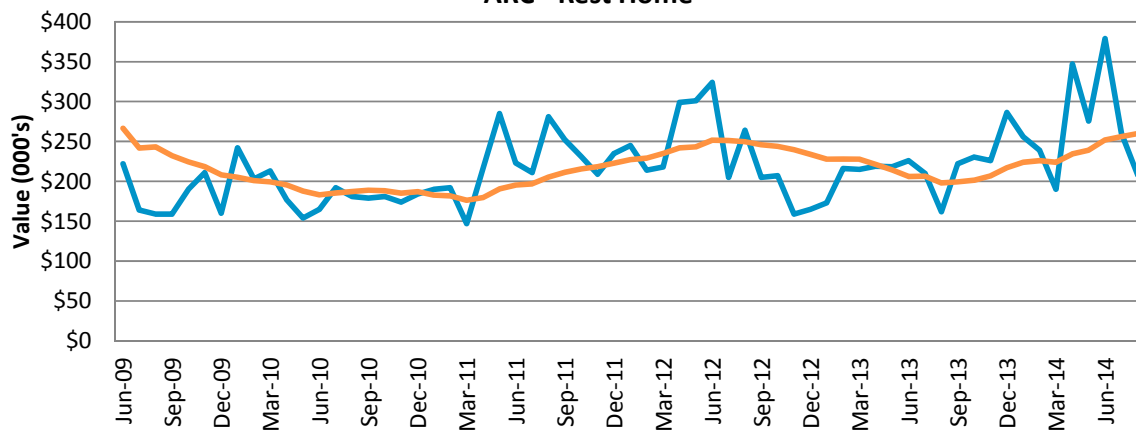
Pharmacy Expenditure



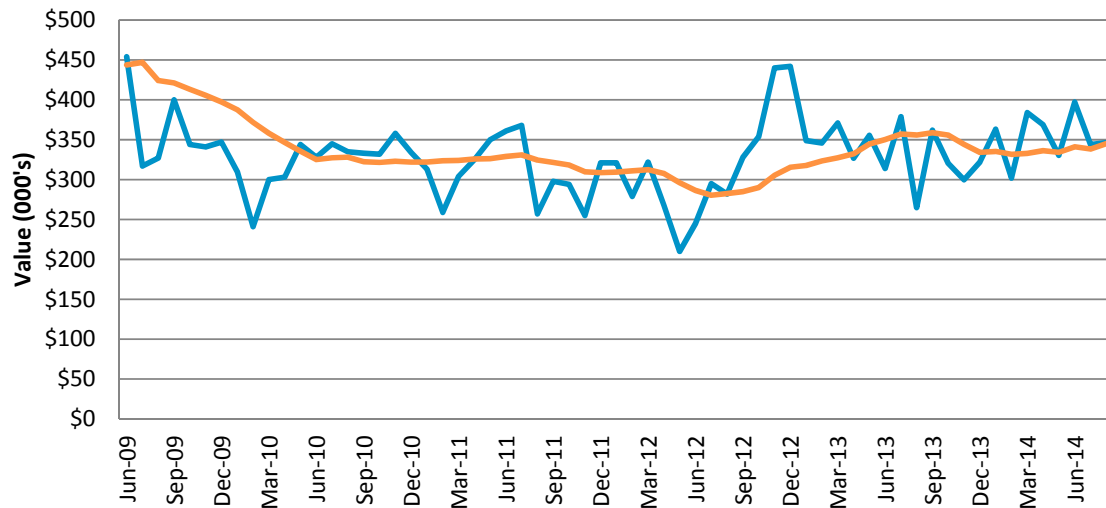
Home Support



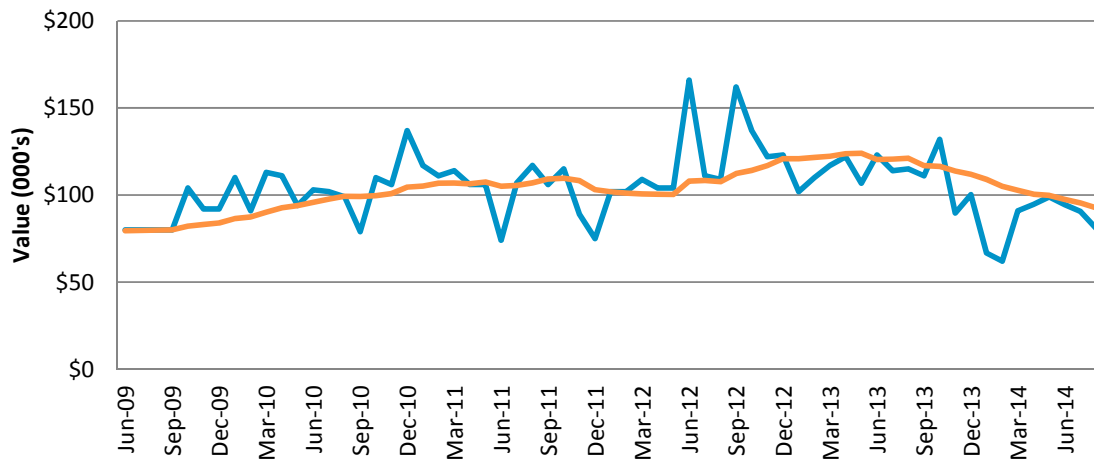
ARC - Rest Home



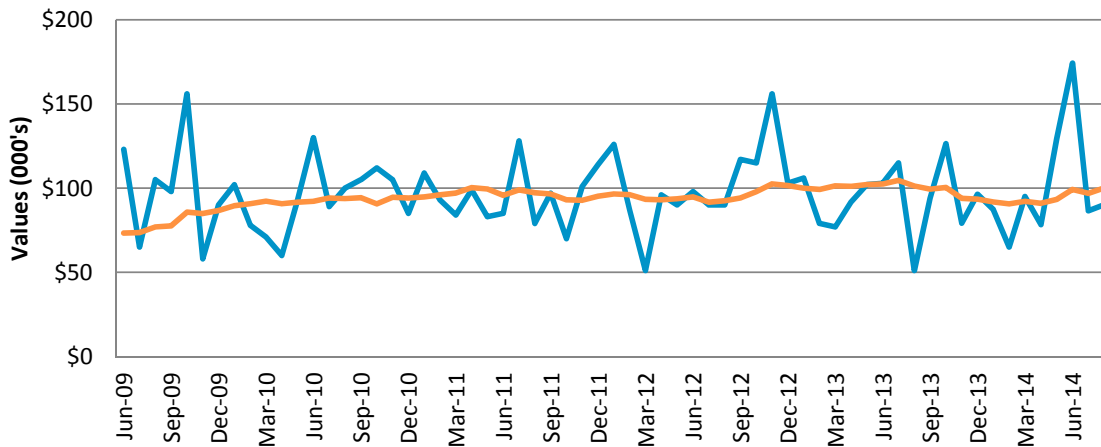
ARC - Hospital Level



Mental Health Residential



Transport and Accomodation



Planning and Funding Division
Month Ended August 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				
41	36	-4	-12% ✗	Dental-school and adolescent	77	72	-5 -7% ✗	434
	2	2	100% ✓	Maternity	0	3	3 100% ✓	20
	1	1	100% ✓	Pregnancy & Parent	0	1	1 100% ✓	8
	3	3	100% ✓	Sexual Health	0	6	6 100% ✓	33
2	3	1	38% ✓	General Medical Subsidy	3	6	3 43% ✓	36
522	522	0	0% ✗	Primary Practice Capitation	1,017	1,043	26 2% ✓	6,258
91	91	0	0% ✓	Primary Health Care Strategy	182	182	0 0% ✓	1,093
79	80	1	1% ✓	Rural Bonus	158	160	2 1% ✓	963
4	5	1	11% ✓	Child and Youth	9	10	1 11% ✓	59
7	7	0	-6% ✗	Immunisation	12	14	3 20% ✓	153
5	5	0	1% ✓	Maori Service Development	9	10	0 1% ✓	58
52	53	1	1% ✓	Whanua Ora Services	105	106	1 1% ✓	634
24	18	-5	-30% ✗	Palliative Care	38	36	-2 -5% ✗	218
	0	0	✓	Community Based Allied Health	0	0	0 ✓	0
8	9	1	15% ✓	Chronic Disease	15	18	3 17% ✓	106
46	54	8	16% ✓	Minor Expenses	93	108	15 14% ✓	647
880	888	8	1% ✓		1,718	1,776	58 3% ✓	10,722
				Referred Services				
24	24	-1	-4% ✗	Laboratory	49	47	-1 -3% ✗	283
666	680	14	2% ✓	Pharmaceuticals	1,317	1,338	21 2% ✓	7,961
690	704	13	2% ✓		1,366	1,385	19 1% ✓	8,244
				Secondary Care				
185	202	16	8% ✓	Inpatients	415	403	-12 -3% ✗	2,420
119	101	-18	-17% ✗	Radiology services	230	202	-28 -14% ✗	1,212
90	115	25	22% ✓	Travel & Accommodation	177	230	53 23% ✓	1,380
1,518	1,520	2	0% ✓	IDF Payments Personal Health	3,038	3,040	2 0% ✓	18,242
1,912	1,938	26	1% ✓		3,860	3,876	16 0% ✓	23,254
3,482	3,529	47	1% ✓	Primary & Secondary Care Total	6,944	7,037	92 1% ✓	42,220
				Public Health				
11	25	14	56% ✓	Nutrition & Physical Activity	25	50	25 50% ✓	298
6	7	1	17% ✓	Public Health Infrastructure	12	15	3 17% ✓	88
7	5	-2	-37% ✗	Tobacco control	18	10	-9 -89% ✗	58
-6	0	6	✓	Screening programmes	-8	0	8 ✓	0
18	37	19	52% ✓	Public Health Total	48	74	26 36% ✓	445
				Mental Health				
7	7	0	1% ✓	Dual Diagnosis A&D	14	14	0 1% ✓	86
4	2	-2	-100% ✗	Eating Disorders	4	4	0 0% ✗	23
20	20	0	1% ✓	Child & Youth Mental Health Services	40	41	1 1% ✓	243
5	5	0	1% ✓	Mental Health Work force	10	10	0 1% ✓	61
61	61	1	1% ✓	Day Activity & Rehab	122	123	1 1% ✓	735
11	11	0	1% ✓	Advocacy Consumer	21	22	0 1% ✓	130
81	82	1	1% ✓	Other Home Based Residential Support	162	164	2 1% ✓	982
11	11	0	1% ✓	Advocacy Family	22	22	0 1% ✓	134
0	29	29	100% ✓	Community Residential Beds	10	57	48 83% ✓	345
0	0	0	100% ✓	Minor Expenses	0	0	0 100% ✓	1
92	92	0	0% ✗	IDF Payments Mental Health	183	183	0 0% ✗	1,100
291	320	29	9% ✓		588	640	52 8% ✓	3,839
				Older Persons Health				
	0	0	100% ✓	Information and Advisory	0	0	0 100% ✓	1
	0	0	✓	Needs Assessment	0	0	0 ✓	0
74	67	-7	-11% ✗	Home Based Support	133	133	0 0% ✗	784
10	9	-1	-9% ✗	Caregiver Support	17	18	1 3% ✓	107
208	216	8	4% ✓	Residential Care-Rest Homes	468	431	-37 -9% ✗	2,538
5	10	5	52% ✓	Residential Care-Community	9	20	11 54% ✓	120
347	349	3	1% ✓	Residential Care-Hospital	691	699	8 1% ✓	4,114
	0	0	✓	Ageing in place	0	0	0 ✗	0
9	10	1	5% ✓	Day programmes	19	20	1 6% ✓	118
2	18	16	89% ✓	Respite Care	13	37	23 63% ✓	220
1	1	0	1% ✓	Community Health	3	3	0 1% ✓	15
0	0	0	100% ✓	Minor Disability Support Expenditure	0	0	0 100% ✓	3
58	58	0	0% ✗	IDF Payments-DSS	116	116	0 0% ✗	698
714	739	23	3% ✓		1,470	1,477	7 0% ✓	8,720
1,005	1,058	52	5% ✓	Mental Health & OPH Total	2,057	2,117	59 3% ✓	12,559
4,504	4,624	120	3% ✓	Total Expenditure	9,049	9,228	178 2% ✓	55,223

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

SOURCE: Planning & Funding
Alliance Leadership Team

DATE: 23 October 2014

Report Status – For:	Decision	<input type="checkbox"/>	Noting	<input checked="" type="checkbox"/>	Information	<input type="checkbox"/>
----------------------	----------	--------------------------	--------	-------------------------------------	-------------	--------------------------

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Committee;
i. Notes the Alliance Update.

3. SUMMARY

Progress of Note:

▪ Alliance Leadership Team

- The Chair of ALT continues to work with Tatau Pounamu to identify the appropriate person to provide Maori Health expertise to the Leadership Team. This has been noted by Mana Whenua of the Canterbury Alliance who offered support to the West Coast Chair as necessary.

▪ Mental Health Workstream

- The development of models of care for Buller by the Mental Health Work-stream is progressing well. Local NGOs, staff, consumers and family members have met with the work-stream. Their contributions have informed the model as well as highlight priorities for action.
- Provision of after hours crisis resolution in Westport is closely aligned to work on having a single point of entry to the Buller health system. Taking an integrated approach to building capacity in this area necessitates a focus on the workforce as a whole, its deployment and reconfiguration.

▪ Complex Clinical Care Network (CCCN)

- Public engagement is continuing, seeking community feedback about the future of Older Person Health in Buller.
- The workstream have completed a review of the interdisciplinary meetings, which are key to facilitating the CCCN. Changes have been implemented to ensure these better support patients with complex needs. Work has also been done to engage better with Maori kaimahi in these meetings.

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

- The results of the risk profiling and stratification process will be available for analysis in early October. These results will inform the two IFHS workstreams in the design of future services to meet the needs of those most at risk.
- A one day workshop involving Buller staff is planned to focus on gaining agreement regarding service configurations that reflect right person, right place, right time. This is a critical path for the case coordination project and the mental health workstream as well as the single point of entry project.
- The single point of entry work-group (part of the Buller IFHS workstream) proposes to move away from a triage model that prioritises on acuity which queues and requires some to wait. The group are exploring the potential of the model observed during the Midland's visit, where people are put in the right place with appropriate clinicians coming to them. This would require clear pathways to be fully developed and will include clinicians from Grey and possibly Canterbury DHB.

▪ **Healthy West Coast**

- The Quality Improvement teams in each of the West Coast primary care practices now have champions identified for both Smokefree and CVD Health Targets. These champions will continue to raise awareness of the targets and work with the PHO to achieve them.
- Practice specific smokefree procedures have been developed and distributed. These are designed to clarify the role of each part of the practice team in reaching and maintaining the primary care Health Targets.
- An installation date has been set for Patient Dashboard during November. This IT tool will support capture of a number of preventative interventions including CVD Risk Assessment and the Smoking ABC intervention.
- A snapshot audit of Maternity Services Booking forms has given a baseline result of 96% pregnant smokers being offered support to quit at the time of booking with a midwife. Baseline smoking prevalence was 25% and referral rate to cessation services was 23%.
- 87% (14/16) of current WCDHB midwives have now received Smokefree training specifically relating to providing advice, support and/or treatment for pregnant smokers. The remaining two midwives will be offered this training at the next available opportunity.

▪ **Child and Youth**

- As a result of reduced numbers of children taking up the opportunity for a B4 School Check in July and August the B4SC team are trialling a more direct approach in making initial contact with parents of children due for checks.
- The latest version of the Breastfeeding Priority Plan has been reviewed by the HWC workstream and feedback from this group will be incorporated into a final version.
- The project plan has been finalised for reviewing and amending Pregnancy & Parenting Education provision on the Coast. A small workgroup has been formed to carry out these actions.
- The Youth Health Action Group are developing a project seeking youth consumer advice regarding key services through a secret shopper survey. This is likely to seek feedback from youth about experiences in primary care as well as hospital services such as emergency and sexual health.

▪ **Pharmacy**

- Buller pharmacy has engaged with the Buller Medical Centre to provide Pharmacy2GP services and are being encouraged to participate at monthly meetings. This will increase more regular participation when the intern pharmacist qualifies in early 2015. This is the remaining outstanding community pharmacy to work in this way.
- Community pharmacists in Greymouth are now linking into CCCN MDT meetings to provide input for complex patients. Local arrangements are continuing to allow this to also happen in Hokitika.
- More detailed planning on pharmacy services for the Greymouth IFHC is progressing with both Greymouth pharmacies.

Report prepared by:

Jenni Stephenson, Planning & Funding

Report approved for release by:

Stella Ward, Chair, Alliance Leadership Team

WEST COAST ORAL HEALTH SERVICES REVIEW



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

SOURCE: Planning and Funding

DATE: 23 October 2014

Report Status – For:	Decision	<input checked="" type="checkbox"/>	Noting	<input type="checkbox"/>	Information	<input type="checkbox"/>
----------------------	----------	-------------------------------------	--------	--------------------------	-------------	--------------------------

1. ORIGIN OF THE REPORT

In 2013 the West Coast DHB undertook a Review of Oral Health Services, in particular School Dental Services. A copy of the Review is attached as Appendix 1.

2. RECOMMENDATION

That the Community and Public Health & Disability Support Advisory Committee recommends to the Board that they:

- i note the recommendations from the Review of Oral Health Service, 2013; and
- ii endorse the implementation of the review findings.

3. SUMMARY

Oral Health Service provision on the West Coast continues to be challenged by isolation, slow implementation of the Oral Health business case and the recruiting of clinical staff. These challenges have put pressure on the wider system. Consideration need to be given to strengthen transalpine linkages between the West Coast DHB and Canterbury DHB oral health services, to ensure operational, clinical and collegial support.

4. DISCUSSION

Oral Health Services on the West Coast are provided by a group of individuals who are all committed to ensuring the best outcomes for their community, however the isolation of the West Coast limits service options, creates duplication of effort and slows the implementation of changes in service models. There is a need for improved and connected information technology for dental therapists on the West Coast, including practice management system and digital x-ray services. The new models of care with the implementation of Level 1 mobile visiting all schools and the Level 2 mobiles and fixed clinics as the hubs, are expected to ensure that all children have their annual dental review on-time. The development of the integrated family health centres, in Greymouth and Buller, are also expected to improve the overall model for care for the district.

5. CONCLUSION

A number of key recommendations have been provided by the Review Team. These are:

- 1) Implement a process for change to develop a Trans-Alpine Oral Health Service which will include:
 - a. Steering group to support the development of community based oral health services to ensure the public and private sectors support and complement each other as they work

together to minimize service gaps. This group will feed up to the West Coast Alliance. Included in their work plan will be overseeing the following recommendations.

- b. Child Oral Health Services which link the West Coast and Canterbury DHB teams, and provide clinical leadership to the West Coast's dental therapists and assistants to reduce the level of professional isolation, and simplify the operation management of the West Coast service.
 - c. Hospital Dental Service linking West Coast and Canterbury DHB teams.
- 2) Complete the implementation of the oral health business case; including the de-commissioning of outdated fixed school clinics.
 - 3) Continue to support general dental practice with further consideration to be given to Sedation and Emergency Dental Services.
 - 4) Develop an outpatient facilities at the Grey and Buller integrated family health centres.

6. APPENDICES

Appendix 1:	Review of West Coast Oral Health Service: Full Report
Report prepared by:	Bridget Lester, Planning and Funding Martin Lee, Clinical Director – Community Dental Service
Report approved for release by:	Stella Ward, Executive Director of Allied Health



West Coast DHB

Oral Health Services Review

Final Report

September 2014

Review Team:

Martin Lee
Neil Croucher
Heather Kirner
Bridget Lester

1 Executive Summary and Recommendations

Oral Health services on the West Coast are provided by a group of individuals who are all committed to ensuring the best outcomes for their community, however the isolation of the West Coast limits service options and slows the implementation of changes in service models. There is a need for improved and connected information technology for dental therapists on the West Coast, including practice management system and digital x-ray services. The new models of care with the implementation of Level 1 mobile visiting all schools and the Level 2 mobiles and fixed clinics as the hubs, are expected to ensure that all children have their annual dental review on-time. The development of the integrated family health centres, in Greymouth and Buller, are also expected to improve the overall model for care for the district. To ensure these occur, and to continue to strengthen Oral Health services on the West Coast the Review Team, has made the following recommendations.

- 1) Implement a process for change to develop a Trans-Alpine Oral Health Service which will include:
 - a. Steering group to support the development of community based oral health services to ensure the public and private sectors support and complement each other as they work together to minimize service gaps. This group will feed up to the West Coast Alliance. Included in their work plan will be overseeing the following recommendations.
 - b. Child Oral Health Services which link the West Coast and Canterbury DHB teams, and provide clinical leadership to the West Coast's dental therapists and assistants to reduce the level of professional isolation, and simplify the operation management of the West Coast service.
 - c. Hospital Dental Service linking West Coast and Canterbury DHB teams.
- 2) Complete the implementation of the oral health business case; including the de-commissioning of outdated fixed school clinics.
- 3) Continue to support general dental practice with further consideration to be given to Sedation and Emergency Dental Services.
- 4) Develop an outpatient facility at Grey Hospital linking with the integrated family health centres in Grey month and Buller



Contents

1	Executive Summary and Recommendations	2
2	The Process.....	4
3	Acknowledgement	4
4	Background.....	4
5	West Coast District Annual Plan Requirements	5
6	Oral Health Services.....	5
6.1	Oral Health Promotion and Education	5
6.1.1	Tamaraki Ora/Well Child Providers	5
6.1.2	5-month information packages	5
6.1.3	B4 School checks.....	6
6.2	West Coast School Dental Services.....	6
6.2.1	Enrolment with the Service.....	7
6.2.2	School Aged children	8
6.2.3	High School Aged Children	8
6.2.4	School Dental Service Teams	9
6.3	General dental practices.....	10
6.4	Hospital Dental Services	10
6.5	Dental Equipment Maintenance.....	12
6.6	Orthodontic treatment.....	12
7	Discussion	12
7.1	Child oral health services.....	12
7.2	Adolescent Services.....	14
7.3	Hospital Services	14
7.4	Canterbury - West Coast transalpine partnership.....	14
7.5	Summary	14
8	Key Findings	15
9	Recommendations	16
10	Appendices.....	17
	Appendix One: Service outline WCDHB Oral Health 2013.....	17
	Appendix Two: Annual District Plan Requirements.....	19
	Appendix Three - Utilisation from Dental Clinics	20
	Appendix Four - West Coast Oral Health Review - Interviewees.....	21

2 The Process

This West Coast Oral Health Review “this Review” was initiated by Stella Ward, Executive Director of Allied Health, West Coast District Health Board (WCDHB). This Review was intended to address to concerns about the implementation of the child and adolescent oral health business case, inability to recruit of a dental therapist to fill a retirement vacancy, and a substantial increase in the number of children overdue for routine dental treatment. Questions had also been raised about the current level of provision of hospital dental services, whether the configuration of these services is meeting the needs of the population

The terms of reference for this Review were developed and approved by West Coast DHB Executive Management Team. A copy of these are attached in Appendix One. A Review Team was also selected. This Team had weighting towards childhood and adolescent dental, due to these areas having the highest number of concerns. The Review Team consisted of:

- Dr Martin Lee Canterbury / West Coast DHB Community Dental Service Clinical Director
- Heather Kirner Canterbury / West Coast DHB Community Dental Service Professional Leader
- Dr Neil Croucher Northland DHB Dental Services Clinical Director
- Bridget Lester Canterbury / West Coast DHB Planning and Funding

The Review Team, met on the West Coast on Monday 21 October 2013 and held interviews on the West Coast on the 22 October 2013, focusing on child oral health services (COHS) and then interviews in Christchurch on the 23 October 2013, focusing on oral health services for adolescents (OHSA) and hospital dental services (HDS).

3 Acknowledgement

The Review panel would like to acknowledge the enthusiasm, commitment, energy and expertise of all the people interviewed. Everyone wanted the best for oral health services on the West Coast and saw the need for change to realise the potential for those services.


4 Background

Publicly-funded Oral Health Services in the West Coast have three key components

- **Child Oral Health Service** – this is the service provided free to children aged 0 – 13 years of age. This service is delivered by the School Dental Service, based out of Community Services Team at Grey Hospital.
- **Adolescent Dental Service** – this service provides free services to children aged 13 – 18 years of age, and is provided by local dentists under agreement with the District Health Board, and by the Board’s dental therapists in Karamea, Reefton, and Hari Hari.
- **Hospital Dental Service** – these services are provided at Grey Base Hospital for children, adolescents and adults who have complex requirements and need to be treated within a hospital setting. Note that the only service provided is dental treatment under general anaesthesia, no outpatient facility is available.

Oral Health Business Case

In 2007 DHBs nationally submitted Oral Health Business cases to the Ministry of Health (MoH) which outlined a change in service model for Oral Health services. At this time there were 10 school dental clinics on the West Coast. A caravan-style mobile clinic was used to provide services to schools without a clinic and this has since been withdrawn from service.



The West Coast Oral Health Business case recommended a change in how School Dental Services operate, with a move away from the run-down and expensive to maintain/upgrade school dental clinics (which were located at nearly all primary schools) to a “hub and spoke” model. The “hubs” being clinics designed to support a full range of dental care, and not tied to school operations, and the “spokes” being mobile units which would reduce access barriers and improve efficiency.

The approval of the business case saw \$1.107 million of capital and additional operating expenditure of \$265,000 allocated to the WCDHB to fund the redevelopment of the oral health service. This has since seen the de-commissioning of 6 school clinics and the purchase of two Level 2 (L2) Treatment Mobiles.¹

Four school clinics remain: Hokitika has been upgraded; Grey Main, Westport North and Westport South are still operating although none comply with current infection prevention and control standards, and have other major deficiencies.

The purchase of the mobiles and the upgrade of the Hokitika clinic did not result in a substantial change of service model, as anticipated by the business case, and in 2013 the WCDHB purchased a Level 1 Mobile as a step towards the change in service model however implementation of this has not occurred.

The completion of the West Coast DHB’s plans have been delayed due to operational problems within the School Dental Services and significant delays in the redevelopment of Grey and Buller Hospitals.

5 West Coast District Annual Plan Requirements

Each DHB in New Zealand is required to submit a District Annual Plan to the MoH which has key expectations and requirements for the District. The MoH has set Oral Health requirements and targets for all DHBs. In the 2013/14 year the following is required of the West Coast DHB. A breakdown of these are included in appendix two.

6 Oral Health Services

6.1 Oral Health Promotion and Education

6.1.1 Tamaraki Ora/Well Child Providers

When a child is born on the West Coast they are offered services from a number of Tamaraki Ora/Well Child Providers. These providers include Plunket, Poutini Waiora, Public Health Nursing Service and Rural Nurse Specialists. At the core well child checks, Well Child nurses provide information and education to parents on maintaining good oral health and dental development, and carry out a basic oral health screening using the ‘lift the lip’ method. At Plunket visits, parents are given tooth brushes and toothpaste. The MoH has recently made tooth brushes and toothpaste available to Maori services providers. Well Child providers send information to the School Dental Services when children are eight months old to enable those children to be enrolled with the dental service.

6.1.2 5-month information packages

As part of a recent oral health project information packages have recently been developed for parents of 5-month olds. These packages include information for parents regarding oral health, (referral form to the School Dental Services) and toothbrushes and tooth paste. These are distributed by general medical practices at the 5-month child immunisation event.

¹ A “level one” unit is designed for dental examinations and basic preventive care, is self-drive and has no facility for cleaning and sterilising instruments, which must be taken to another clinic for reprocessing. A “level two” unit has on-board instrument reprocessing equipment, and is able to support dental treatment as well as diagnostic and preventive care. The level two units are large dual axle trailers and require to be towed by a truck.

6.1.3 B4 School checks

B4 School Check (B4SC) is a national 4-year-old well child check and clinics are held throughout the main centres, as one-stop-shop. A Dental assessment is carried out as part of the B4SC provided by Public Nurses. If children are not enrolled with the dental service, or if there are signs of decay in the teeth, children are referred to the School Dental Services.

6.1.4 Oral Health Project Manager

In 2013 DHB had appointed an Oral Health Project manager working as part of Planning and Funding for 6 months. During this period a number of projects were put in place, including the Oral Health 5-month pack.

6.2 West Coast School Dental Services

The School Dental Services provides services at locations stretching 530km from Karamaea Area School in the north to Haast School at Jacksons Bay in South Westland. The Service's three dental therapists and three dental assistants provide care for children and adolescents aged from under one-year-old through to age 17, with 1,541 preschoolers, and 3,622 school children and adolescents enrolled in the service, giving a dental therapist to patient ratio of 1:1,721².

For children aged from birth up to school year 8, services are provided under the Ministry of Health's "Child Oral Health Services Service Specification", which requires providers to:³

- Demonstrate a strategy for the enrolment of pre-school, primary school and intermediate school children. Your strategy must include the full range of educational facilities, including Kohanga Reo, Kaupapa Māori and Pacific Language Nests.
- Target in particular those groups of children who have relatively poor oral health, ie Māori, Pacific children, new migrant and refugee children, children living in low socio-economic areas and rural children, and demonstrate a strategy to focus on these groups.
- Ensure that each enrolled child has access to a basic level of oral health care, as defined in the oral health toolkit.
- Ensure accurate monitoring of oral health status of the enrolled population, including differences between Māori, Pacific people and other ethnicities, fluoridated and non-fluoridated areas and school decile (see reporting requirements below).
- Promote enrolment with a provider of adolescent dental services to all Year 8 children, with priority given to those groups of children with relatively poor oral health, ie, Māori, Pacific children, children living in low income areas and rural children.
- Demonstrate a strategy for dealing with children who do not receive their annual completion.
- Demonstrate a strategy for improving collaboration with providers of public health (health promotion) and primary care providers to improve access to oral health services, especially for preschoolers.
- Ensure that staff has access to professional development.

Services are provided from 29 locations, at the following schools (see map in Appendix A for locations), there are 4,609 pre- and school-aged children enrolled for dental services at these schools:

Awahona	Barrytown	Blackball
Blaketown	Cobden	Fox Glacier
Franz Josef Glacier	Gloriavale	Granity
Grey Main	Haast	Hokitika
Kaniere	Karamaea	Karoro
Kokatahi/Kowhiterangi	Kumara	Lake Brunner
Maruia	Paparoa Range	Paroa
Reefton	Ross	Runanga
St Patricks	Sth Westland Area	Westport North

² Based on 2013 enrolment data provided to the Review Team, by the School Dental Service

³ <http://www.nsfl.health.govt.nz/apps/nsfl.nsf/pagesmh/153>

Westport South	Whataroa	
----------------	----------	--

A further 7 schools have no on-site dental service, with 554 school-aged children enrolled for dental services:

Inangahua Junction	Scared Heart	St Mary's
St Canices	Westland High	Westmount at Kaiata
Westmount at Westport		

One third of the schools have less than 50 pre- and school-aged children enrolled for dental services, half have less than 100 – the distribution is shown below.

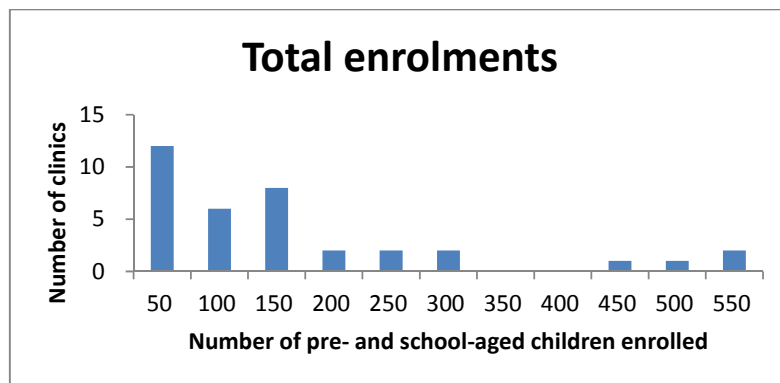


Figure 1: Number of enrolled pre- and school-aged children by clinic (WCDHB)

Services are provided from a mixture of new, renovated, and older dental clinic facilities, and new mobile units:

- four fixed clinics
 - two in old-style school dental clinics in Buller
 - one old-style school dental clinic in Greymouth
 - a recently renovated clinic in Hokitika
- 2 level two mobile units and 1 level one unit (not yet in service). The level 2 units service 25 schools.

6.2.1 Enrolment with the Service

Following receipt of an enrolment form from a Well Child provider, primary care or other health provider, children are allocated to the dental facility closest to them. They are then scheduled to receive services when the School Dental service is next in their area. Dental therapists report that preschool children also enrolled opportunistically when they accompany older siblings to scheduled visits. In addition to the targets for numbers of preschool children enrolled, DHBs are expected to have a plan in place for assessing children for dental caries-risk on enrolment, and targeting those at high risk for additional preventive care. DHBs can consider preschool children enrolled when they are actively managing their care, and are not required to have provided a dental visit for this to occur. The Service has been attempting to see all children by age one, however has no formal risk assessment processes in place to ensure additional preventive care is provided to those most at risk.

On receipt of a notification from a Well Child provider, the School Dental Service currently posts a form for parents and sign and return to complete the registration/enrolment process. An entry of enrolment is made into a spreadsheet; however there is no reconciliation between those on the register, and those who actually receive services. The School Dental Service has put in a lot of effort to increase enrollments, and currently has 87.7% of preschoolers enrolled, which includes 91.7% of

tamariki Maori. Representatives from the DHB have attended health days, linked in with preschools and other relevant services.

Seven of the 36 schools at which children are enrolled do not have an on-site service and therefore no preschool-aged children are seen at those locations; 18 of the remaining 29 (62%) have less than 50 preschool children – the distribution is shown below. Those with more than 100 enrolled are: Hokitika (124), Westport South (152), Grey Main (175), and Westport North (218).

Observations: There is no requirement for parents to sign an enrolment form, and the West Coast DHB could carry out this process in a similar way to that carried out in Canterbury, where enrolment occurs on receipt of an enrolment form from a Well Child or other health provider.

However, because there is no electronic oral health record, opportunities are being missed to leverage from other health information systems, such as the National Immunisation Register and those held by general practice teams, and only very limited reporting is available.

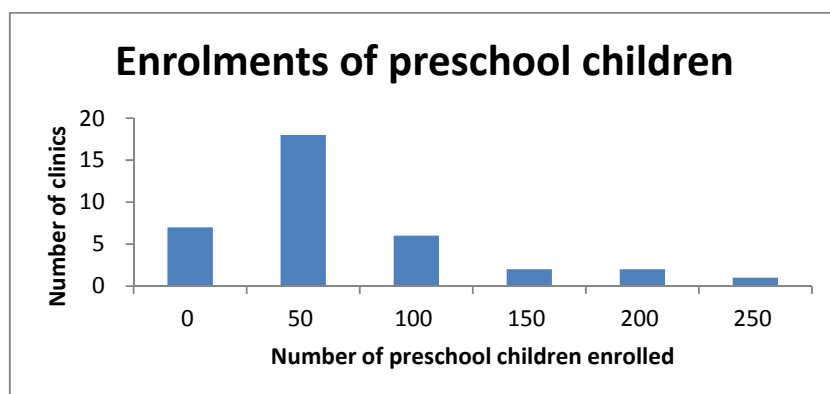


Figure 2: Enrolments of preschool children by clinic

6.2.2 School Aged children

School aged children receive dental examinations at their primary school, and in most cases this is at a level 2 mobile unit., but from Term 4 2014 also in the Level one unit. Where dental treatment is required, children who were examined in a Level 1 unit are brought to a fixed clinic or Level 2 unit for by their family for dental treatment.

6.2.3 High School Aged Children

Because there is no local dentist available, the Service offers dental care for year 9 - 13 students attending the high schools at Karamea, Reefton and Hari Hari. Families retain the option to access a dental provider elsewhere and due to this and an unknown level of non-access to care only about one third of those high school students are accessing care through the School Dental Services.

School	Number of adolescents enrolled with CDS	Number Yr9-13 on school roll (Jan 2013)
Karamea Area School	19	36
Reefton Area School	0	79
South Westland Area School	9	45
Total	51	160

6.2.4 School Dental Service Teams

The School Dental Team is made up of a team of 10 people, three dental therapists, three dental assistants, a receptionist and a coordinator. There are currently vacancies for a dental therapist and dental assistant.

6.2.4.1 Support Services

The Dental Coordinator currently works 4 hours a week for the Service. This role provides HR support for the team, develops and documents process and procedures, supports children in accessing the hospital service, and works with the team to implement the business case.

The Dental Receptionist works 30 hours per week. This role is responsible for processing registrations to the service, communication between the team, collecting and collating data for reports, and managing referrals to the hospital service.

Clinical leadership in the form of the Clinical Director and Professional Leader are provided by Canterbury DHB. Planning and Funding Canterbury/West Coast also support the service as required.

6.2.4.2 Clinical Services

The three dental therapists work fulltime during school term time, with each therapist covering a key geographical area etc Buller / Westport, Greymouth and Westland. The current vacancy is to replace a full time staff member who was based in Greymouth and retired in 2012. While there have been a number of applicants for this vacancy they have not been suitable due to either APC restrictions, supervision requirements or not being eligible for NZ registration. A dental assistant position will be advertised when a therapist is recruited.

The three dental assistants all work fewer hours than the therapist they assist:

- Buller 22 hours
- Greymouth 26 hours
- Hokitika 30 hours

Each dental team (Therapist and Assistant) manages its own schedules and arranges appointments for all visits. Because there are no two-chair facilities, each therapist is working in professional isolation, and although each team has established good working relationships with the local dentists in their area interactions are limited, especially for the Westland team as there is no longer a dentist in Hokitika. Good referral processes have been developed for children who need to be seen for more complex care by local dentists or by the hospital service.

As mentioned, difficulties recruiting to a dental therapy vacancy has led to a gap in service provision in the Grey area with relatively large numbers of children becoming overdue for their regular dental checkups. This reached a stage where schools contacted the DHB on a number of occasions over the lack of care to their students, and there were parliamentary questions on the issue. Since 2013, the West Coast clinical teams have reorganized the way they work and the number overdue has fallen considerably. At last count, there were over 975⁴ children in arrears on the West Coast.

Lack of a dental IT system is a significant issue for the Service. Not only does the dental team lack basic business tools such as email and intranet access, there is no electronic patient management system. All scheduling and reporting is carried out manually and this has a considerable impact on clinical activity. The level of information that can reasonably be attained by manual recording restricts clinical audit to all but the most basic activity.

⁴ Based on July 2014 Project data.

6.3 General dental practices

There are two service agreements that can be held by dental practices under the Combined Dental Agreement: these are the Oral Health service for Adolescents and Special Dental services for Children. There are 4 dental practices on the West Coast, (three in Greymouth and one in Buller), and all hold these agreements. There was a part-time practice in Hokitika until early in 2013; however this has closed due no buyer being forthcoming following the dentist's relocation to Canterbury. Utilization data shows that there were around 1600 Adolescent visits in the 2012 year. Based on a population of around 1800 adolescents aged between 13-17 years of age, this is very good uptake of adolescent services.

Three of the four practices are privately owned, with one being owned by a large national group and the other two local owner / operators. The practice in Buller is owned by the Buller District Council-controlled Buller Health Trust which employs a full-time dentist, and locums as available. As part of the review the team talked to the Dr Guy Margetts, owner of Family Dental Practice in Greymouth and the Dr Michael Shortt, full-time dentist from Westport Dental in Buller. Both practices were active in their relationships with the community and positive about their working relationships with the School Dental Services, and both prioritise referrals from the School Dental Service, but had concerns with ad-hoc contact from parents that did not have a school dental referral.

Family Dental Practice is a large practice in Greymouth, who previously had an agreement with the West Coast DHB for sedation services. This has not been renewed due to DHB concerns about the affordability. The discussion with them provided clarification to the review team, who all agreed that this agreement should be reviewed as the benefits of having the sedation service being available would fill a gap caused by the itinerant nature of the hospital-based service in Greymouth.

Westport Dental is a two chair practice with one permanent dentist and short-term dentists. When there is a second dentist they are able to book appointments without delay, but when there is no visiting dentist there is an up to three week wait for appointments (we understand they are able to see patients with acute problems promptly). Planning for the Buller Integrated Family Health Centre is underway and there is a desire to integrate both the School Dental Services and the Westport Dental Centre in the new facility. Dentist recruitment is a recurring problem in Westport, and Dr Shortt felt that beyond other quality improvements, a newer facility would help to encourage dentists to work in Westport, and enjoy its many other advantages.

The overall sense from the review team was that there was considerable good will and passion within the private-sector dental services on the West Coast.

While the availability of private-sector dental services on the Coast is currently adequate, (noting there is no service in Hokitika), the small size means they remain vulnerable to gaps created when a practitioner leaves the district, and delays in replacement. Consideration needs to be given to what the DHB's role is in supporting these services.

6.4 Hospital Dental Services

The service definition for Hospital Dental Services is⁵:

"Hospital dental services provide oral health care services for people with special needs that are most appropriately provided within a hospital setting or in other settings where necessary linkages with hospital services have been established. This may be when special care is required to provide primary care for those with a disability and unable to access care in the community, to provide secondary and tertiary care when special management is required or when dental services are required as part of other medical or surgical treatment.

"These services are complementary, rather than being alternative to the oral health care services provided for children and adolescents, emergency dental services for low income adults and dental services for adults that are not publicly funded.

⁵ Hospital Dental Services – Oral Health Services Tier Two Service Specification



And the services required to be provided are:

Primary services:

“...primary oral health care services for people needing special care because of medical, physical, intellectual or psychological conditions and disabilities, which preclude them from accessing care in the community. People needing such special care may include residents of community residential disability services, residents of aged residential-care rest homes, dementia and hospital care facilities; care recipients under the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003; and care recipients under the Criminal Procedure (Mentally Impaired) Act 2003.

“Emergency dental services must be available for the assessment and management of: severe orofacial infections; uncontrolled oral haemorrhage; and/or orofacial trauma.

“Where a DHB does not have a hospital dental service, the Emergency Department may manage the initial emergency dental care (of conditions such as those above) and transfer the person to a DHB of service or an appropriate local oral health professional for definitive treatment.

Secondary and tertiary services:

“The Service will provide secondary and tertiary dental services for people when:

- dental treatment is an essential part of hospital treatment for a current medical or surgical condition
- a hospital admission is required because of the need for special management facilities in order to provide dental treatment, such as general anaesthetics
- general and specialist dental services as required for persons needing special care because of medical or congenital conditions and/or physical, sensory, intellectual or psychological disabilities.


“Where a DHB does not have a hospital dental service, the DHB must arrange appropriate referrals for these people to a DHB of service.

Hospital-based dental services on the West Coast are very limited – consisting only of those provided in theatre by two itinerant dental surgeons from Christchurch. No one appears to have operational responsibility for managing Hospital Dental Services on the West Coast, and by default the Central Booking Unit (CBU) makes all the arrangements. However the Dental Coordinator for Community Dental has recently become involved, and has some oversight of the waiting lists, (largely in a child safety capacity), and works with the CBU to ensure any children, whose families are not ensuring that they are accessing care, are followed up. There are no established linkages with those providing residential and other care for special needs adults and the frail elderly and it is likely that the current level of service is well below the potential demand. The review team is aware that some patients do receive care at both Christchurch and Nelson Hospitals; however the volumes are small, even taking into account the small West Coast population. For Jul-12 to Jun-13 less than 50 of the 12,010 patients treated (not involving maxillo-facial surgery) by Christchurch Hospital’s dental service were from West Coast.

We understand that 50-60 children receive dental treatment each year under general anaesthesia – based on relative population size this is not much different to Canterbury.

There is no dental facility at Grey Hospital, and this limits the type of care that can be provided to the provision of dental treatment in an operating theatre under general anaesthesia. No out-patient care is provided, and patients are usually booked for treatment following assessment of referrals from both DHB and private providers. The intention is to build a dental facility in the new Greymouth Integrated Family Health Centre, and this will be a necessary step for improving the range and quality of services available for the people of the West Coast.

Both of the dentists providing care at Grey Hospital are from Christchurch (Dr Joanna Pedlow, Dr Lester Settle), and while they are both part-time CDHB employees, their services on the West Coast are under private contract. Dr Pedlow’s practice is limited to paediatric dentistry and she visits approximately 10 times per year; Dr Settle provides care for special needs adults and other eligible patients requiring minor oral surgery procedures, visiting about four times per year.



The NZ Oral Health Clinical Leadership Network provided advice to the Chief Dental Officer and Ministry of Health in 2012 on improving oral health services for high-needs and vulnerable populations – those covered by the Hospital Dental Services specification. The report found that there were significant regional variations in the availability of those services, with the West Coast being among those areas with the worst access.

The potential for greater involvement of Canterbury's Hospital Dental Service in providing care on the West Coast was discussed with Dr Settle, who is clinical director for the Canterbury service, and there was general agreement that this would be a necessary step for improving the quality of dental care on the West Coast.

6.5 Dental Equipment Maintenance

Planned maintenance of dental equipment in the clinics and mobile dental units is carried out by the West Coast DHB trades team with contractors being reasonable for maintenance of the washers/sterilisers. The maintenance of the dental clinics, L1 and L2 facilities are contracted out. WOF are coordinated by fleet service, while Electrical work is contracted to Electronet.

In January 2013 the West Coast DHB's clinical engineering team came under the oversight of Canterbury DHB's CE team. Those involved view this as a positive development and it should greatly assist the West Coast team as it provides greater support and reduces duplication.

Due to the need for maintenance staff to travel considerable distances for repair work, equipment breakdown can lead to prolonged loss of services. Dental equipment is expensive, and owing to its small size, the West Coast DHB is not able to maintain a full set of spare equipment to allow for swap-in-swap-out in the event of breakdown. The retention of the old clinics in Westport and at Grey Main has meant old and unreliable equipment is still being used, and this is proving to be a maintenance burden. Currently some older equipment from disestablished dental clinics had been kept to be used as spares however this equipment will not be able to be used once the transition to new facilities is complete. Phasing out the old equipment as planned, and further development of closer collaboration with Canterbury (including the pooling of spares), and harmonisation of equipment will improve this situation.

One current issue is that the planned maintenance for equipment cannot reasonably be completed during school holidays, and the CE team will need access to the equipment during the rest of the year. Ensuring planned maintenance is kept up-to-date is essential to prevent breakdowns which will impact on clinical services. This will require good planning between the clinical and engineering teams.


6.6 Orthodontic treatment

There are currently no orthodontic services on the West Coast. Families are aware of this, and travel to services – generally in Nelson and Christchurch. A similar problem exists with other specialist medical and dental services provided in the private sector. Lack of specialist services was not raised as an issue by the West Coast practitioners, and seems to be in line with general expectations on the West Coast that people frequently need to travel to access specialist services. Note that the community's views on this matter are not represented in this review.

7 Discussion

7.1 Child oral health services

School Dental Services team works hard to improve and protect the oral health of the children of the West Coast. The 2007 Oral Health business case was designed to make their roles easier through improving facilities, streamlining administration



and encouraging the use of technology solutions. The delay in the implementation of this business case and the utilisation of resources has continued to put pressure on the team. Due to its small size, and problems recruiting dental therapists when vacancies occur, they remain vulnerable to loss of staff.

The DHB needs to fast-track the implementation of the final stages of this business case, it needs to develop a schedule for the use of the level 1 and level 2 mobiles, and it needs to get an electronic patient management system (including radiography) implemented without delay. Although hardware and networking for a mobile workforce will need to be deployed from scratch, the patient management system need not be if Canterbury's Titanium dental PMS is expanded to include the West Coast.

Consideration needs to be given to staffing of this service as follows:

- The current 4 hours per week allocation for the Dental Coordinator is insufficient to carry on the work involved in fully implementing the business case, during the interview her line manager did indicated that additional hours could be available, if required.
- The three dental therapists are all working 35 hours per week, while the dental assistants are collectively only working 78 hours, producing a 27 hour gap between the total therapists' and assistants' hours. Dental assistants increase the productivity of the dental therapists they work with, with the rule-of-thumb being a 50% increase, therefore this 27 hour gap represents nearly 0.4 FTE of a dental therapist.

Although some of the Service's processes have been adapted from elsewhere, most of the West Coast CDS operations are 'home grown'. There are, for example, 70 forms used by the Service, each developed locally.


Canterbury DHB has developed and implemented their new model of care, and is able to implement this in both urban and rural areas of Canterbury and South Canterbury. There seems to be no advantage in the West Coast having a separate model of care, and given the Canterbury model is working, it should be shared and implemented across both DHBs. Strong clinical leadership and additional management support will be needed to facilitate the necessary changes, and it is expected that much of this will come from the Canterbury DHB dental services. It is clear that more regular contact is needed – both through personal contacts and telepresence. West Coast staff would benefit from working in the Canterbury system, as this is one of the only ways they will be able to work in multi-surgery facilities with professional colleagues. This work will strengthen the Trans Alpine alliance between the two DHBs.

As part of developing a stronger relationship, consideration needs to where the West Coast team sits in relation to Canterbury's Community Dental Service. The Canterbury Service is much larger, and has a number of clinical and non-clinical roles not duplicated on the West Coast. There is clearly scope for Canterbury to provide more support for the West Coast, but it is equally clear that the West Coast Service would need to adopt of the business, operational and clinical processes used by Canterbury to enable this to happen.

Even though the West Coast Service is small, the changes required to compete the business case implementation are substantial, and will not be able to be achieved without dedicated project management support.

The name of the West Coast dental service was discussed during the meeting with the staff, and there was general agreement that "Community Dental Services" more fully reflects the role of the Service, and that this be used as the Service's name. It is also the same as for the Canterbury service, and may make sharing of resources and documents easier.

One final issue – the elephant in the room – needs addressing: merging the West Coast service into Canterbury's and developing a Trans-alpine Oral Health Service. In New Zealand there are already regional services: the Auckland Regional Dental Service covers all three of the Auckland DHBs, Canterbury currently provides the service in South Canterbury, and while it works with the South Canterbury DHB at a strategic level, has complete operational responsibility, and the small Wairarapa service is being integrated into the larger Hutt Valley Service (which already provides the service in Capital and



Coast's area). Larger services require proportionately less overhead, and have greater capacity to develop, implement and evaluate changes that will lead to better care for patients. We consider that a process for change be implemented that joins the West Coast and Canterbury services at a leadership and operational level while maintaining the unique identity of the West Coast service.

7.2 Adolescent Services

The review team has confidence in the high quality of services provided by the dentists on the West Coast, there were however concerns regarding isolation and the need to support them in the wider West Coast Health system. The concept of recruiting short term locums to provide service to support rural areas is an idea that needs to be further investigated. The review team understands that the West Coast DHB has a recruitment process which dental could be linked into.

There is also a need to look at what support is required in Hokitika, and whether the recent loss of the dentist has created significant access problems for adolescents. The review team was told that most adolescents are now traveling to Greymouth, but remains concerned that the travel creates another barrier to access, and considers arrangements similar to those in other West Coast centres with a high school but no dentist be considered. The team met with the principal of Hokitika Primary School (where the refurbished dental clinic is located) and had a favourable response to the concept of utilizing this facility to offer dental services to adolescents by a dental therapist or dentist.

7.3 Hospital Services

It is clear that hospital dental services on the West Coast are very limited, and although access for children requiring hospital-based treatment seems adequate, this does not appear to be the case for adults, and there are no out-patient facilities. There seems to be a need for some structure around leadership and management in this area.

The concept of working more closely with West Coast DHB was discussed with the Clinical Director of Canterbury DHB Hospital Dental Services. This could go as far as all hospital dental services for the West Coast being provided by Canterbury DHB – including provision of staff, and management of referrals. However, the current lack of out-patient dental facilities at Grey Hospital would make it difficult to improve the level of service. In the short term, this could be partially remedied by using the dental mobiles during periods, such as school holidays, when the community service is not using them. Some further work needs to be done to establish how Christchurch Hospital's dental team could better support the West Coast.

7.4 Canterbury - West Coast transalpine partnership

West Coast and Canterbury DHB work together in what is call the Trans-Alpine partnership. According to the WCDHB District annual plan "Collaboration with Canterbury continues to be a cornerstone strategy for securing reliable access to a full range of specialist services, for the most part delivered locally on the Coast and with some services delivered in Christchurch". There are currently more than 20 transalpine services being successfully delivered between the West Coast and Canterbury, included in this are collaborative relationship between the DHBs with shared service and clinical partnership arrangements that include a number of clinically-led transalpine service pathways.

7.5 Summary

West Coast Dental services are characterized by positive people working with limited structure and support. The review team accepts that the DHB has some limitations in levels of support that can be provided, but found that changes need to be made to improve the range and quality of services and their resilience, and to ensure that the services have a system and support network behind them to avoid the need to 'invent' solutions on the West Coast when those solutions already exist elsewhere.



8 Key Findings

- **Professional Isolation** - Therapists work in isolation and lack the opportunities for peer contact and review and audit that are generally held to be necessary to assure patient safety and improve service quality. Clinical staff are constantly on the move but have no access to DHB information systems.⁶
- **Recruitment and retention** – the small size of the service makes it particularly vulnerable to the loss of staff, particularly dental therapists. The small size of the service also makes it difficult to provide orientation and support for new staff.
- **Service management:** too much is asked of the current management team, which lacks the skills and experience to provide effective strategic leadership and operational management for a service operating in a sector which is technically complex. Solutions are being developed (at a cost to the WCDHB) when they already exist elsewhere.
- **No system in place to coordinate and develop community oral health services:** practitioners on the West Coast are self-reliant, but ensuring the population receives the widest range of services available requires they work together.
- **Access gap for adults with special needs:** there is no outpatient facility for provision of dental care for high needs and vulnerable patients not able to be cared for in the private sector. The very small volume of patients being treated in Christchurch shows the current arrangement of relying on patients travelling to other DHBs is not working.
- **Lack of planning and scheduling around current hospital-based services:** planning for treatment of those adults and children currently offered treatment at Grey Hospital is distributed among several individuals with no clear lines of communication.

⁶ The review team is aware that a plan is in place to see an IT system implemented by the second half of 2014

9 Recommendations

Service	Recommendation	Implementation	Progress to date
Governance	Develop a Trans-Alpine Oral Health Steering group to support the development of community based oral health services. The aim of this will be to ensure the public and private sectors support and complement each other as they work together to minimize service gaps. This group will feed up to the West Coast Alliance. Included in their work plan will be overseeing the following recommendations of this Review.	Identify representatives from the West Coast areas to join this group.	The Canterbury part of this has already been established, West Coast representatives just need to be identity to join this group.
Community Dental Services	Develop a Trans-alpine Community Dental Services, linking West Coast and Canterbury DHB teams	Undertake a proposal for change process to integrate the Canterbury and West Coast child oral health services. This proposal will investigate the options for models of management and provision of this service, and provide recommendations.	
	Complete the implementation of the oral health business case; in particular	<ul style="list-style-type: none"> • Develop a pragmatic schedule for the dental mobiles that maximizes efficiency while minimizing demands on families. • Implement a model for targeting preschool children most at risk of tooth decay with intensive preventive care. • Decommission the outdated facilities at Westport North, Westport South and Grey Main schools 	Work has started on the roll out of the L1 mobile, with schools scoped and the schedule drafted. The L1 is expected to be in service by T4 2014.
General dental practice	Continue to support general dental practice with further consideration to be given to Sedation and Emergency Dental Services.	Develop a business case to the P&F leadership team regarding Sedation and Emergency Dental Services	
Hospital dental services	Develop a Trans-alpine Hospital Dental Service linking West Coast and Canterbury DHB teams.		
	Develop an outpatient facility at Grey Hospital linking with the integrated family health centres in Grey month and Buller		

10 Appendices

Appendix One: Service outline WCDHB Oral Health 2013

Service area	Existing services/providers	Funding/DAP expectations	Known gaps
0-4 Well Child	<ul style="list-style-type: none"> Plunket Poutini Waiora Rural Nurse Specialists Public Health Nurses <p>Information packages are also distributed by practice nurses at the 5month immunisations.</p>	Oral health assessment (inc lift-the-lip) in WCTO schedule for Core 5 (9-12mth) to Core 9 (B4SC)	Had been gaps in Plunket services in the past. Training
Primary Care			
0-4	School Dental Services <ul style="list-style-type: none"> Karamea Reefton Hari Hari 	Child Oral Health Services Specification	Not reaching all children due to staffing issues.
5-12	School Dental Services	Child Oral Health Services Specification	Not reaching all children due to staffing issues
13-17	General Dental Practice <ul style="list-style-type: none"> Westport Buller Health Trust Greymouth Family Dental Centre (Albert Mall) Greymouth Dental Centre (Guinness St) Lumino The Dentists (Mackay St; ex Garry Rae Dental) 	Combined Dental Agreement – SDSC Combined Dental Agreement – OHSA	No provider in Hokitika (as opposed to all other centres with a high school)
18+	General Dental Practice <ul style="list-style-type: none"> Practices as above Dentures - Duchenne Dental Lab (@ Family Dental Centre) But chch based	Emergency Dental Services?	
Specialist			
0-4	Grey Hospital MSS IDF to CDHB (Paediatric xx cases/year? Christchurch-based surgeon, private contract)	Hospital Dental Services <ul style="list-style-type: none"> ESPI 	Treatment only under GA No venue for assessments Sedation?
5-12	Grey Hospital MSS IDF to CDHB Paediatric xx cases/year?. Christchurch-based surgeon, private contract	Hospital Dental Services <ul style="list-style-type: none"> ESPI 	Treatment only under GA No venue for assessments Sedation?
13+	Grey Hospital MSS IDF to CDHB Tx split between paediatric dental and special needs adults.	Hospital Dental Services <ul style="list-style-type: none"> ESPI 	Treatment only under GA No venue for assessments Sedation?
18+	Grey Hospital	Hospital Dental Services	Treatment only under GA

	MSS IDF to CDHB xx cases/year? Christchurch-based surgeon, private contract	<ul style="list-style-type: none"> ESPI 	No venue for assessments Sedation?
Maxillo-facial surgery	IDF to CDHB	Tier 1 Specialist Medical and Surgical Services ACC	
Orthodontics	IDF to CHDB Private providers in Nelson/Christchurch (Previous Christchurch-based provider retired, no replacement)	Severe malocclusions with means test -> Christchurch Hospital	
Other specialties: <ul style="list-style-type: none"> Endodontics Periodontics Prosthodontics 	No providers on WC		

Appendix Two: Annual District Plan Requirements

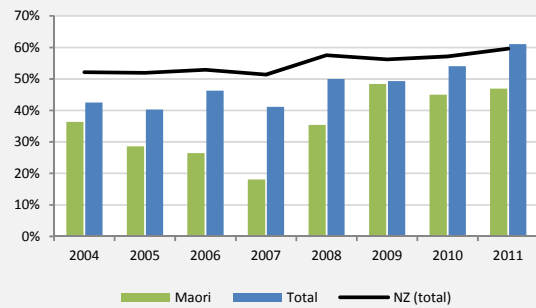
Children have good oral health.

- *Oral health is an integral component of lifelong health and impacts a person's comfort in eating and ability to maintain good nutrition, self esteem and quality of life.*
- *Good oral health not only reduces unnecessary complications and hospital admissions, but also signals a reduction in a number of risk factors, such as poor diet, which has lasting benefits in terms of improved nutrition - helping to keep people well.*
- *Māori and Pacific children are more likely to have decayed, missing or filled teeth. As such, improved oral health is also a proxy measure of equity of access and the effectiveness of services in targeting those at risk.*

Data sourced from Ministry of Health.

The percentage of children caries-free at age 5 (no holes or fillings).

Actual 2011	Target 2013	Target 2014	Target 2015
61%	61%	65%	≥65%



- Work collaboratively with the Canterbury DHB's Community Dental Services to support dental therapists on the Coast and improve coordination across oral health services to improve access to preventative care.

Continue to work with WellChild providers, general practice teams and schools and education services to identify children most at risk of tooth decay and support their families to maintain good oral health and access preventative care.

Develop a whole-of-DHB Oral Health Promotion Plan.

Identify further barriers to timely recall by DHB Community Dental Services and implement strategies to support caries-free teeth.

Continue to investigate and implement alternative oral health service models for adolescents to engage more young people, particularly those in low decile schools or areas without community dentists.

Implement the Level One Mobile Service in Greymouth and other priority schools on the Coast to support the preventative care model.

Review the inclusion of dental services as part of the development of Integrated Family Health Services in Westport and Greymouth.

≥77% of children aged 0-4 are enrolled with DHB-funded oral health services.

≥90% of children are examined according to planned recall.

≥75% of adolescents (<18) access DHB-funded oral health services.



Appendix Three - Utilisation from Dental Clinics

Practice	OHSA	SDSC
Buller Health Trust	411	65
Greymouth Dental Centre Limited	45	23
Hokitika Dental Centre Limited	216	0
Lumino Dental Limited	259	0
Westland Enterprises Limited (aka Family Dental Centre)	744	415
Total	1675	503



Appendix Four - West Coast Oral Health Review - Interviewees

The following people were interviewed as part of the West Coast Oral Health Review

- Maintenance and Supplies - Robert Raeder (Biomedical Technician), Ted Aldous (Works Overseer) and Mike Penna (Fitter)
- Karyn Kelly – GM Primary and Community Services
- Maureen Frankpitt – Community Services Manager
- Ralph La Salle – Acting Operational Manager
- Jenny Woods – Dental Coordinator
- Dental Service Team – including all the Dental Therapists, Dental Assistants, and Receptionist
- Hokitika Primary School Principal
- Dr Guy Margetts - Family Dental Centre, Greymouth
- Dr Lester Settle, Clinical Director Canterbury DHB Hospital Dental Services
- Dr Michael Shortt, Westport Dental Practice

Key questions asked to all people interviewed.

- What is your role / interactions with Dental Services/ Hospital Dental etc?
- How are things going from your perspective?
- What challenges do you believe they / you face
- Are you happy with the referrals to services?
- What gaps do you see in oral health service delivery?
- What opportunities do you believe we have on the West Coast?
- What would you like to improve?

WEST COAST DISTRICT HEALTH BOARD MEETING
To be held at St John, Waterwalk Road, Greymouth
On Friday 26 September 2014 commencing at 10.15am

KARAKIA	10.15am
ADMINISTRATION	10.20am

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

- *8 August 2014*

3. Carried Forward/Action List Items

REPORTS	10.25am
----------------	----------------

- | | | |
|--|--|--------------------------|
| 4. Chair's Update
(Verbal Update) | Peter Ballantyne
<i>Chairman</i> | <i>10.25am - 10.35am</i> |
| 5. Chief Executive's Update | David Meates
<i>Chief Executive</i> | <i>10.35am - 10.50am</i> |
| 6. Clinical Leader's Update | Dr Carol Atmore
<i>Chief Medical Officer</i>
Karyn Bousfield
<i>Director of Nursing and Midwifery</i> | <i>10.50am - 11.00am</i> |
| 7. Finance Report | Justine White
<i>General Manager, Finance</i> | <i>11.00am - 11.10am</i> |
| 8. Maternity Review Update | Mark Newsome
<i>General Manager, Grey/Westland</i> | <i>11.10am - 11.25am</i> |
| 9. 2015 Schedule of Meetings | Peter Ballantyne
<i>Chairman</i> | <i>11.25am - 11.35am</i> |
| 10. Health Target Report – Quarter 4 | Phil Wheble
<i>Team Leader, Planning & Funding</i> | <i>11.35am - 11.45am</i> |
| 11. Governance Responsibilities
Health & Safety | Greg Brogden
<i>Senior Corporate Solicitor</i> | <i>11.45am – 12noon</i> |
| 12. Report from Committee Meetings | | |
| - CPH&DSAC
<i>11 September 2014</i> | Elinor Stratford
<i>Chair, CPH&DSAC Committee</i> | <i>12noon – 12.10pm</i> |
| - Hospital Advisory Committee
<i>11 September 2014</i> | Sharon Pugh
<i>Chair, Hospital Advisory Committee</i> | <i>12.10pm – 12.20pm</i> |
| - Tatau Pounamu Advisory Group
<i>11 September 2014</i> | Elinor Stratford
<i>Board Representative to Tatau Pounamu</i> | <i>12.20pm – 12.30pm</i> |

13. Resolution to Exclude the Public

Board Secretariat

12.30pm

INFORMATION ITEMS

- 2014 Meeting Schedule

ESTIMATED FINISH TIME

12.30pm

NEXT MEETING

Friday 31 October 2014

COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE 11 SEPTEMBER 2014



TO: Chair and Members
West Coast District Health Board

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

DATE: 26 September 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 11 September 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 –11 September 2014.

3. **SUMMARY**

ITEMS OF INTEREST FOR THE BOARD

a) Community & Public Health Update.

This report provided the Committee with updates on:

Drinking Water Subsidies

The Committee noted that 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. Details are:

Applicant	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 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)

Two licensed premises that sold alcohol to 15 & 16 year old volunteers in Franz Josef and Fox Glacier 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 Community & Public Health 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

Community & Public Health continue to support community events around Healthy Nutrition and Physical Activity.

Stoptober

This a 31 day stop smoking challenge being held around New Zealand during October. On the West Coast this will be promoted in the streets of Greymouth and Hokitika in September. There will also be stop smoking support group running throughout the West Coast.

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 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.

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.

Discussion took place regarding the B4 School Checks target and the Committee noted that management have a focus on the data around this result and the possible issue around the number of 4 year olds available to check.

Discussion also took place regarding immunisation and it was noted that in addition to people opting not to receive immunisations there are also people who opt for this not to be recorded.

The report was noted.

c) Alliance Update

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

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

The Committee noted that management are working through some new reporting for the Alliance around work streams.

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) Health Target Report Quarter 4

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

4. APPENDICES

Appendix 1: Agenda – Community & Public Health & Disability Support Advisory
 Committee – 11 September 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 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
<i>Team Leader, Community and Public Health</i> | 9.10am - 9.25am |
| 5. | Planning & Funding Update | Phil Wheble
<i>Team Leader, Planning & Funding</i> | 9.25am - 9.40am |
| 6. | Alliance Update | Phil Wheble
<i>Team Leader, Planning & Funding</i> | 9.40am - 9.55am |
| 7. | Maori Health Plan Update | Gary Coghlan
<i>General Manager Maori Health</i> | 9.55am - 10.10am |
| 8. | Health Target Q4 Update | Phil Wheble
<i>Team Leader, Planning & Funding</i> | 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

COMMUNITY AND PUBLIC HEALTH WEST COAST

EXCEPTIONS REPORT SUBMITTED TO THE MINISTRY OF HEALTH

Period 1st July 2013- 30th June 2014

For the information of

The WCDHB CPHDSAC committee



COMMUNITY AND PUBLIC HEALTH WEST COAST

HEALTH ASSESSMENT AND SURVEILLANCE

“understanding health status, health determinants and disease distribution”

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we monitor progress towards the results)	Activities (what we do to get the result)	Reporting on Performance measures (key measures of quantity or quality of activities)
Health assessment	Robust population health information available for planning health and community services	Availability of information for planning	<p>Monitor, analyse and report on key health determinants, including: alcohol related harm smoking status (e.g. from ASH Year 10 data and 2013 Census and WCPHO reports).</p> <p>Develop health status reports and health needs analyses for specific populations as required.</p> <p>Develop disease-specific reports for conditions of concern, eg Pertussis.</p> <p>Contribute to related work of partner organisations, eg WCPHO and WCDHB through the Healthy West Coast Workstream.</p>	<p>Number and accessibility of reports. Formal/informal feedback. Medical Officer of Health supplied a report to the 3 councils on alcohol-related harm to help inform the development of Local Alcohol Policies. Have initiated a request for regional report on all smoking data including ASH Survey and 2013 census. A summary of the results from the 2013 ASH Survey were included in a PowerPoint presentation made to the Buller, Grey and Westland District Councils in May 2014 as part of the West Coast Tobacco Free Coalition's verbal submission to their draft Annual Plans. A media release on the ASH Survey was sent to the Greymouth Star, The Messenger, Hokitika Guardian, The Press and the Westport News about the 2013 ASH Year 10 survey results. A small news item was published in the Greymouth Star and the full media release was printed in The Messenger.</p> <p>Number and accessibility of reports. 3 Local Alcohol Policy reports as per above.</p> <p>Number and accessibility of reports. This year WC HPOs and the Medical Officer of Health have published reports on 2 separate Legionella outbreaks and have raised and reported on 2 Norovirus outbreaks in institutions using Episurv.</p> <p>CPH Christchurch has completed a SI-wide Campylobacteriosis report and are currently preparing an SI-wide Pertussis Report.</p> <p>Quality of working relationship Healthy West Coast Governance Group is now officially recognised as the leader of the West Coast Alliance's Public</p>

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we monitor progress towards the results)	Activities (what we do to get the result)	Reporting on Performance measures (key measures of quantity or quality of activities)
				<p>Health Workstream.</p> <p>Poutini Waioara has been invited to participate in the Healthy West Coast Governance Group and is now a participating member.</p> <p>The relationship between the partnership organisations is strong and all are working to strengthen public health initiatives.</p> <p>No of meetings and records of meetings and outcomes (including joint planning processes and sharing of population health information).</p> <p>The organisations associated with Healthy West Coast have planned together to create the WCDHB Public Health Plan for 2014-15. All partners contribute to the planning as well as the delivery of the Plan.</p> <p>During planning and reporting population health information and statistics are shared to ensure we are addressing the appropriate issues.</p> <p>Meetings are held bimonthly.</p> <p>CPH attended monthly Falls Prevention Coalition meetings and has contributed to the development of the Falls Prevention Strategy which is nearly complete.</p> <p>CPH researched and compiled a list of gentle physical activities available on the West Coast which is being used by health providers to inform their patients/clients.</p> <p>CPH staff work closely with PHO and DHB staff on Tobacco Control initiatives through the West Coast Tobacco Free Coalition.</p>
	Improved public understanding of health determinants	Availability of information to public	Disseminate information in existing and dedicated reports (eg WCDHB Quality Accounts, WCDHB website, WCDHB Community Report, print, broadcast and social media).	<p>Number and nature of media reports.</p> <p>Monthly articles on health issues have been published in The Messenger throughout the year. Topics covered:</p> <ul style="list-style-type: none"> ▪ Community Resources ▪ Smokefree May (World Smokefree day) ▪ Health Promoting Schools ▪ Immunisation ▪ Sexual Health ▪ Supply of alcohol to minors ▪ Smokefree cars ▪ Wellbeing ▪ Eating and Keeping Well Over the Christmas period

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we monitor progress towards the results)	Activities (what we do to get the result)	Reporting on Performance measures (key measures of quantity or quality of activities)
				<p>The West Coast Tobacco Free Coalition submits regular media releases to West Coast newspapers (eg on Year 10 ASH smoking data, World Smokefree Day, Smokefree cars, the increasing price of tobacco, etc.).</p> <p>Two healthy food with recipe articles were developed for the WCDHB Report to the Community. An article on 'Staying Healthy over the Festive Season' was included in the WCDHB CE Update.</p> <p>Public health component written and published in the WCDHB Quality accounts which was sent out into the community. It was published on the WCDHB website.</p>
Surveillance	Prompt identification and analysis of emerging disease trends, clusters and outbreaks	Timeliness and effectiveness of reports for identifying trends and outbreaks of concern	<p>Review, analyse and report on communicable diseases data, including via web applications and written reports (eg Public Health Information Quarterly, weekly reports on notifiable diseases and influenza –May to September).</p> <p>Produce disease-specific reports for communicable diseases of concern, eg Pertussis, other diseases causing outbreaks</p> <p>Review, analyse and report on other disease data (eg alcohol-related harm, and diseases relevant to West Coast context)</p>	<p>Number and accessibility of reports. Formal/informal feedback. WC HPOs participate in weekly central communicable disease surveillance group meeting and are supplied with updated protocols, weekly and monthly reports on notifiable diseases from CPH central. Episurv is used effectively and efficiently to record all cases and outbreaks.</p> <p>Mailout of Public Health Information Quarterly done each quarter to all GPs, PHNs, Rural Nurse Specialists (RNSs), Immunisation Coordinator and Infection Control Nurse Specialist at WCDHB.</p> <p>Number and accessibility of reports. Formal/informal feedback. This year WC HPOs and the Medical Officer of Health have reported on 2 separate Legionella outbreaks in the NZ Public Health Surveillance Report.</p> <p>Have raised and reported on 2 Norovirus outbreaks in institutions using Episurv.</p> <p>Number and accessibility of reports. Formal/informal feedback. The Medical Officer of Health prepared reports for each of the three Districts to inform the preparation of their draft Local Alcohol Policies (LAPs) – 'The Health Impacts of Alcohol' in November 2013.</p>

Highlights:

- The development of a Falls Prevention Coalition which has members across the WCDHB, PHO, CPH, St John and ACC will create a strategic approach to data collection and strengthen falls prevention interventions.

- Rates of Pertussis have returned to pre-epidemic levels during this reporting period – the West Coast Pertussis outbreak began in May 2011.

Issues/Challenges/risks and actions taken:

- Working with a community (Gloriavale) that does not immunise, to minimise the risk of transmission of vaccine preventable disease, both during the pertussis epidemic and following the notification of a case of invasive HiB disease in a child from the community in February 2014. No further cases of HiB resulted.

PUBLIC HEALTH CAPACITY DEVELOPMENT

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

	Short Term Outcomes (the results that we’re working towards)	Short Term Outcome Indicators (how we monitor progress towards the results)	Activities (what we do to get the result)	Reporting on Performance measures (key measures of quantity or quality of activities)
Public health information systems	Public health information accessible to public health, partner organisations and the public	Availability and accessibility of public health information	<p>Review and maintain public health information systems (common file structure; databases; intranet, extranet and public websites, including Healthscape, SIPHAN, Health Pathways, HIIRC, NIR; Community Health Information).</p> <p>Contribute to development and implementation of national, regional and local public health information systems, including West Coast STI Surveillance System.</p>	<p>Level of utilisation Completeness and currency of information Information centre is kept resourced with the most up to date information. Requests for resources are responded to promptly. In the year ending June 98,508 pamphlets and posters were sent to the West Coast community including GPs, schools, community organisations etc. Development of some resources done in house through the Resource Approval panel.</p> <p>CPH has been reviewing the Common file structure and its <i>Healthscape</i> data base. It has been introduced to the Christchurch Office and will be slowly integrated into the West Coast.</p> <p>Note that due to the way data is now collected by ESR from laboratories, we are no longer able to access local data on STIs directly.</p> <p>All staff are now required to record their work in <i>Healthscape</i>.</p> <p>Nature and effectiveness of systems, including degree of integration. Work has begun on developing a quality improvement project with Grey Hospital to improve the standard and quality of data on alcohol-related presentations to ED.</p>
Partnerships with iwi, hapū, whānau and Māori	Effective partnerships with iwi, hapū, whānau and Māori	Joint processes and initiatives	<p>Take a whānau ora approach to working with local iwi, hapū, whānau and Māori around</p> <ul style="list-style-type: none"> -health information and analysis -proposals and policies with health implications -health determinants and outcomes. <p>Develop and implement CPH Māori Health Plan.</p>	<p>No. of initiatives supported. CPH staff assisted with and supported the delivery of two Māori events - Waka ama and Kapa Haka.</p> <p>Formal/informal feedback. The West Coast waka used at waka ama are now promoting Auahi Kore through large stickers on the waka.</p> <p>Progress against plan. West Coast Māori Health Promoter has recently been employed to enhance the relationship between CPH and the two West Coast Rūnanga.</p> <p>A West Coast CPH Health Promoter has whakapapa links to Ngati Waewae and has been able to create closer links to that Rūnanga. This resulted in a hui where Māori Public Health staff from across the CPH regions were brought to Arahura Marae and hosted locally for the last session of the Tuhono Tuara training. A local presenter from Poutini</p>

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we monitor progress towards the results)	Activities (what we do to get the result)	Reporting on Performance measures (key measures of quantity or quality of activities)
				<p>Waiora was also engaged in speaking at the hui.</p> <p>A relationship has been developed with Poutini Waiora the West Coast Māori Health Unit. Staff have an open door policy with them and have been making fortnightly visits. This open door policy is reciprocated at CPH for Poutini Waiora staff.</p> <p>Through Healthy West Coast (WCDHB Public Health Leadership Group) planning takes place to ensure the WCDHB Māori Health Plan and WCDHB Public Health Plan align.</p> <p>West Coast Team and Individual Plans reflect the annual plan.</p>
Partnerships with Pacific and other ethnic leaders and communities	Effective partnerships with Pacific and other ethnic communities	Joint processes and initiatives	<p>Work with local Pacific and other ethnic leaders and communities around</p> <ul style="list-style-type: none"> -health information and analysis -proposals and policies with health implications -health determinants and outcomes. <p>Contribute to WCDHB ethnic specific plans as appropriate.</p>	<p>No. of initiatives supported. Formal/informal feedback.</p> <p>Promote and support the New Coaster's network on the West Coast to assist with the integration of new immigrants to the West Coast.</p> <p>Progress towards plan development/implementation.</p> <p>Currently no WCDHB plan of this nature.</p>
Human resources	A highly skilled public health workforce	<p>Workforce Development Plans</p> <p>Record of training opportunities (Training calendar)</p>	<p>Develop and implement CPH and South Island public health workforce development plans, including Health in All Policies and Whānau Ora approaches, and the new HPS direction for public health, other health sector and non-health staff.</p> <p>Maintain and contribute to SIPHAN-based training calendar.</p> <p>Explore/facilitate training for CPH staff in the Treaty, inequalities, Health in All Policies, Te Reo, Hauora Māori, and undergraduate and postgraduate study in public health as appropriate to staff development needs.</p>	<p>Training participation and feedback (for public health, other health sector and non-health staff).</p> <p>CPH delivered 3 healthy eating sessions to the Home-based support services workers at the WCDHB. This included information they can use to assist them with their clients.</p> <p>Attended Authorised Provider conference with other APs.</p> <p>HPS facilitator attended the vast majority of webinars and other types of professional development provided by Cognition re the new direction for HPS.</p> <p>Calendar completeness and utilisation.</p> <p>Formal/informal feedback.</p> <p>Extent of training recorded and evaluated.</p> <p>2 x staff members completed the Broadly Speaking Training.</p> <p>1 x staff member completed level 2 Te Reo and is enrolled in a language maintenance course.</p> <p>2 x staff members attending Te Reo courses.</p> <p>2 x staff member successfully completed the National Certificate in Hauora Māori.</p>

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we monitor progress towards the results)	Activities (what we do to get the result)	Reporting on Performance measures (key measures of quantity or quality of activities)
				<p>2x staff members attended Māori in the 21st Century: Platforms for Transformation presented by Sir Mason Durie.</p> <p>1 x staff member completed the Cert in Health Promotion paper HAPX 113 (Māori and community health development)</p> <p>2 x Tuhono Tuara training</p> <p>2 x staff attended Alcohol Public Health Regulatory Workshop</p> <p>1 x staff attended Smokefree Regulatory Officer Training</p> <p>1 x staff member continues to study to become an accredited drinking water assessor.</p> <p>1 x staff member has completed his study to his science degree. Awaiting results to see if he has past.</p> <p>1 x staff member has carried out Hazardous Substance Act training.</p> <p>Max Rashbrooke presented on Inequality in NZ at CPH which was attended by CPH staff and other health agencies. CPH also linked Max with other community groups to enable him to raise awareness of inequality and related issues. He spoke to approximately 100 people on the West Coast.</p>
Research, evaluation, economic analysis	Information available on priority public health issues and effectiveness of public health interventions	Research / evaluation reports and publications	<p>Support public health research and evaluation, eg research into impacts of mine closures with a particular focus on improving Māori health and reducing health disparities.</p> <p>Media releases about items of interest including Year 10 ASH data, alcohol trends, etc.</p> <p>Pursue conference presentations and peer-reviewed publication where appropriate.</p>	<p>Number and accessibility of reports. Formal/informal feedback.</p> <p>CPH presented a summary of the Review of Literature regarding the impact of job losses in communities to the Health, Wellbeing and Sustainability stream of the Grey District Economic Development Strategy. The review was also provided to the Grey District Council and shared with the local media.</p> <p>Number and impact of media reports.</p> <p>Media releases have been regularly forwarded to the various newspapers on the West Coast on tobacco and alcohol-related topics. On average 2 of the 5 newspapers will print each item.</p> <p>Number and impact of presentations and publications.</p> <p>One staff member was accepted to present on Good Memories No Regrets campaign at the SYPHANZ National Conference 2013, receiving the best short presentation award.</p>
Planning and advising on public health programmes	Population health interventions are based on best available evidence and advice	Planning advice / reports	Develop reports and advice to support robust public health interventions, with a focus on improving Māori health and reducing health disparities, including evidence reviews, needs assessments, GIS analysis.	<p>Number and accessibility of reports. Formal/informal feedback</p> <p>Explored an extension of the Fruit and Veg Co-op pilot into Arahura Kohanga Reo and/or marae. At this stage, however, there is insufficient infrastructure and commitment to make the project viable. We will revisit this if circumstances change or if we are approached by the rūnanga (see exceptions).</p>

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we monitor progress towards the results)	Activities (what we do to get the result)	Reporting on Performance measures (key measures of quantity or quality of activities)
			Contribute to national, regional and local public health infrastructure and supports, including Public Health Association, Health Promotion Forum, South Island Public Health Partnership, National Public Health Clinical Network, National Health Promoting Schools Group, New Zealand College of Public Health Medicine, Healthy West Coast Workstream, PASHANZ, West Coast Tobacco Free Coalition, Active West Coast, WCDHB Child Youth Health Committee and West Coast Immunisation Advisory Group.	<p>Extent and impact of contribution.</p> <p>CPH contributed an article to the ANA newsletter on the community development approach taken to develop the West Coastal Pathway which has been completed this year.</p> <p>CPH facilitated and hosted nine Active West Coast (AWC) meetings to support liaison between organisations and agencies involved in health and social services. AWC made submissions to the 4 local territorial annual plans, the Grey District TAB and Gaming Venue Policy, the Buller Local Alcohol Policy and made an objection to a new off licence in the Grey District. Submissions to annual plans included support for the further development of Smokefree environments, continued provision of supported housing for older residents, support for upgrades of water supplies and wastewater systems, requests for continued investment in footpath and cycle facilities and support for the continuation of the Total Mobility scheme. Regular updates on alcohol-related activities are provided at each of the Active West Coast meetings.</p> <p>At a national level AWC also submitted its support for the introduction of Plain Packaging of Tobacco Products in New Zealand and the changes to the BAC as described in the Land Transport Amendment Bill.</p> <p>CPH made a presentation to the WC CPHAC outlining AWC and its activities.</p> <p>CPH facilitated and hosted 9 meetings of West Coast Tobacco Free Coalition (WCTFC) during the year. CPH staff took the minutes and circulated them. These meetings were each attended by up to 15 people and supported those working in tobacco control on the West Coast. WCTFC made submissions to the 3 District Councils' draft annual plans on Smokefree issues including Smokefree pensioner housing and outdoor dining areas. The Coalition has an annual plan and has supported the WERO challenge and World Smokefree Day/Smokefree May.</p> <p>Continue to be part of the revamped Child and Youth Health workstream with WCDHB. CPH are facilitating the Youth Health SLA and working with all agencies to implement the youth health plan.</p> <p>The Medical Officer of Health continues to chair the Immunisation Advisory Group and significant progress has been made on improving coverage, though the high decline rates on the Coast continue to be a challenge.</p> <p>The Medical Officer of Health is also Chair of the Healthy West Coast workstream and a member of the West Coast Alliance Leadership Team.</p> <p>In response to a geographic cluster of suicides in the last year, the</p>

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we monitor progress towards the results)	Activities (what we do to get the result)	Reporting on Performance measures (key measures of quantity or quality of activities)
				WCDHB has formed a Suicide Prevention Governance Group (Medical Officer of Health is a member) and an Action Group (CPH health promoter is a member).
Quality management	A continuous improvement culture and robust quality systems for all public health work	Quality improvement plan and reports Accreditation results	Develop, implement and maintain the quality improvement plans including Internal Audit Plan and provision of information, training and support to staff. Present annual quality report to CPH SMG. Contribute to the WCDHB organisation-wide quality programme. Maintain IANZ accreditation of drinking water unit.	Plans approved and progress reported, eg review of policies and procedures. Quality Improvement Audit carried out at West Coast Office. Progress against improvements and recommendation log. Awaiting feedback and recommendations. Progress towards quality programme. Work has begun on a quality improvement project with Grey Hospital to improve the standard and quality of data on alcohol-related presentations to ED. Present data collection is inconsistent and unreliable for use in either describing or monitoring trends in alcohol-related harm. Accreditation maintained. West Coast drinking water work is undertaken by South Island Drinking Water Assessment Unit (SIDWAU). A WC HPO is currently studying to be a fully accredited Drinking Water Assessor and is undertaking drinking water work as part of the IANZ accredited SIDWAU administered system.
	Effective regional delivery of public health core functions	Reports of South Island Public Health Partnership	Contribute to management and work groups as per South Island Public Health Partnership Plan 2012-15: Population health information Population health capacity building Issues-specific work groups Management group.	Progress against plans. Partnership evaluation. Maintained membership on the South Island Alcohol work stream. See above regarding the Quality improvement programme on ED data and alcohol-related presentations.

Highlights:

- CPH's recommendation to the Grey District Council and the Economic Development Strategy district logo and branding project supported the inclusion of Māwhera as recognition of tangata whenua. Māwhera is now incorporated into the Economic Development Liaison Group documents and the new GDC logo which is being rolled out on stationery, vehicles and signage.
- CPH were instrumental in setting up the Suicide Prevention Governance Group and Action Group with WCDHB. This followed community concerns following a suicide cluster in South Westland in 2013. This ongoing piece of work involves WCDHB, NGOs, Police, other agencies and community to develop a West Coast Prevention Plan, gatekeeper training and awareness raising.

- Movement towards an ED data collection process.
- The Coast's HPS coordinator presented the results of a nutrition survey of high school students to school staff. An article about the results was published in the school's newsletter. The survey results continue to reinforce and contribute to the work the HPS coordinator is undertaking at the school, not only in respect of nutrition, but other health and wellbeing issues as well.

Issues/Challenges/risks and actions taken:

- Although the Grey District Council has employed a staff member to lead the implementation of the Grey District Economic Development Strategy this has become more of an in-house exercise with little engagement with original stakeholders outside of the Business and Industry stream. This has narrowed the scope of the Strategy. CPH has had limited engagement with Council since the strategy was adopted late 2013 which has proved challenging. The lead person has been invited to attend Active West Coast meetings as an opportunity to understand the wellbeing needs of the local community and CPH has offered its assistance in the development of a spatial and wayfinding strategy which has not, as yet, been taken up.
- Note that due to the way data is now collected by ESR from laboratories, we are no longer able to access local data on STIs directly.
- Explored an extension of the Fruit and Veg Co-op pilot into Arahura Kohanga Reo and/or marae. However, at this stage there is insufficient infrastructure and commitment to make the project viable. We will revisit this if circumstances change or we are approached by the rūnanga.

Other comments (including suggestions to the Ministry):

- Councils on the West Coast are currently struggling with limited finances and the pressures of debt reduction which is limiting provision of service and initiating questions regarding their range of services such as provision of pensioner housing and insulation assistance. Over time this could have a negative impact on public health for West Coast residents.
- Furthermore continued job losses and the impact of the Christchurch earthquakes on potential earthquake prone buildings and visitor numbers is also an additional challenge for councils, businesses and communities on the West Coast. Recent job losses in Buller impacting on the community (Stockton Mine, Oceana Gold and anticipated losses at Holcim cement works at Cape Foulwind).
- CPH's DLT Māori Health Sub-Group will provide feedback on Team Plans in relation to Māori Health, and each team's leadership group will regularly give updates to DLT on their progress against those plans.

HEALTH PROMOTION

“enabling people to increase control over and improve their health”

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we monitor progress towards the results)	Activities (what we do to get the result)	Reporting on Performance measures (key measures of quantity or quality of activities)
Policy	Policies beyond the health sector that will improve health, improve Māori health, and reduce disparities	New policies reflect health priorities	<p>Develop and make available resources to support health impact assessment (HIA) and a “health in all policies” (HiAP) approach</p> <p>Support health and non-health sector staff with appropriate tools to support a HiAP approach, eg the IRPG (Integrated Recovery Planning Guide), Te Pae Mahutonga, HPSTED etc. Ensure these tools are available to all partner agencies.</p> <p>Support settings (workplaces, sports clubs, schools) to develop policies which support health.</p> <p>Engage with and co-ordinate efforts of key external agencies, including local iwi, to identify and support HiAP opportunities, including relevant Ministry of Education initiatives, housing, community resilience & wellbeing in response to mine closures.</p> <p>Develop joint work plans with a range of stakeholders.</p> <p>Support and coordinate development of WCDHB and regional position statements and submissions on public health issues.</p>	<p>Record of contributions and their impact. The West Coast Tobacco Free Coalition have had discussions with the Buller and Westland District Councils to implement a Smokefree policy for their pensioner housing. This work is ongoing.</p> <p>Record of contributions and their impact. Grey District Council resolved that any standalone TAB venue could not also have gaming machines on site.</p> <p>At the request of Grey High School, HPS drafted a sample healthy food choices policy for its café manager.</p> <p>Training opportunities, participation, and feedback Staff have been involved with a workplace project with Oceana Gold near Reefton to go completely Smokefree on their whole site. This has involved providing resources, input on policy and other advice and support.</p> <p>Preliminary planning meetings have been held with WestREAP to plan a project to highlight ‘Inspiring People’ as per the Grey District Economic Development Strategy.</p> <p>Record of contributions. Formal/informal feedback. The West Coast DHB has incorporated a statement on the use of e-cigarettes following input and advice from the West Coast Tobacco Free Coalition.</p> <p>Formal/ informal feedback, including evaluation of joint work plans. Currently no joint work plans.</p> <p>Number and impact of position statements and submissions CPH made submissions to all 4 TLA Annual Plans with a focus on improvements to water supplies, wastewater and solid waste, as well as support for LAPs and increasing Smokefree environments owned by Councils. CPH submitted to the West Coast Regional Council’s Resource Policy Review which is yet to progress to a draft document.</p> <p>Community and Public Health (and Active West Coast) made a submission to the Grey District Council on their TAB and Gaming Machine venue policy.</p>
Social environments,	Communities educated and aware of health issues	Communications Plan, record of campaigns and	Develop and implement CPH public health communications plan.	<p>Progress against plan. Links are being developed with the new West Coast–based WCDHB</p>

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we monitor progress towards the results)	Activities (what we do to get the result)	Reporting on Performance measures (key measures of quantity or quality of activities)
media	and healthy choices and behaviours	information delivered	Deliver relevant and timely public health information and campaigns (including World Smokefree Day, Mental Health Awareness Week, National Heart Week. Matariki , Waitangi Day and Ask the Professional columns in the Messenger)	<p>Communications Officer. CPH regularly contributes items for the quarterly WCDHB Report to the Community.</p> <p>We also use our six weekly reports to CPHAC/DSAC and contribution to the CEO Board Report to highlight local public health issues. This frequently results in wider media coverage of these issues – for example, drinking water issues have received wide coverage.</p> <p>No. and type of public health messaging distributed. Evaluation of reach and impact of individual campaigns. CPH provided an interactive healthy eating display at a local Stroke Seminar for people working in the Stroke area.</p> <p>CPH presented to the Catholic Women's Welfare League, Anglican Women's Welfare League and a Westport Older Person's Group on falls prevention and the benefits of staying active in older age.</p> <p>CPH presented to the Grey Cardiac Club on nutrition and heart health.</p> <p>The Wellbeing Game was played by 20 teams from the West Coast in October 2013. Teams from various workplaces, communities and schools participated with a West Coast team coming in 1st place overall, and another winning the 'teams with over 10 players' category.</p> <p>CPH staff assisted with the planning and activities for the 2013 mental Health Awareness Week. They are also part of the planning committee for the 2014 Mental Health Awareness Week in October.</p> <p>The focus for World Smokefree Day and Smokefree May was Smokefree Cars. A display with a smoke-filled car and teddy bears was held three times during May and will be repeated at other locations over the next few weeks.</p> <p>HPS supplied an article about the Coast's HPS initiative in the Messenger's feature 'Ask a Professional'.</p>
Education settings	ECECs, schools and tertiary settings that support healthy choices and behaviours	Education settings evaluation reports	<p>Develop and support health promoting schools initiatives reflecting national strategic direction and guided by the draft service specification 2013/14.</p> <p>Support school initiatives that promote student voice, healthy lifestyles and environments, emotional and mental wellbeing, improved attendance and hygiene, whānau engagement.</p>	<p>Number of schools engaged and with action plans developed. Six. Number of schools engaged in the stages of HPS inquiry. Six. Information entered into National HPS Database as required. Yes, in October 2013 and May 2014. Number of completed evaluations using the template set out in the National HPS framework. None.</p> <p>CPH delivered tai chi sessions to alternative education students as part of their healthy living focus in Term 4 2013. Student feedback indicated that they enjoyed the classes as it helped them feel quieter and more relaxed.</p> <p>Electronic and hard copy distribution of HPS magazine.</p>

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we monitor progress towards the results)	Activities (what we do to get the result)	Reporting on Performance measures (key measures of quantity or quality of activities)
			<p>Work with young people to encourage healthy choices e.g. Smokefree, alternatives to alcohol.</p> <p>Support the Buller Smokefree Youth Coordinator</p> <p>Support schools with information about alcohol and sexual health especially prior to the school balls being held.</p> <p>Continue to develop the Good Memories No Regrets campaign, raising awareness of safe sex and safe drinking.</p>	<p>These were delivered each term to the Coast's 35 schools, their Boards of Trustees, and a range of other health and wellbeing-related organisations and networks (eg Active West Coast, Child and Youth Health Committee, PHO, Poutini Waiora, West Coast DHB).</p> <p>HPS provided \$500 grants to 6 priority schools for projects which will promote healthy lifestyles, emotional and mental wellbeing and whānau engagement.</p> <p>In collaboration with WestREAP, HPS compiled a list of health and wellbeing-related ideas for Westland High School to use in a newly established slot in its time table for non-traditional subjects.</p> <p>Uptake of health messages in school newsletters.</p> <p>Sets of generic and events Health Bytes related to health and wellbeing were sent to all WC schools each term.</p> <p>In collaboration with Grey High School's public health nurse, the HPS facilitator presented the findings to the entire staff from a student survey which looked at breakfast eating habits. The survey was designed by the nurse and results were collated, analysed and reported by CPH Christchurch's Information Team.</p> <p>Record of presentations.</p> <p>Two presentations in priority schools to year 7 and 8 girls about nutrition, education and respect.</p> <p>Outcomes entered into Healthscape.</p> <p>All HPS material interactions with schools are recorded in <i>Healthscape</i>.</p> <p>The Wellbeing Game was promoted to various schools with one Buller school signing up for the staff to play in an individual game, with the intention to then roll out the game to the whole school once the staff were familiar with the game. Three other schools, staff and/or students, played during October.</p> <p>Attended two parent and student evenings at Greymouth High School promoting safe drinking, safe sex messages, and healthy eating whilst building positive relationships with the school and the wider community.</p> <p>Undergoing an evaluation of the Good Memories No Regrets campaign resources, in association with the Christchurch Information Team, with a view to expanding the campaign. We continue to use current resources at appropriate events and have updated the Mocktail cards with safe drinking guidelines. We are currently trialling the use of a QR code on the water bottles for feedback.</p> <p>At the request of Greymouth High School, HPS supplied the school with Good Memories No Regrets posters for its school ball and information</p>

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we monitor progress towards the results)	Activities (what we do to get the result)	Reporting on Performance measures (key measures of quantity or quality of activities)
				about alcohol and sexual health for its newsletter prior to the school ball. CPH participated in the Grey High School's Career Expo. Health information was displayed and available. Health Promotion and Health Protection was promoted as a possible career path.
Workplaces	Workplaces that support healthy choices and behaviours	Workplace initiatives and evaluation reports	Work with priority workplaces to develop health promoting workplaces. Work with workplaces to encourage smoking cessation among staff.	No. of workplaces engaged. Two (see below) Outcomes of workplaces initiatives. Oceana Gold near Reefton has made the decision to go completely Smokefree on their worksite. There are an estimated 60-70 smokers at the workplace. Many of these workers have decided to quit smoking and are being supported with free NRT, one-to-one support and other information and resources. Oceana Gold goes completely Smokefree on Monday 30 June 2014 so it is not possible to give an accurate number of quit attempts at this time. CPH has worked with the WCPHO and Community Corrections to develop a health promotion project aimed at improving the health and wellbeing of people serving community sentences. The project is in the final stages of its development and should be implemented in the next financial year. Number of referrals. Number of quit attempts. Oceana Gold goes completely Smokefree from Monday 30 June 2014 so it is not possible to give an accurate number of quit attempts at this time. CPH has worked with the WCPHO and Community Corrections to develop a health promotion project aimed at improving the health and wellbeing of people serving community sentences. The project is in the final stages of its development and should be implemented in the next financial year.
Marae and Other Māori Settings	Marae and other Māori settings that support healthy choices and behaviours	Marae other Māori settings' initiatives and evaluation reports	Work in a whānau ora approach with Māori in settings to support healthy choices and make healthy lifestyle changes. Settings include: Kohanga Reo, Rata Te Awhina Trust, Marae and Whare Oranga Pai.	No. of Māori settings worked with. No. of initiatives supported and evaluated ie: Appetite for Life, Auahi Kore, alcohol harm reduction. CPH supported the rebranding celebrations of Rata Te Awhina Trust to Poutini Waiora and also attended the mihi whakatau for the Operations Manager. CPH has been approached by Te Rūnanga o Makawhio to assist with a healthy kaumatua event early in the new financial year. As a result of past engagement CPH were invited to and did attend the opening of the Waharoa and community garden at Grey Main School. CPH provided appropriate health resources to participants in Te Reo Māori classes at Te Tai Poutini Polytech.

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we monitor progress towards the results)	Activities (what we do to get the result)	Reporting on Performance measures (key measures of quantity or quality of activities)
				<p>CPH has been working alongside the newly branded Poutini waiora to promote programmes and services such as Appetite for Life, Tai Chi and Auktati Kaipapa.</p> <p>Nutrition and healthy kai session with kaumatua from the kaumatua group run through Poutini Waiora.</p> <p>In collaboration with WestREAP, HPS took steps to consult with local rūnanga about promoting Puaka/Puanga/Matariki in West Coast schools and communities. As part of this process, we canvassed schools as to their planned activities and carried out some research about the event and shared both with West Coast schools.</p>
Other community settings	Other community settings that support healthy choices and behaviours	Setting initiatives and evaluation reports	<p>Work with event organisers and other community groups to develop health promoting settings e.g. Waitangi Day, Relay for Life, Waka Ama Festival, Kapa Haka festival.</p> <p>Support active transport through advocacy and membership on the WC Regional Transport Committee, West Coast Road Safety Committee. Support initiatives such as Bikewise, bike to work day and walk to work day.</p> <p>Identify ways of working with early childhood centres to promote Smokefree lifestyles.</p>	<p>No of events supported. Evaluation findings.</p> <p>Supported the INSPIRE Youth Conference at Westland High School, promoting both Youth Week and Pink Shirt Day.</p> <p>Supported the Coast-wide Kapa Haka Festival/Competition in Term 4 2013 by supplying bottled water with several health messages on each one. Supported the West Coast Waka Ama festival. Support was requested around healthy kai/healthy eating particularly and around performance, and auahi kore/smokefree. The three local waka had Auahi kore signs stickered onto them in order to promote the event as smokefree. The stickers continue to promote the message to whānau.</p> <p>Promoted and participated in Walk to Work Day.</p> <p>Over 300 'Welcome to Franz Josef/Fox Glacier' packs were made up and distributed to businesses in the Glacier communities with assistance from the Community Development workers in those areas (September 2013). The packs contained information about the local community as well as health information including material about safe drinking, safe sex, health eating, being active, and quitting smoking.</p> <p>The West Coast Tobacco Free Coalition attended Relay For Life in Westport in February 2014 and promoted Smokefree lifestyles.</p> <p>Meetings attended and opportunities of change recorded.</p> <p>CPH has attended the 3 WC Road Safety Committee meetings and provided input into the Road Safety Annual Plan and Report. Continued advocacy for active transport has led to new cycle lanes and bridge clip-ons, new and/or improved footpaths and traffic calming near school entrances.</p> <p>CPH and members of the WCRS Committee met with representatives of the Automobile Association to discuss road safety issues on the West Coast.</p> <p>Attended a meeting of Franz Inc. in February 2014 to support the</p>

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we monitor progress towards the results)	Activities (what we do to get the result)	Reporting on Performance measures (key measures of quantity or quality of activities)
				community as they discussed concerns about alcohol-related issues. No of initiatives recorded and evaluated.
Community capacity	Communities able to address health issues of importance to them	Changes achieved by community partnerships	Support communities to address priority issues, including community engagement initiatives and development of sound health promotion projects, eg community resilience & wellbeing in response to mine closures, supporting delivery of the Prime Minister's Youth Mental Health initiative.	<p>Record of new networks established or linked into. No of initiatives supported and evaluated. No of groups engaged.</p> <p>CPH participated in the New Coasters Settling In community consultation. Feedback indicated new people find it difficult to develop relationships with residents. CPH has worked with New Coasters to develop a New Food Gardeners Group (the need to be more food secure had been discussed in the EDLG meetings). The group has about 40 members, including long-term residents and new comers, and has met 9 times for garden visits, seed and seedling swaps and social interaction. Plans are in place for future food garden related activities.</p> <p>CPH supported a WestREAP gardening project targeting high needs families through provision of ideas and resources.</p> <p>CPH has also worked with a local church group to plant fruit trees on their property. Four trees have been planted, one bearing fruit this year.</p> <p>CPH supported the Buller Women's Triathlon through provision of resources and appropriate prizes. Funds from this triathlon support families who have members in hospital.</p> <p>CPH continued to support the West Coastal Pathway (WCP) development. The pathway is now completed and makes up day one of the Westland Wilderness Trail which was officially opened in November 2013. WCP members continue to meet to focus on enhancing the pathway via community clean-up and planting days. This year WCP held clean up and planting events to coincide with Keep NZ Beautiful and Conservation Week as well as National Neighbours Day. Around 60 community members supported these events. WCP has partnered with DOC, Council, a local school, Tai Poutini Polytech and two local businesses to run these days. The Greymouth Lions Club is also working with WCP to provide seating along the pathway. WCP contributed to the WWT marketing strategy and signage positions. The pathway continues to be a popular means of active recreation and active transport for local residents and is increasingly being used by tourists. CPH supported the local Sports Trust to hold a Fun Run and Cycle event in June.</p> <p>As a result of our involvement in the WCP, CPH has been invited to participate in the development of similar pathway in South Westland. Two meetings have been attended so far and preliminary planning is</p>

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we monitor progress towards the results)	Activities (what we do to get the result)	Reporting on Performance measures (key measures of quantity or quality of activities)
			Encourage community members to participate in submission-making process.	<p>underway.</p> <p>CPH health promoters (including the HPS facilitator) undertook consultation with Runanga School parents and students in Term 4 2013 to explore what community development opportunities we could support. The new principal is interested in progressing these later in 2014.</p> <p>CPH (including HPS), in collaboration with WestREAP and The Hub sponsored an evening in Runanga with Celia Lashlie, social commentator and author of a book about growing boys into good men, in Term 4 2013. The event was marketed mostly to communities hard hit by mine closures (Runanga, Cobden and Greymouth). About 90 people attended. Feedback indicated that some parents planned to make changes to their family dynamics as a result of listening to the presentation.</p>
Individual skills	People with skills to enable healthy choices and behaviours	<p>ABC coverage in primary and secondary care.</p> <p>Smoking quit rates</p> <p>Evaluation of other initiatives</p>	<p>Extend ABC coverage in primary and secondary care including quit card, hospital cessation service and Coast Quit.</p> <p>Deliver Aukati Kai Paipa as per the MoH contract.</p> <p>Develop and deliver other lifestyle intervention support (eg Appetite for Life, Green Prescription, fall prevention programmes, breastfeeding support, cooking programmes).</p>	<p>Increased quit attempt rates. MoH targets met.</p> <p>PHO Performance as at 31st March 2014 (Q3): Target 90%</p> <ul style="list-style-type: none"> Smoking Status Ever Recorded – Other 87.83% Smoking Status Ever Recorded – High Need 88.49% Brief Advice and/or Cessation Support/Referral provided to patients seen in last 12 months: Total Population 55.45% a decrease from 59.88% last quarter. Brief Advice and/or Cessation Support/Referral provided to patients seen in last 12 months: High Need 56.03% a decrease from 60.14% last quarter. <p>AKP contract specifications met.</p> <p>AKP contract met.</p> <p>Numbers of interventions made and evaluated.</p> <p>CPH has delivered 7 Appetite for Life courses across Greymouth, Hokitika and Westport.</p> <p>Number of participants.</p> <p>75 participants have completed the Appetite for Life course.</p> <p>Community linkages engaged with – e.g. Homebuilders, Salvation Army.</p> <p>CPH delivered Cooking Skills sessions to four men considered high needs by staff at Who Cares in Reefton.</p> <p>CPH provided resources to Greymouth PACT to support a healthy lifestyle programme with their clients.</p> <p>CPH continues to support community Tai Chi classes in Greymouth, Hokitika, Cobden, Reefton and Westport through provision of resources and support for First Aid certification. The weekly classes have between 4 and 25 participants. Three community instructors are to attend further training in July. CPH provided falls prevention resources to the WCDHB</p>

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we monitor progress towards the results)	Activities (what we do to get the result)	Reporting on Performance measures (key measures of quantity or quality of activities)
			<p>Support mental wellbeing initiatives. Support delivery of the Prime Minister's Youth Mental Health initiative.</p> <p>Deliver safe sexual health training and resources to priority groups.</p>	<p>and local community providers.</p> <p>Two Nutrition Sessions were delivered to the Cardiac Rehabilitation group.</p> <p>A healthy eating session was delivered to year 7 and 8 students participating in the SHINE project.</p> <p>Level of access to services.</p> <p>Awareness of Five Ways to Wellbeing.</p> <p>Awareness of Five Ways to Wellbeing.</p> <p>The Wellbeing Game (as above).</p> <p>Lifhack West Coast took place in March 2014, part of the Prime Minister's Youth Mental Health Initiative. CPH were instrumental in bringing this event to the Coast and promoting it throughout the community. Twenty-four people attended the weekend, working on two local youth wellbeing projects for Buller REAP and Grey District Youth Trust. These projects have received start-up funding from the Youth Development Partnership Fund and will hopefully be implemented later in the year.</p> <p>No. training sessions delivered.</p> <p>CPH hosted and promoted national Family Planning/MSD Youth Life Skills training for local professionals. No other training requests were received.</p>
Healthcare settings	Hospitals and community healthcare settings that support healthy choices and behaviours	Healthcare initiatives and evaluation reports	Work with hospital and community healthcare providers to develop health promoting settings (eg promoting active transport, Smokefree and healthy food availability).	<p>No. of initiatives supported recorded and evaluated.</p> <p>CPH delivered 3 healthy eating sessions to the home-based support services workers at the WCDHB. This included information they can use to assist them with their clients.</p>

Highlights:

- CPH organised a health day with Tai Poutini Polytechnic with various health agencies running a student health 'Warrant of Fitness', including STI testing, blood pressure checks, blood sugar tests and peak flow tests. Other aspects included Smokefree promotion, alcohol consumption awareness, and students were encouraged to enrol at the local GP practice. The aim of the day was to raise awareness and enable students to access services. Sixty-five students completed their 'Warrant' and all agencies involved are keen to repeat the event next year.
- Lifhack West Coast took place in March 2014, part of the Prime Minister's Youth Mental Health Initiative. CPH were instrumental in bringing this event to the Coast and promoting it throughout the community. Twenty-four people attended the weekend, working on two local youth wellbeing projects for Buller REAP and the Grey District Youth Trust. These projects are currently seeking funding and will hopefully be implemented later in the year.
- An Appetite for Life course has been run in Westport with a high level of interest demonstrated. CPH is assisting in the training of a second

facilitator so that Appetite for Life can continue to run in the Westport community.

- CPH has seen a growing interest in Appetite for Life courses. There has been a steady increase in the flow of referrals from local GP practices and the PHO green prescription programme. CPH has had to respond to the increased demand for Appetite for Life courses.
- HPS focus on the Runanga community through the Celia Lashlie evening, consultation with school children and parents, and the 2014 HPS grant has progressed our aim of supporting community development in this location which has been hard hit by mine closures.
- The HPS Facilitator has been a member of Westport North's Positive Behaviour for Learning Leadership Team which has provided informal opportunities to promote health and wellbeing with staff.
- New Grey Food Gardeners network created and partnership with a local church to grow fruit trees on their land.
- CPH is a member of the new Falls Prevention Coalition led by the WCDHB.
- A total of 20 teams from around the West Coast played the Wellbeing Game, with Spring Creek team winning the game overall and CPH's team winning the 'teams over 10 players' category. A very positive response to promoting the Game in the workplace.
- Good Memories No Regrets campaign was presented at the Society for Youth Health Professionals Aotearoa New Zealand (SYHPANZ), winning the best presentation award.
- One West Coast team from Hokitika participated in the initial round of the WERO Challenge.
- Official opening of the West Coast Wilderness Trail which includes the West Coastal Pathway took place in November. Development has been supported by many community organisations, schools and individuals.
- Local authorities on the West Coast are creating more pedestrian and cycle friendly spaces – including on-road cycle lanes in the Grey District.
- There has been a steady increase in AKP clients and the number of people quitting. AKP is also building a strong relationship with the Māori Health Provider on the West Coast, Poutini Waiora. This is reflected in Poutini Waiora being supported by the AKP Practitioner to enter a team in the WERO challenge.

Issues/Challenges/risks and actions taken:

- Momentum in the Runanga community development may stall, as the principal is new and CPH's HPS facilitator has resigned effective the end of June 2014.
- Our attempts at consultation with local rūnanga to do with Puaka/Puanga/Matariki have been unsuccessful to date. Feedback we have received from other outside organisations is that rūnanga are focused on getting businesses started up and getting local Māori people employed. CPH will continue to look for opportunities to follow up during the 2014/15 year.
- The generic, events and cyber Health Bytes produced and distributed by the HPS facilitator to schools for their newsletters are not being taken up to a significant degree. As a result these will be discontinued until further notice.
- Supporting community Tai Chi volunteers who are increasingly busy and/or are moving from the Coast for work or retirement. This may affect the level of service to communities. In addition the continued training of new volunteer instructors, venue availability and cost is becoming an issue as the result of earthquake prone building policies- this may also impact on the delivery of classes.
- Work with early childhood centres to promote Smokefree lifestyles has not commenced.

HEALTH PROTECTION

“protecting communities against public health hazards”

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we monitor progress towards the results)	Activities (what we do to get the result)	Reporting on Performance measures (key measures of quantity or quality of activities)
Communicable disease control	Reduced incidence of notifiable diseases Reduced incidence of influenza	Notifiable diseases and influenza rates and trends	<p>Investigate cases and contacts as per protocols and Communicable Disease Control Manual 2012.</p> <p>Quality data entry in EpiSurv in a timely manner.</p> <p>Investigate outbreaks as outlined in the Outbreak Response Procedure and ESR guidelines</p> <p>Contribute to the development of shared South Island protocols.</p> <p>Provide public information and advice, including promoting immunisation and hand hygiene and condom distribution.</p>	<p>Disease rates (as compared with previous years). Enteric disease rates are similar to previous years. In the past 12 months some 230 cases have been notified. Of these some 120 have been Pertussis and 70 Campylobacter notifications. Untreated drinking water, dairy farming and lifestyle are common denominators for enteric infections. Pertussis has reduced markedly compared to the previous 2 years and the outbreak is now over on the West Coast.</p> <p>Data quality as outlined in the ESR Annual Data Quality Report. Statistics as outlined in the ESR Annual Data Quality Report and Annual Outbreak Report. Case reports completed for all cases. EpiSurv is maintained and investigations are followed up. Health Protection staff liaise with GP practices, PHNs, hospital records and laboratories to complete case reports as well as referring the case to a PHN (for vaccine preventable diseases) and telephoning the case directly in the first instance. We have not received the Data Quality report from ESR to comment fully on Communicable Disease rates for 2013-14 but we updated our procedures as result of previous reports.</p> <p>Outbreaks controlled. Progress against Outbreak Debrief Report action points. All outbreaks were investigated following Ministry and ESR guidelines, and CPH protocols under guidance of the Medical Officer of Health.</p> <p>Number and impact of shared protocols. HPOs follow CPH-wide protocols which are developed through internal communicable disease surveillance meetings and are based on Ministry protocols and guidance. Christchurch represents the West Coast for SI matters.</p> <p>Made up Communicable Disease Protocols folder and sent to Infection Control Nurse, all PHNs and RNS on the West Coast. Update as required.</p> <p>Number of media releases and promotional opportunities undertaken. Condom distribution for this period is 19400 packs (Greymouth - 7940, Westland - 4260, Buller – 7200). Four hundred packs are being sent to Franz Josef and Fox Glacier for their welcome packs given to new seasonal workers. Six hundred packs were supplied to hotels related to the Kumara races and 2000 to the Wildfoods Festival.</p>

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we monitor progress towards the results)	Activities (what we do to get the result)	Reporting on Performance measures (key measures of quantity or quality of activities)
			<p>Work with priority settings and communities to increase immunisation and improve infection control.</p> <p>Provide vaccinator and programme authorisations as per Medicines Regulations</p>	<p>Following last year's evaluation, posters and further information about the Condoms in the Community project were distributed to agencies. CPH has now changed this project to an on-request provision.</p> <p>Records of (intra WCDHB and interagency) meetings attended/settings worked with. Impact of contribution as evidenced by meeting minutes.</p> <p>The Medical Officer of Health chairs the WCDHB Immunisation Advisory Group which meets six times a year. There has been a steady improvement in rates of immunisation coverage (both childhood schedule and influenza) on the West Coast in the last year (see below under Preventive Interventions).</p> <p>CPH staff also attend the WCDHB Infection Control Committee meetings as required. Health Protection staff also work closely with the Infection Control Nurse Specialist at Grey Base Hospital, particularly around prevention of and response to outbreaks in institutional settings such as rest homes.</p> <p>Documented numbers of authorised vaccinator & programme applications and approvals.</p> <p>These authorisations are carried out by one of CPH's Christchurch-based Medical Officers of Health on behalf of all three CPH Districts. Currently there are 50 authorised vaccinators on the West Coast.</p>
Drinking water quality	<p>Improved water quality and protection measures in community drinking water supplies</p> <p>Increased public awareness of the importance of drinking water quality</p>	<p>% of small and large community supplies complying with DWS</p> <p>% of community supplies with approved PHRMP</p> <p>Media coverage of drinking water gradings</p>	<p>Support local authorities to maintain catchment protection</p> <p>Review and prioritise all community supplies and work with prioritised communities and TLAs and regional bodies to improve water quality.</p> <p>Carry out functions and duties of a DWA as defined under the Health Act.</p> <p>Undertake Annual Survey</p> <p>Ensure water carriers are registered.</p> <p>Respond to high-risk transgressions.</p>	<p>Record of interactions with suppliers concerning their legislative obligations (in SIDWAU filing system).</p> <p>All records of interactions including notifications of transgression under the Drinking Water Standards New Zealand 2005(Revised 2008) (DWSNZ) or incidents related to registered water supplies were in the first instance raised as an event in CPHs <i>Healthscape</i> database via the SIDWAU administration and then investigated and reported on. This year the major issue with ongoing transgression was the Punakaiki Community water supply (CWS) and we have had several weather-related incidents due to power outages and temporary equipment failure.</p> <p>DWA activities completed within legislative time frames.</p> <p>All requests for DWA work were carried out within legislative timeframes. This year revised WSPs were received and approved for Greymouth, Kumara, Franz Josef and Fox and Inangahua Junction Water Supplies. WSP implementation visits were carried out for Runanga, Stillwater, Tayorville/Dobson, Westport and Hector/Ngakawau and all were deemed to be compliant.</p> <p>Annual survey data delivered by required date.</p> <p>The data from the annual survey for all (24) Council managed community water supplies, 3 TLAs, Buller DC (9 CWSs), Grey DC (5 CWSs) and Westland DC (9 CWSs) as well as 10 private networked community</p>

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we monitor progress towards the results)	Activities (what we do to get the result)	Reporting on Performance measures (key measures of quantity or quality of activities)
				<p>supplies was gathered and delivered to MoH via WINZ 6 by the required date. Additionally data from 11 specified self-supplies was entered into WINZ 6.</p> <p>Record of registration. Registration changes to include new sources and name changes were made for 10 registered water supplies to keep the records up to date and sent through on the prescribed form to ESR to update the WINZ 7 database. No public health gradings were carried out as there were no requests to do so.</p> <p>Record of responses and outcomes. Records of all DWA work are kept on <i>Healthscape</i> and all correspondence is stored in the SIDWAU filing system. All reports sent out are peer reviewed through the SIDWAU auditing process</p>
Air quality	Improved outdoor air quality	Air quality monitoring results	Work with stakeholders to identify and address potential health issues.	<p>Record of external meetings attended and agreed actions. Record of formal advice given. The research and testing of the OEKO tube smokestack scrubber system for Reefton is on track. The system is being evaluated in the field at the time of writing this report.</p>
Sewage	Less disease caused by human contact with sewage	Sewage-related outbreaks Environmental contamination events	<p>Work with councils to promote and ensure safe sewage disposal.</p> <p>Work with councils to manage risks of unplanned contamination events.</p> <p>Liaise with councils to provide public advice on safe sewage disposal, sewage overflows, and waterways contamination.</p>	<p>Record of external meetings attended and agreed actions. Record of contribution. Westland District Council are upgrading their sewerage pipes however, there are issues with the oxidation ponds at Hokitika, Fox Glacier and Franz Josef. The Regional Council are working with WDC and letting us know when breaches of consent conditions occur.</p> <p>Record of contribution. Greymouth District Council are nearing completion of the new Greymouth Waste Water Treatment Plant (WWTP) (Biological Trickling Filter) which will also serve the surrounding small townships. Challenges with use of the KiwiRail road reserve and damage from the Cyclone Ita storm have slowed some progress however the project is still close to being on track. HPOs attend the Community Liaison Group Meetings for the project.</p>
Recreational water	Less disease caused by contamination of beach, river and pool water	Waterborne disease outbreaks Beach and river water gradings	<p>Agree recreational water protocols with councils annually and monitor implementation.</p> <p>Work with councils to provide public information and advice, including health warnings and media releases.</p>	<p>Agreed protocol in place. The West Coast Regional Council (WCRC) maintains a monitoring procedure and programme for high use recreational water locations on the West Coast. They are monitored monthly and we are in the consultation group. The sites are compliant most of the time with weather events including floods being the main issue. There is no pattern of degradation noted.</p> <p>Number of media releases produced in relation to RW including micro</p>

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we monitor progress towards the results)	Activities (what we do to get the result)	Reporting on Performance measures (key measures of quantity or quality of activities)
				<p>quality and algal bloom events. Record of external meetings attended and agreed actions. Record of formal advice given. There were no algal blooms events discovered or notified this year on the West Coast. No requests for formal advice were made by either the WCRC or external enquirers.</p>
Housing	Less disease caused by inadequate housing	Housing quality improvements	Work with national, local and community organisations to ensure warm and dry housing, especially for vulnerable groups (including identification and referral of vulnerable households).	<p>Actions and/or outcomes from key housing stakeholder meetings reflect public health input. The HPOs have not been involved in any sub-standard housing projects. We are not aware of any occurring in the WC although we are aware of many houses being damaged in the recent storm caused by Cyclone Ita. None of the WC Councils have permanent EHOs on their staff and we have raised this issue in each of the Councils Annual Plans this year. AWC submitted to the WCRC regarding retaining the targeted insulation rate however Council have reduced its availability to homes within the Reefton air-shed.</p>
Resource management	Regional and local council resource management practices and decisions reflect health priorities	Evaluation of council decisions, implementation and enforcement	<p>Work with councils to ensure health issues are identified and considered in RMA processes.</p> <p>Assess and submit on consent applications.</p>	<p>Record of external meetings attended and agreed actions. Record of formal advice given. Number of applications reviewed. We receive and review a weekly list of resource consents from the WCRC and we note any publicly notified consents from the local newspapers. We are working on networks at each of the WC Councils' compliance and planning teams and have attended events on amendments to the RMA. Due to economic circumstances there is currently little development on the WC. Previously consented residential and commercial subdivisions are only very slowly being built on. Planning staff numbers are dropping. All Resource Consents under the RMA process that we have submitted on are recorded in the CPH <i>Healthscape</i> database and all correspondence saved in the CFS. Number of submissions made. Number of hearings where evidence presented. Number of decisions reviewed. This year we made one formal written submission on the Westland Milk Products Dryer 7 application and co-ordinated expert advice from MoH acoustic specialist. No hearings were attended this year although we did attend a pre-hearing meeting with the applicant and Westland DC officers which resulted in a satisfactory outcome as all our suggested conditions were adopted. No decisions were reviewed.</p>

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we monitor progress towards the results)	Activities (what we do to get the result)	Reporting on Performance measures (key measures of quantity or quality of activities)
Hazardous substances	Public protected from exposure to hazardous substances	Reports of public exposure	<p>Work with councils and other agencies to reduce public exposure to hazardous substances, including responding to hazardous substance emergencies and complaints.</p> <p>Conduct investigations where required.</p> <p>Provide public information and advice.</p> <p>Process applications for application of vertebrate toxic agents under HSNO legislation.</p> <p>Conduct field audits of VTA activity where appropriate.</p>	<p>Record of external (including HSTLC) meetings attended and agreed actions.</p> <p>Record of formal advice given.</p> <p>No HSTLC meetings have occurred on the West Coast. This office has made attempts to encourage the Fire Service to restart these meetings. Have encouraged two district councils to attend once these meetings are happening.</p> <p>Number and outcome of investigations.</p> <p>Two VTA incidents were referred to this office for investigation. Details of these have been provided in the CPH HSNO Intentions report.</p> <p>Record of advice given, including website utilisation.</p> <p>Māori Health is considered in all VTA applications and ensured that the appropriate iwi/hapu are consulted with appropriately.</p> <p>Number of VTA applications processed.</p> <p>In the past 12 months HPOs have processed 30 applications (7 of which included an aerial component), issued some 30 permissions. The Model Permit Conditions set out in the MoH document 'Issuing Permissions for the Use of Vertebrate Toxic Agents (VTAs): Guidelines for Public Health Units' provide a basis for the permissions that have been issued in the WC.</p> <p>Number and outcome of audits.</p> <p>Of the permissions with an aerial component five were audited on the day of the operation and in the days prior to and following the operation additional signage checks were carried out. Compliance was satisfactory overall with only minor non-compliance with respect to signage identified.</p>
Early childhood education centres	Health hazards reduced in ECECs	Compliance with ECC Regulations, including infection control and lead exposure	<p>Visit, assess and provide advice to ECECs.</p> <p>Work with councils to ensure appropriate placement of new ECECs.</p>	<p>Number of ECECs assessed in terms of meeting requirements of ECC 1998/2008 Regulations.</p> <p>In the past 12 months HPOs have received three requests from the Ministry of Education for inspections of early childhood centres and reported on these.</p> <p>Number of meetings held with MoE and TAs.</p> <p>Email discussions and two meetings with MoE have occurred. There have been no meetings with TAs at this stage.</p>
Emergency preparedness	WC districts prepared for emergencies impacting on public health	Effective emergency responses as required	Develop and maintain emergency plans.	<p>Emergency plans are current.</p> <p>On-call coverage is maintained by the two HPOs with back-up and MOoH support provided by the Christchurch office. On call staff are the first contacts for an after-hours emergency. System tested recently due to Cyclone Ita when the on-call HPO was contacted by the WCDHB Incident Controller.</p>

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we monitor progress towards the results)	Activities (what we do to get the result)	Reporting on Performance measures (key measures of quantity or quality of activities)
			<p>Deliver new MoH CIMS Health Emergency Management training package.</p> <p>Participate in Public Health exercise with Public Health South and Nelson/Marlborough Public Health.</p> <p>Contribute to the development of an integrated South Island Public Health Business Continuity Plan.</p>	<p>Record of training. On-call HPOs and all CPH West Coast staff received CIMS in Health EM Training.</p> <p>Performance against exercise performance measures. The joint South Island Public Health exercise was cancelled.</p> <p>Progress towards plan completion, implementation. WC contributes to the work done by the Christchurch-based Emergency Planner</p>
Tobacco	<p>Reduced tobacco sales, especially to minors</p> <p>Reduced exposure to second-hand smoke</p>	<p>Retailer display compliance at inspection.</p> <p>Retailer compliance during controlled purchase operations.</p> <p>Number and nature of workplace complaints.</p>	<p>Respond to public complaints.</p> <p>Complete education visit/compliance check prior to CPO/complaint.</p> <p>Inspect retailers and licensed premises for compliance in response to complaints.</p> <p>Conduct controlled purchase operations.</p> <p>Provide public and retailer information and advice</p>	<p>% complaints responded to within 5 days. No complaints received</p> <p>% of retailers inspected. All premises were inspected prior to any CPO undertaken. This is in accordance with the Smokefree Enforcement Manual.</p> <p>% of licensed premises inspected. No complaints in this reporting period.</p> <p>Number of CPOs conducted. CPO compliance. 4 CPOs conducted. Fifty-seven premises visited in total.</p> <p>4 Sales of Tobacco. CPOs have focused on areas that had not had a lot of attention previously.</p> <p>Record of advice, information given. All retailers inspected get advice at pre-checks.</p> <p>All retailers are visited in the 6 months prior to the Tobacco CPO being held.</p> <p>Three retailers (2 in Greymouth and 1 in Buller) made the decision in early 2014 to stop selling tobacco.</p>
Alcohol	Less alcohol-related harm	<p>ED presentations</p> <p>Police data (violence, road traffic crashes)</p> <p>Retailer compliance during controlled purchase operations</p>	<p>Set up ED alcohol data collection system.</p> <p>Monitor licensed premises.</p> <p>Investigate all on-, off-, club, and special licence applications and provide Medical Officer of Health reports to DLA where necessary.</p> <p>Conduct controlled purchase operations.</p>	<p>Progress towards establishing system. Movement towards an ED data collection process.</p> <p>Number of licensed premises monitored. Number of licence applications processed and percentage processed within 15 working days. 61 licensed premises monitored.</p> <p>186 license applications processed and 100% processed within 15 days.</p> <p>Number of CPOs conducted. Number of premises visited during CPO. CPO compliance. 5 CPOs conducted.</p>

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we monitor progress towards the results)	Activities (what we do to get the result)	Reporting on Performance measures (key measures of quantity or quality of activities)
			<p>Contribute to training of Duty Managers</p> <p>Work with Police and DLA to support community alcohol initiatives, eg alcohol accords.</p> <p>Support councils' development of Local Alcohol Policies (LAP's).</p> <p>Work with event organisers, eg for Wildfoods Festival, to encourage development of Event Management Plans.</p>	<p>44 visited during CPO. 90% CPO compliance. Record of contribution. Attended 6 courses 1 Westport 1 Franz Josef 1 Hokitika, 3 Greymouth.</p> <p>Record of meetings attended and agreed actions. Record of meetings attended and agreed actions. Meetings with DLAs Police, CPH and licensees resulted in: Negotiated voluntary suspensions for 4 Licenses for intoxication and service to a minor. Trade was suspended for 24 – 48 hours Written warnings were given to 4 licensees for intoxicated patrons and intoxicated duty manger. Verbal warnings were given to 4 licensees at a meetings to have them explain intoxicated patrons. 5 meetings are pending for incidents of trading outsider of permitted hours, and intoxication.</p> <p>Local Alcohol Policies reflect health input. CPH staff have worked with Police District Liquor Licensing staff to support the development of Local Alcohol Policies. The three District Councils are at different stages of the process and at present are waiting for the appeal process with Waimakariri and Tasman District Councils to be held in early August this year before they progress further.</p> <p>Record of meetings, number of plans in place. CPH and Police had input into the event plan for the Wildfoods Festival. There were fewer alcohol-related arrests than last year. Westland Motorcycle Rally committed to writing a plan to record their initiatives for next year. CPH and Police suggestions saw a reduction in trading hours for the event and a change of layout for the venue to promote food and entertainment over the bar facilities. The Winery tour in Greymouth completed an event plan and there were no issues with their music festival.</p> <p>We secured funding from HPA to expand the Chlamydia safe drinking, safe sex bottled water promotion, enabling us to distribute the water at a wider variety of events. We have distributed water to: Kumara Races – 1200 Wildfoods – 2016 TPP Health Day – 50</p>

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we monitor progress towards the results)	Activities (what we do to get the result)	Reporting on Performance measures (key measures of quantity or quality of activities)
				Inspire Youth Conference – 48 Youth Week event – 48 Franz Josef community meeting – 48 South Westland Women's Triathlon – 120
Other	Public protected from other health hazards	Evidence of harm to public	Undertake other regulatory health protection work using a risk-based approach, including six-monthly inspections of solaria as per May 2012 request.	Record of external meetings attended and agreed actions. Record of formal advice given. Number of documents reviewed. Number of decisions reviewed. Any other regulatory work requested and undertaken by HPOs is all recorded in CPHs <i>Healthscape</i> database and all correspondence saved in CFS. In the first instance all reference is made to the MoH Environmental Health Manual and appropriate advice given. Solaria inspections completed as required. WC HPOs attend CPHs Risk management Committee and contribute review of organisation-wide protocols and procedures.

Highlights:

- One outbreak of Legionella in Hokitika created media interest. The outbreak was controlled effectively and raised awareness of spa pool maintenance.
- One case of invasive Haemophilus influenzae Type B presented this year which is very uncommon due to the impact of vaccination since 1994. The case was an unvaccinated child, living in a close living situation and advice was given to the community. No further cases resulted.
- Notification was received that all applications for Capital Assistance Programme (CAPs) for the 2013 round for water supply improvements were successful.
- The only Medium (500-10,000 population) community drinking water supply is Greymouth supplying some 9000 people. A public health risk management plan for the supply was approved by the statutory deadline of 1 July 2014 for full compliance with the DWSNZ 2005/08.
- Of the Minor (500-5000 population) community water supplies 5 out of 6 have an approved and/or implemented PHRMP. The statutory deadline for compliance is 1 July 2015.
- Ministry of Health reporting on special licences has resulted in improved host responsibility at some public events, for example a reduction in the hours that alcohol is available at a motorcycle rally and elimination of a self-service bar at an awards function.
- Police are now committed to carry out more CPOs per year involving personnel from each local station not just the Alcohol Harm Reduction Officer.
- The DLA inspectors have all committed to compliance checks at least twice per year. It has been difficult in the past to encourage their involvement in the checks.
- CPH West Coast and the WCDHB partnered in assisting CPH Christchurch in delivering immunisation clinics in Ashburton as part of measures

to control an outbreak of hepatitis A. Several nurses and a Team Leader travelled to Ashburton to assist and to gain experience about how the vaccination clinics were managed in the event that a similar process might be required on the West Coast in the future.

- CPH has partnered with the West Coast Regional Council to implement an Oeko Tube Clean chimney trial in Reefton. The lab trial has been completed and results were positive. Two field trials are now being trialled in Reefton. Funding assistance was received from the Ministry of Health for the trial.
- The working relationship with Police has become stronger due to the LAP process and the fact that we both support similar hours and conditions.

Issues/Challenges/risks and actions taken:

- This year the major issue has been the ongoing drinking water transgressions at the Punakaiki Community Water Supply (CWS). A series of breakdowns in the plant caused the newly installed UV disinfection system to fail and the water through put dropped very low to nearly run out during the summer peak season. The BDC asset engineers managed to get the plant supply contractor to diagnose the fault, undertake the repairs to get the filtration and disinfection plant finally working properly. This is the first time since July 2012, when the new plant was installed, that the supply has not been under a boil water notice (BWN). The issue was reported in last year's exception report.
- The spa-related legionellosis outbreak has raised an issue in relation to council's responsibility with regards to 'public' spa pool access. Awareness posters have been developed however no compliance process is in place.
- The risk of legal challenges has meant that councils are holding back from developing their Local Alcohol Policies. This is leading to more work for all concerned as each liquor licence application has to be assessed individually.
- The popularity of the West Coast Regional Council's Warm Homes targeted insulation support scheme has led to a decision by the council to restrict the scheme to homes within the Reefton air-shed. This will diminish the potential number of homes that could be improved by insulation across the West Coast which remains an area of high need due to poor housing quality.
- The increased reporting requirements for the Ministry of Health role in liquor licensing has meant that less time is available to do compliance checks with applicants. To date our ability to risk assess and report with any confidence on the compliance of an applicant has been heavily based on previous knowledge of the licensee and their history of operating. With time and without the ability to visit premises to refresh our assessments our risk assessments may become inaccurate. Having the ability to complete on site compliance checks is also essential for the Ministry of Health in order to be able to contribute fully in discussions and decisions made with our partner agencies.

PREVENTIVE INTERVENTIONS

“population programmes delivered to individuals”

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we monitor progress towards the results)	Activities (what we do to get the result)	Reporting on Performance measures (key measures of quantity or quality of activities)
Immunisation	Increased immunisation coverage, especially for priority groups	Immunisation rates	<p>Immunisation coordination - work strategically to improve immunisation coverage especially for tamariki and rangatahi.</p> <p>Immunisation promotion eg Pertussis vaccination among frontline healthcare workers, immunisation within ECECs and schools.</p> <p>Immunisation delivery.</p>	<p>Record of initiatives. Formal/informal feedback.</p> <p>Flu 65+ practices have campaigned hard this season and present coverage levels are just ahead of the national average for total population and high need groups. The 2013/2014 season produced the highest coverage result ever for the West Coast population with 63% for each of these target groups, achieving the local target for the first time.</p> <p>Record of promotion initiatives and outcomes.</p> <p>Media coverage via the messenger, DHB CEO bulletin, health promotion displays, resources to practices.</p> <p>Record of delivery initiatives and outcomes.</p> <p>Practices deliver immunisation via childhood schedule and refer to Outreach Immunisation Service those overdue/not responding. Immunisation Co-ordinator is working closely with practices to capture as many as possible through primary care for timely immunisations.</p> <p>Encouraging practices to uptake B coding and book appointments with parents for immunisation beginning on time at 6 weeks of age.</p> <p>PHO Performance as at 31st March 2014 (Q3): Target 90%</p> <ul style="list-style-type: none"> Age Appropriate Vaccinations - 8mth Olds - Other 93.55% an increase from 88.04% last quarter Age Appropriate Vaccinations - 8mth Olds - High Need 93.33% similar results as 93.75% last quarter <p>2 yo Target 95%</p> <ul style="list-style-type: none"> Age Appropriate Vaccinations – 2yr olds – Total Population 81.82% Age Appropriate Vaccinations – 2yr olds – High Need 95.45%
Lifestyle interventions	Systematic identification of and response to risk factors	Completeness of practice and hospital information on smoking, alcohol intake, and physical activity	<p>Explore a project to assist pregnant women to quit smoking.</p> <p>Implement the ABC Smoking Cessation Strategy in primary care and the community.</p> <p>Meet the smokefree health target.</p> <p>Meet PPP smoking targets, including smoking status documentation and delivery of brief advice and cessation support to smokers.</p>	<p>Record of progress.</p> <p>Working on providing an ABC training update for LMCs, via 'Innovate Smokefree' (formerly 'Smoke Change') from Christchurch. Continued participation in MQSP working party.</p> <p>See Primary Tobacco Health Target progress reports. All practices understand the ABC intervention process but not all clinicians are good at recording the required data. The Coast Quit smoking cessation programme continues to be provided by all practices and health clinics, and 3 of the 4 community pharmacies, on the Coast. Outcomes match those expected for this type of intervention. In addition, intensive support has been provided for the smokefree work-site initiative recently</p>

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we monitor progress towards the results)	Activities (what we do to get the result)	Reporting on Performance measures (key measures of quantity or quality of activities)
			Deliver Coast Quit and packages of care smoking cessation initiatives.	<p>undertaken by Oceana Gold at Reefton.</p> <p>Number of practices provided with ABC training.</p> <p>Health Target Quarterly Report.</p> <p>PHO Performance as at 31st March 2014 (Q3): Target 90%</p> <ul style="list-style-type: none"> Smoking Status Ever Recorded – Other 87.83% Smoking Status Ever Recorded – High Need 88.49% Brief Advice and/or Cessation Support/Referral provided to patients seen in last 12 months: Total Population 55.45% a decrease from 59.88% last quarter. <p>Brief Advice and/or Cessation Support/Referral provided to patients seen in last 12 months: High Need 56.03% a decrease from 60.14% last quarter.</p> <p>PPP Quarterly Reports.</p> <p>Coast Quit quit rate (clients remaining abstinent 3 months after enrolling in the programme) for the 12 months (Jul 13 - Jun 14) was 30.1% (including 71 non-responders [2 calls each]) for 408 clients phoned; 36.5% for those contacted.</p> <p>Quarterly report to WCDHB smokefree manager, including enrolments in cessation programmes.</p> <p>The DHB Smoking Cessation service had 260 clients enrolled during the six-month period Jul-Dec 13.</p>
Screening and early detection	Early detection of cancer	Coverage rates for cervical and breast cancer screening	<p>Participate in Cervical Screening Strategic and Working Groups to develop regional strategies to increase uptake.</p> <p>Maintain current levels of uptake of breast screening through a planned approach.</p>	<p>Record of strategies and outcomes.</p> <p>Practices refer non-responding Māori patients to Māori provider employed by DHB.</p> <p>PHO Performance as at 31st March 2014 (Q3): Target 80%</p> <p>Record of strategies and outcomes.</p>
	Early detection of diabetes and cardiovascular disease	Coverage of diabetes and CVD screening programmes	Promote CVD risk assessments and diabetes screening in primary care settings and the community to increase uptake.	<p>Quarterly report on utilisation.</p> <p>Numbers, age group, ethnicity and conditions identified.</p> <p>PHO Performance as at 31st March 2014:</p> <ul style="list-style-type: none"> CVD Risk Assessment - Total Population 69.59% an increase from 66.36% last quarter CVD Risk Assessment - High Need 76.85% another increase from 71.83% last quarter

Issues/Challenges/risks and actions taken:

- The results of cervical smears completed by DHB Māori Nurse are not always copied back to practices. Actions: Request to DHB service

manager to mitigate this.

- Working towards achieving practice staff buy in to the target of increasing uptake of CVR in practices. Actions: Visits to practices, providing support, education, funded CVRA (no cost to patient), resource payment to practices for additional CVRA clinics.

Appendix One - Māori Health Plan Report - Community and Public Health 2013-14

26/06/14

Priority & Outcome	Activities	Measure & Responsibilities (DLT Lead)	Progress and achievement
1. Primacy of Equity and Te Tiriti o Waitangi Outcome <i>CPH acknowledges responsibility for addressing inequitable health outcomes for Māori and acknowledges its responsibility under the treaty.</i>	<ul style="list-style-type: none"> Seek DLT approval of CPH Māori Health Plan and report to DLT on Plan implementation tri-annually. 	<ul style="list-style-type: none"> Record of reports and key outcomes. <i>DLT Māori Health Sub-Group (Neil)</i> 	Plan approved by DLT on 19 August 2013 and progress reviewed at Māori-focused DLT meetings
	<ul style="list-style-type: none"> Review progress against actions of the CPH Māori Health Plan annually by end May. 	<ul style="list-style-type: none"> Annual progress report to DLT. <i>DLT Māori Health Sub-Group (Ramon)</i> Teams report bi-monthly on progress to DLT. 	Report sent to DLT for discussion at 23 June 2014 meeting.
	<ul style="list-style-type: none"> Ensure all Position Descriptions reflect commitment to the Te Tiriti o Waitangi and improving Māori Health outcomes. 	<ul style="list-style-type: none"> Percentage of PDs that reflect commitment to improving Māori Health and Te Tiriti. <i>DLT Māori Health Sub-Group (Tanya, Viv, Kerry) Management Team; HR Advisor</i> 	A review was carried out – report with the recommendations: <ul style="list-style-type: none"> Develop a consistent statement regarding Māori health outcomes and Te Tiriti within PD's across CPH. If so, decide where in the PD document that statement should sit and whether there should be performance measure/s attached to the statement. How that statement would relate to IWP's and performance reviews.
	<ul style="list-style-type: none"> Ensure Māori Health outcomes are reflected in our annual and team plans. 	<ul style="list-style-type: none"> Feedback on annual and team plans. <i>DLT Māori Health Sub-Group</i> 	Feedback provided to all teams on their plans. In addition, guidance has been provided to teams for 2014/15 (see attached). Sub-group recommend team process is

Priority & Outcome	Activities	Measure & Responsibilities (DLT Lead)	Progress and achievement
			included in CPH Quality process.
2. Recruitment, retention, support and development of Māori staff. Outcome <i>A flourishing Māori Workforce within CPH.</i>	<ul style="list-style-type: none"> Develop a policy for creating opportunities for additional Māori-specific roles within CPH. 	<ul style="list-style-type: none"> Record of progress. <i>DLT Sub-group</i> 	<p>Policy and flow diagram presented to DLT. Decision made to give responsibility to Management Team who in turn have decided:</p> <ul style="list-style-type: none"> Māori representative on all interview panels (process to be developed) Develop terms of reference for role of Māori representative on interview panels for clarity and showing a divisional commitment to Māori Health Positions value to be reviewed when roles become vacant by Team Leadership Annual discussion at DLT re divisional structure to identify that each team resourced adequately <p>CPH Basic workforce competencies have been developed and are being implemented. These include Treaty and determinants of health (including equity) competencies. Broadly Speaking training sessions have been run for some teams and will continue. Relevant CDHB training also promoted.</p>
	<ul style="list-style-type: none"> Develop a policy regarding Māori representation on interview panels. 	<ul style="list-style-type: none"> Record of progress. <i>DLT Sub-group</i> 	See above

Priority & Outcome	Activities	Measure & Responsibilities (DLT Lead)	Progress and achievement
	<ul style="list-style-type: none"> Support Māori staff to attend appropriate training (e.g. Tuhono Tuara) and through other activities (e.g. enabling Māori staff to meet regularly and support each other) 	<ul style="list-style-type: none"> Record of training opportunities, participation in activities and feedback. <i>Managers; DLT Sub-group</i> 	Tuhono Tuara training was run and Māori staff supported to attend. Seven Māori staff attended Tuhono Tuara.
3. Relationships with Māori, especially: -Community -Ngāi Tahu (HOP, Rūnanga) -Taurahere. Outcome <i>CPH's relationships with Māori organisations are strong, effective and influential.</i>	<ul style="list-style-type: none"> Implement joint CPH & HOP work plan. 	<ul style="list-style-type: none"> Progress towards implementation. <i>Gail</i> 	Joint workplan has met all milestones. HOP are in the process of reviewing their strategic plan and, once completed and approved, a new joint workplan will be developed. CEO regular meetings have continued.
	<ul style="list-style-type: none"> Further develop and strengthen CPH's relationship with Rūnanga. 	<ul style="list-style-type: none"> Record of progress. <i>SC – Neil; WC – Derek; Canterbury – Tanya, Kerry, Gail</i> 	Development and strengthening relationships continue. Manawhenua ki Waitaha presented at DLT. South Canterbury staff presented at Waihao Rūnanga meeting. Staff attended ECan noho marae at Rapaki and Waihao.
	<ul style="list-style-type: none"> Further develop and strengthen CPH's relationship with other Māori organisations. 	<ul style="list-style-type: none"> Record of progress. <i>Each Team/Manager</i> 	Participation and leadership in Te Kahui o Papaki Ka Tai (Primary Care Māori Advisory Group) and Māori Caucus for Canterbury Clinical Network. Representation on Te Wai Pounamu Māori Cancer Advisory Group. Māori staff across the regions were brought to Arahura Marae which hosted the final wananga of the Tuhono Tuara course.
	<ul style="list-style-type: none"> Strengthen relationship with Ngāi Tahu as part of CPH & ECan's joint work plan. 	<ul style="list-style-type: none"> Record of progress. <i>Protection (Derek)</i> 	In addition to the above, quarterly meetings with Ngāi Tahu Strategy

Priority & Outcome	Activities	Measure & Responsibilities (DLT Lead)	Progress and achievement
4. Workforce Development and cultural support for staff. Outcome <i>Increased CPH responsiveness to Māori community.</i>			and Influence provide an opportunity to share information and identify opportunities to work together on initiatives.
	<ul style="list-style-type: none"> Develop and build relationship at a strategic level with CEO of Ngāi Tahu. 	<ul style="list-style-type: none"> Record of progress. <i>Evon & Ramon</i> 	Focus this year has been developing relationships with other senior leadership (eg James Caygill, Head of Tribal Interests),
	<ul style="list-style-type: none"> Provide training on Treaty and equity issues. 	<ul style="list-style-type: none"> Record of training opportunities, participation and feedback. <i>Workforce Development (Cheryl)</i> 	CPH Basic workforce competencies have been developed and are being implemented. These include Treaty and determinants of health (including equity) competencies. Broadly Speaking training sessions have been run for some teams and will continue. Relevant CDHB training also promoted.
	<ul style="list-style-type: none"> Provide cultural training for Māori and non-Māori staff. 	<ul style="list-style-type: none"> Record of training opportunities, participation and feedback. <i>Workforce Development (Cheryl)</i> 	Tuhono Tuara training run for Māori staff – 7 attended. Kaitiaki Ahurea training for non-Māori staff commences July 2014 (16 enrolled).
	<ul style="list-style-type: none"> Deliver Whānau Ora tool training to all new CPH staff. 	<ul style="list-style-type: none"> Record of progress. <i>Workforce Development (Cheryl)</i> 	In progress
	<ul style="list-style-type: none"> Training of existing staff to be completed by 30/12/13 	<ul style="list-style-type: none"> All existing staff attend training. <i>Workforce Development</i> 	Whanau Ora Training delivered to all teams by end of this reporting period

Priority & Outcome	Activities	Measure & Responsibilities (DLT Lead)	Progress and achievement
		(Cheryl)	
	<ul style="list-style-type: none"> Re-establish Treaty Action Group (TAG) or an alternative within CPH. 	<ul style="list-style-type: none"> Progress towards reestablishment. DLT Māori Health Sub-Group (Neil) 	TAG/Te Manu Taki re-established and meeting monthly. One face-to-face meeting held in April.
5. Local, regional and internal alignment. Outcome CPH work is in alignment with DHB, key Māori initiatives and South Island work.	<ul style="list-style-type: none"> Align direction and activities with: <ul style="list-style-type: none"> -Māori Health Plans for our regions (CDHB, SCDHB, WCDHB) -Te Kāhui o Papaki kā Tai (TKOPT) Canterbury overarching Māori Health Plan -South Island Public Health Partnership Plans (Partnership Plan and Implementation Plan for Capacity Building Work Group) - CPH Annual Plan, Team and individual work plans. 	<ul style="list-style-type: none"> Record of interactions, extent of alignment of plans. For DHBs -Gail, Neil Derek For TKOPT -Ramon For SI – Daniel & Annabel 	National template for DHB MHPs has limited opportunity for public health content. CPH has had limited opportunities for input into DHB Māori plan development. TKOPT – it is a work in progress to have public health input to the Māori Health framework. South Island – a presentation is going to be made to Te Herenga Hauora (GM’s Directors of Māori) to get their input into Māori public health for South Island. Māori Health sub-group believe there is reasonable consistency from Annual plans to Team plans.

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.