

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 27 November 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 27 November 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

23 October 2014

3. Carried Forward/ Action Items

REPORTS/PRESENTATIONS

9.10am

4. Disability Action Plan Update

Cathy O'Neill
Service Development Manager, Planning & Funding

9.10am – 9.25am

5. Community and Public Health Update

Jem Pupich
Team Leader, Community and Public Health

9.25am - 9.35am

6. Planning & Funding Update

Phil Wheble
Team Leader, Planning & Funding

9.35am - 9.45am

7. Alliance Update

Phil Wheble
Team Leader, Planning & Funding

9.45am – 9.55am

8. Suicide Prevention Governance Group – Verbal Update

Cheryl Brunton
Acting Chair, Suicide Prevention Governance Group

9.55am - 10.10am

9. Maori Health Plan Update

Gary Coghlan
General Manager, Maori Health

10.10am - 10.25am

10. General Business

Elinor Stratford
Chair

10.25am - 10.30am

MORNING TEA

10.30am

ESTIMATED FINISH TIME

10.55am

INFORMATION ITEMS

- Board Agenda – 31 October 2014
- Chair's Report to last Board meeting
- Committee Work Plan
- West Coast DHB 2015 Meeting Schedule

NEXT MEETING

Date of Next Meeting: Thursday 29 January 2015



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 • 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
Joe Mason	<ul style="list-style-type: none"> • Employee, Community & Public Health, Canterbury DHB
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"> • 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, 23 October 2014 commencing at 9.00am

PRESENT

Elinor Stratford (Chairperson); John Ayling; Cheryl Brunton, Michelle Lomax; Joe Mason; Mary Molloy; Robyn Moore; John Vaile and Peter Ballantyne (ex-officio).

APOLOGIES

Apologies were received and accepted from. Lynette Beirne, and Jenny McGill.

EXECUTIVE SUPPORT

Phil Wheble (Team Leader, Planning & Funding); Gary Coghlan (General Manager, Maori Health); and Kay Jenkins (Minutes).

WELCOME

The Chair welcomed new member Joe Mason to the Committee.

The Chair asked Joe Mason to lead the Karakia.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

Elinor Stratford advised that she is now Chair of Victim Support.

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 (6/14)

(Moved: Peter Ballantyne; Seconded: Robyn Moore - carried)

"That the minutes of the meeting of the Community and Public Health and Disability Support Advisory Committee held on 11 September 2014 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION ITEMS

A query was made as to whether there are any Communities on the West Coast that are still at risk regarding their water supply. The Committee noted that these Communities are identified every year by the Council.

Update on Disability Action Plan to be added to the Carried Forward List.

The Carried Forward/Action Items were noted.

4. COMMUNITY & PUBLIC HEALTH UPDATE

Jem Pupich, Team Leader, Community & Public Health, presented this update which included information on the following topics:

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.

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

Discussion took place regarding whether the new alcohol act covers television advertising and the Committee noted that there is a government appointed group currently looking at this.

The Report was noted.

5. PLANNING & FUNDING UPDATE

Phil Wheble, Team Leader, Planning and Funding, presented this report which provided the Committee with an update on progress made on the Minister of Health's health and disability priorities and the West Coast DHBs Annual Plan key priority areas as follows:

Key Achievements

- The West Coast 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.

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.

A query was made regarding ESPIs and Mr Wheble provided the Committee with an overview of how this system works.

The report was noted.

6. ALLIANCE UPDATE

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

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

Alliance Leadership Team
Mental Health Workstream
Complex Clinical Care Network (CCCN)
Grey/Westland & Buller Family Health Services (IFHS)
Healthy West Coast
Child & Youth and
Pharmacy

At the last Committee meeting members had raised the point that the Planning & Funding Report and the Alliance sometimes provided the same information. Phil Wheble, Team Leader, Planning & Funding, presented an alternative form of reporting around the Alliance. Whilst this includes some detailed information the Committee will provide feedback once the new reporting is developed further and included in the Committee papers.

The update was noted.

7. GENERAL BUSINESS

There was no General Business.

The meeting broke for a 15 minute interval.

8. ORAL HEALTH REVIEW

Bridget Lester, Project Specialist, Planning & Funding presented this report.

Ms Lester provided an overview of the findings of the Oral Health Review. The view of the Review Team was for the service to be integrated with the Canterbury Service with a transalpine approach. This included hospital dental services which are currently ad-hoc.

The Committee noted that there had been a delay in the rollout of the new model of care for Oral Health (Hub & Spoke model) which has not yet been fully implemented on the West Coast due to the supporting IT equipment not having been installed, however a lot has already been put in place and the system is expected to be up and running by early in the new year.

Resolution (6/14)

(Moved: John Vaile; Seconded: John Ayling - carried)

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.

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

There being no further business the meeting concluded at 10.55am.

Confirmed as a true and correct record:

Elinor Stratford, Chair

Date

CARRIED FORWARD/ACTION ITEMS



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

COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE CARRIED FORWARD/ACTION ITEMS AS AT 23 OCTOBER 2014

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
1.	1 May 2014	Suicide Prevention Progress	Progress report to be provided to Committee	Update on Today's Agenda
2.	24 July 2014	West Coast Disability Action Plan	Update on progress to be provided to Committee	Update on Today's Agenda
3.	11 September 2014	Water Quality	On-going updates to be provided to the committee	As required

COMMUNITY AND PUBLIC HEALTH UPDATE



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

SOURCE: Community and Public Health

DATE: 27 November 2014

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

This report is a standing agenda item, providing information regarding the work of Community and Public Health on the West Coast.

2. RECOMMENDATION

That the Community and Public Health & Disability Support Advisory 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, Community and Public Health

REPORT to West Coast DHB CPHAC/DSAC**COMMUNITY AND PUBLIC HEALTH (CPH)****November 2014****Appetite for Life**

Community and Public Health has recently run two Appetite for Life courses in Westport and Hokitika. The Westport course followed recognition of identified need in the Buller region, and was used as an opportunity to help train potential facilitators. Appetite for Life in Hokitika is a regular (two per year) course, but this time it was held during the day to cater for participants previously unable to attend evening sessions. The feedback from this group strongly supported this option and this will be taken into account in planning future courses.

Gastroenteritis increases in spring calving season

Every spring we see an increase in notifications of gastroenteritis illness on the West Coast. This year has been no exception with some 40 notifications since the beginning of September. More than half are cases of Campylobacteriosis, with Cryptosporidiosis the next most common and the rest including Giardiasis, Salmonellosis and Yersiniosis. Of the cases of gastroenteritis notified at this time of year some 80% have a link to dairy cows and calves. The majority of cases are in farmers or members of farming families and associated occupations such as abattoir workers. Some cases have also been linked to white baiting and recreational water contact in creeks and streams downstream of dairy farms.

This year CPH sponsored some radio advertisements on rural hour across the region in the lead up to calving. These ads reminded anyone in contact with cows and calves about the importance of hand washing after handling animals and before eating or preparing food.

Submissions on District Council policies

Active West Coast (AWC) recently made a submission to the Westland District Council's draft Local Approved Products Policy (Westland District: Availability, Sale and Supply of Psychoactive Products Policy). AWC recommended Council shrink the area proposed in the draft policy where an approved outlet can be set up to limit exposure to people using community and health facilities. Council have yet to inform AWC of the outcome of their submission.

Due to changes made subsequent to the adoption of its new Class 4 Gaming Venue Policy, the Grey District Council has had to go through a new round of public consultation on this policy. Active West Coast has resubmitted on this policy, supporting its intent around reducing the harm related to gambling. The risk of problem gambling is linked to high venue and machine numbers. The Grey District continues to have a very high number of venues and class 4 gaming machines. Therefore measures to control increases in both are a positive step towards decreasing problem gambling risk.

Lowering of breath and blood alcohol (BAC) levels in December

CPH staff have worked with the WCDHB's Communications Advisor to prepare media releases and an Ask A Professional article for the Messenger about the lowering of the BAC levels from next month. From 1 December, the breath and blood alcohol limits for driving are coming down by almost half. While limits for under 20 year-olds remain at zero, breath alcohol limits for adult drivers will reduce from 400 to 250 micrograms of alcohol per litre of breath. Blood alcohol limits reduce from 80mg to 50 mg of alcohol per 100ml of blood. CPH's message is that if you are going to be driving, the safest option is to avoid alcohol. We are also encouraging people to make a plan before they go out so they know how they will get home safely. This could include deciding who will be the sober driver, or making sure there is a courtesy vehicle or taxi service available. CPH is also promoting host responsibility among hosts of events and parties as we approach the festive season, including reminding them to make sure that food and plenty of non-alcoholic drinks available.

Suicide awareness online training offered on Coast

As part of the initial phase of developing a Suicide Prevention Plan for the West Coast, the West Coast District Health Board were allocated 100 licences from the Ministry of Health for the QPR Suicide Awareness online course. CPH has assisted in ensuring this course has been offered widely throughout the community. There will be follow-up sessions regarding local services and ongoing work on suicide prevention and post-vention throughout the Coast later this year and early next.

Stoptober

Members of the West Coast Tobacco Free Coalition promoted Stoptober across the West Coast (see photos). Stoptober is a 31 day nationwide challenge designed to help New Zealanders kick the smoking habit for good. Throughout New Zealand, 5218 people registered with the Stoptober website and took up the challenge to go Smokefree during October. Many others also made the positive decision to stop smoking.

In the Buller one Poutini Waiora worker reported that five of her clients went Smokefree during October.



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

SOURCE: Planning & Funding

DATE: 27 November 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 31 October 2014; with 99.6% of patients admitted, discharged or transferred within 6 hours, and 95.0% 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 exceeded the B4 School Check target for the high deprivation population, achieving 31% coverage.

✗ Key Issues & Associated Remedies

- The West Coast DHB is 21 cases behind our progress target of 446 operations completed at the end of Quarter 1. 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.
- After meeting target in Quarter 4, West Coast DHB staff provided **93.3%** of hospitalised smokers with smoking cessation advice and support –missing the Secondary Care Better Help for Smokers to Quit Health Target in Quarter 1. Best practice initiatives continue, however the effects of small numbers remain challenging.

① Upcoming Points of Interest

• Community Engagement Buller

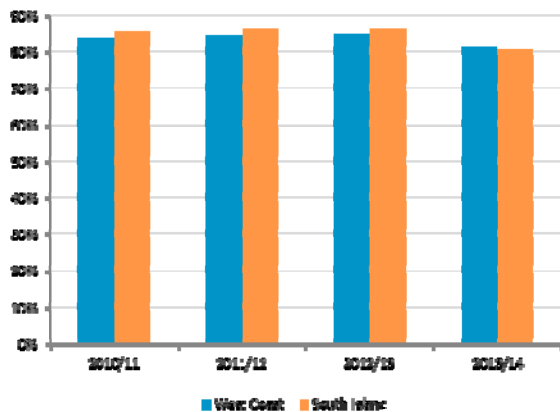
- The Complex Clinical Care Network (CCCN) have expanded the skill mix available by utilising the Transalpine model. Canterbury DHB will provide specialist involvement for packages of care, sharing knowledge skills by working closely together.
- West Coast and Canterbury DHBs are working together on key areas of the maternity journey. The West Coast Breastfeeding Priority Plan has now been endorsed by the relevant groups and implementation has begun.

Report prepared by: Planning & Funding

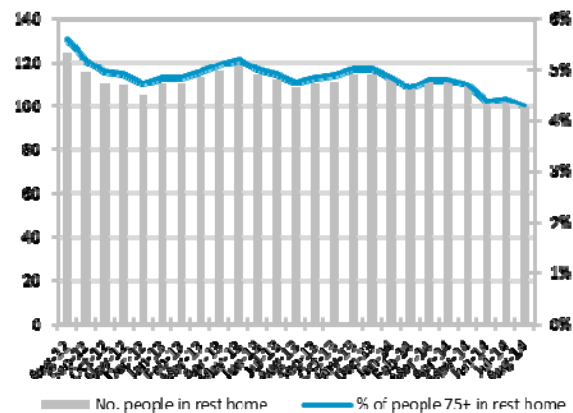
Report approved for release by: Carolyn Gullery, General Manager, Planning & Funding

Older Persons' Health

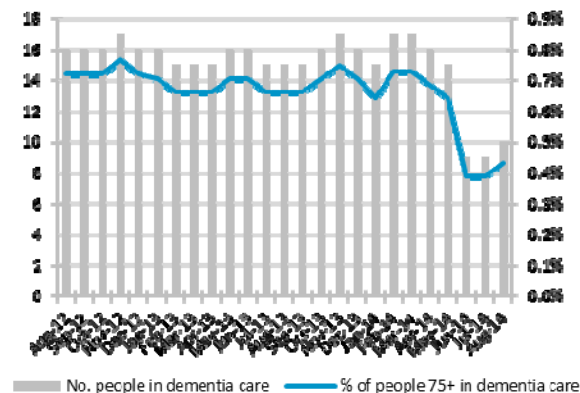
% of people 75+ living in their own homes



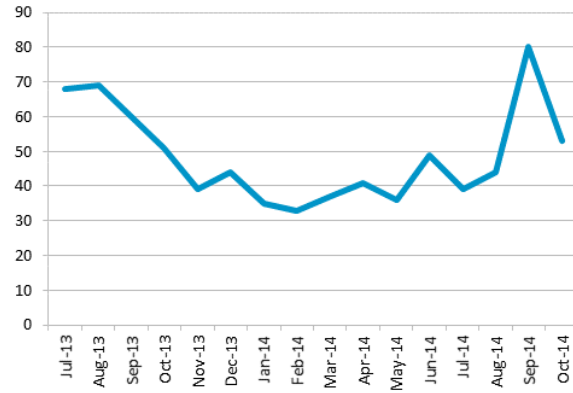
% of people aged 75+ admitted in Rest Home level care



% of people aged 75+ in Specialist Dementia Care



Number of interRAI assessments completed



Achievements / Issues of Note

The DHB continues to work closely with community home-based service providers to identify a team of highly trained support workers. This will be a nurse led team focussed on our most complex clients, enabling them to live in their own homes longer.

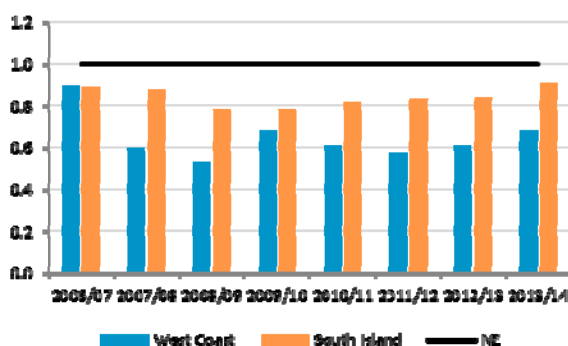
Monthly casemix categorization reviews for complex clients have commenced at the Operational Management Group Meeting. Although this is still in its infancy, cases have already been highlighted that need further clinical input. This allowed the package of care to be adjusted to meet the needs of the individual.

Work continues with the PHO and general practice to identify at risk clients. These clients are discussed in a multi-disciplinary environment which incorporates the Complex Clinical Care Network (CCCN) and other clinical disciplines as required. These meetings ensure clients are receiving appropriate and tailored services to prevent functional decline and admission to hospital or aged residential care.

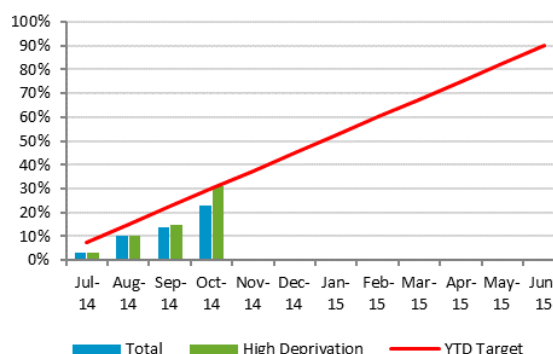
The CCCN have expanded the skill mix available by utilising the Transalpine model with Canterbury DHB to deliver specialist involvement for packages of care. The Gerontology Nurse Specialists share knowledge and gain skills by working closely with the Community Geriatrician and the Nursing Director, Older People – Population Health based in Canterbury to ensure that complex clients are assessed appropriately and receiving the right package of care.

Child, Youth & Maternity

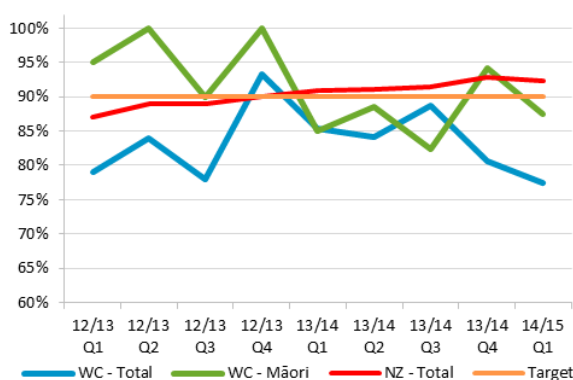
Acute medical discharge rates for children (age 0-14)



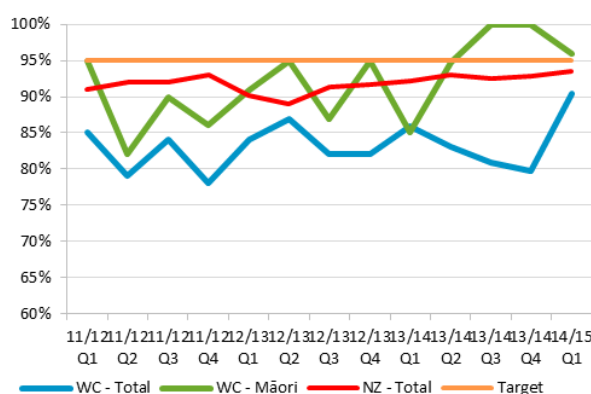
B4 School Check coverage



Immunisation HT: Eight-month-olds fully immunised



Two-year-olds fully immunised



Achievements / Issues of Note

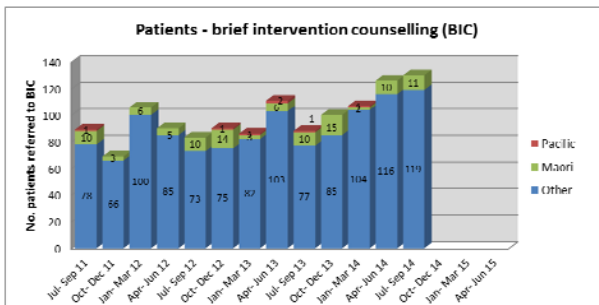
Immunisation: Although only vaccinating 77% of our eligible children for the Increased Immunisation Health Target, we vaccinated 97% of consenting children with only two children missing the milestone age. While this is a slight decrease on last quarter, opt-off and declines were higher at 20.5% which continues to make meeting this target challenging. Strong results were achieved for Pacific and Asian at 100% and NZ European at 90% however Maori performance dropped to 88%.

B4 School Check coverage: After a disappointing month we have improved during October—meeting the target for our high deprivation eligible population with 31% having a B4 School Check, against our YTD target of 30%. Although we did not meet the target for total population, results show an increase in performance against the target with 23% coverage, an estimated 18 children short of meeting target.

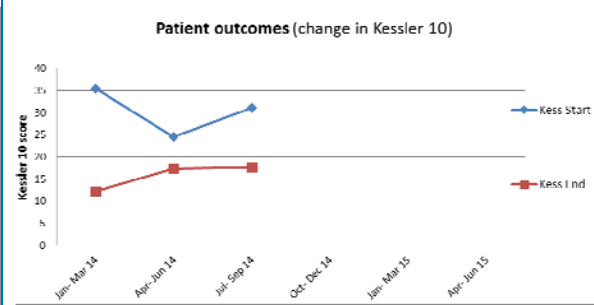
Maternity: West Coast and Canterbury DHBs are working together on key areas of the maternity journey that have been identified as opportunities for improvement through their Maternity Quality and Safety Programme. The West Coast Breastfeeding Priority Plan has now been endorsed by the relevant groups and implementation has begun. The Plan outlines actions to raise breastfeeding rates for all populations on the Coast.

Mental Health

Number of patients referred to Brief Intervention Counselling (BIC)



Patient outcomes (change in Kessler 10)

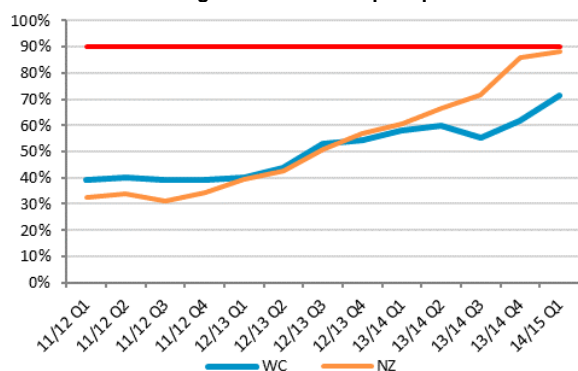


Achievements / Issues of Note

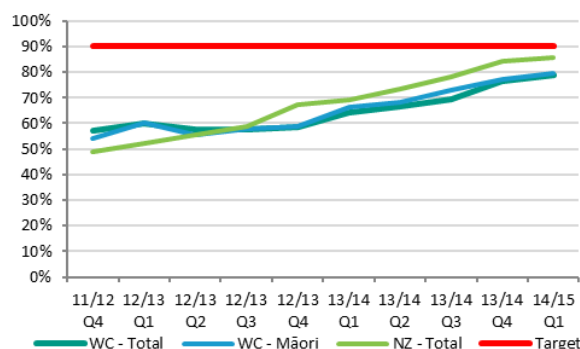
The Mental Health Workstream is liaising with key stakeholders to establish the model for locality based services within the context of the Integrated Family Health Service (IFHS).

Primary Care & Long-Term Conditions

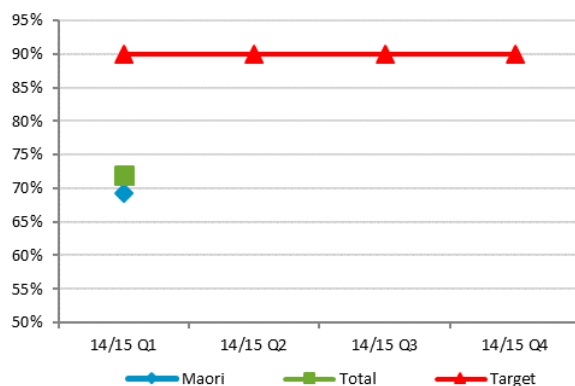
Primary Smokefree Health Target: Smokers attending primary care given advice & help to quit



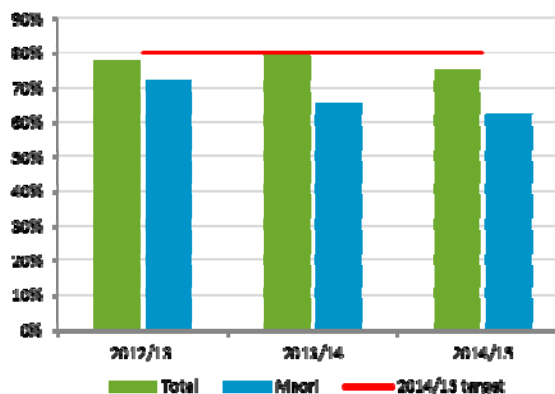
More Heart and Diabetes Checks Health Target: % of eligible PHO population having had a CVD risk assessment in the last 5 years



Primary Smokefree Karo data: Smokers attending primary care given advice & help to quit – by ethnicity



Diabetes Good Management: % of people who have HBA1c levels at or below 8.0 when assessed at their annual check



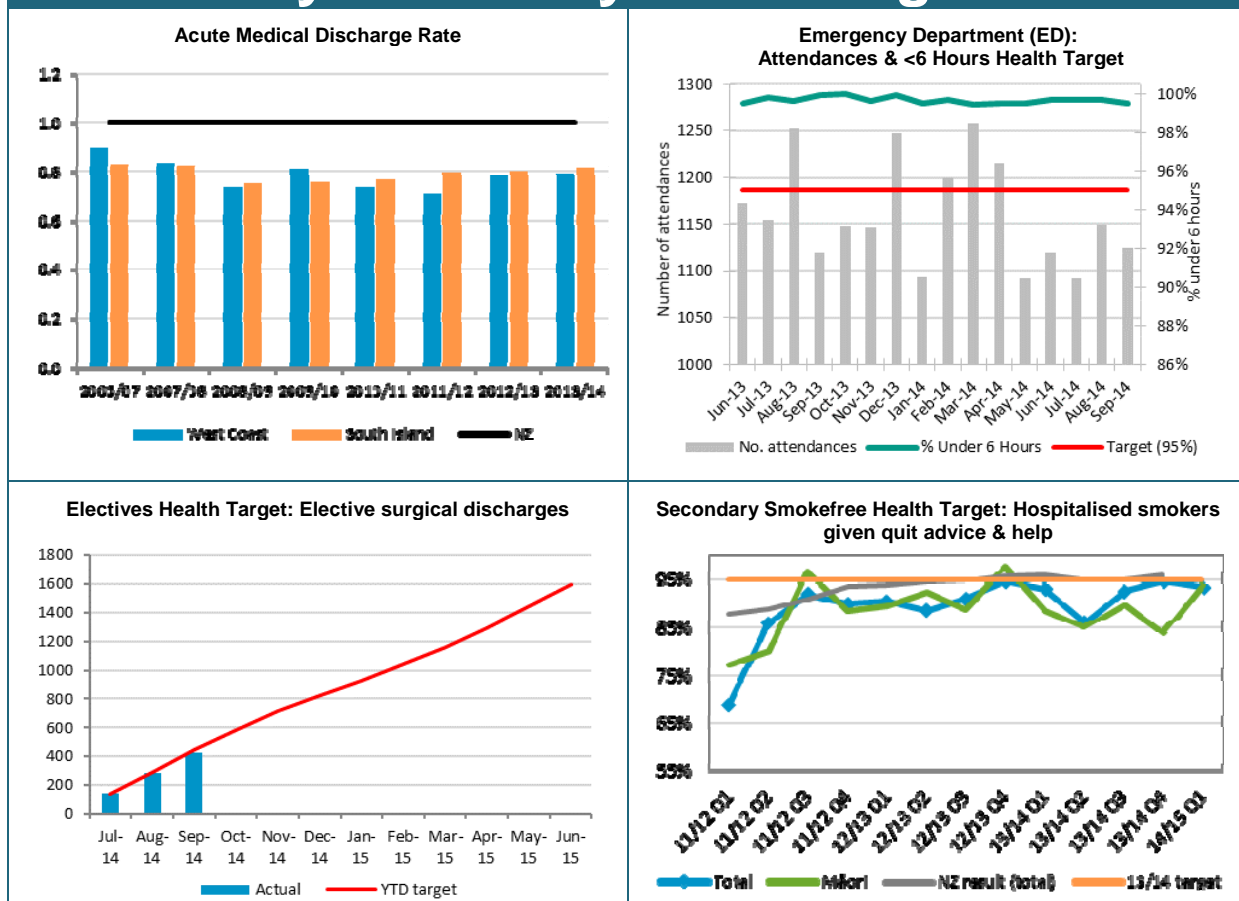
Achievements / Issues of Note

Primary care better help for smoker's health target: West Coast general practices have reported giving 3,393 smokers cessation advice in the 12 months ending September 2014, representing 71.3% of smokers expected to attend general practice during the period. While this is a pleasing 9.3% increase on last quarter, we are still 18% off target. Actions previously reported continue, with monthly practice by practice reporting expected to provide visibility for which practices need most support.

CVD health target: Performance against the More Heart and Diabetes Checks Health Target continues to steadily increase with 79% of the eligible enrolled West Coast population having had a cardiovascular risk assessment in the last five years. While this is an encouraging increase, West Coast DHB is still below the national average & work continues to meet target.

Diabetes: The Ministry of Health no longer measure diabetes annual reviews undertaken as a percentage of the overall population estimated to have diabetes. The More Heart and Diabetes Checks national health target now covers this and as such the quarterly graph for diabetes annual reviews above now shows the actual number of reviews that have been undertaken year to date. Of the 381 people who had their diabetes review during the September quarter, 75.4% of the overall population had good diabetes management. Maori results were lower at only 63%. Our target for diabetes good management is 80%.

Secondary Care & System Integration



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 four months of the 2014/15 financial year to 31 October 2014. Data for the period shows 95% 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: During Quarter 1, West Coast DHB staff provided **93.3%** of hospitalised smokers with smoking cessation advice and support –missing the Secondary Care Better Help for Smokers to Quit Health Target. Best practice initiatives continue, however the effects of small numbers remain challenging— The target was missed by only 4 smokers, with 19 smokers missed in total. Misses in areas such as Critical Care and ED where patients were critically unwell and unresponsive prior to discharge (transfer to Christchurch) have an impact on results.

Electives health target: The West Coast DHB is 21 cases behind our progress target of 446 operations completed at the end of Quarter 1. It is not envisaged that there will be any difficulties in

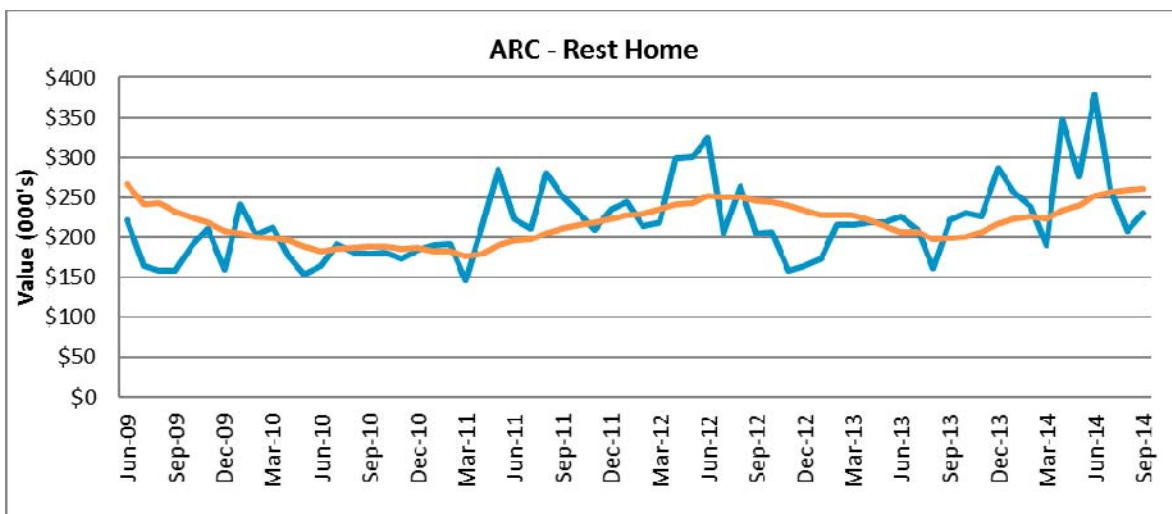
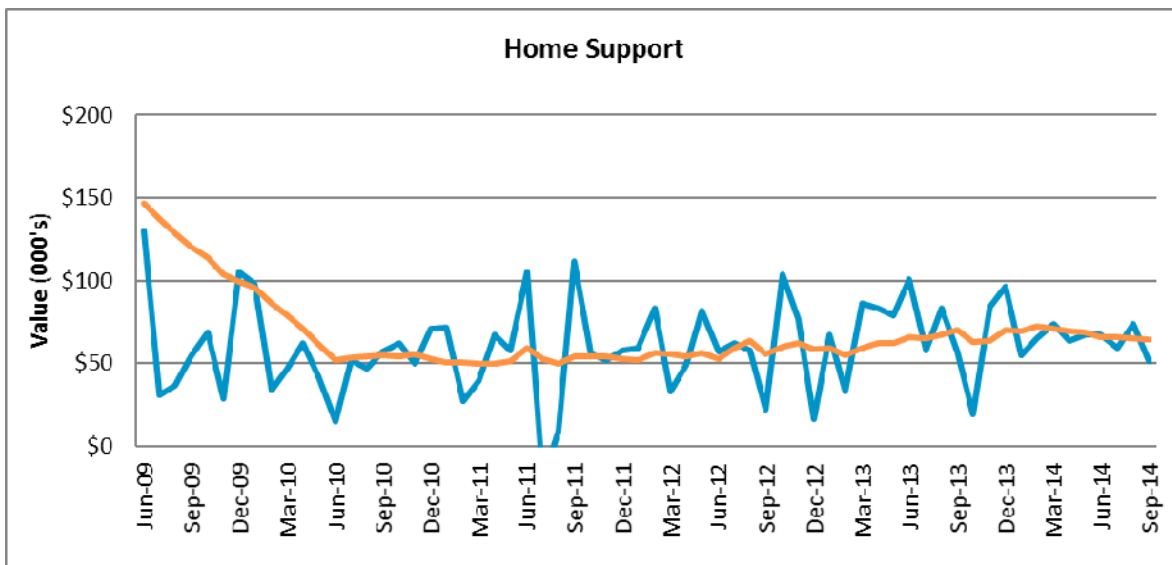
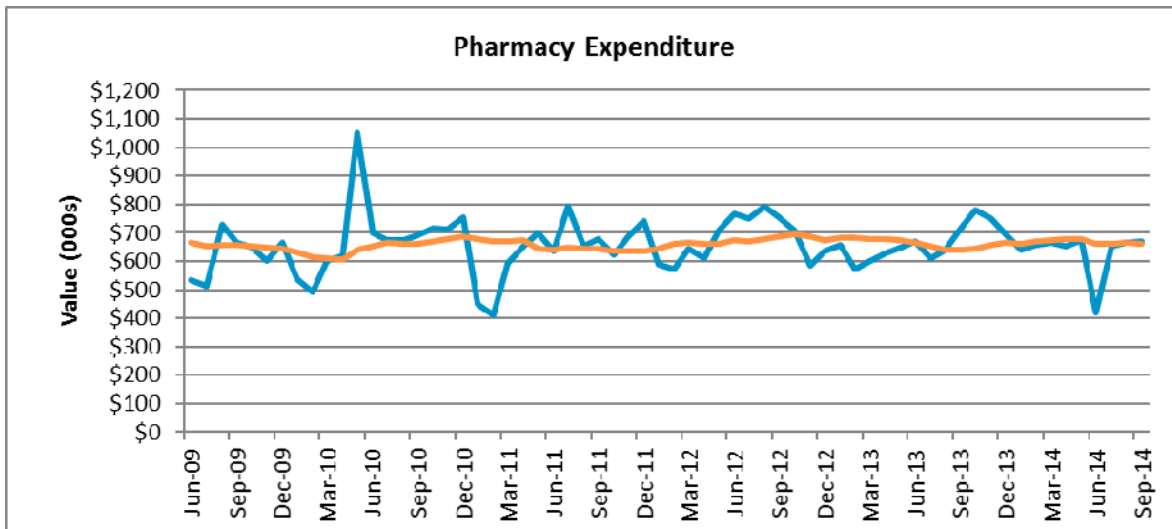
meeting our year-end target of 1,592 elective operations by 30 June 2015.

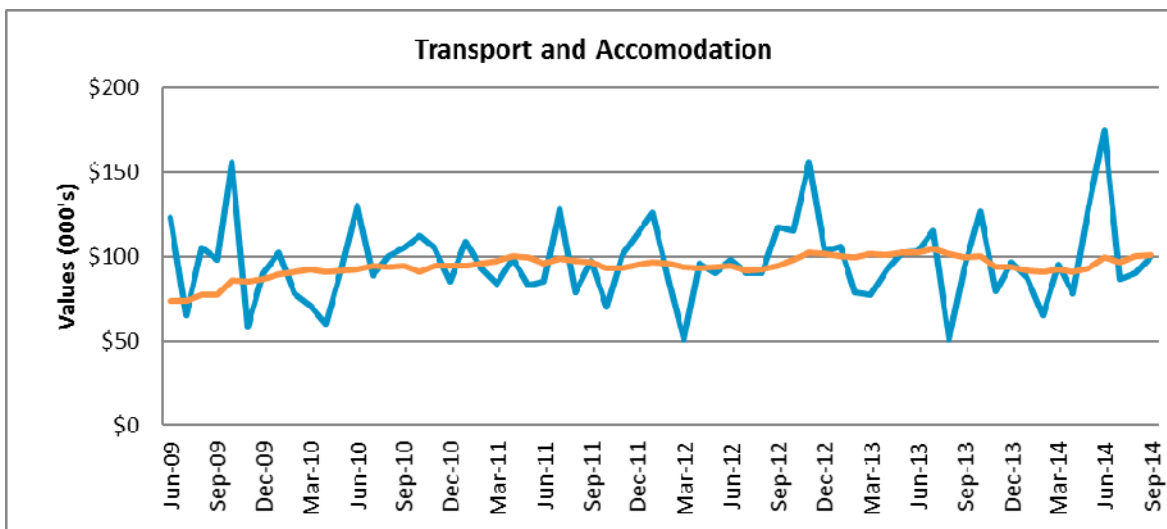
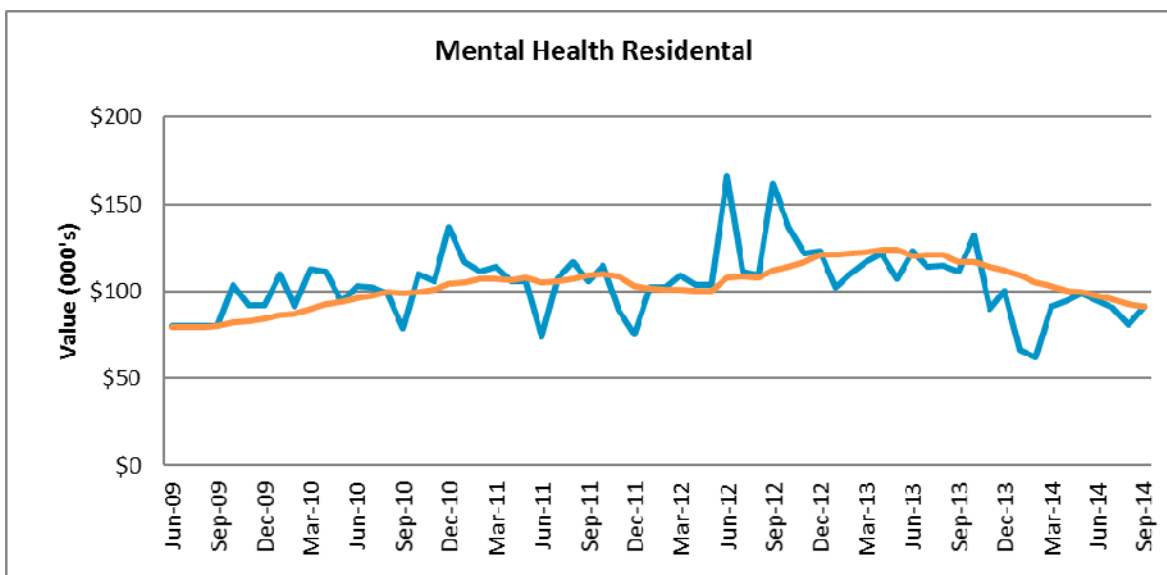
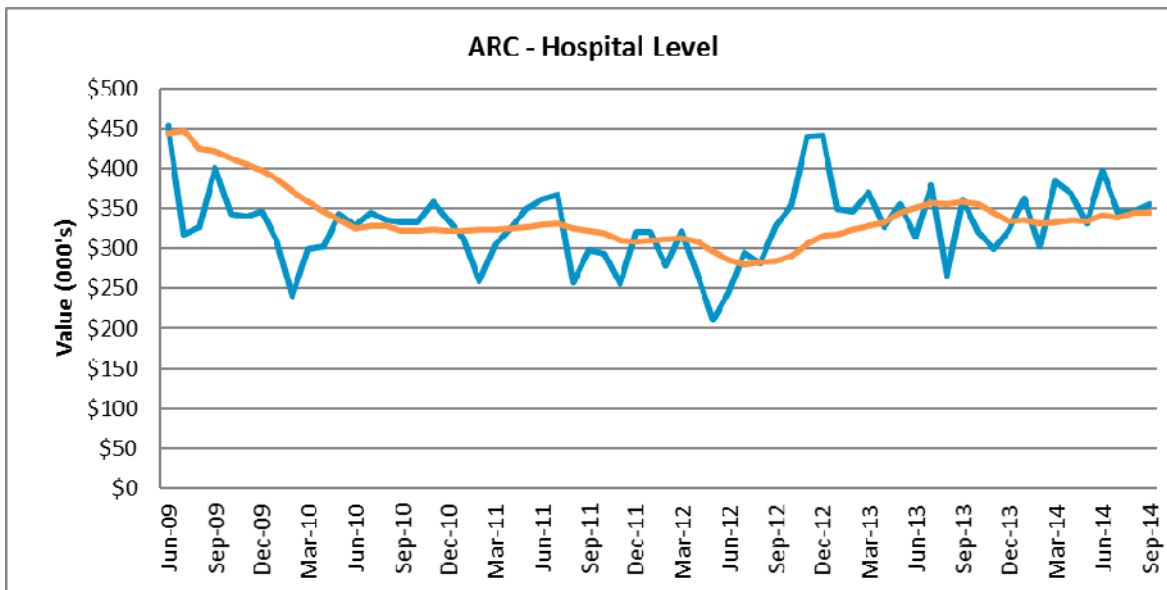
ESPI compliance: No patients exceeded the maximum 150 days' wait time target for either First Specialist Appointment (ESPI 2) or waiting time target for surgical treatment (ESPI 5) at the end of September. Preliminary results for October 2014 show no patients waiting longer than 5 months against ESPI 2 or ESPI 5. Previewed results for the upcoming 4-month target shows only 29 patients (3.9%) still in the 4-5 month waiting time period against ESPI 2, and just 4 patients (1.3%) waiting between 4 and 5 months against ESPI 5.

Financials

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

— Expenditure Trend — Rolling average





Planning and Funding Division
Month Ended September 2014

Current Month				SERVICES	Year to Date				2014/15 Annual Budget
Actual	Budget	Variance			Actual	Budget	Variance		
\$000	\$000	\$000	%		\$000	\$000	\$000	%	
				Primary Care					
43	36	-7	-19% ✗	Dental-school and adolescent	120	109	-12	-11% ✗	434
	2	2	100% ✓	Maternity	0	5	5	100% ✓	20
	1	1	100% ✓	Pregnancy & Parent	0	2	2	100% ✓	8
	3	3	100% ✓	Sexual Health	0	8	8	100% ✓	33
1	3	2	59% ✓	General Medical Subsidy	5	9	4	48% ✓	36
516	522	5	1% ✓	Primary Practice Capitation	1,533	1,565	31	2% ✓	6,258
91	91	0	0% ✓	Primary Health Care Strategy	273	273	0	0% ✓	1,093
78	80	2	2% ✓	Rural Bonus	237	241	4	2% ✓	963
4	5	1	11% ✓	Child and Youth	13	15	2	11% ✓	59
7	6	-1	-17% ✗	Immunisation	19	21	2	9% ✓	153
5	5	0	1% ✓	Maori Service Development	14	14	0	1% ✓	58
52	53	1	1% ✓	Whamua Ora Services	157	158	2	1% ✓	634
34	18	-16	-89% ✗	Palliative Care	73	55	-18	-33% ✗	218
0	0	0	0% ✓	Community Based Allied Health	0	0	0	0% ✓	0
7	9	2	19% ✓	Chronic Disease	22	27	5	17% ✓	106
48	54	5	10% ✓	Minor Expenses	141	162	21	13% ✓	647
889	887	-2	0% ✗		2,607	2,663	56	2% ✓	10,722
				Referred Services					
23	24	1	4% ✓	Laboratory	71	71	0	-1% ✗	283
668	663	-5	-1% ✗	Pharmaceuticals	1,985	2,001	16	1% ✓	7,961
690	687	-4	-1% ✗		2,056	2,072	16	1% ✓	8,244
				Secondary Care					
213	202	-11	-5% ✗	Inpatients	628	605	-23	-4% ✗	2,420
109	101	-8	-8% ✗	Radiology services	339	303	-36	-12% ✗	1,212
100	115	15	13% ✓	Travel & Accommodation	277	345	68	20% ✓	1,380
1,519	1,520	1	0% ✓	IDF Payments Personal Health	4,557	4,561	3	0% ✓	18,242
1,941	1,938	-3	0% ✗		5,801	5,814	12	0% ✓	23,254
3,520	3,511	-9	0% ✗	Primary & Secondary Care Total	10,464	10,548	84	1% ✓	42,220
				Public Health					
17	25	8	33% ✓	Nutrition & Physical Activity	41	74	33	45% ✓	298
6	7	1	17% ✓	Public Health Infrastructure	18	22	4	17% ✓	88
14	5	-9	-196% ✗	Tobacco control	33	15	-18	-125% ✗	58
6	0	-6	0% ✗	Screening programmes	-2	0	2	0% ✓	0
43	37	-6	-16% ✗	Public Health Total	91	111	21	18% ✓	445
				Mental Health					
7	7	0	1% ✓	Dual Diagnosis A&D	21	22	0	1% ✓	86
2	2	0	0% ✗	Eating Disorders	6	6	0	0% ✗	23
20	20	0	1% ✓	Child & Youth Mental Health Services	60	61	1	1% ✓	243
5	5	0	1% ✓	Mental Health Work force	15	15	0	1% ✓	61
61	61	1	1% ✓	Day Activity & Rehab	182	184	2	1% ✓	735
11	11	0	1% ✓	Advocacy Consumer	32	32	0	1% ✓	130
81	82	1	1% ✓	Other Home Based Residential Support	242	246	3	1% ✓	982
11	11	0	1% ✓	Advocacy Family	33	33	0	1% ✓	134
10	29	19	66% ✓	Community Residential Beds	20	86	67	77% ✓	345
	0	0	100% ✓	Minor Expenses	0	0	0	100% ✓	1
92	92	0	0% ✓	IDF Payments Mental Health	275	275	0	0% ✓	1,100
299	320	21	7% ✓		886	960	74	8% ✓	3,839
				Older Persons Health					
	0	0	100% ✓	Information and Advisory	0	0	0	100% ✓	1
	0	0	0% ✓	Needs Assessment	0	0	0	0% ✓	0
51	64	14	22% ✓	Home Based Support	184	198	14	7% ✓	784
7	9	2	20% ✓	Caregiver Support	24	27	2	9% ✓	107
231	209	-22	-11% ✗	Residential Care-Rest Homes	699	640	-59	-9% ✗	2,538
9	10	1	9% ✓	Residential Care-Community	18	30	12	39% ✓	120
356	338	-17	-5% ✗	Residential Care-Hospital	1,046	1,037	-9	-1% ✗	4,114
	0	0	0% ✓	Ageing in place	0	0	0	0% ✓	0
9	10	0	5% ✓	Day programmes	28	30	2	6% ✓	118
13	18	5	28% ✓	Respite Care	27	55	28	52% ✓	220
1	1	0	1% ✓	Community Health	4	4	0	1% ✓	15
	0	0	100% ✓	Minor Disability Support Expenditure	0	1	1	100% ✓	3
58	58	0	0% ✓	IDF Payments-DSS	174	174	0	0% ✓	698
735	718	-19	-3% ✗		2,205	2,195	-10	0% ✗	8,720
1,034	1,038	2	0% ✓	Mental Health & OPH Total	3,091	3,155	64	2% ✓	12,559
4,597	4,587	-10	0% ✗	Total Expenditure	13,646	13,814	168	1% ✓	55,223

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

SOURCE: Planning & Funding
Alliance Leadership Team

DATE: 27 November 2014

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Committee;
i. Notes the Alliance Update.

3. SUMMARY

Progress of Note:

▪ Alliance Leadership Team (ALT)

- The team have received resignations from Carol Atmore (Primary and Secondary Medicine expertise) and Pam O'Hara (Mental Health expertise). The Alliance Coordinator will work with the Mental Health Workstream and with the Executive Management Team to identify appropriate replacement members.
- The ALT has approved a new model for distribution of rural funding subsidies following a proposal from the Rural Service Level Alliance.
- Work is underway to bring ALT members together with DHB and PHO Board members to set the direction and scope for Alliance activity for the 15/16 year. This will include reviewing local and national priority areas as well as the workstreams necessary to deliver on these.

▪ Mental Health Workstream

- A one day workshop is planned to agree on 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.

▪ Complex Clinical Care Network (CCCN)

- Support workers have completed all training for restorative packages of care and the ability to respond to need. Work for operational processes around management of referrals is ongoing.

- Review of the Inter-Disciplinary Teams has been completed with General Practice, Pharmacy, Allied Health and Clinical staff. Implementation of changes has been working well although there may be minor amendments going forward
- Ongoing training with home based providers is working well with the roll over of the restorative model of care.
- Support workers have begun training for the rapid rehab (CREST like) model of care. The pilot has shown gaps in the model and work is being done to ensure that we can actively manage the appropriate response for this group of clients. A communication plan is being drafted for both DHB staff and Primary care around the roll out of the rehab model later in Quarter 2.

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

- The single point of entry work group (part of the Buller IFHS workstream) is proposing a move away from a triage model that prioritises on the basis of acuity and which queues people, requiring some to wait. The workgroup is exploring the potential of the model observed on the Midland's visit where people are placed in the right place and appropriate clinicians come to them. This requires clear pathways that designate what services are to be provided by whom. This will include clinicians from Grey and possibly Canterbury DHB.
- During October the Buller workstream has been focussed on improving integration of after-hours care. A workshop centred on improving coordination of care for older persons and people with complex conditions has resulted in the establishment of a daily multidisciplinary meeting which is working well.
- Planning is underway to establish a single point of contact for accessing wrap-around services on weekends. Clinicians also met to plan the implementation of a 24/7 Buller based crisis resolution service.

▪ **Healthy West Coast**

- The first round of controlled purchase operations for tobacco retailer compliance has taken place for this year. 28 premises were visited, from Greymouth to Franz Josef, with one failure. This store has previously failed (within 6 months) and therefore the Ministry of Health are moving forward with a penalty fine.
- Mark Wallace-Bell was on the Coast in October to deliver two Quit Card workshops, one in Grey and one in Westport. Both sessions were advertised to PHO staff, DHB staff and to staff of NGOs.
- Planning has begun for the annual road show to update primary practices about Breastfeeding support services available to mothers.

▪ **Child and Youth**

- The West Coast Oral Health review has been presented to the Advisory Committees and the Board. A date has been set at the end of Term 4 for the Oral Health Team to meet and discuss the details regarding operationalising the recommendations.

- West Coast DHB Staff who will be key in implementing the West Coast Children's Team in 2016 attended a Ministry workshop on 29/30th October to understand and provide feedback on the Approved Information Sharing Agreement which will underpin the full implementation of the Children's Action Plan. The proposed Vulnerable Children's "Hub" and "ViKI" (Vulnerable Kids Information System) were also outlined for feedback.
- Work is continuing to implement the Child Injury Assessment Form in primary care to build on its use in Emergency Departments. Work has commenced to investigate the inclusion of the form on HealthPathways.
- The ALT have approved the direction of the proposed new model for Well Child Tamariki Ora Services on the Coast. The proposal is now being reviewed by the Ministry for their endorsement before further detailed planning takes place.

▪ **Pharmacy**

- Funding for the Pharmacist to GP programme has been confirmed through to June 2016 with the workstream continuing to support this activity.
- Each year Grey Base Hospital Pharmacy shares a pharmacist intern with West Coast community pharmacies. This resource assists with workforce management and gives the intern valuable experience. Renewal of this arrangement is due in February and depends on community pharmacy interest and willingness to pay for the intern's time.

Report prepared by:

Jenni Stephenson, Planning & Funding

Report approved for release by:

Stella Ward, Chair, Alliance Leadership Team

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

SOURCE: General Manager, Maori Health

DATE: 27 November 2014

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

This report is provided to Community & Public Health & Disability Support Advisory Committee as a regular update.

2. RECOMMENDATION

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

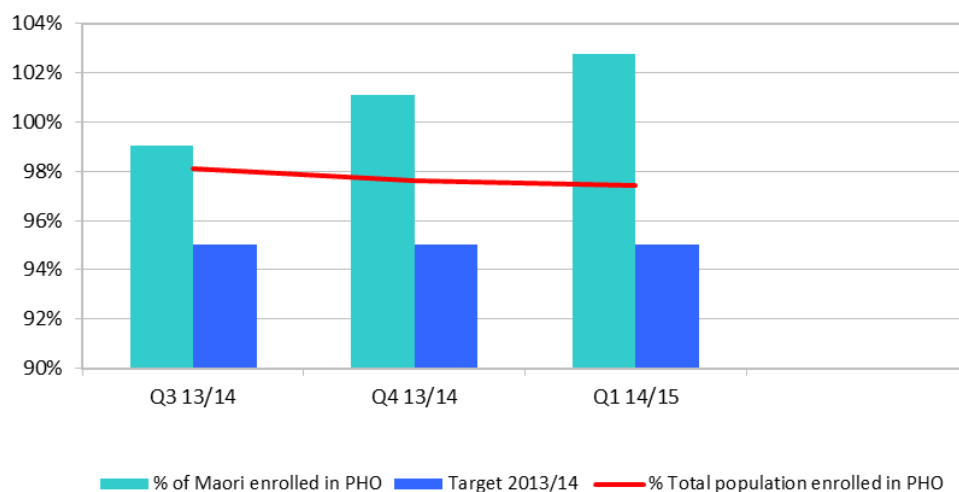
3. SUMMARY

Maori Health Quarterly Report – Q1, 2014/15

Access to care

Percentage of Maori enrolled in the PHO

PHO enrolment using 2013 Census population data



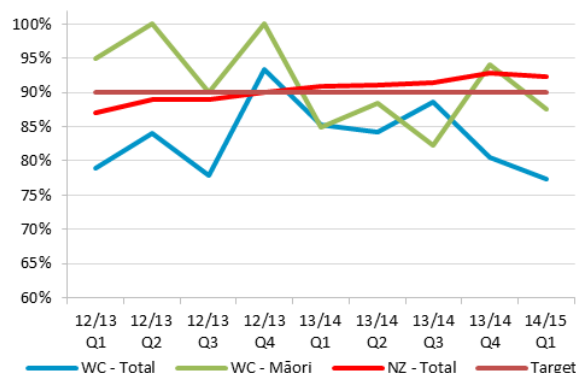
* 2006 census population was used as the denominator.

ACHIEVEMENTS/ISSUES OF NOTE

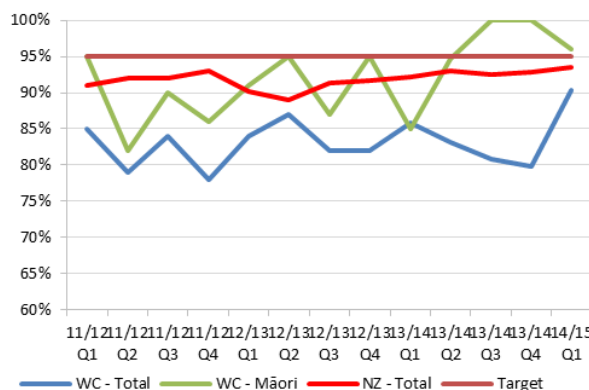
Enrolment in PHO: Using the 2013 population census figures 103% of Maori were enrolled with the PHO as at 30 September 2014. 3258 Maori were enrolled in quarter 1 compared to 3205 in quarter 4. The Census data shows total Maori population is 3171.

Child, Youth and Maternity

NEW Immunisation HT: Eight-month-olds fully immunised



Immunisation: Two-year-olds fully immunised



Eight-month-old immunisation: 88% of Maori babies have been immunised on time at 8 months of age in quarter 1 – 21 babies out of 24 eligible for this quarter. This is compared to 90% of non-Maori babies where 43 from 48 eligible babies have been immunised.

Two-year-old immunisation: 96% of Maori 2 year olds have been immunised on time in Quarter 1 – 24 from 25 eligible babies. This is compared to 93% NZ European babies - 54 from 58 eligible babies

Although only vaccinating 77% of our eligible children for the Increased Immunisation Health Target, we vaccinated 97% of consenting children with only two children missing the milestone age. While this is a slight decrease on last quarter, opt-off and declines were higher at 20.5% which continues to make meeting this target challenging. Strong results were achieved for Pacific and Asian at 100% and NZ European at 90% however Maori performance dropped to 88%.

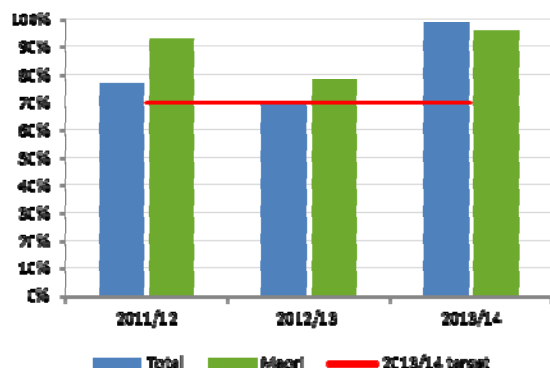
Breastfeeding: Breastfeeding results for the 12/13 year were released by the MoH during this reporting period. It is important to note that unfortunately the DHB is unable to present a full picture of breastfeeding results this year and it is Plunket services only. Poutini Waiora and the WCDHB also provide WCTO services, but due to national data issues with Plunket data the three data sources cannot be accurately combined as they have been in the previous years. Data for 2013/2014 will be released soon.

Breastfeeding Support: The community lactation consultancy and breastfeeding advocate have made 190 contacts including 61 face to face (home visits/clinic) to provide breastfeeding support. There have been 5 Maori clients in Quarter 1. The notable increase in lactation consultancy contacts this quarter is attributed to a new process where by all new birth mothers are contacted early irrespective of breastfeeding issues. Of the 72 newborn contacts, 23 required further follow up.

Newborn Enrolment: The Newborn enrolment form and process is now embedded into services. This ensures timely enrolment to 5 services; Community Oral Health service, National Immunisation Register, General Practice, Breastfeeding Support, Well Child/Tamariki ora service. An evaluation is currently taking place.

More Heart & Diabetes checks

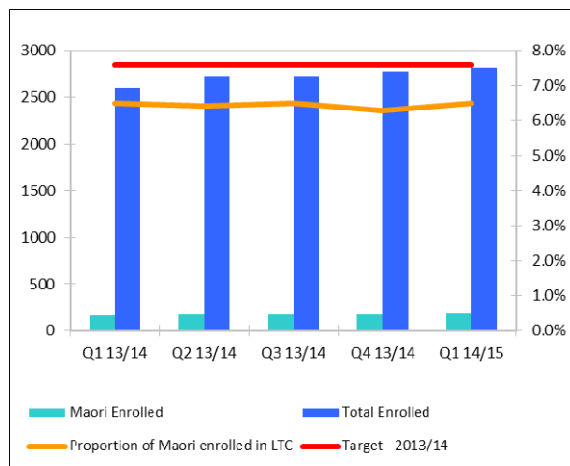
Diabetes Annual Review: % of people estimated to have diabetes who have had an annual check during the year



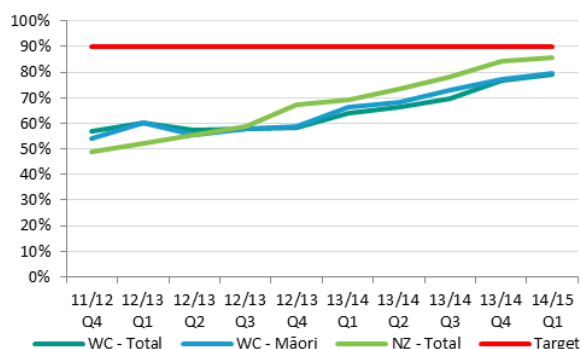
Diabetes Good Management: % of people who have HBA1c levels at or below 8.0 when assessed at their annual check



Number of people enrolled in the Long Term Condition Programme



More Heart and Diabetes Checks Health Target: % of eligible PHO population having had a CVD risk assessment in the last 5 years



Diabetes: Maori still continue to show a good rate of access to Diabetes Annual Reviews however management of their diabetes could be improved. 81% of Maori with diabetes have had Retinal Exams, 63% show HBA1c levels at or below 8.0, 78% are non-smokers and 59% are on statins.

The Ministry of Health no longer measure diabetes annual reviews undertaken as a percentage of the overall population estimated to have diabetes. The More Heart and Diabetes Checks national health target now covers this and as such the quarterly graph for diabetes annual reviews above now shows the actual number of reviews that have been undertaken year to date. Of the 381 people who had their diabetes review during the September quarter, 75.4% of the overall population had good diabetes management. Maori results were lower at only 63%. Our target for diabetes good management is 80%.

CVD Health Target

‘More heart and diabetes checks’ will measure the number of completed cardiovascular Risk Assessments (CVRA) for all eligible persons within the last five years (which includes a diabetes check). The national goal is 90% since 1 July 2013.

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

Maori make up 8.1% of completed CVRAs this quarter. By comparison, Maori make up 9.8% (1009) of the eligible cohort for CVRA on the West Coast. (The eligible age range for Maori is male 35-74 years and for female 45-74 years).

The smoking profile for CVRAs completed this quarter for Maori is 65% not smoking compared with other ethnicities

screened not smoking 79%.

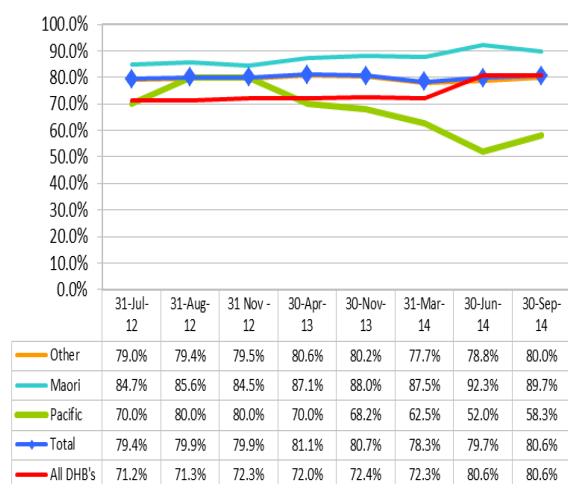
The newly appointed Kaupapa Maori Nurse in Greymouth is working on overdue CVRA lists with the practices.

Green Prescription: Quarter 1 data shows 9 referrals to the Green Prescription programme in the Grey district for Maori and only 1 referral in the Buller district. The major group of conditions this quarter is people with elevated body mass index (BMI), followed by depression/anxiety and cardiovascular disease.

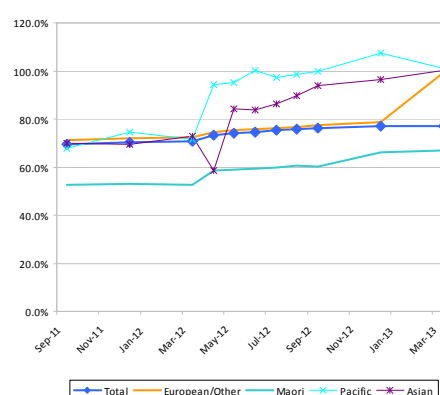
Long Term Condition Management (LTC): 183 Maori are enrolled in the Long Term Conditions programme as at Sept 30 2014. For quarter 1 Maori enrolment makes up 6.5% of all enrolment in the LTC programme. The target is 7.6%. For comparison Maori make up 6.2% of the enrolled population at the primary practices aged 45 years and above. Collaboration with Poutini Waioara to integrate services to support Maori identified as having LTCs is occurring. There is on-going work within practices to identify eligible people and increase enrolments in level 2 and level 3.

Cancer

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



Percentage of eligible Maori women (25-69) receiving cervical screening in the last 3 years ending Dec 2013



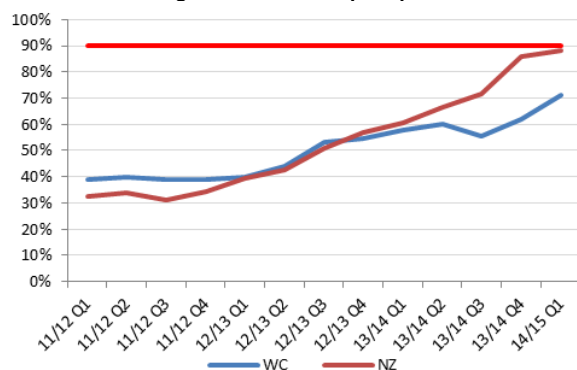
ACHIEVEMENTS/ISSUES OF NOTE

Breast Cancer Screening: Approximate 80.6% of all eligible women aged 45-69 age-groups on the West Coast have undergone breast screening for the period ending 30 Sept 2014. The coverage for eligible Maori women (89.7%) is higher compared to all other ethnicities on the West Coast. The West Coast DHB is the lead DHB for this target across all other DHBs nationwide with the next closest being Nelson Marlborough with 86.4% of eligible Maori women being screened.

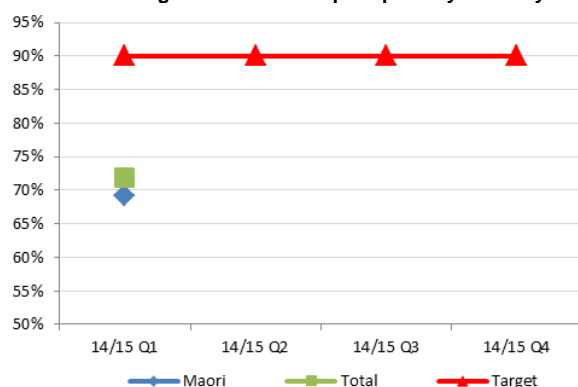
Cervical cancer screening: At the end of June 2014, the preliminary three year coverage result for cervical screening on the West Coast non-Maori was 79.2% - 5755 from 7270 eligible. The coverage rate for eligible Maori women is at 72.8% - 512 from 703 eligible, an increase from last quarter and a sustained increase from June 2011 where the coverage was just 52.1%. The process for cervical screening is being embedded into the practices with overdue priority lists regularly being forwarded through to the Maori cervical screening. Additionally to this the Maori cervical screener is working very closely with Poutini Waioara to locate those hardest to reach and holding community clinics.

SMOKING CESSATION

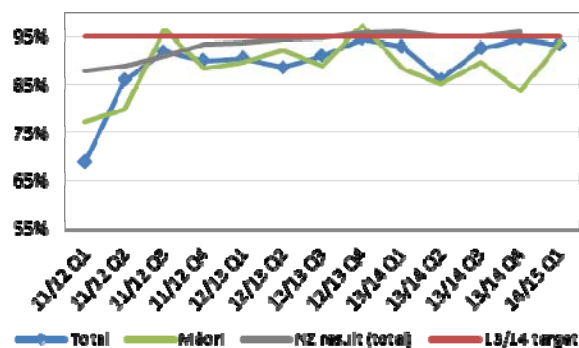
Primary Smokefree Health Target: Smokers attending primary care given advice & help to quit



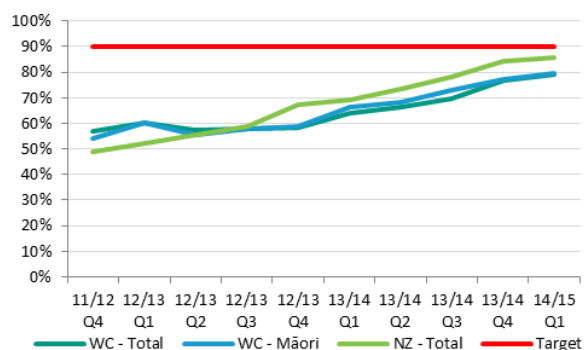
Primary Smokefree Karo data: Smokers attending primary care given advice & help to quit – by ethnicity



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



More Heart and Diabetes Checks Health Target: % of eligible PHO population having had a CVD risk assessment in the last 5 years



ACHIEVEMENTS/ISSUES OF NOTE

Primary Smokefree Health Target: Results for Quarter 1 2013/14 show 70% of Maori have attended general practice and have been offered advice and support to quit, this is an increase from 62% last quarter.

There is a comprehensive plan in place to improve this target. Joe Mason Aukati Kai Paipa Smoking Cessation Co-ordinator is working with Poutini Waiora to streamline the pathway for whanau into this service. Additionally through the Healthy West Coast Workstream a plan is being developed that will give recommendations on the prioritisation of Maori access to all smoking cessation services. As part of this plan Joe Mason the Aukati Kai Paipa smoking cessation practitioner has been provided with a practice list of Maori from High Street Medical Centre who are recorded as smokers but had not yet been offered ABC. Of those that Joe has cold called he has had a great success rate of approximately 30% who are now on the AKP smoking cessation programme. The next practice that Joe will be targeting will be Westland Medical Centre.

Aukati Kai Paipa: For the quarter March to June 2014 the AKP service is working with 44 clients, 11 who identify as Maori with a 33.3% validated abstinence rate at 3 months. The Aukati Kai Paipa cessation adviser is working more closely with practices and Poutini Waiora which is resulting in increased referrals to the service.

PHO Coast Quit Programme: For the quarter June to Sept 2014 .12.5% (18) Maori accessed the Coastquit cessation service an increase from last quarter of 7. This service has a poor access rate for Maori and this is one issue that we are aiming to address in the Maori Cessation plan.

The Maori Smoking Cessation plan is in it's final draft.

Report prepared by: Kylie Parkin, Maori Health

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

WEST COAST DISTRICT HEALTH BOARD MEETING
To be held at West Coast Regional Council, Greymouth
On Friday 31 October 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

- 26 September 2014

3. Carried Forward/Action List Items

REPORTS **10.25am**

- | | | | |
|-----|---|--|-------------------|
| 4. | Chair's Update
(Verbal Update) | Peter Ballantyne
<i>Chairman</i> | 10.25am - 10.35am |
| 5. | Chief Executive's Update | Michael Frampton
<i>Programme Director</i> | 10.35am - 10.50am |
| 6. | Clinical Leader's Update | Mark Newsone
<i>General Manager, Grey/Westland</i> | 10.50am - 11.00am |
| 7. | Finance Report | Justine White
<i>General Manager, Finance</i> | 11.00am - 11.10am |
| 8. | Maori Health Plan Update | Gary Coghlan
<i>General Manager, Maori Health</i> | 11.10am - 11.25am |
| 9. | Oral Health Review Update | Michael Frampton
<i>Programme Director</i> | 11.25am - 11.45am |
| 10. | Report from Committee Meetings | (Late Papers due to timing of meetings.) | |
| | - CPH&DSAC
23 October 2014 | Elinor Stratford
<i>Chair, CPH&DSAC Committee</i> | 11.45am – 11.55am |
| | - Hospital Advisory Committee
23 October 2014 | Sharon Pugh
<i>Chair, Hospital Advisory Committee</i> | 11.55am – 12.05pm |
| | - Tatau Pounamu Advisory Group
23 October 2014 | Elinor Stratford
<i>Board Representative to Tatau Pounamu</i> | 12.05pm – 12.10pm |
| 11. | Resolution to Exclude the Public | <i>Board Secretariat</i> | 12.10pm |

INFORMATION ITEMS

- 2014 Meeting Schedule

ESTIMATED FINISH TIME **12.10pm**

NEXT MEETING

Friday 12 December 2014

COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE 23 OCTOBER 2014



TO: Chair and Members
West Coast District Health Board

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

DATE: 31 October 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 23 October 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 –23 October 2014.

3. SUMMARY

ITEMS OF INTEREST FOR THE BOARD

a) Community & Public Health Update.

This report provided the Committee with updates on:

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.

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.

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 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.

The report was noted.

c) **Alliance Update**

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

- Alliance Leadership Team
- Mental Health Workstream
- Complex Clinical Care Network (CCCCN)
- Grey/Westland & Buller Family Health Services (IFHS)
- Healthy West Coast
- Child & Youth and
- Pharmacy

At the last Committee meeting members raised the point that the Planning & funding Report and the Alliance sometimes provided the same information. Phil Wheble, Team Leader, Planning & Funding, presented an alternative form of reporting around the Alliance. Whilst this includes some detailed information the Committee will provide feedback after the next meeting once they have had an opportunity to study the report.

The report was noted.

d) **Clinical Leaders Update**

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

e) **Oral Health Review**

This report is included in today's Board papers.

4. **APPENDICES**

Appendix 1: Agenda – Community & Public Health & Disability Support Advisory Committee – 23 October 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 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
<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. | General Business | Elinor Stratford
Chair | 9.55am - 10.15am |
| 8. | Oral Health Review | Bridget Lister
<i>Project Specialist, Planning & Funding</i> | 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

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 Oral Health Review Update	Health Target Q1 Report Planning & Funding Update Community & Public Health Update Alliance Update Maori Health Plan 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						Suicide Prevention Progress	
GOVERNANCE AND SECRETARIAT	2014 Work Plan							
DSAC Reporting	As available	As available	As available	Disability Action Plan Process for Development	As available	As available	Disability Action Plan Update	
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 2015 Schedule of Meetings	

WEST COAST DHB – MEETING SCHEDULE

JANUARY – DECEMBER 2015

DATE	MEETING	TIME	VENUE
Thursday 29 January 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 29 January 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 29 January 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 13 February 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 12 March 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 12 March 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 12 March 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 27 March 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 23 April 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 23 April 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 23 April 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 8 May 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 4 June 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 4 June 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 4 June 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 26 June 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 23 July 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 23 July 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 23 July 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 7 August 2015	BOARD	10.15am	St Johns Waterwalk Rd, Greymouth
Thursday 10 September 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 10 September 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 10 September 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 25 September 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 22 October 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 22 October 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 22 October 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 6 November 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 3 December 2015	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 3 December 2015	HAC	11.00am	Boardroom, Corporate Office
Thursday 3 December 2015	QFARC	1.30pm	Boardroom, Corporate Office
Friday 11 December 2015	BOARD	10.15am	St John, Waterwalk Rd, Greymouth

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