

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 29 January 2015
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 29 January 2015 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

27 November 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. Health Target Report Q1

Phil Wheble
Team Leader, Planning & Funding

9.55am – 10.10am

8. General Business

- Discussion re 2015 Work Plan

Elinor Stratford
Chair

10.10am - 10.25am

ESTIMATED FINISH TIME

10.25am

INFORMATION ITEMS

- Board Agenda – 12 December 2014
- Chair's Report to last Board meeting
- Committee Work Plan 2015
- West Coast DHB 2015 Meeting Schedule

NEXT MEETING

Date of Next Meeting: Thursday 12 March 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
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
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

Member	Disclosure of Interest
Jenny McGill	<ul style="list-style-type: none"> Husband employed by West Coast DHB
Joseph Mason	<ul style="list-style-type: none"> Representative of Te Runanga o Kati Wae Wae Arahura Employee Community and 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, 27 November 2014 commencing at 9.00am

PRESENT

Elinor Stratford (Chairperson); John Ayling; Lynette Beirne; Cheryl Brunton, Michelle Lomax Joe Mason; Jenny McGill; John Vaile and Peter Ballantyne (ex-officio).

APOLOGIES

Apologies were received and accepted from Mary Molloy and Robyn Moore.

EXECUTIVE SUPPORT

Mark Newsome, General Manager, Grey/Westland; Phil Wheble (Team Leader, Planning & Funding)(via video conference); Gary Coghlan (General Manager, Maori Health); Kathleen Gavigan (General Manager, Buller) (via video conference) Paul Norton (Quality & Patient Safety Manager); and Kay Jenkins (Minutes).

WELCOME

Gary Coghlan led the Karakia.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

John Ayling advised that Access Home Health has now been sold to Greencross.

Jenny McGill advised that she is no longer in employment with Lifelinks.

Joe Mason advised that he is a representative of Te Runanga o kati wae wae Arahura

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: Cheryl Brunton; Seconded: Michelle Lomax - carried)

“That the minutes of the meeting of the Community and Public Health and Disability Support Advisory Committee held on 23 October 2014 be confirmed as a true and correct record with an addition to the last paragraph of item 4 – amend to read “...new alcohol covers television advertising, *it does not*, and the Committee noted.....”

3. CARRIED FORWARD/ACTION ITEMS

The Carried Forward/Action Items were noted.

4. DISABILITY ACTION PLAN UPDATE

Cathy O'Neil, Planning & Funding provided the Committee with an update on the Disability Action Plan. The Committee noted that a major rewrite of the plan previously presented is taking place based on Consumer Council feedback. It is intended to consult widely with West Coast communities and there will also be a presentation to the Alliance Leadership Team.

The timing for the Action Plan is March 2015.

The update was noted

5. COMMUNITY & PUBLIC HEALTH UPDATE

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

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.

Discussion took place gastroenteritis and the correlation of this with dairy farming.

A query was made regarding whether there is a healthy eating policy at the West Coast DHB and the Committee noted that there is a policy and there is an intention to update this.

The Report was noted.

6. 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 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.

The report was noted.

7. 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 (CCCCN)
Grey/Westland & Buller Family Health Services (IFHS)
Healthy West Coast
Child & Youth and
Pharmacy

The Committee noted that the resignation of Chief Medical Officer, Dr Carol Atmore, has also left a vacancy on the Alliance Leadership Team and with one other resignation these 2 vacancies plus the appointment of a Maori Representative will take place over the next few months.

The update was noted.

8. SUICIDE PREVENTION GOVERNANCE GROUP UPDATE

Cheryl Brunton, Acting Chair of the Suicide Prevention Governance Group provided the Committee with an overview of this group and also the Suicide Action Group which sits below this group. The Committee noted the membership of the Group and also that the Action Group had broader representation from both staff, government and non-government agencies.

Both Groups have Terms of Reference and a work plan has been established with the aim of producing a suicide prevention plan early in the New Year.

The verbal update was noted.

9. MAORI HEALTH PLAN UPDATE

Gary Coghlan, General Manager, Maori Health presented this report which was taken as read.

Mr Coghlan commented that work is taking place in some areas to improve outcomes but generally we are seeing some good results.

The Committee noted that

- the opening of the Marae at Arahura took place on 21 November;
- Ethnicity Data Audit Training (EDAC) Approximately 20 general practice office managers and administrators from across the West coast attending EDAC training hosted by the West Coast PHO as part of the Ethnicity Data Audit Toolkit.
- The Maori mental health team continue to work to strengthen and develop this service on the West Coast. They are supported in this by the Canterbury DHB.

The update was noted.

10. GENERAL BUSINESS

The Chair thanked John Ayling for his contribution to the Committee over the many years and wished him well in his retirement.

INFORMATION ITEMS

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

There being no further business the meeting concluded at 10.30am.

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 29 JANUARY 2015

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
1.	26 November 2014	Suicide Prevention Progress	Further progress report to be provided to Committee	Next Update April 2015
2.	26 November 2014	West Coast Disability Action Plan	Update on progress to be provided to Committee	Next Update March 2015
3.	26 November 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: 29 January 2015

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 WCDHB CPHAC/DSAC COMMUNITY AND PUBLIC HEALTH (CPH)

January 2015

Social Impact Assessment Westland Class 4 Gaming Policy

Preparations are underway for a Social Impact Assessment to assess Class 4 Gambling in the Westland District. CPH is working with Westland District Council to run a workshop day on the 12th of February. The assessment will inform the review of the Council's Class 4 Gambling Policy.

Submissions on Regional Land Transport Plan and Regional Public Transport Policy

Active West Coast (AWC) has submitted to the West Coast Regional Council's Regional Land Transport Plan and the Regional Public Transport Plan. The main points covered in AWC's submission include support for improved route safety, development of safe-passing opportunities, the Taramakau clip-on and continued provision of the Total Mobility scheme and taxi services to assist people with disabilities and the transport disadvantaged. A call for more investment in walking and cycling was included. AWC also requested the reinstatement of the roundabout safety development of Marlborough St which was scheduled for the 14/15 year but which lost its priority rating and as a result the work has been deferred.

Work with Police to reinforce new breath and blood alcohol limits

Following on from work carried out last November to help raise awareness of the new lower blood and breath alcohol limits coming into force from 1st December CPH staff worked with Police at two alcohol checkpoints in Westport and two in Greymouth in the weeks prior to the Christmas break. Drivers were provided with a leaflet about lower alcohol limits as well as a 'Not Beersies' water bottle or a 'Yeah Nah' pen or keyring. The promotion was a good way to raise awareness of the lower alcohol levels and to encourage people to drink non-alcoholic drinks if they are driving. It also provided a good opportunity to liaise and work with the local police staff. The 'Not Beersies' message (created by the Health Promotion Agency) was well-received.



Kumara Races

CPH facilitated a planning meeting between CPH, Police and the Kumara Race Committee several months before the event which was held on 10 January. A supply of condoms and Good Memories No Regrets posters with messages about Safe Drinking and Safe Sex were also distributed prior to the event to local hotels. Health messages were shared on race day via posters at the course, a 'Not Beersies' graphic in the programme and messages over the big screen in front of the grandstand. A CPH staff member worked with Police later in the day at a checkpoint operation where drivers were screened for any alcohol consumption. Over 340 drivers were stopped and only about 6 of those driving vehicles had consumed any alcohol. None of these drivers was over the new lower alcohol limits. It was clear that many of the drivers had been designated as the driver well before the event. Most drivers seem to be aware of the new lower alcohol limits – this was positive.



The Kumara Race Committee is keen for a debrief meeting to be held by early February. CPH will be coordinating this meeting with members of the committee and Police.

Buller water supplies

There is an on-going incident affecting the Punakaiki water supply and the community has been back on a boil water notice since the 4th January after samples taken on the 2nd and 3rd of January showed *E.coli* contamination. There is a leak somewhere in the distribution system, the exact site of which has yet to be located. This has meant the treatment plant has not been able to cope with demand and a local contractor has had to fill the storage tanks directly from the stream. It may take some time to resolve but first the leak has to be found and repaired and then the whole system will have to be disinfected. The Council has been in communication with CPH's Drinking Water Team and they have been following the necessary steps as per the Drinking Water Standards.

On a more positive note, the upgrades to the filtration plant and the new UV treatment plant at Westport are up and running and they are into their commissioning period to ensure it is all working properly.

Review of WCDHB Healthy Eating Policy

CPH is currently supporting the West Coast DHB in the review of its Healthy Eating Policy. The current policy was developed in August 2005. As part of this project, CPH are reviewing other DHB policies and working in partnership with the WCDHB dieticians for support.

Health Promoting Schools

The Health Promoting Schools Facilitator has now completed the School Community Health and Wellbeing Review Tool with all West Coast priority schools. The tool has been used to support schools to self-review the level of integration of wellbeing into their school communities as well as identifying the current wellbeing priorities for the school. Wellbeing priorities that are being identified through the tool and subsequent conversations include; emotional/mental wellbeing, whanau engagement, strengthening partnership collaboration, healthy eating and staff wellbeing. The facilitator is now working alongside schools to develop a school community-wide plan to address these priorities throughout the year.

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

SOURCE: Planning & Funding

DATE: 29th January 2015

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

This report is a standing agenda item, highlighting the progress made 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 5-month period to 30 November 2014; with 99.6% of patients admitted, discharged or transferred within 6 hours, and 95.1% 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 was 6 operations ahead of our Electives health target for the four months to 31 October 2014.

✗ Key Issues & Associated Remedies

- 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, with Quarter 2 data expected in the coming weeks. Best practice initiatives continue, however the effects of small numbers remain challenging.

① Upcoming Points of Interest

• Community Engagement Buller

• Improved Transport Options for Patients to Access Health Services

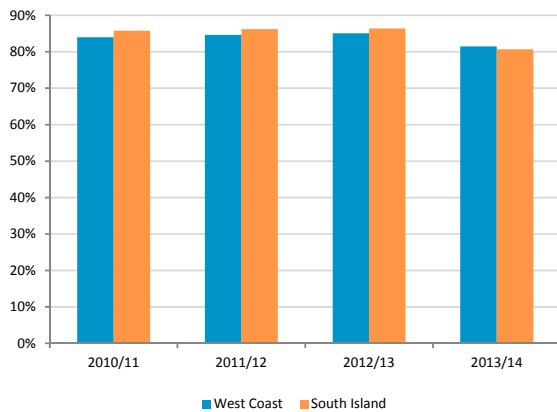
St John are currently recruiting for volunteers to run a new community health shuttle to assist people who are struggling to get to appointments at Grey Base Hospital due to lack of suitable transport for themselves. The shuttle will be based in Greymouth and it is proposed to commence operations in March 2015. Depending on demand, the service will operate around the Greymouth area including such places as Blackball, as well as further afield to Hokitika, and run five days per week Monday to Friday. The health shuttle initiative arose following consultation between St John, Four Square, West Coast DHB, West Coast PHO, and local community agencies and interest groups. The vehicles and set-up costs are being sponsored by Four Square as part of a wider sponsorship of similar initiatives around the South Island.

Report prepared by: Planning & Funding

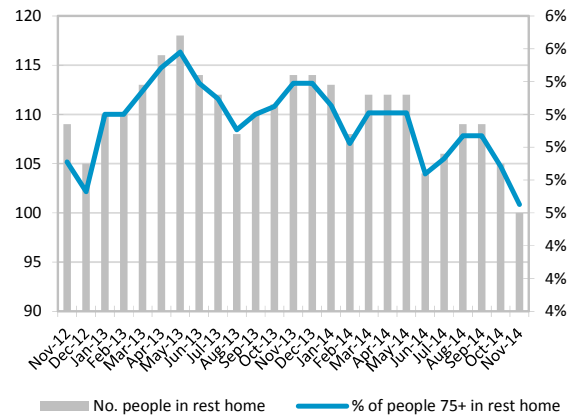
Report approved for release by: Carolyn Gullery, General Manager, Planning & Funding

Older Persons' Health

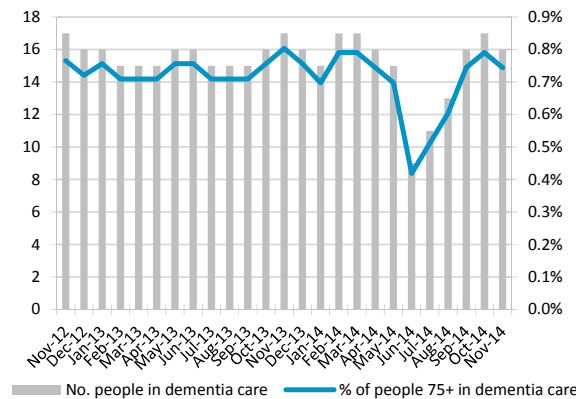
% of people 75+ living in their own homes



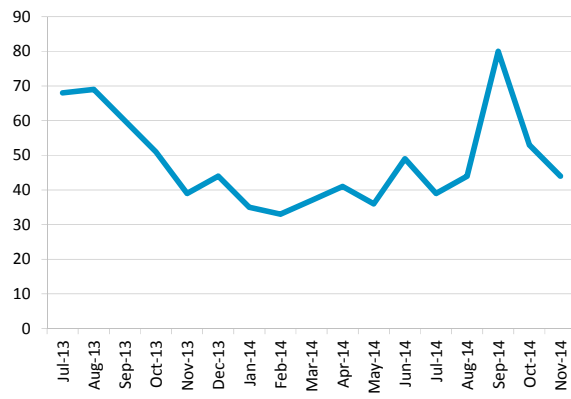
% of people aged 75+ admitted in Rest Home level care



% of people aged 75+ in Specialist Dementia Care



Number of interRAI assessments completed



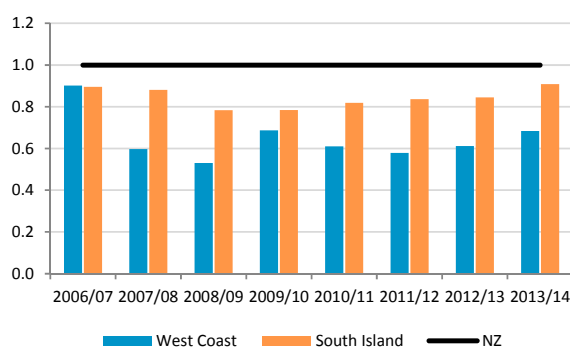
Achievements / Issues of Note

The past month has been focussed on improving service delivery to remote areas and continuation of support worker training.

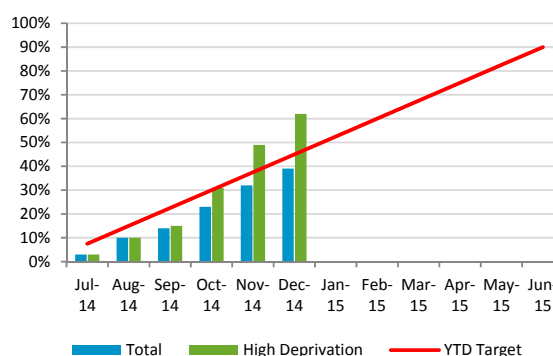
Due to staff shortages within the Complex Clinical Care Network interRAI assessments have dropped with urgent assessments taking priority.

Child, Youth & Maternity

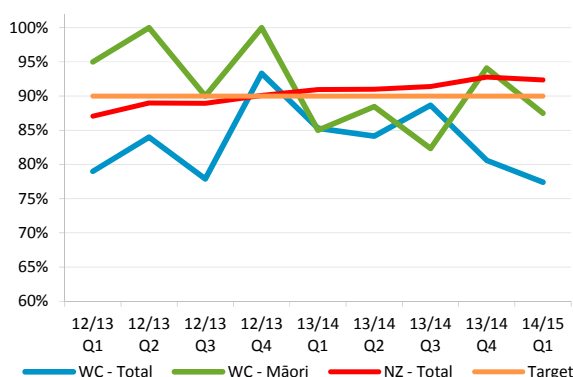
Acute medical discharge rates for children (age 0-14)



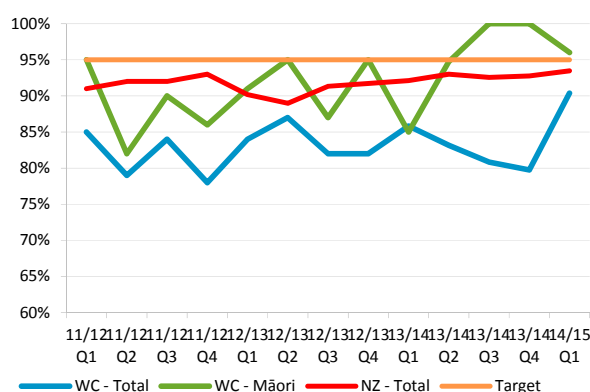
B4 School Check coverage



Immunisation HT: Eight-month-olds fully immunised



Two-year-olds fully immunised



Achievements / Issues of Note

Immunisation: As reported previously, 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 in Quarter 1. Data for Quarter 2 is expected next month.

B4 School Check coverage: We are pleased to have further increased performance against our high deprivation group in December with 62% having had a B4 School Check—exceeding target by 17%. Although we did not meet the target for total population at 39% coverage, this was only 24 checks behind.

Maternity: As part of the Maternity Quality & Safety Programme, a “We Care About Your Care” form has been implemented to gain feedback from women regarding; access to Pregnancy & Parenting Education; level of information regarding their labour and delivery; and questions relating to the post natal care they received. Information from this survey, as well as other key Quality Indicators, is now being displayed on McBrearty Ward.

Mental Health

	0-19 Years			20-64 Years			65+		
Mental Health Provider Arm	Client seen	(%)	Cumm %	Client seen	(%)	Cumm %	Client seen	(%)	Cumm %
≤3 weeks	151	68.0%	68.0%	176	84.6%	84.6%	54	84.4%	84.4%
3-8 weeks	71	32.0%	100.0%	25	12.0%	96.6%	9	14.1%	98.4%
>8 weeks	0	0.0%		7	3.4%		1	1.6%	
Total	222	100.0%		208	100.0%		64	100.0%	
Provider Arm & NGO (AOD)	Client seen	(%)	Cumm %	Client seen	(%)	Cumm %	Client seen	(%)	Cumm %
≤3 weeks	37	54.4%	54.4%	200	81.0%	81.0%	10	83.3%	83.3%
3-8 weeks	25	36.8%	91.2%	37	15.0%	96.0%	1	8.3%	91.7%
>8 weeks	6	8.8%		10	4.0%		1	8.3%	
Total	68	100.0%		247	100.0%		12	100.0%	

		3 week target: 80%	3W	3W	Progress	8W	8W	
		8 week target: 95%	Q1	Q2		Q1	Q2	Progress
% of people referred for non-urgent mental health services seen within 3 and within 8 weeks	Age 0-19	73.9	68	▼-5.9	93.5	100	▲ 6.5	
	Age 20-64	62	84.6	▲ 22.6	88	96.6	▲ 8.6	
	Age 65+	89.3	84.4	▼-4.9	96.4	98.4	▲ 2	
	Total	76.1	77.1	▲ 1	93.4	98.4	▲ 5	
% of people referred for non-urgent addictions services seen within 3 and within 8 weeks	Age 0-19	66.7	54.4	▼-12.3	83.3	91.2	▲ 7.9	
	Age 20-64	72.2	81	▲ 8.8	88.9	96	▲ 7.1	
	Age 65+	78.8	83.3	▲ 4.5	94.2	91.7	▼-2.5	
	Total	77.4	75.5	▼-1.9	93.5	94.8	▲ 1.3	

Achievements / Issues of Note

The West Coast DHB wait time results continue to be mixed, but have generally improved across almost all age groups.

Non-urgent mental health wait time targets have once again been achieved for adults (20+) at both 3 and 8 weeks.

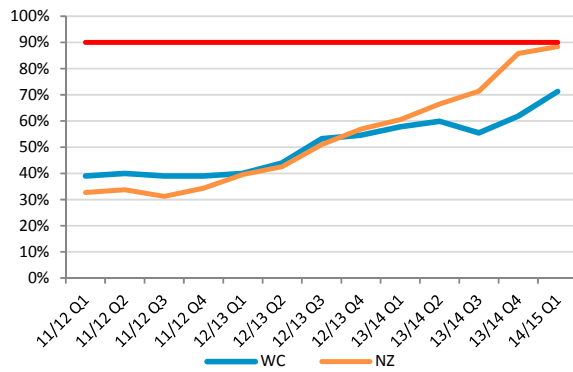
Non-urgent mental health wait time targets have not been met for 0-19 year olds – however improvements have been made in the total wait times with 100% of clients being seen within 8 weeks.

Non-urgent addiction services wait time targets have been achieved for adults (20+) at 3 weeks and 8 weeks and adults (65+) at 3 weeks.

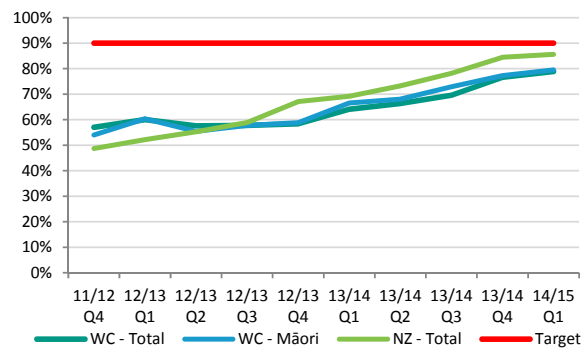
Non-urgent addiction services wait time targets have not been met for 0-19 year olds or for adults (65+) at 8 weeks – however both are within 5% of target at 8 weeks.

Primary Care & Long-Term Conditions

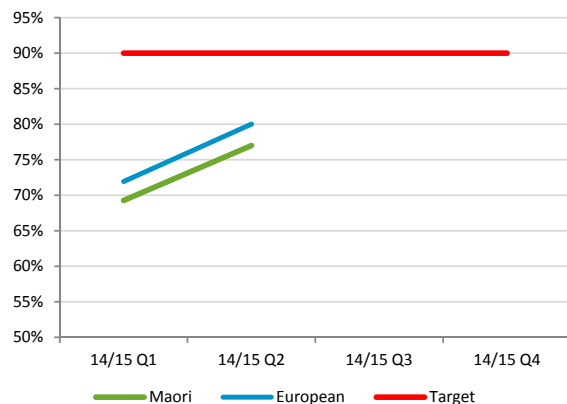
Primary Smokefree Health Target: Smokers attending primary care given advice & help to quit



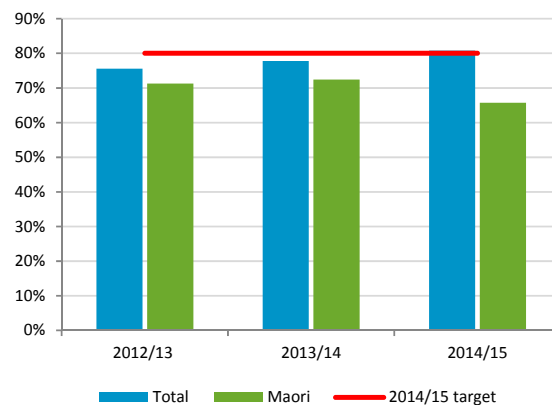
More Heart and Diabetes Checks Health Target: % of eligible PHO population having had a CVD risk assessment in the last 5 years



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

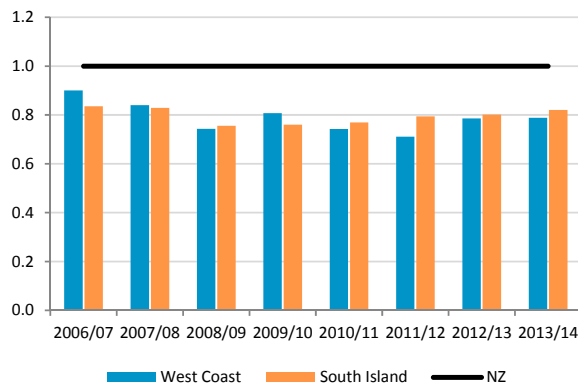
Primary care better help for smoker's health target: West Coast general practices have reported giving 3,393 smokers cessation advice in the 12 months ending September 2014, representing 71.3% of smokers expected to attend general practice during the period. While this is a pleasing 9.3% increase on last quarter, we are still 18% off target. Preliminary internal Karo data suggests another increase is ahead for Quarter 2 with 80% of smokers receiving help and advice to quit as at December.

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. Preliminary internal Karo data suggests another increase is ahead for Quarter 2 with 83% having completed a CVDRA as at December 2014.

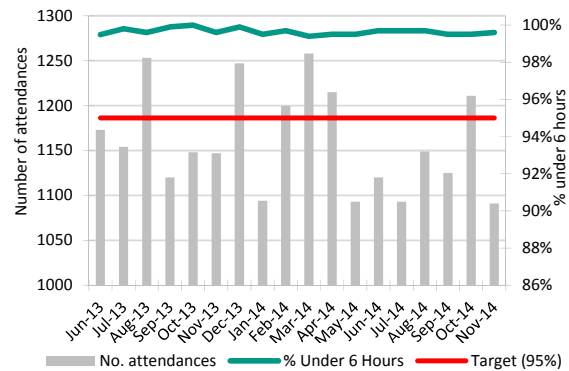
Diabetes: The Ministry of Health no longer measure diabetes annual reviews undertaken as a percentage of the overall population estimated to have diabetes. The More Heart and Diabetes Checks national health target now covers this and as such the quarterly graph for diabetes annual reviews above now shows the actual number of reviews that have been undertaken year to date. As previously reported, 75.4% of the overall population had good diabetes management as at Quarter 1. Maori results were lower at only 63%. Our target for diabetes good management is 80%. Quarter 2 progress is not yet available.

Secondary Care & System Integration

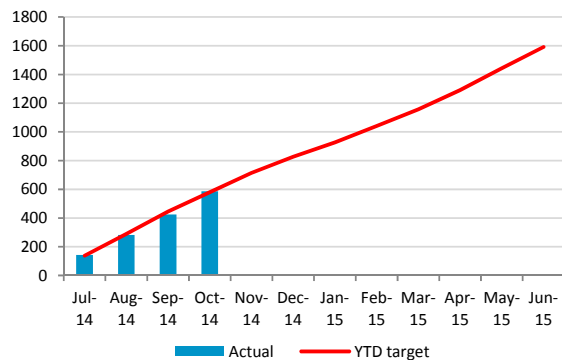
Acute Medical Discharge Rate



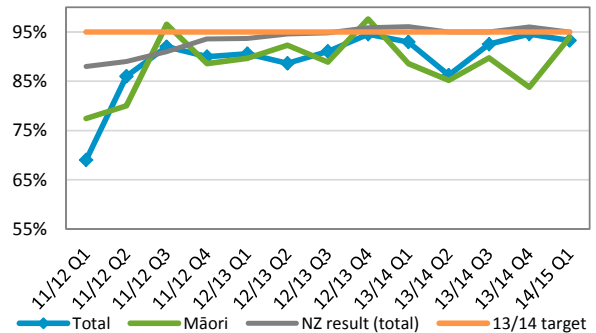
**Emergency Department (ED):
Attendances & <6 Hours Health Target**



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 99.4% of patients admitted, discharged or transferred from ED within six hours during Quarter 2.

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.

As reported previously 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. Our first set of results against this new target is not yet available.

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. Results for Quarter 2 are expected in the coming weeks.

Electives health target: The West Coast DHB was six cases ahead of our progress target of 580 operations completed for the four months to 31 October 2014. 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.

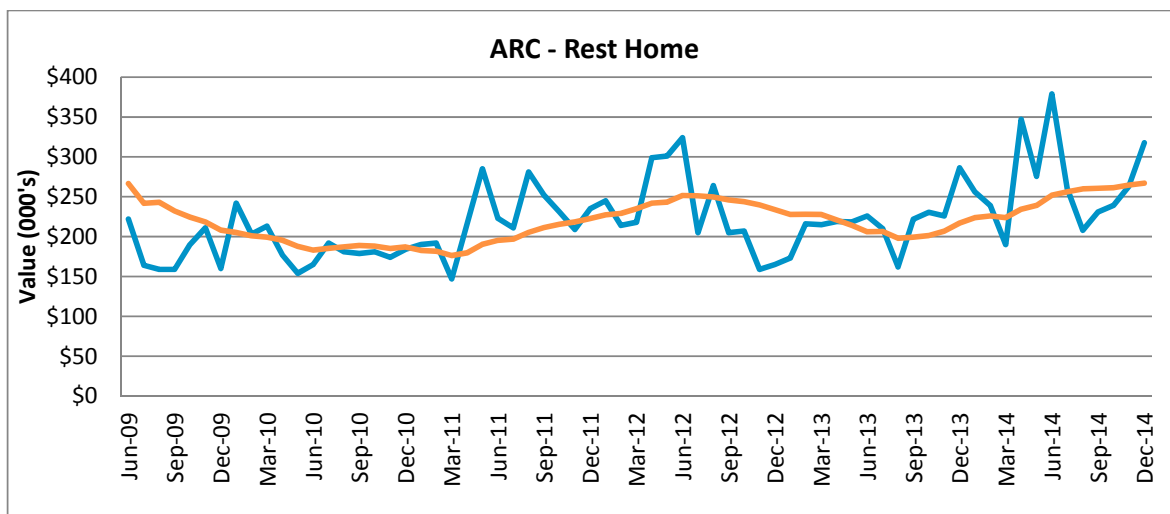
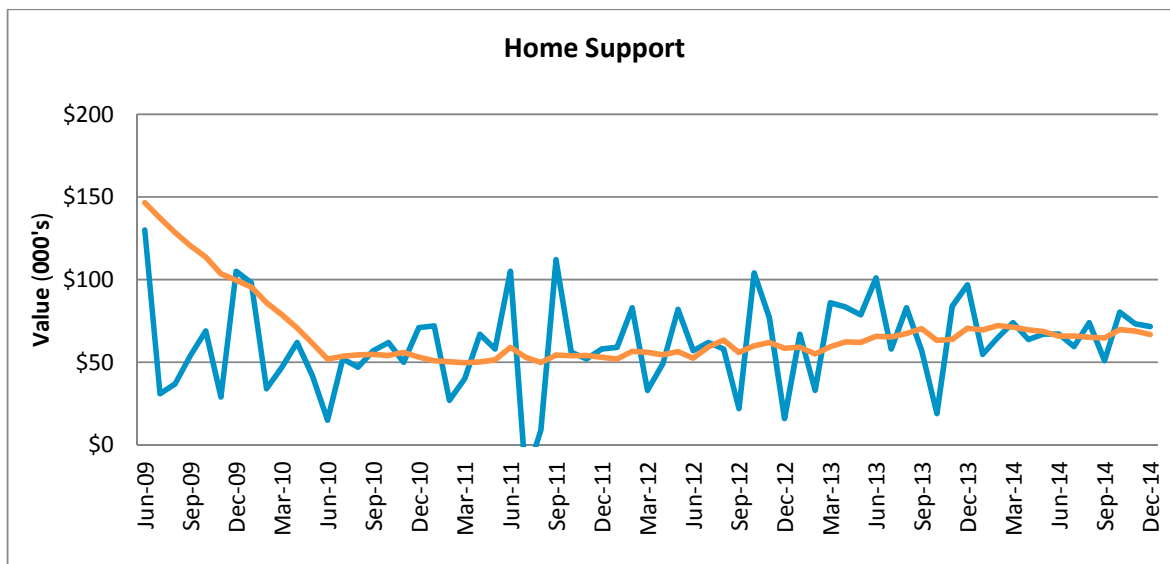
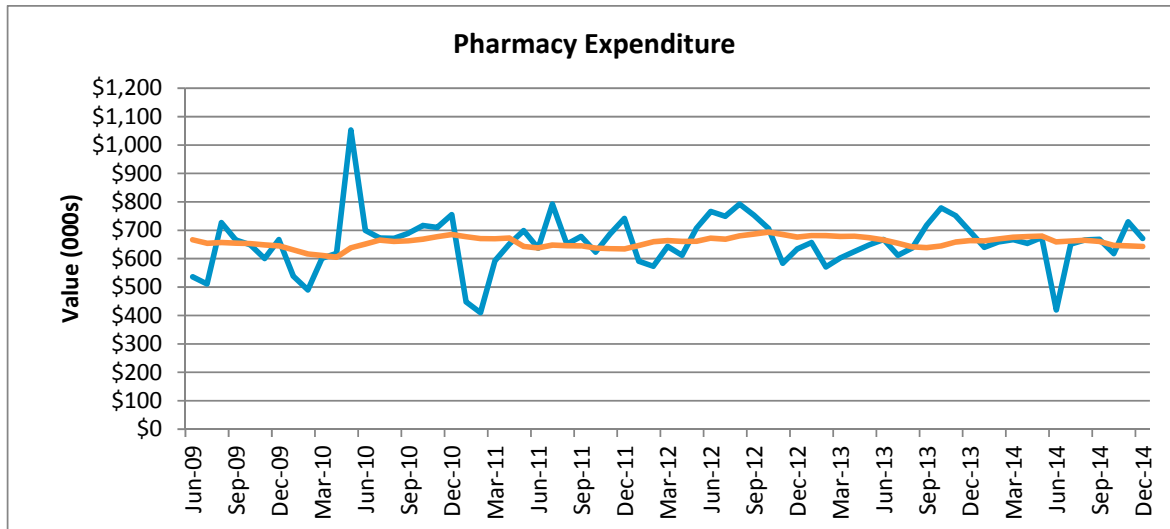
ESPI compliance: No patients exceeded the maximum 150 days' wait time target for either First Specialist Appointment (ESPI 2) or waiting time target for surgical treatment (ESPI 5) at the end of October.

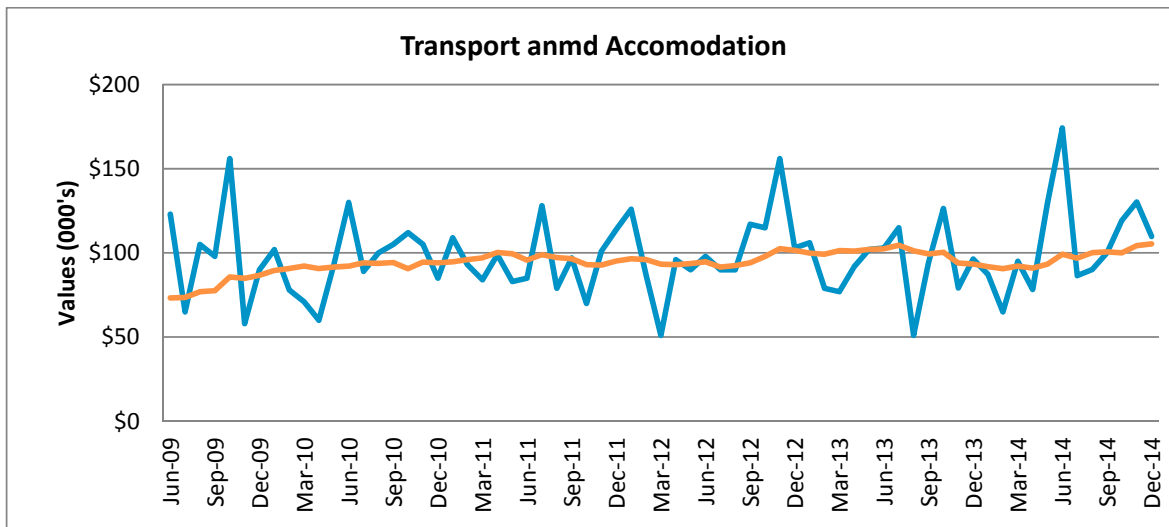
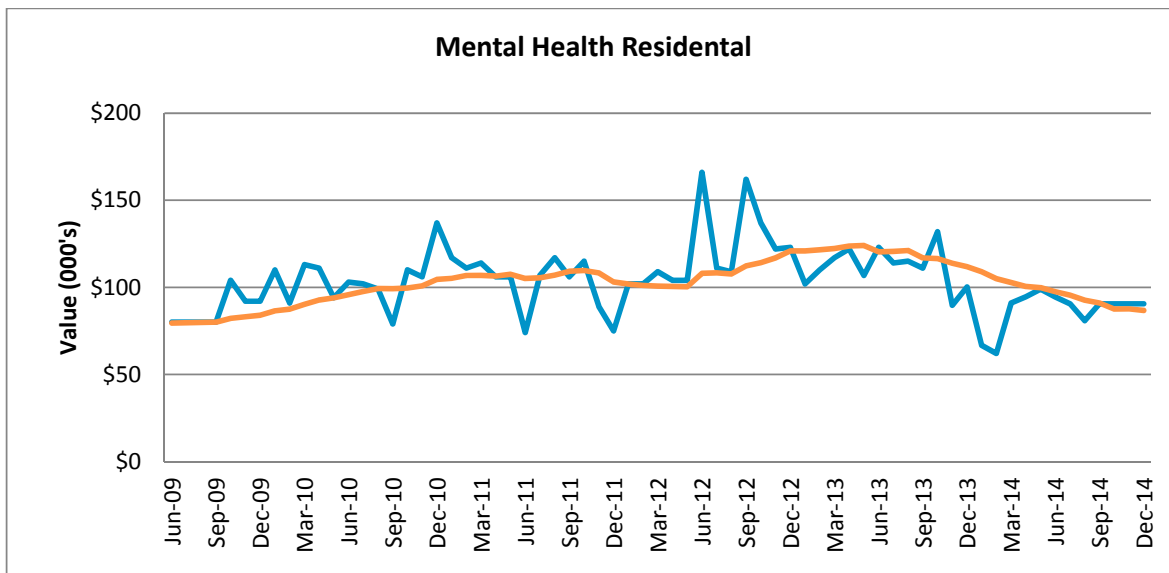
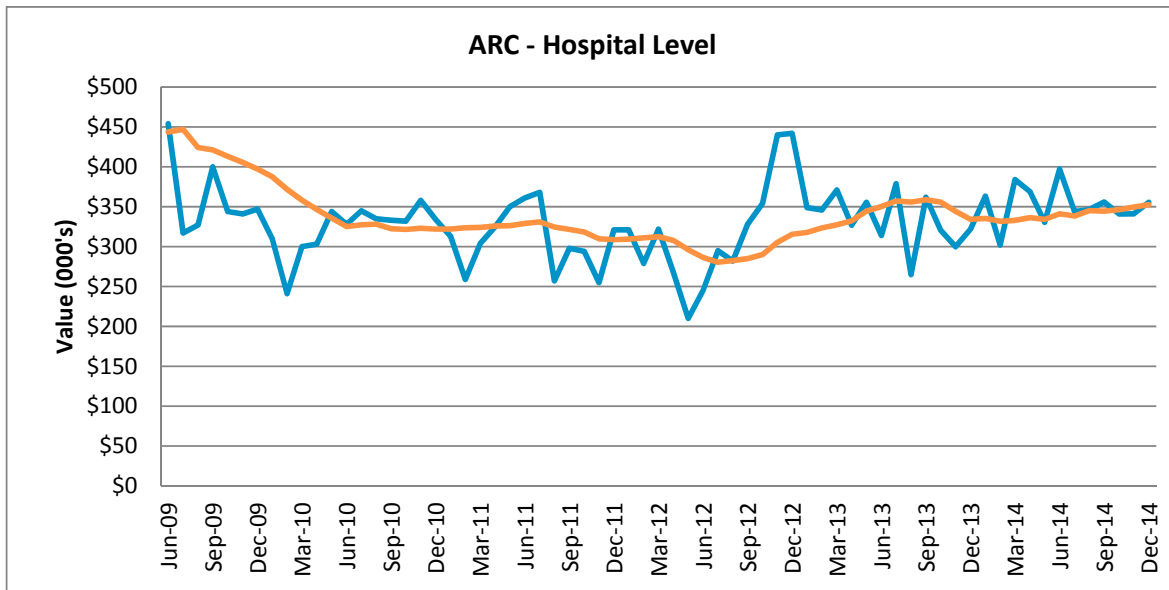
Both ESPI 2 and ESPI 5 waiting time targets both drop to 4 months (120 days) from the end of December 2014. Our services are working toward this new target ahead of this new timeframe. Mock-up results for the new 4-month target using the October 2014 data show only 25 patients (3.4%) still in the 4-5 month waiting time period in the ESPI2 category, and 14 patients (4.9%) waiting between 4 and 5 months in the ESPI5 category.

Financials

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

— Expenditure Trend — Rolling average





Planning and Funding Division
Month Ended December 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				
28	36	8	22%	Dental-school and adolescent	193	217	25	434
0	2	2	100%	Maternity	0	10	10	20
0	1	1	100%	Pregnancy & Parent	2	4	2	8
0	3	3	100%	Sexual Health	0	17	17	33
1	3	2	51%	General Medical Subsidy	12	18	6	36
511	522	10	2%	Primary Practice Capitation	3,063	3,129	66	6,258
91	91	0	0%	Primary Health Care Strategy	546	547	1	1,093
79	80	2	2%	Rural Bonus	471	481	10	963
4	5	1	11%	Child and Youth	33	29	-3	59
-1	4	5	128%	Immunisation	22	35	13	153
5	5	0	1%	Maori Service Development	29	29	0	58
52	53	1	1%	Whanau Ora Services	314	317	3	634
11	18	7	41%	Palliative Care	118	109	-9	218
0	0	0		Community Based Allied Health	0	0	0	0
9	9	0	1%	Chronic Disease	53	53	0	106
47	54	7	14%	Minor Expenses	281	324	43	647
837	885	48	5%		5,136	5,320	184	10,722
				Referred Services				
23	24	1	4%	Laboratory	140	141	1	283
671	730	58	8%	Pharmaceuticals	4,004	4,086	82	7,961
694	753	59	8%		4,144	4,228	84	8,244
				Secondary Care				
271	202	-70	-35%	Inpatients	680	1,210	530	2,420
117	101	-16	-16%	Radiology services	706	606	-99	1,212
110	115	5	4%	Travel & Accommodation	636	690	54	1,380
1,520	1,520	0	0%	IDF Payments Personal Health	8,065	9,121	1,056	18,242
2,018	1,938	-80	-4%		10,087	11,627	1,540	23,254
3,549	3,576	27	1%	Primary & Secondary Care Total	19,368	21,175	1,807	42,220
				Public Health				
19	25	6	24%	Nutrition & Physical Activity	92	149	57	298
6	7	1	17%	Public Health Infrastructure	36	44	8	88
5	5	0	3%	Tobacco control	54	29	-25	58
0	0	0		Screening programmes	-2	0	1.616	0
30	37	7	20%	Public Health Total	181	222	41	445
				Mental Health				
7	7	0	1%	Dual Diagnosis A&D	42	43	1	86
2	2	0	22%	Eating Disorders	12	12	0	23
20	20	0	1%	Child & Youth Mental Health Services	120	122	2	243
17	5	-12	-239%	Mental Health Work force	42	30	-12	61
61	61	1	1%	Day Activity & Rehab	365	368	3	735
11	11	0	1%	Advocacy Consumer	64	65	1	130
81	82	1	1%	Other Home Based Residential Support	485	491	6	982
11	11	0	1%	Advocacy Family	66	67	1	134
10	29	19	66%	Community Residential Beds	49	172	124	345
0	0	0	100%	Minor Expenses	0	0	0	1
92	92	0	0%	IDF Payments Mental Health	550	550	0	1,100
310	320	10	3%		1,794	1,920	125	3,839
				Older Persons Health				
0	0	0	100%	Information and Advisory	0	1	1	1
0	0	0		Needs Assessment	0	0	0	0
72	67	-5	-7%	Home Based Support	409	395	-14	784
5	9	4	44%	Caregiver Support	39	53	14	107
274	216	-58	-27%	Residential Care-Rest Homes	1,474	1,280	-195	2,538
4	10	6	55%	Residential Care-Community	32	60	28	120
356	349	-6	-2%	Residential Care-Hospital	2,084	2,074	-10	4,114
0	0	0		Ageing in place	0	0	0	0
9	10	1	7%	Day programmes	55	59	4	118
4	18	14	76%	Respite Care	55	110	55	220
1	1	0	1%	Community Health	8	8	0	15
0	0	0	100%	Minor Disability Support Expenditure	0	1	1	3
58	58	0	0%	IDF Payments-DSS	349	349	0	698
783	739	-47	-6%		4,505	4,390	-115	8,720
1,094	1,058	-37	-4%	Mental Health & OPH Total	6,300	6,310	10	12,559
4,672	4,672	-1	0%	Total Expenditure	25,848	27,707	1,859	55,223

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

SOURCE: Planning & Funding
Alliance Leadership Team

DATE: 29 January 2015

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

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

2. RECOMMENDATION

That the Committee;
i. Notes the Alliance Update.

3. SUMMARY

Progress of Note:

- **Alliance Leadership Team (ALT)**
 - The Alliance Planning Day took place in December. Following the session, the workstreams have received guidance on the direction and priorities for the Annual Planning process for the 15/16 year.
- **Mental Health Workstream**
 - The initial focus of the workstream was on development of a model for Buller which would inform the Greymouth and Hokitika configuration. Buller is progressing but changes to mental health service provision will impact the whole system and cannot be achieved in isolation. Therefore the workstream is taking an increased whole-of-system approach to the changes.
- **Complex Clinical Care Network (CCCN)**
 - Progress is tracking well for development and implementation of a supported discharge model. Regular communication with district nursing, allied health, DHB staff and Home Based Support Services is working well in establishing the response model.
 - Work has commenced to implement a Fracture Liaison service which is in line with the regional plan.

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

- Predictive risk profiling and stratification of patients has now been completed and will be used to assist primary teams to plan future services and develop a more proactive response, particularly to long term conditions.
- Meetings are underway to develop common processes between Greymouth general practices in preparation for working together in a single location once the IFHC has been built.
- The outcome of a December workshop held in Westport is a plan to implement a “one team, one service” approach to Buller health services. This includes technology enablers such as mobile devices and a seamless access system that joins up multiple co-ordination points. Along with this is the expansion of the daily “huddle” to all areas of Buller Health to improve communication and reinforce a single team approach.
- Work will soon begin on a joint project with St John focused on improved self-management of frequent users of Buller Health Services.
- The Poutini Waioira Kaupapa Maori Nurse vacancies are now filled and the KMN for Grey has been working at Greymouth Medical Centre one day a week, focussing on Cardiovascular Disease Risk Assessments for Maori patients.

▪ **Healthy West Coast**

- A Healthy West Coast representative attended a National Health Board Smokefree Leadership Group to discuss national alignment of strategic plans in order to reach the Smokefree Aotearoa 2025 goal.
- An analysis of smoking prevalence on the West Coast is being compiled by Community & Public Health, based on data from multiple sources including the 2013 census. The analysis details trends over time since 1999 and will be used as the basis for identifying gaps in service for the next three year Tobacco Control Plan.
- The “Broadly Speaking” Programme has been hosted by C&PH with HWC workstream members also invited to attend. The programme is a two session course examining the wider determinants of health, which seeks to build capacity in the health workforce to identify health needs and solutions in the context of the broader determinants. The training provides good tools for sound decision making in the context of Public Health.

▪ **Child and Youth**

- Work towards the completing the Oral Health business case has been accelerated over December/January, with electrical work now completed at most schools.
- The Youth Health Action Group is working with the PHO Clinical Manager to identify Youth Champions in each of the practice’s Quality Improvement teams. These Champions will assist in developing youth-friendly environments and services at the practices.
- The Group is working with 298 Youth Health Centre in Christchurch to identify dates for Youth Friendly education sessions. These sessions will be targeted at primary and secondary staff most likely to be the first contact for young people accessing services for the first time.
- The pilot of a Secret Shopper project is complete with results and feedback provided to the next group of youth to undertake these visits (planned for January/February). The project is designed to identify what West Coast youth consider to be the key components to a youth

friendly service in our region and then engage with services both over the phone and in person to see how well they align to those criteria.

- **Pharmacy**

- Planning is underway for hospital and community pharmacies to utilise a design lab approach for the modelling of the allocated space for the provision of pharmacy services within the new Grey Integrated Family Health Centre.

Report prepared by: Jenni Stephenson, Planning & Funding
Report approved for release by: Stella Ward, Chair, Alliance Leadership Team

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

SOURCE: Planning & Funding

DATE: 29 January 2015

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

The purpose of this report is to present the Committee with West Coast's progress against the national health targets for Quarter 1 (July-Sept 2014). The attached report provides a detailed account of the results and the work underway for each health target.

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

2. RECOMMENDATION

That the Committee:

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

3. SUMMARY

In Quarter 1, the West Coast has:

- Achieved the **ED health target**, with 99.6% of people admitted or discharged within six hours. The West Coast is a leader in the country with consistent performance against this health target.
- Achieved the **faster cancer treatment health target**, with 100% of patients ready for radiation therapy or chemotherapy beginning treatment within 4 weeks of their specialist assessment. This target is being replaced by the Faster Cancer Treatment target from Quarter 2 onwards.

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

- Achieved 95.3% of the access to **elective surgery health target**, delivering 425 elective surgical cases against our 446 year-to-date target. At only 21 cases off target, it is expected the target will be met by year end.
- Although experiencing a decrease in results against the **increased immunisation health target**—vaccinating 77% of eight-month-olds this quarter—97% of consenting children were immunised against the newly increased 95% target. Higher opt-off and declines (20.5%) continue to be challenging in meeting the target.
- Performance against the **better help for smokers to quit (secondary) health target** dropped with quarter, with **93.3%** of hospitalised smokers receiving help and advice to quit. While this is disappointing, the effects of small numbers remain challenging with only 19 smokers missed in total.
- Performance against the **more heart and diabetes checks health target** continues to steadily increase with 78.9% 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, ranked 19th out of 20 DHBs.
- While we are still 19% off target and ranked last out of all DHBs against the **primary care better help for smokers to quit health target**, this is a pleasing 9.4% increase this quarter and our best result yet.

6. APPENDICES

Appendix 1: West Coast Health Target Report – Quarter 1
Appendix 2: National League Table

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



National Health Targets Performance Summary

Quarter 1 2014/15 (July-September 2014)

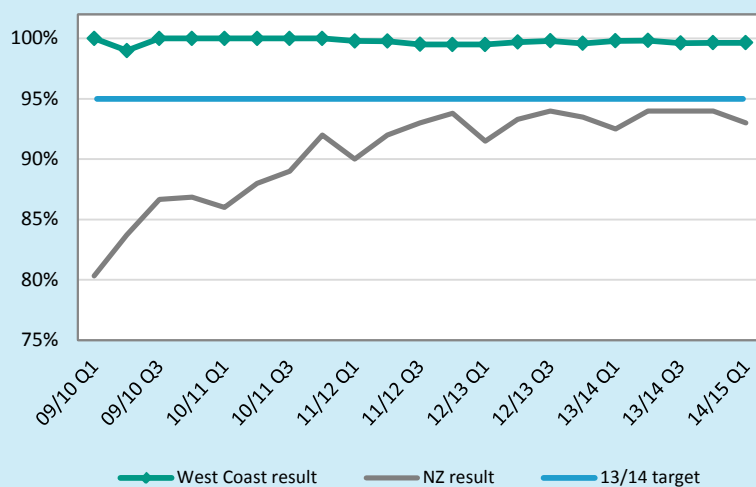
Target Overview

Target	Q2 13/14	Q3 13/14	Q4 13/14	Q1 14/15	Target	Status	Pg
Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours	99.8%	99.6%	99.6%	99.6%	95%	✓	2
Improved Access to Elective Surgery West Coast's volume of elective surgery	795 YTD	1,182 YTD	1,695	425	1,592	✗	2
Shorter Waits for Cancer Treatment People needing cancer radiation therapy or chemotherapy having it within four weeks	100%	100%	100%	100%	100%	✓	3
Increased Immunisation Eight-month-olds fully immunised	84%	89%	81%	77%	95%	✗	3
Better Help for Smokers to Quit Hospitalised smokers receiving help and advice to quit	86.2%	92.5%	94.6%	93.3%	95%	✗	4
Better Help for Smokers to Quit Smokers attending primary care receive help and advice to quit	59.9%	55.4%	61.9%	71.3%	90%	✗	4
More Heart and Diabetes Checks Eligible enrolled adult population having had a CVD risk assessment in the last 5 years	66.4%	69.6%	76.6%	78.9%	90%	✗	5

Shorter Stays in Emergency Departments

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

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

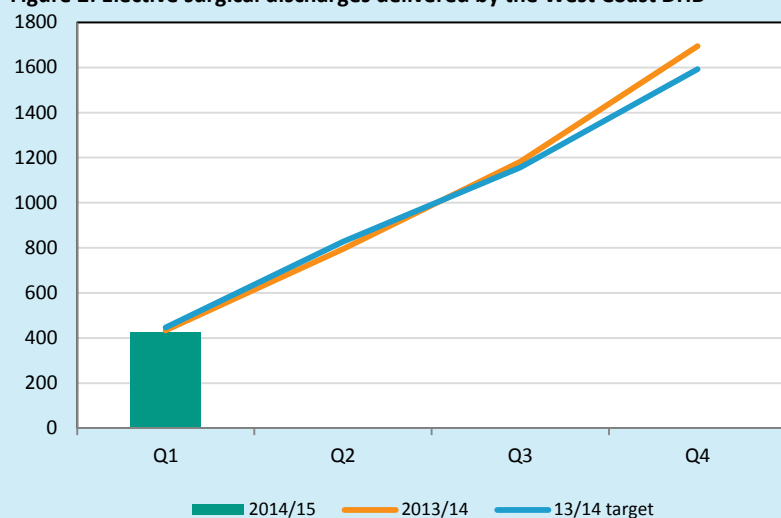


The West Coast continues to achieve impressive results against the ED health target, with **99.6%** of patients admitted, discharged or transferred from ED within 6 hours during Quarter 1.

Improved Access to Elective Surgery

Target: 1,592 elective surgeries in 2014/15

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



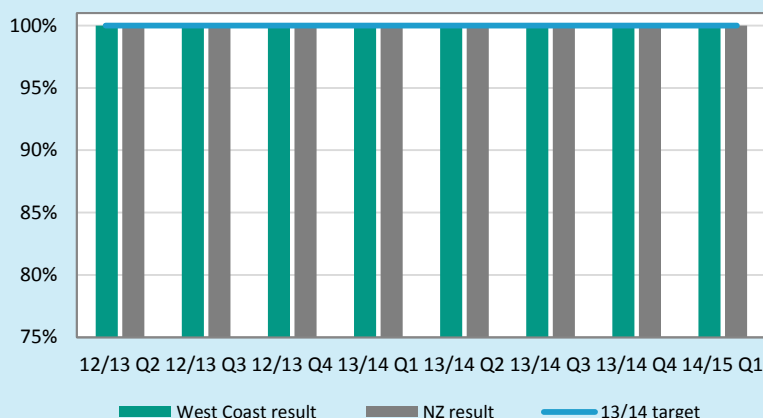
425 elective surgical cases were delivered to Coasters during 2014/15, representing **95.3%** of our year-to-date target delivery. At 21 cases off target, we do not see any problems in meeting our target by year end.

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

Shorter Waits for Cancer Treatment

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

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

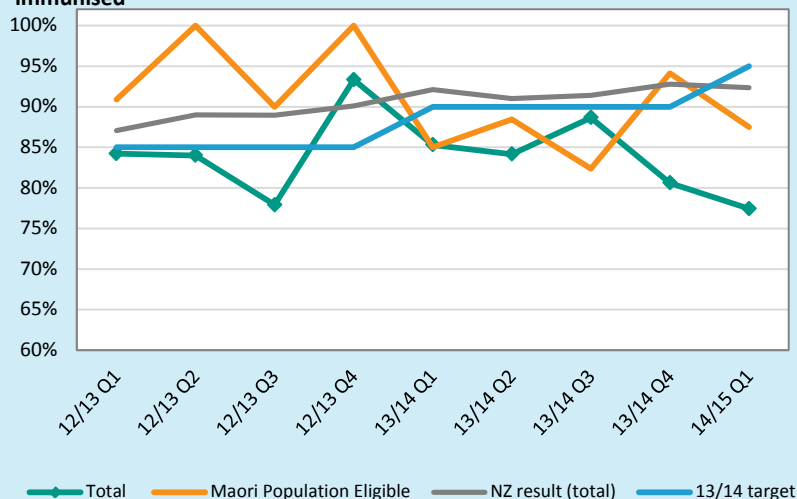


In Quarter 1 2014/15, **100%** of patients met the 4 week target for both radiation therapy and chemotherapy. This target is being replaced by the Faster Cancer Treatment target from Quarter 2 onwards.

Increased Immunisation

Target: 95% of eight-month-olds are fully immunised

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



The immunisation health target has increased from 90% by June 2014 to 95% by December 2014. Although we have not met the 8-month-old immunisation target, **77%** of all 8-month-olds were fully immunised during the quarter, with only two children missing the milestone age.

Strong results were achieved for Pacific and Asian at 100% with NZ European at 90%, however Maori performance dropped to 88%.

Opt-off³ (14%) and declines (6.5%) made the target impossible to reach this quarter with a combined total of 20.5%. We continue to focus vaccinating 100% of reachable children, this quarter vaccinating 97% of children.

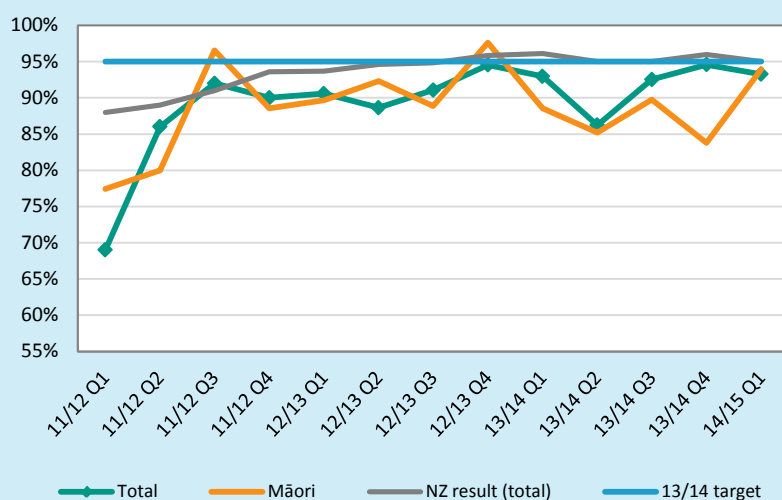
² This measure does not include instances in which a patient chooses to wait for treatment or there are clinical reasons for delay.

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

Better Help for Smokers to Quit: *Secondary*

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

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



In Quarter 1, West Coast DHB staff provided **93.3%** of hospitalised smokers with smoking cessation advice and support—a reduction on last quarter and not meeting the 95% target.

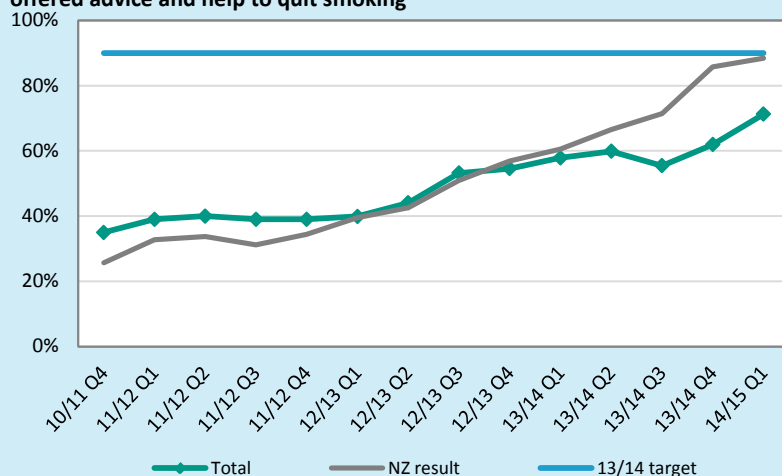
Best practice initiatives previously reported continue, however the effects of small numbers remain challenging. The target was missed by only 4 smokers, with 19 smokers missed in total.

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. The West Coast DHB is committed to achieving the Secondary ABC Health Target of 95%.

Better Help for Smokers to Quit: *Primary*

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

Figure 6: Percentage of smokers expected to attend primary care who were offered advice and help to quit smoking⁴



West Coast general practices have reported giving **3,393** smokers cessation advice in the 12 months ending June 2014, representing 71.3% of smokers expected to attend general practice during the period. Although we are yet to meet the target, performance has increased 9.4% this quarter—an encouraging result.

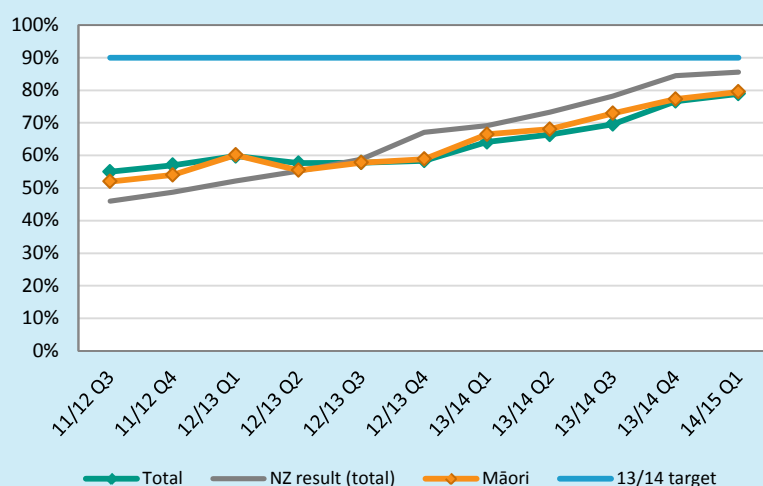
We continue to follow best practice initiatives and have planned a trial of the Patient Dashboard IT tool. Implementation is planned for November 2014.

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

More Heart & Diabetes Checks

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

Figure 7: Percentage of the eligible enrolled West Coast population having had a CVD risk assessment in the last 5 years⁵

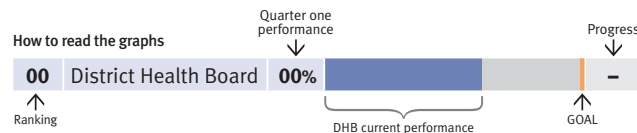


Data for the five years to 30th June 2014 shows that West Coast general practices have continued to increase coverage, with **78.9%** of the eligible enrolled West Coast population having had a cardiovascular risk assessment (CVDRA)—a 2.3% increase on the last quarter.

While it is pleasing to continue our steady increase in performance, we still have not met the target and remain ranked 19th out of the 20 DHBs in performance against this target.

A range of approaches to increase performance continue including; having identified CVDRA champions within general practices; nurse led CVDRA clinics at practices, evening clinics and protected appointment time allocations for checks; all three Poutini Waioira nurses collaborating with general practices; conducting checks at local events; and the Text2Remind service is now available to all West Coast DHB MedTech Practices.

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



Shorter stays in Emergency Departments

The target is 95 percent of patients will be admitted, discharged, or transferred from an Emergency Department (ED) within six hours. The target is a measure of the efficiency of flow of acute (urgent) patients through public hospitals, and home again.

	Quarter one performance (%)	Change from previous quarter
1 West Coast	100	▲
2 Nelson Marlborough	97	▲
3 Wairarapa	96	▲
4 South Canterbury	96	▲
5 Waitemata	95	▲
6 Tairāwhiti	95	▲
7 Counties Manukau	95	▲
8 Taranaki	93	▲
9 Whanganui	93	▼
10 Southern	93	▲
11 Auckland	93	▼
12 Canterbury	93	▼
13 Bay of Plenty	92	▼
14 Waikato	91	▼
15 Lakes	91	▲
16 Northland	91	▼
17 MidCentral	90	▲
18 Capital & Coast	89	▼
19 Hawke's Bay	89	▼
20 Hutt Valley	88	▼
All DHBs	93	▼

95%



Improved access to elective surgery

The target is an increase in the volume of elective surgery by at least 4000 discharges per year. DHBs planned to deliver 40,223 discharges for the year to date, and have delivered 2,120 more.

	Quarter one performance (%)	Progress against plan (discharges)
1 Northland	128	▲
2 Taranaki	117	▲
3 Bay of Plenty	116	▲
4 Hutt Valley	112	▲
5 Counties Manukau	111	▲
6 Waitemata	109	▲
7 Lakes	109	▲
8 Waikato	106	▲
9 Wairarapa	106	▲
10 Nelson Marlborough	105	▲
11 MidCentral	105	▲
12 Whanganui	102	▲
13 Southern	100	▲
14 Auckland	100	▲
15 Canterbury	99	▼
16 West Coast	95	▼
17 Tairāwhiti	95	▼
18 South Canterbury	94	▼
19 Hawke's Bay	93	▼
20 Capital & Coast	92	▼
All DHBs	105	▲

100%

This is the last time the Shorter waits for cancer treatment results will be reported as a health target. From quarter two the new target is faster cancer treatment.



Shorter waits for cancer treatment

The target is all patients, ready-for-treatment, wait less than four weeks for radiotherapy or chemotherapy. Six regional cancer centre DHBs provide radiation oncology services. These centres are in Auckland, Hamilton, Palmerston North, Wellington, Christchurch and Dunedin. Medical oncology services are provided by the majority of DHBs.

	Quarter one performance (%)	Change from previous quarter
1 Northland	100	▲
1 Waitemata	100	▲
1 Auckland	100	▲
1 Counties Manukau	100	▲
1 Waikato	100	▲
1 Lakes	100	▲
1 Bay of Plenty	100	▲
1 Tairāwhiti	100	▲
1 Hawke's Bay	100	▲
1 Taranaki	100	▲
1 MidCentral	100	▲
1 Whanganui	100	▲
1 Capital & Coast	100	▲
1 Hutt Valley	100	▲
1 Wairarapa	100	▲
1 Nelson Marlborough	100	▲
1 West Coast	100	▲
1 Canterbury	100	▲
1 South Canterbury	100	▲
1 Southern	100	▲
All DHBs	100	▲

100%



Increased Immunisation

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

	Quarter one performance (%)	Change from previous quarter
1 South Canterbury	97	▲
2 Auckland	96	▲
3 MidCentral	95	▲
4 Hawke's Bay	94	▲
5 Counties Manukau	94	▲
6 Capital & Coast	94	▲
7 Southern	94	▲
8 Canterbury	93	▲
9 Hutt Valley	93	▲
10 Waitemata	92	▲
11 Whanganui	92	▼
12 Lakes	91	▲
13 Tairāwhiti	91	▲
14 Waikato	90	▲
15 Wairarapa	90	▲
16 Taranaki	89	▲
17 Nelson Marlborough	88	▼
18 Bay of Plenty	88	▲
19 Northland	86	▼
20 West Coast	77	▼
All DHBs	92	▲

95%

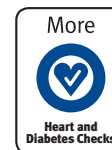


Better help for smokers to quit

The target is 95 percent of patients who smoke and are seen by a health practitioner in public hospitals, and 90 percent of patients who smoke and are seen by a health practitioner in primary care, are offered brief advice and support to quit smoking.

Change from previous quarter	Hospitals	Quarter one performance (%)	Primary care	Change from previous quarter
—	96	1 Auckland	100	—
—	97	2 Waitemata	99	▼
—	96	3 Counties Manukau	98	—
—	97	4 Tairāwhiti	96	▲
—	97	5 Hawke's Bay	95	▲
▼	88	6 Bay of Plenty	94	▲
—	95	7 Northland	94	▼
▼	89	8 Wairarapa	92	▼
—	97	9 Nelson Marlborough	87	▲
—	95	10 Taranaki	85	—
▼	95	11 Waikato	84	—
—	97	12 Whanganui	84	▲
—	98	13 Lakes	83	▲
—	94	14 Canterbury	81	▲
—	99	15 South Canterbury	78	▼
—	93	16 MidCentral	78	▼
▼	84	17 Capital & Coast	77	▲
—	95	18 Southern	76	▲
—	95	19 Hutt Valley	75	▲
▼	93	20 West Coast	71	▲
—	95	All DHBs	88	▲

95% 90%



More heart and diabetes checks

This target is 90 percent of the eligible population will have had their cardiovascular risk assessed in the last five years.

	Quarter one performance (%)	Change from previous quarter
1 Auckland	92	▲
2 Counties Manukau	91	▲
3 Whanganui	91	▲
4 Northland	91	▲
5 Waitemata	90	▲
6 Wairarapa	89	▲
7 Taranaki	88	▲
8 Tairāwhiti	88	▲
9 Lakes	87	▲
10 Bay of Plenty	87	▲
11 Capital & Coast	86	▲
12 Hawke's Bay	86	▲
13 Waikato	86	▲
14 MidCentral	86	▼
15 South Canterbury	84	▲
16 Hutt Valley	83	▲
17 Nelson Marlborough	82	▲
18 Southern	80	▲
19 West Coast	79	▲
20 Canterbury	71	▲
All DHBs	86	▲

90%

WEST COAST DISTRICT HEALTH BOARD MEETING
To be held at St John, Waterwalk Road, Greymouth
On Friday 12 December 2014 commencing at 1.30pm

KARAKIA**1.30pm****ADMINISTRATION****1.30pm****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**

- 31 October 2014

3. Carried Forward/Action List Items**REPORTS****1.35pm**

- | | | | |
|-----|--|--|-----------------|
| 5. | Chair's Update
(Verbal Update) | Peter Ballantyne
<i>Chairman</i> | 1.35pm – 1.45pm |
| 6. | Chief Executive's Update | David Meates
<i>Chief Executive</i> | 1.45pm – 2.00pm |
| 7. | Clinical Leader's Update | Karyn Bousfield
<i>Director of Nursing & Midwifery</i>
Stella Ward
<i>Executive Director of Allied Health</i> | 2.00pm – 2.10pm |
| 8. | Finance Report | Justine White
<i>General Manager, Finance</i> | 2.10pm – 2.20pm |
| 9. | Maori Health Plan Update | Gary Coghlan
<i>General Manager, Maori Health</i> | 2.20pm – 2.30pm |
| 10. | Maternity Review Update | Mark Newsome
<i>General Manager, Grey/Westland</i> | 2.30pm – 2.40pm |
| 11. | Report from Committee Meetings | | |
| | - CPH&DSAC
27 November 2014 | Elinor Stratford
<i>Chair, CPH&DSAC Committee</i> | 2.40pm – 2.50pm |
| | - Hospital Advisory Committee
27 November 2014 | Sharon Pugh
<i>Chair, Hospital Advisory Committee</i> | 2.50pm – 3.00pm |
| | - Tatau Pounamu Advisory Group
(Verbal Update due to timing of meeting) | Elinor Stratford
<i>Board Representative to Tatau Pounamu</i> | 3.00pm – 3.10pm |

AFTERNOON TEA**3.10pm – 3.20pm**

- | | | | |
|-----|---|---|-----------------|
| 4. | Health & Safety Legislation
Presentation | Greg Brogden
<i>Senior Corporate Solicitor</i>
Garth Galloway
<i>Chapman Tripp</i> | 3.20pm – 4.00pm |
| 12. | Resolution to Exclude the Public | <i>Board Secretariat</i> | 4.00pm |

INFORMATION ITEMS

- 2015 Meeting Schedule

ESTIMATED FINISH TIME

4.00pm

NEXT MEETING

Friday 13 February 2015

COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE 27 NOVEMBER 2014



TO: Chair and Members
West Coast District Health Board

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

DATE: 12 December 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 27 November 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 –27 November 2014.

3. SUMMARY

ITEMS OF INTEREST FOR THE BOARD

a) Community & Public Health Update.

This report provided the Committee with updates on:

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.

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 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.

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

The report was noted.

d) Clinical Leaders Update

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

e) Suicide Prevention Governance Group Update

Cheryl Brunton, Acting Chair of the Suicide Prevention Governance Group provided the Committee with an overview of this group and also the Suicide Action Group which sits below this group. The Committee noted the membership of the Group and also that the Action Group had broader representation from both staff, government and non-government agencies.

Both Groups have Terms of Reference and a work plan has been established with the aim of producing a suicide prevention plan early in the new year.

f) Disability Action Plan Update

Cathy O'Neil, Planning & Funding provided the Committee with an update on the Disability Action Plan. The Committee noted that a major rewrite of the plan previously presented is taking place based on Consumer Council feedback. It is intended to consult widely with West Coast communities and there will also be a presentation to the Alliance Leadership Team.

The timing for the Action Plan is March 2015.

The Update was noted.

g) Maori Health Plan Update

This paper is included on today's Board Agenda

4. APPENDICES

Appendix 1: Agenda – Community & Public Health & Disability Support Advisory Committee – 27 November 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 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

WORKPLAN FOR CPH&DSAC 2015 – BASED ON WEST COAST DHB PRIORITY PLAN (*WORKING DOCUMENT*)

	29 January	12 March	23 April	4 June	23 July	10 September	22 October	3 December
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	Karakia Interests Register Confirmation of Minutes Carried Forward Items
STANDARD REPORTS	Health Target Q1 Report Planning & Funding Update Community & Public Health Update Alliance Update	Health Target Q2 Report Maori Health Plan Update Planning & Funding Update Community & Public Health Update Alliance Update	 Planning & Funding Update Community & Public Health Update Alliance Update	Health Target Q3 Report Maori Health Plan Update Planning & Funding Update Community & Public Health Update Alliance Update	 Planning & Funding Update Community & Public Health Update Alliance Update	Health Target Q4 Report Maori Health Plan Update Planning & Funding Update Community & Public Health Update Alliance Update	 Planning & Funding Update Community & Public Health Update Alliance Update	Health Target Q1 Report Maori Health Plan update Planning & Funding Update Community & Public Health Update Alliance Update
PRESENTATIONS		As required	As required		As required	As required	As required	As required
PLANNED ITEMS			West Coast Public Health Annual Plan					
GOVERNANCE AND SECRETARIAT	2015 Work Plan							
DSAC Reporting	As available	Disability Action Plan Update	As available	As available	As available	As available	As available	As available
INFORMATION ITEMS	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2015 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2015 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan C&PH 6 Monthly report to MoH 2015 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2015 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2015 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2015 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2015 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan C&PH 6 Monthly report to MoH 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.