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 12 March 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

AGENDA

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

COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
To be held in the Board Room, Corporate Office, Greymouth Hospital
Thursday 12 March 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**
   29 January 2015

3. **Carried Forward/ Action Items**

REPORTS/PRESENTATIONS — 9.10am

4.	**Disability Action Plan Update**	Kathy O'Neill *Service Development Manager, Planning & Funding*	*9.10am – 9.30am*
5.	**Community and Public Health Update**	Jem Pupich *Team Leader, Community and Public Health*	*9.30am - 9.40am*
6.	**Planning & Funding Update**	Phil Wheble *Team Leader, Planning & Funding*	*9.40am - 9.50am*
7.	**Alliance Update**	Phil Wheble *Team Leader, Planning & Funding*	*9.50am – 10.00am*
8.	**Health Target Report Q2**	Phil Wheble *Team Leader, Planning & Funding*	*10.00am – 10.10am*
9.	**Maori Health Plan Update**	Gary Coghlan *General Manager, Maori Health*	*10.10am – 10.20am*
10.	**Draft West Coast DHB Public Health Plan 2015-16**	Cheryl Brunton *Medical Officer of Health*	*10.20am – 10.35am*
11.	**General Business**	Elinor Stratford *Chair*	*10.35am - 10.45am*

ESTIMATED FINISH TIME — 10.45am

INFORMATION ITEMS

- **Board Agenda – 13 February 2015**
- **Chair's Report to last Board meeting**
- **Committee Work Plan 2015**
- **West Coast DHB 2015 Meeting Schedule**

NEXT MEETING

Date of Next Meeting: Thursday 23 April 2015

KARAKIA

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

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)**	• 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 • Elected Member, Arthritis New Zealand, Southern Regional Liaison Group
DEPUTY CHAIR John Vaile **(Board Member)**	• Director, Vaile Hardware Limited • Member of Community Patrols New Zealand
Lynnette Beirne	• 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	• 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)**	• 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

Jenny McGill	• Husband employed by West Coast DHB • Member, Parents Centre
Joseph Mason	• Representative of Te Runanga o Kati Wae Wae Arahura • Employee Community and Public Health, Canterbury DHB
Mary Molloy	• 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
Peter Ballantyne Ex-officio **(Board Chair)**	• 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

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

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, 29 January 2015 commencing at 9.00am

PRESENT
Elinor Stratford (Chairperson); Lynette Beirne; Cheryl Brunton, Michelle Lomax; Robyn Moore; John Vaile and Peter Ballantyne (ex-officio).

APOLOGIES
Apologies were received and accepted from Jenny McGill and Jo Mason

EXECUTIVE SUPPORT
Phil Wheble (Team Leader, Planning & Funding); Mark Newsome (General Manager, Grey/Westland); Karyn Bousfield (Director of Nursing & Midwifery); Gary Coghlan (General Manager, Maori Health); Kathleen Gavigan (General Manager, Buller) and Kay Jenkins (Minutes).

WELCOME
Gary Coghlan led the Karakia.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

Jenny McGill advised that she is a member of Parents Centre

Elinor Stratford asked that Trustee, Disability Resource Centre, Queenstown be removed.

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 (1/15)
(Moved: John Vaile; Seconded: Michelle Lomax - carried)

"That the minutes of the meeting of the Community and Public Health and Disability Support Advisory Committee held on 27 November 2014 to be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION ITEMS

The Carried Forward/Action Items were noted.

4. COMMUNITY & PUBLIC HEALTH UPDATE

Jem Pupich, Team Leader, Community & Public Health, presented this update which included

information on the following topics:

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 key ring. 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 was a leak somewhere in the distribution system which 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. This leak has now been located and fixed and then the whole system has had 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.

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 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.

Upcoming Points of Interest
- **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.

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 (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 Waiora 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.

The update was noted.

7. HEALTH TARGET REPORT

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

The Committee noted that these results were Quarter 1 and are being presented today due to the timing of meetings.

The report was noted.

8. GENERAL BUSINESS

Discussion took place regarding the 2015 Committee Work Plan. Suggestions were made regarding presentations/information on: Consumer Council and Green Prescriptions.

The Chair provided the Committee with a verbal update from information from Arthritis New Zealand.

INFORMATION ITEMS

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

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

Confirmed as a true and correct record:

_____ _____

Elinor Stratford, Chair Date

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

COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE
CARRIED FORWARD/ACTION ITEMS AS AT 12 MARCH 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	Update at Today's Meeting
3.	26 November 2014	Water Quality	On-going updates to be provided to the committee	As required

DISABILITY ACTION PLAN UPDATE

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

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

SOURCE: **Planning and Funding**

DATE: **12 March 2015**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

On 24 July 2014 a paper was presented to the West Coast CPHAC/DSAC meeting on the process and the benefits of developing and implementing a West Coast DHB Disability Action Plan. The proposal was endorsed and a process to develop the plan was undertaken. A progress update was provided to the Committee at their meeting on 28 October 2014.

The West Coast DHB Strategic Disability Action Plan is being developed in a parallel process with the Canterbury DHB Strategic Disability Action Plan. At this stage feedback during the pre-consultation phase from both districts has been included into one plan.

2. RECOMMENDATION

That the Committee:

i. provides further advice on the content of the West Coast DHB Strategic Disability Action Plan and process; and

ii. endorses the development of a West Coast DHB position statement along the lines of the Canterbury DHB position statement as detailed in Appendix 2.

and that the Committee recommends to the Board that they:

i. approve the current draft of the West Coast DHB Strategic Disability Action Plan for wider consultation with people with disabilities, their families and carers and other key stakeholders; and

ii. note the on-going process to develop a West Coast DHB Strategic Disability Action Plan and the development of a West Coast DHB position statement promoting the health and wellbeing of people with disabilities

3. SUMMARY

The current draft of the West Coast DHB Strategic Disability Action Plan has been developed during a pre-consultation phase and the initial draft has been amended as a result of feedback received during this phase. The purpose of this paper is to present the current draft to CPHAC/DSAC for recommendation to the Board to use this version for wider consultation. (The draft accompanies this paper as Appendix 3). It is anticipated that as a result of wider consultation this version will go through further amendments.

When the initial proposal was presented to CPHAC/DSAC it was anticipated that the Canterbury DHB and the West Coast DHB Strategic Disability Action Plan, which are being developed as a parallel process would be significantly different, reflecting the different health and disability systems that exist within each district. However as the plan is setting higher level strategic objectives and goals, the feedback at the October CPHAC/DSAC meeting was that to be consistent with the transalpine approach, the plans should be the same at the strategic level. Where differences will occur is with the priorities for action and the specific detail required to implement the priority actions under each of the strategic objectives.

Attached as Appendix 1 is a sample of a Priority Action Framework. This is to highlight that the current version of the Strategic Disability Action Plan is for a 10 year period 2015 -2025 and sets the higher level strategic objectives. During the consultation phase, input on setting the priorities for action for 2015 -2017 for the each strategic objectives, will be sought from the disability community. Those priority actions included in the sample is only provided to CPHAC/DSAC as an example of what the consultation process is aiming to achieve. This approach is essential in engaging the disability community in setting the priorities for action and demonstrates that the West Coast DHB is committed to full participation in the developing and implementing the Strategic Disability Action Plan. Consultation and on-going involvement of the development, implementation and evaluation of the West Coast DHB Strategic Disability Action Plan is consistent with the intent of the New Zealand Disability Strategy which specifies participation of disabled people at all stages of the process.

It is planned that a final draft of the Strategic Disability Action Plan will be presented back to CPHAC/DSAC for approval prior to going to the Executive Management Team and the Board for endorsement in June 2015.

4. DISCUSSION

Development of the Strategic Disability Action Plan

An initial draft of the Strategic Disability Action Plan was developed in August 2014 using the United Nations (UN) Convention on the Rights of Persons with Disabilities definition of disability, which New Zealand ratified in 2007. This definition describes disability as resulting 'from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others' (UN General Assembly 2007). This definition distinguishes the impairment or health condition (e.g. paraplegia) from the restrictions on participation in society (e.g. unemployment due to discriminatory recruitment practices). These restrictions are not an inevitable consequence of the impairment; they are a result of unfair and avoidable barriers which results in many of the differences in health status between people with a disability and people without a disability.

Development of the draft Strategic Disability Action Plan included the review of core New Zealand Disability documents:
New Zealand Disability Strategy 2001,
New Zealand Disability Action Plan 2014 -18.
Whaia Te Ao Marama: The Maori Disability Action Plan for Disability Support Service 2012 – 2017
Faiva Ora National Pasifika Disability Plan 2014 -16
Second Report of Independent Monitoring Mechanism of the Convention of the Rights of Disabilities, Published August 2014

The strategic objectives contained in the draft West Coast DHB's Strategic Disability Action Plan are consistent with the strategic focus areas of the New Zealand Disability Action Plan 2014 -18, Safety and Autonomy, Wellbeing, Self Determination, Community and Representation. It is also

specified in the plan which objective of the New Zealand Disability Strategy 2001 would be met by achieving the stated goal, (identified by the number at the end of each goal).

Alignment with the West Coast DHB's vision and prioritisation principles was also incorporated into the development of the initial draft. The key objective being that the Strategic Disability Action Plan should complement and enhance existing organisational systems and processes focused on transforming and improving the health system. The ultimate goal is that the West Coast DHB's Strategic Disability Action Plan becomes the West Coast Health System Strategic Disability Action Plan through the alliance structure.

Through September to December 2014 the initial draft was presented for feedback at a number of internal and external forums and meetings as a 'pre-consultation' process. This process was to ensure that the stated strategic actions were:

- using appropriate language;
- aligned with existing work being planned or undertaken;
- that from a consumer perspective the stated strategic goals were consistent with the New Zealand Disability Strategy; and
- identify any gaps in the initial draft plan.

Significant caution was taken in this pre-consultation phase as the initial draft went through a number of versions and the draft plan had not been approved by CPHAC/DSAC, EMT and the Board for wider circulation, therefore forwarding electronic copies for feedback was carefully managed to reduce the likelihood that plans at various stages of development were being forwarded and discussed without the opportunity to provide a context. As a consequence not all key stakeholder internally and externally have reviewed the document but it is planned that if approve this draft for consultation this will be addressed prior to a final draft being submitted to CPHAC/DSAC, EMT and the Board for approval and implementation. Appendix 1 Consultation List

At the Canterbury DHB DSAC meeting on 28 October 2014, the Committee requested that a Position Statement be developed to complement and provide a context to the Strategic Disability Action Plan. An initial draft has been developed by Allison Nicholls-Dunsmuir, Canterbury DHB Community and Public Health. This is attached as Appendix 2. The Position Statement is to be further developed and a final draft will be submitted to Canterbury EMT for approval. The Position Statement is not being proposed as part of the external consultation but will be an important component of the overall strategy. It is recommended that CPHAC/DSAC recommend the development of a West Coast DHB Position Statement as part of the wider disability strategy. While this statement may share some of the key elements of the Canterbury DHB statement, this needs to go through a West Coast DHB process of development rather than just adopting the Canterbury DHB position.

During this pre-consultation process significant opportunities have emerged.

1. The Chair of the West Coast DHB CPHAC/DSAC provided a list of key disability contacts on the West Coast which form the basis of invitations to at least 3 forums being planned for the wider consultation with disabled people, their family/whanau and carers and the organisations that support them. In addition CCS Disability Action (Upper South Island) have branches in Hokitika, Greymouth and Westport. The Director of Upper South Island CCS Disability Action has agreed to work with Planning and Funding in the planning and facilitation of the forums. The Chairs of DSAC and the Consumer Council are also engaged as they have extensive knowledge of the West Coast network.

   CCS Disability Action will also ensure that those disability organisations that have physically

left the West Coast but continue to provide support from a national perspective, are informed of the development of the Disability Action Plan.

2. In a recent development, the CEO of Independent Living Services is wanting to review the delivery of Disability Information Advisory Services (DIAS) on the West Coast. DIAS provide independent information and advice to disabled people, their families, whānau, aiga, caregivers and providers and the general public. Over the last 18 months this service has been co-ordinated from the Queenstown branch, however with that branch now closing, there is an opportunity to identify if any gaps exist in the delivery of this service on the West Coast and to develop a new model of service delivery to meet any unmet need. While this is not specifically about the DHB Strategic Disability Action Plan, the opportunity to engage with the disability community in a joint process between the West Coast DHB and Independent Living Services will inform and improve collaboration and integration between the health and disability sector on the West Coast.

3. The Office for Disability Issues (ODI) was established in 2002 to provide dedicated support to the Minister for Disability Issues. They monitor and promote implementation of the New Zealand Disability Strategy, lead strategic disability issues work, and provide second opinion advice to other agencies. ODI developed, following consultation, the New Zealand Disability Action Plan 2014 -2018. As the draft of the Strategic Disability Action Plan is aligned with the national plan, the Director of ODI has expressed strong interest in collaborating with the Planning and Funding, in developing an outcomes focused framework that can be used to evaluate the New Zealand Disability Action Plan and therefore be directly transferrable to the DHB plans.

Without exception those involved in the pre-consultation meetings were extremely positive about the development and implementation of a West Coast DHB Strategic Disability Action Plan.

During the pre-consultation phase, questions and comments were frequently made in relation to disabled peoples experience of different aspect of the health system. This provided an opportunity to communicate some of the positive change that has and is occurring across the health system that will improve the experience and health outcomes for people with disabilities. The consultation and implementation of the Strategic Disability Action Plan will provide a mechanism to identify and celebrate these efforts and achievements with the disabled community

5. APPENDICES

Appendix 1:	Priority Action Framework
Appendix 2:	Canterbury DHB Draft Position Statement
Appendix 3:	Draft Disability Action Plan

Report prepared by: Kathy O'Neill, Service Development Mgr, Planning & Funding

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

Appendix 1

PRIORITY ACTION FRAMEWORK
Pre–Consultation
List of Face to Face Meetings

West Coast DHB

- Alliance Leadership Team
- West Coast DHB Consumer Council
- Nurse Manager Clinical Services – Grey Hospital
- Programme Director
- Allied Health - Paediatric Department
- CCS Disability Action
- Lifelinks – Needs Assessment and Service Co-ordination, Disability
- Older Persons Health – Complex Care
- West Coast Ministry Of Education Specialist Education
- Disability Resource Centre – West Coast
- Gary Coghlan

Canterbury DHB

- Maori and Pacific Provider Forum
- Hector Matthews and Maori and Pacific Portfolio Manager P&F–Canterbury DHB
- Primary Care via Alliance Support Team
- Intellectual Disability Provider Forum.
- Planning and Funding – individual team leaders –Canterbury DHB
- Corporate Quality and Risk –Canterbury DHB
- Consumer Council / Core Group –Canterbury DHB
- Earthquake Disability Leadership Group
- Christchurch City Council Disability Advisory Group
- Human Resources–Canterbury DHB
- Disability Support Services MOH
- Community and Public Health –Canterbury DHB
- Child Development –Canterbury DHB
- Te Pou
- Disabled Persons Assembly
- Office of Disability Issues
- Canterbury Clinical Network – Co-ordinator
- Bruce Coleman – Contracted to develop Disability Outcomes Framework
- Barrier Free

Appendix 2

Draft Canterbury DHB Position Statement

Purpose

This position statement summarises the commitment of the Canterbury District Health Board (CDHB) to actions aimed at improving the lives of people with disabilities in the Canterbury region. It will be used in making governance, planning & funding, and operational decisions. The CDHB's Disability Action Plan reflects this position statement and provides the details of its implementation.

Key points

The CDHB recognises that a significant proportion of the New Zealand population experience impairments, which may result in disability and disadvantage. In addition, the population is aging, which is associated with increasing impairment. Accessibility and inclusion are rights to be protected. They are also catalysts for new ideas and innovation that can lead to better services and outcomes for all.

The CDHB can influence the extent to which our direct and contracted services, staff and facilities work to promote the health and wellbeing of people with disabilities who may be patients, clients, consumers, families & whanau, visitors, or employees of the CDHB.

The CDHB can also influence decision-makers outside the health sector to take into account the implications of their decisions on the lives of people with disabilities.

The CDHB makes the following commitments to people with disabilities, their families & whanau, to:

1) Collect their feedback about the services we deliver
2) Understand their perspectives and needs
3) Deliver appropriate specialist, general and public health services, in a way that suits
4) Equip and upskill staff to meet their needs.

The CDHB will also incorporate the perspectives and needs of people with disabilities when we:

1) Contract other organisations to deliver services
2) Employ people with disabilities
3) Design and build our facilities
4) Monitor and report on how well we are doing, and plan for improvements
5) Partner with our communities to improve population health and wellbeing

West Coast Disability Strategic Action Plan 2015 – 2025

VISION: The West Coast DHB's disability strategic vision is of a society that highly values lives and continually enhances the full participation of disabled people. Through this strategic vision, the West Coast DHB will ensure that people with disabilities experience a responsive and inclusive health and disability system that supports them to be safe and well in their homes and communities.

The New Zealand Disability Action Plan 2014 -2018 Strategic Focus				
Safety and Autonomy	**Wellbeing**	**Self Determination**	**Community**	**Representation**
I am safe in my home, community and work environment. I feel safe to speak up or complain and I am heard. Those assisting me (professionals and others) have high awareness and I do not experience abuse or neglect.	I feel dignity and cultural identity through a balance of family/community, mental, physical and spiritual wellbeing.	I make my decisions myself based on my aspirations. I have access to information and support so that my decisions are informed.	I feel respected for my views and my contribution is received on an equal basis with others.	Disabled Peoples Organisations (DPO) represent collective issues that have meaning for me (based on lived experience) in a way that has influence and impact.
West Coast **DHB – Strategic Goal**				
Disabled people and their family/whanau are listened to carefully by health professionals and/or carers and their opinions are valued and respected. Individuals are encouraged to make suggestions or voice any concerns.	The wellbeing of disabled people is improved and protected by recognising the importance of their cultural identity. Health practitioners understand the contribution of the social determinants of health.	Disabled people contribute to their own health outcomes as the barriers are removed so that they receive the support and information that enables them to participate and influence at all levels of society.	Disabled people experience equal workplace opportunities. The health system supports access, equity and inclusion for those living with impairments, their family/whanau, carers and staff.	The collective issues that emerge from disabled people's lived experience of the health system are actively sought and used to influence the current and future Canterbury health system.

The West Coast **DHB will**

Safety and Autonomy

1. DELIVER NEW OR CHANGED SERVICES

Identify with disabled people where there are gaps in service provision and work with Disability Support Services and other government and non-government agencies to develop and implement pathways that are best for patient, best for system. (7)

2. MEASURE NEED AND PROGRESS

Engage with disabled people to develop measures in line with the West Coast Health System Framework and/or Disability Outcomes Framework for each strategic goal, and use data analysis to evaluate and improve the health system. This process will identify opportunities to increase the health services people receive in their homes and communities(1, 8)

3. IMPROVE ACCESS TO PERSONAL INFORMATION

Enable disabled people's to have increased autonomy in making decisions that relate to their **own** health by developing processes that enhances communication e.g. access to their medical records through patient portals. Disabled people will be given support to do this if they are unable to do this on their own (6)

4. OFFER APPROPRIATE TREATMENT

Uphold *Article - 15 Freedom from torture or cruel, inhuman or degrading treatment*, United Nations Convention on the Rights of Persons with Disabilities and have a proactive approach to action the recommendations made in the *Second Report of the Independent Monitoring Mechanism of the Convention on the Rights of Persons with Disabilities , Aotearoa/New Zealand July 2012 – December 2013, Published August 2014** (2)

Wellbeing

5. WORK TOWARDS EQUITABLE OUTCOMES FOR MAORI

Work with tangata whaiora, whanau and Kaupapa Maori providers to action the West Coast DHB Maori Action Plan and Whaia Te Ao Marama: The Maori Disability Action Plan for Disability Support Services 2012 – 2017, to achieve equitable population outcomes for disabled Maori and their whanau. (11, 15)

6. IMPLEMENT PASKFIKA DISABILITY PLAN

Work with Pasifika people, fono and Pasifika providers to action the Ministry of Health National Pasifika Disability Plan 2014 -2016 which identifies nine specific objectives for disabled Pasifika people which are aimed at improving service provision. (12, 15)

7. DEVELOP BETTER APPROACHES FOR REFUGEE, MIGRANT AND CULTURALLY AND LIGUISTICALLY DIVERSE GROUPS

Work with refugee and migrant and other culturally and linguistically diverse groups to identify and implement best practise for those working with disabled people. (9)

8. INTEGRATE SERVICES FOR DISABLED CHILDREN/YOUTH

Focus on the needs of disabled children/youth and their family/ whanau and together work to create an integrated health and social service response (13, 15)

Self Determination

9. PROVIDE ACCESSIBLE INFORMATION AND COMMUNICATION

Promote and provide communication methods that improve access and engagement with disabled people e.g. ensuring all computer systems, websites are fully accessible to those who need adaptive technology to access those systems, to provide communication devices and support, where necessary and appropriate, sign language (1)

10. USE PLAIN LANGUAGE

Increase the use of plain language versions of information that are written in different languages to reflect the needs of their community, so that this is standard practise across the West Coast DHB (7)

11. MONITOR QUALITY

Develop and use a range of new and existing quality measures for specific groups and services the West Coast DHB provide for disabled people and develop systems and processes to respond to unmet need e.g. consumer survey (6, 10, 14)

12. DEVELOP LEADERSHIP OF PEOPLE WITH DISABILITES WHO HAVE A ROLE IN THE HEALTH SYSTEM

Identify and support opportunities for leadership development and training for disabled people within the health system. (5)

And Identify within Divisions where people with lived experience are providing peer support to service users and recommend areas of further development. (5)

Community

13. BE AN EQUAL OPPORTUNITY EMPLOYER

Develop and implement an appropriate quality tool for current employees who identify as having a disability and explore opportunities to improve staff wellbeing. (2, 4, 10)

14. INCREASE STAFF DISABILTIY AWARENESS, KNOWLEDGE AND SKILLS

Engage with professional bodies and human resources to develop and implement orientation and training packages that enhances disability awareness. (1)

15. DESIGN AND BUILD FACILITIES THAT MEET NEEDS AND ENCOURAGE INCLUSION

The design process of West Coast DHB facilities will engage disabled people and incorporated design features that improve their experience of the health system. (6)

Representation

16. IMPLEMENT THE PLAN IN PARTNERSHIP

Work with the West Coast DHB Consumer Council to ensure a network of disability focused consumer groups are empowered to actively engage with health service providers and be partners in health service improvement and re-design. This will support the implementation and evaluation of the Canterbury Disability Action Plan which will prioritise the involvement of disabled people (1)

17. USE INFLUENCE TO PROMOTE THE HEALTH, WELLBEING AND INCLUSION OF PEOPLE OF ALL AGES AND ABILITIES

Actively promote and influence universal design and work with key stakeholders to achieve accessible communities. (1,4)

Appendix

Numbered next to each strategic action is the number of the objective(s) of the New Zealand Disability Strategy 2001 that will be met

The Objectives are to:

1. encourage and educate for a non-disabling society
2. ensure rights for disabled people
3. provide the best education for disabled people
4. provide opportunities in employment and economic development for disabled people
5. foster leadership by disabled people
6. foster an aware and responsive public service
7. create long-term support systems centred on the individual
8. support quality living in the community for disabled people
9. support lifestyle choices, recreation and culture for disabled people
10. collect and use relevant information about disabled people and disability issues
11. promote participation of disabled Mäori
12. promote participation of disabled Pacific peoples
13. enable disabled children and youth to lead full and active lives
14. promote participation of disabled women in order to improve their quality of life
15. value families, whänau and people providing ongoing support

COMMUNITY AND PUBLIC HEALTH UPDATE

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

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

SOURCE: **Community and Public Health**

DATE: **12 March 2015**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

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)

March 2015

Social Impact Assessment Westland District Council Class 4 Gaming Policy

CPH staff facilitated a Social Impact Assessment workshop held on the 12th of February to review Westland District Council's Gambling Venue Policy. CPH is currently compiling the report, including workshop recommendations, which will be presented to Council for consideration at a future meeting. Council will then consider including the recommendations and, if they decide to change their current policy, a draft of the amended policy will be released for public consultation.

Annual Report on Drinking Water Quality 2013-14

The Annual Report on Drinking Water Quality (Annual survey) for the period 1 July 2013 to 31 June 2014 has just been released by the Ministry of Health. To achieve overall compliance with Drinking water Standards for New Zealand a supply must meet bacteriological, protozoal and chemical standards. The survey includes results for all networked drinking water supplies serving populations of 100 people or more. Overall, 79.0 per cent of New Zealanders (3,023,000 people) on the supplies included in the survey received drinking water which complied with all three requirements. Nationally the proportion of the population receiving drinking water meeting the bacteriological standards is 97.2% (3,723,000 people), protozoal standards 80.8% (3,093,000 people) and chemical standards 97.4% (3,728,000 people).

The results in the annual survey are separated into each category of water supply. On the West Coast these are Medium drinking water supplies (5001-10,000) people); Minor drinking water supplies (501-5000 people) and Small drinking water supplies (101-500 people).

Overall, the compliance of the water supplies on the West Coast is significantly less than the national average other than bacterial compliance results for the Grey and Westland Districts. The chemical compliance results from the Annual Survey for the West Coast are somewhat misleading as small supplies (101-5000 people) are not required to be assessed for chemical contamination and so achieved 100% compliance by default.

For the Buller District, the proportion of the population receiving drinking water meeting bacteriological standards was 71% (4974 people), protozoal standards 14% (951 people) and chemical standards 100% (7040 people). No supplies provided drinking water meeting all the standards.

For the Grey District, the proportion of the population receiving drinking water meeting bacteriological standards was 100% (11887 people), protozoal standards 4% (487 people) and chemical standards 100% (11887 people). Only one drinking water supply, Blackball (small), met all the standards.

For Westland District, the proportion of the population receiving drinking water meeting bacteriological standards was 81% (4467 people), protozoal standards 18% (969 people) and chemical standards 100% (5481 people). Westland had two drinking water supplies, Hari Hari (small) and Franz Josef (small), which met all the standards.

Over the last annual survey year the issue of on-going transgressions and faults occurring at the Punakaiki water supply have been subject to reports in local news media and direct contact between CPH drinking water staff and the Medical Officer of Health with the Buller District Council.

Tobacco Controlled Purchase Operations (CPOs)

CPH staff carried out two controlled purchase operations in January, visiting 22 premises in the Buller, Grey and Westland Districts. Only one tobacco retailer sold cigarettes to a young person under the age of 18. The retailer who made the tobacco sale has been referred to the Ministry of Health and will be issued with an infringement notice and a $500 fine.

CPOs are carried out by smokefree enforcement officers using an underage volunteer. They are a way of ensuring that tobacco retailers comply with the Smoke-free Environments Act 1990 which prohibits the sale of tobacco products to people under 18 years of age. Before the CPO each tobacco retailer is visited by a CPH staff member to ensure that they are aware of their legal obligations around selling tobacco.

Mental Wellbeing

CPH supported the recent Challenge Central Finance Charity Cycle Ride that travelled from Picton to Bluff through the West Coast to raise awareness of depression and suicide. Two CPH health promoters attended a quiz night held in Reefton for the cyclists and over 60 members of the Reefton community. This was a great opportunity to support the Reefton community and to share messages around positive wellbeing and moderate drinking. A CPH health promoter also spoke about the QPR suicide Awareness training at a gathering in Hokitika the following night.

PLANNING & FUNDING UPDATE

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

SOURCE: **Planning & Funding**

DATE: **12th March 2015**

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 continues to perform well above the 6-hour **ED health target** (target: 95%) during Quarter 2; with 99.5% of patients admitted, discharged or transferred within 6 hours, and 94.6% within just 4 hours.
- West Coast DHB was 51 discharges ahead of our **Electives health target** for the six months to 31st December 2014.
- During Quarter 2, West Coast DHB staff provided 94.7% of hospitalised smokers with smoking cessation advice and support –meeting the **Secondary Care Better Help for Smokers to Quit** Health Target.

✘ Key Issues & Associated Remedies

- B4 School Check coverage continues to do very well against the high deprivation population (noting the fluctuation of small numbers), but is struggling against the total population group—delivering five total checks during January. This is due to a new Coordinator attending training as well as the usual school holidays lull.

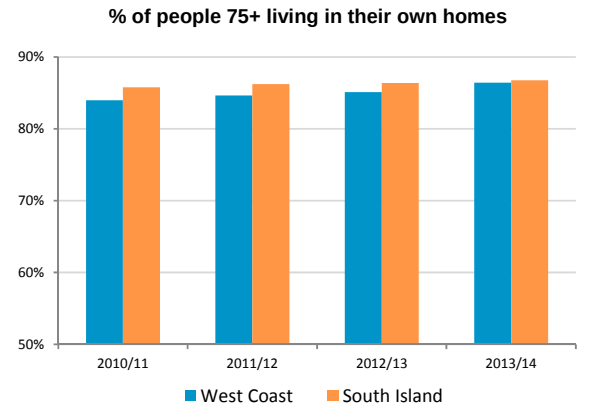
ⓘ Upcoming Points of Interest

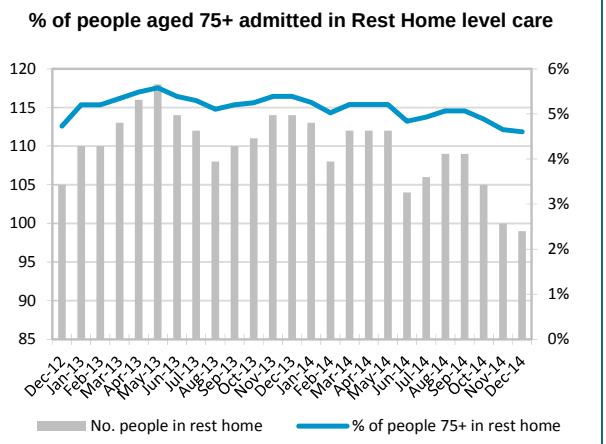
- **Pilot of new model in Buller for patients with complex needs**

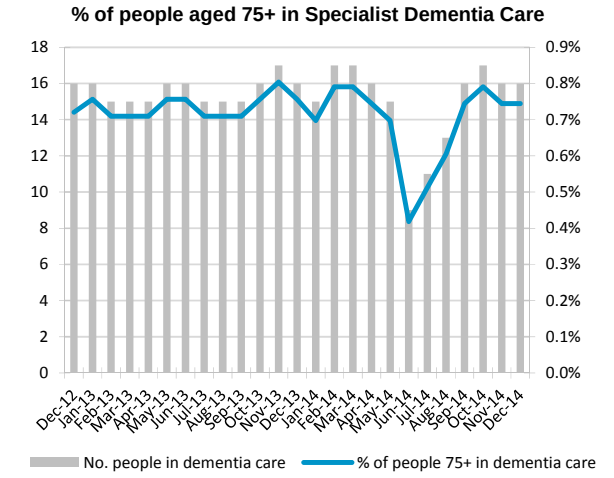
  A new process in Buller to support the coordination and delivery of care for people with complex needs is currently being piloted. The approach includes the redevelopment of supporting services to provide a full range of care and support options coordinated seamlessly through an integrated access system.

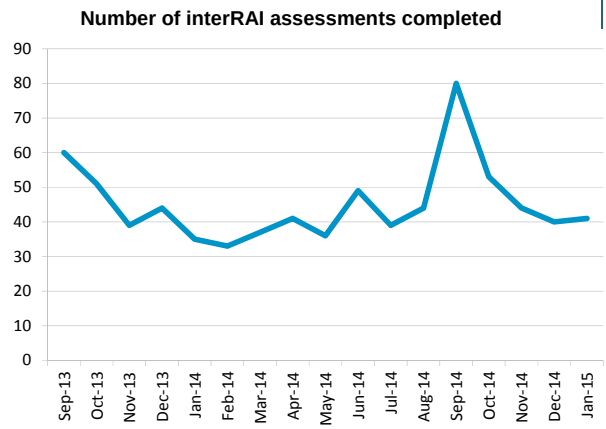
Report prepared by: Planning & Funding
Report approved for release by: Carolyn Gullery, General Manager, Planning & Funding

Older Persons' Health









Achievements / Issues of Note

Work continues with upskilling home based support providers to enable them to deliver the restorative model of care along with supported discharge model. Relationships between primary care, allied health, community services and hospital staff have strengthened with continued conversations on how all parties can work together to deliver an integrated model of care.

A new process in Buller to support the coordination and delivery of care for people with complex needs is currently being piloted. The approach includes the redevelopment of supporting services to provide a full range of care and support options coordinated seamlessly through an integrated access system. This involves two components; an easily accessible IT system when a patient or clinician knows what service is required; and a do-whatever-it-takes assistance function when it is not clear what is needed. It is anticipated systems will operate Coastwide and further enable the transalpine model of care. Two components critical to supporting this will be the further development of options for community care process and the development of flexible integrated rehabilitation support teams.

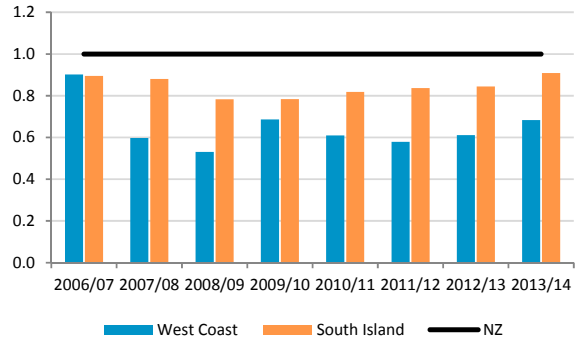
The business case for the Integrated Falls Prevention/Fracture Liaison Service (FLS) approach is being prepared and will be presented for approval this quarter. Following approval, we anticipate the first phase of the Integrated Falls/FLS (a 0.5 FTE Community Falls champion providing services to the Grey and Westland areas) will be in place by Quarter 4. Confirmation on timeframes for full implementation of the integrated service will be confirmed.

West Coast DHB Falls/FLS representatives have already participated in the first joint Falls/FLS Health of Older Persons' Service Level Alliance (HOPSLA) & South Island Quality and Safety SLA meeting, with the next planned for April 2015. These collaborative meetings are assisting in the development of

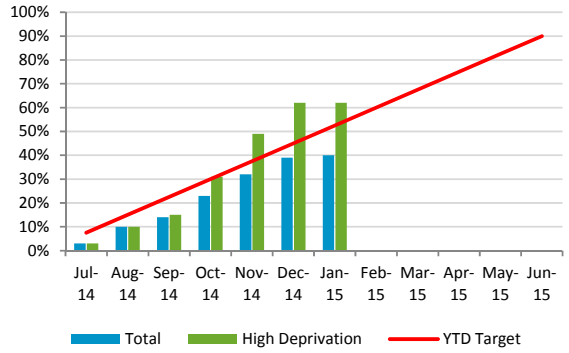
consistent approaches, pathways and outcome measurement for Falls Prevention and FLS delivery across the region.

Child, Youth & Maternity

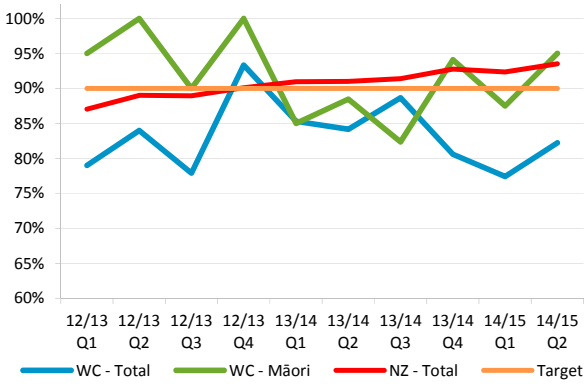
Acute medical discharge rates for children (age 0-14)



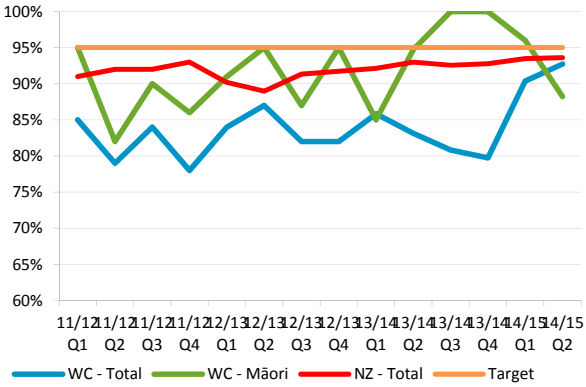
B4 School Check coverage



Immunisation HT: Eight-month-olds fully immunised



Two-year-olds fully immunised



Achievements / Issues of Note

Immunisation: Although not meeting target, we are pleased to have increased coverage by 5% against the Increased Immunisation Health Target, vaccinating 82% of our eligible population and 99% of consenting children. Only one child was overdue at milestone age.

B4 School Check coverage: The new B4 School Check Coordinator commenced in December and had the opportunity to work with the previous incumbent before her retirement. Much of January was given over to training this new staff member and developing the relationship with Canterbury DHB counterparts. The new Coordinator has begun some work around Quality Improvement particularly relating to parent experience of the check.

Maternity: Work continues to support the move to a self-employed model for midwives on the Coast. Work is also progressing to bring Pregnancy and Parenting Education in line with new Ministry Service Specifications.

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% 8 week target: 95%	3W Q1	3W **Q2**	*Progress*	8W Q1	8W **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

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

In Quarter 2, 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.

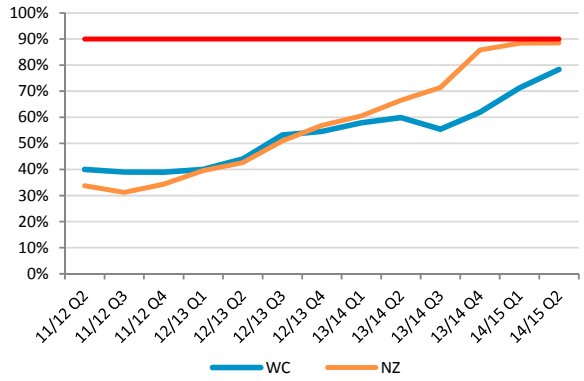
Non-urgent addiction services wait time targets have been achieved for adults (20+) at 3 weeks and 8 weeks and adults (65+) at 3 weeks.

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.

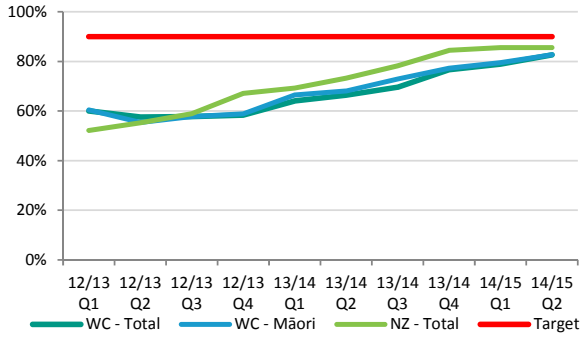
Workstream activity is now moving to change processes within Specialist Mental Health Service and the high demands on the leadership mean progress is slow.

Primary Care & Long-Term Conditions

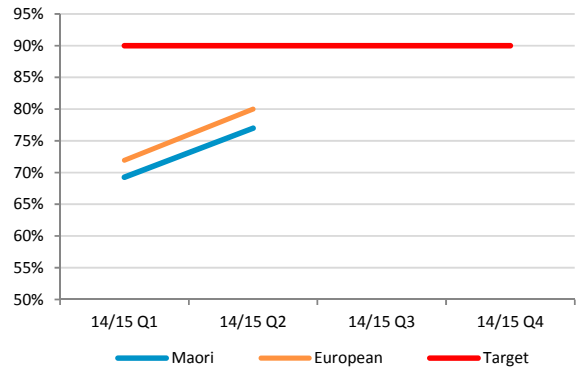
Primary Smokefree Health Target: Smokers attending primary care given advice & help to quit



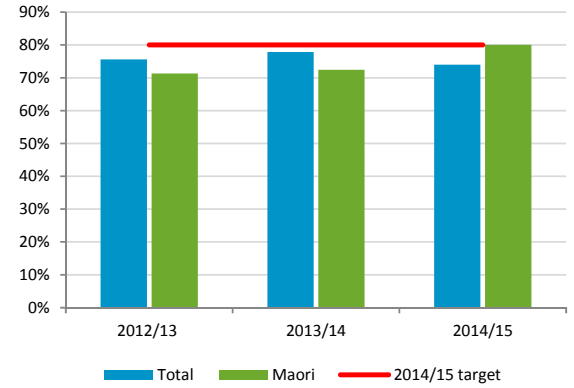
More Heart and Diabetes Checks Health Target: % of eligible PHO population having had a CVD risk assessment in the last 5 years



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

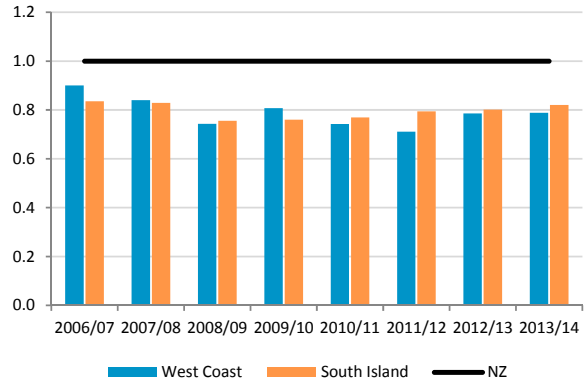
Primary care better help for smoker's health target: Although we are yet to meet the target, performance against the Primary Care Smokers Better Help to Quit Health Target has increased 7% this quarter—an encouraging result of 78.3%. Actions previously reported continue, with monthly practice by practice 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 82.6% 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 4.4% below the national average & work continues to meet target.

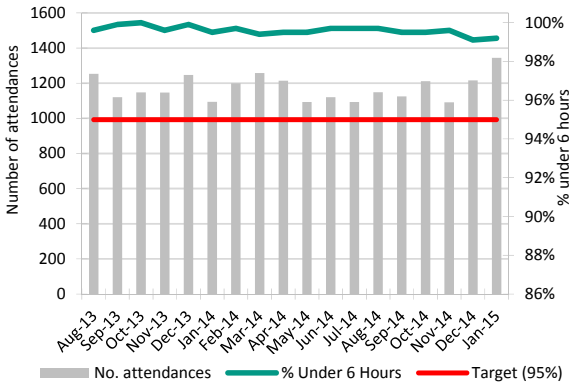
Diabetes: Of those who have had their diabetes annual reviews during the 12-months to 31 December 2014, 74% of the overall population had good diabetes management with an HbA1c level below 8.0 (or 64mmols). Maori results were higher at 80%; however only 60% (of the West Coast Maori population estimated by the Ministry of Health to have diabetes) had an annual diabetes review during the year. In comparison, 76% of the overall West Coast population estimated to have diabetes had an annual review undertaken. Our target for diabetes good management is 80% for all population groups.

Secondary Care & System Integration

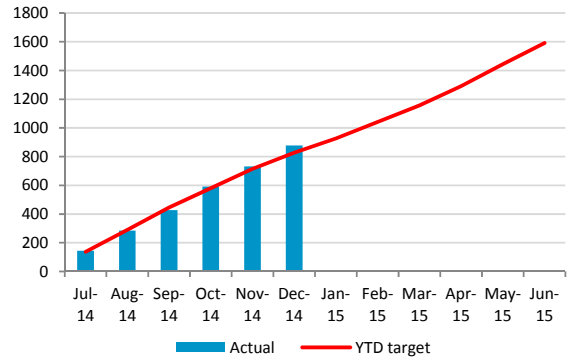
Acute Medical Discharge Rate



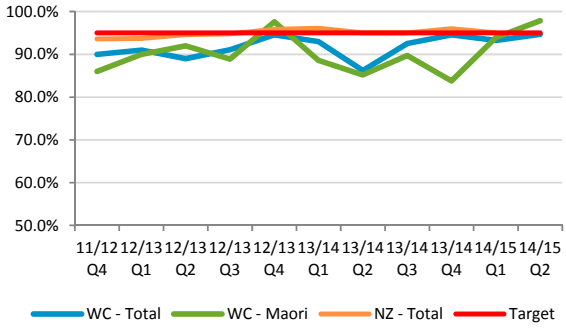
Emergency Department (ED): Attendances & <6 Hours Health Target



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 99.5% of patients admitted, discharged or transferred from ED within six hours during Quarter 2.

Cancer health target: In the first official Quarter of the new health target, 83.3% of patients received their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer—just shy of target. Work is ongoing to improve the capture and quality of the Faster Cancer Treatment data which will affect performance over the next few quarters.

West Coast continues to achieve against the former health target, Shorter waits for cancer treatment, with 100% of patients ready for radiation or chemotherapy receiving treatment within four weeks.

Secondary care better help for smokers to quit health target: During Quarter 2, West Coast DHB staff provided 94.7% of hospitalised smokers with smoking cessation advice and support –just meeting the Secondary Care Better Help for Smokers to Quit Health Target. Best practice initiatives continue, however the effects of small numbers remain challenging.

Electives health target: The West Coast DHB has met the Improved Access to Elective Surgery Health Target this quarter, exceeding target by 51 discharges —more than making up for poorer performance last quarter. Against our year to date target, we achieved 106.2% of our goal, delivering 878 discharges against an 827 target.

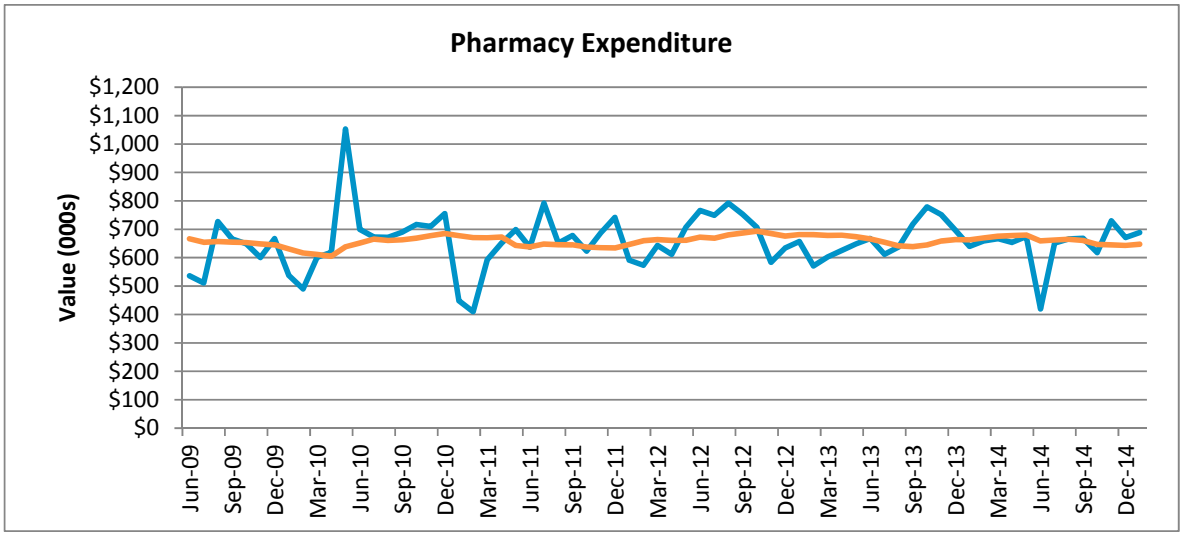
ESPI compliance: No patients exceeded the maximum 150 days' wait time target for either First Specialist Assessment (ESPI 2) or for waiting time from First Specialist Assessment to surgical treatment (ESPI 5) in December 2014.

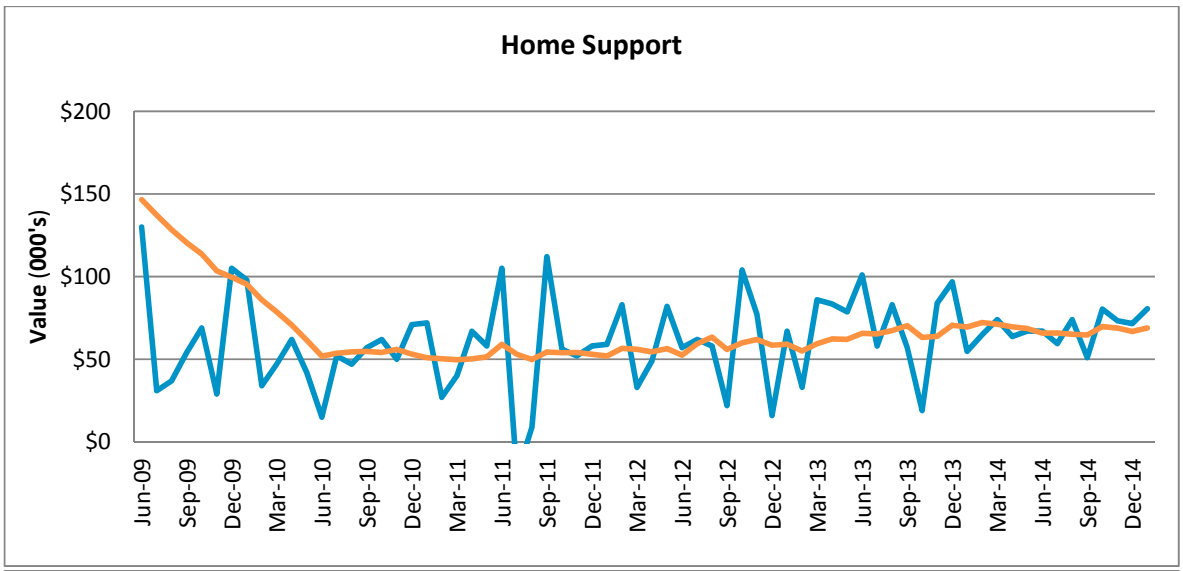
Preliminary results for January 2015 show no patients waiting longer than the new 4-month targets

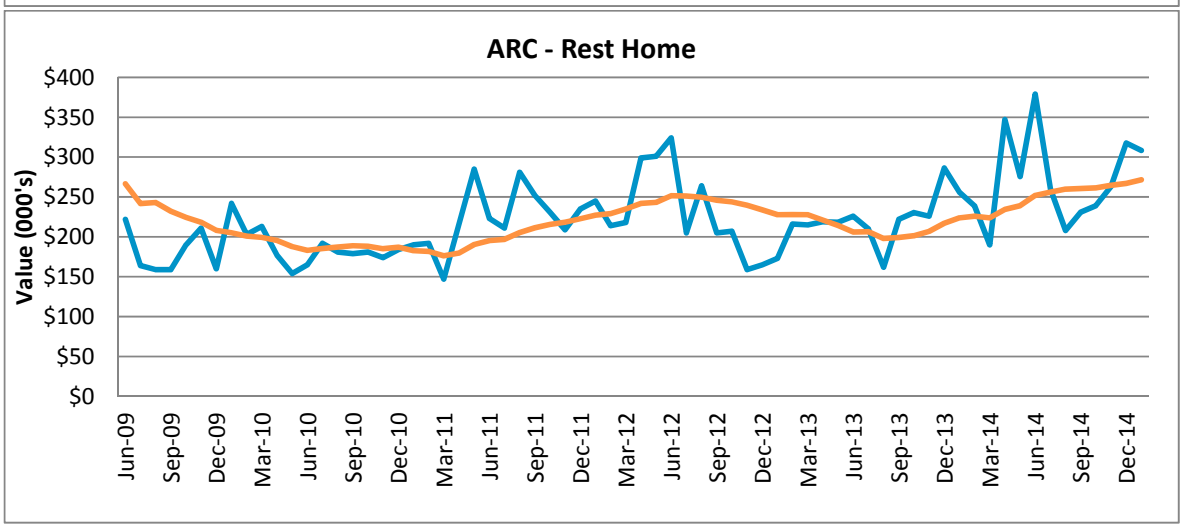
against ESPI 2 or ESPI 5. The new 4-month (120 day) target came into effect from the end of December 2014. ESPI results from 1 January 2015 will now be measured against these new time-frame targets.

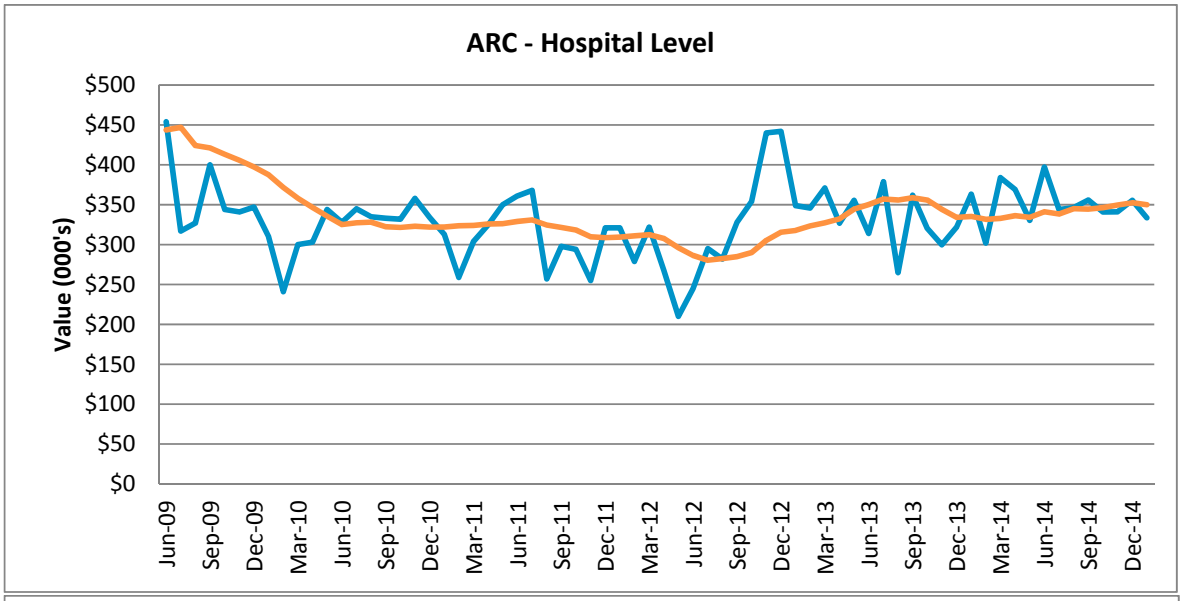
Financials

The following graphs are presented to show expenditure trends over time:
— Expenditure Trend — Rolling average








ARC - Hospital Level
Value (000's)
$500
$450
$400
$350
$300
$250
$200
$150
$100
$50
$0
Jun-09
Sep-09
Dec-09
Mar-10
Jun-10
Sep-10
Dec-10
Mar-11
Jun-11
Sep-11
Dec-11
Mar-12
Jun-12
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Mar-13
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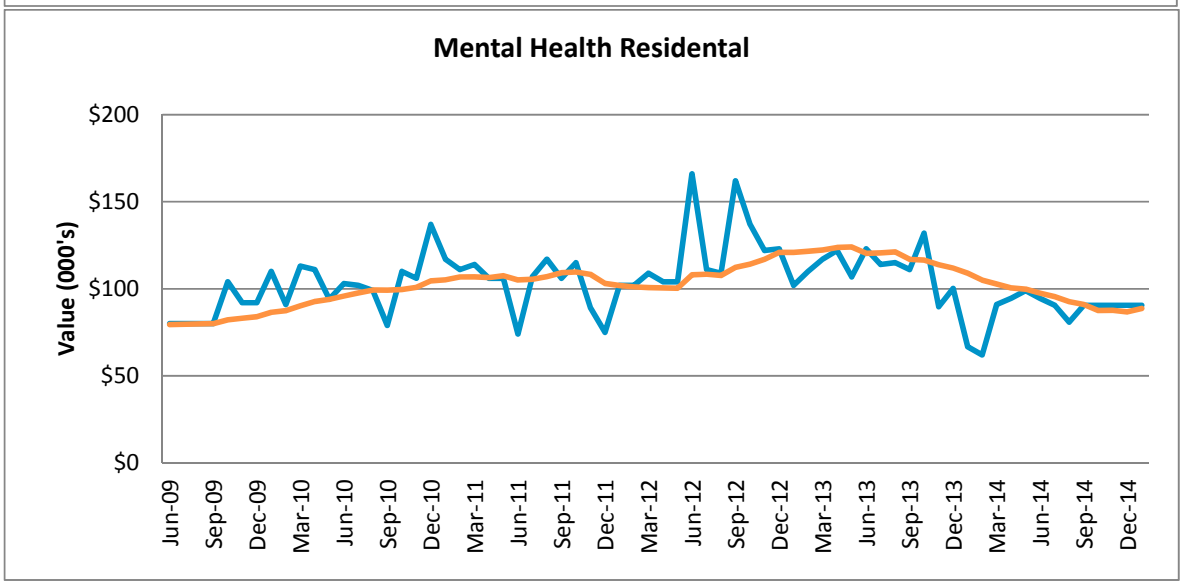
Jun-14
Sep-14
Dec-14


Mental Health Residental
Value (000's)
$200
$150
$100
$50
$0
Jun-09
Sep-09
Dec-09
Mar-10
Jun-10
Sep-10
Dec-10
Mar-11
Jun-11
Sep-11
Dec-11
Mar-12
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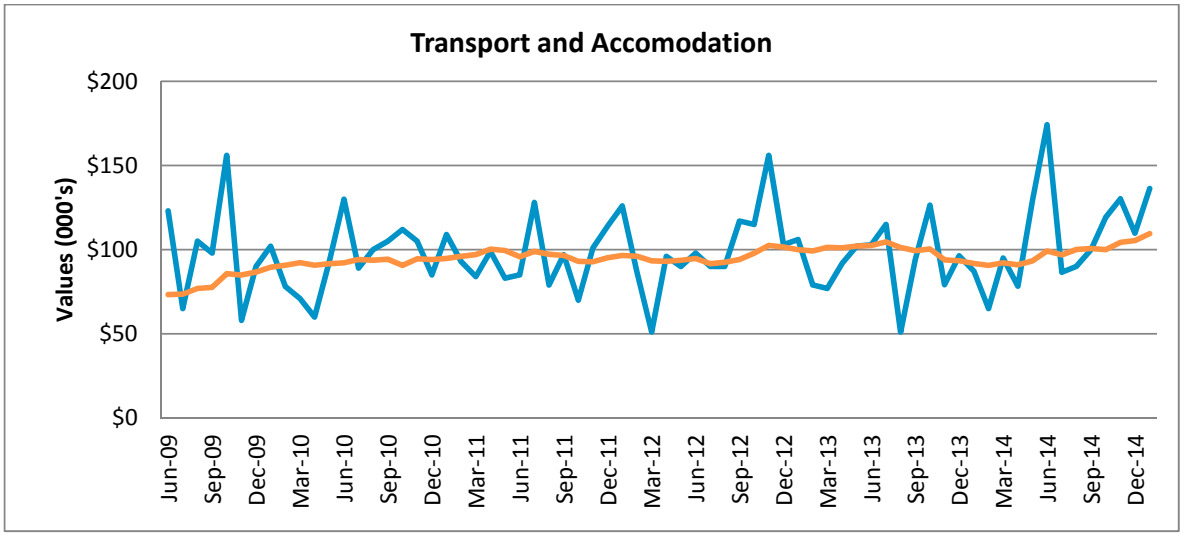
Transport and Accomodation
Values (000's)
$200
$150
$100
$50
$0
Jun-09
Sep-09
Dec-09
Mar-10
Jun-10
Sep-10
Dec-10
Mar-11
Jun-11
Sep-11
Dec-11
Mar-12
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Dec-13
Mar-14
Jun-14
Sep-14
Dec-14

Planning and Funding Division
Month Ended January 2015

Current Month					SERVICES	Year to Date					2014/15
Actual	Budget	Variance				Actual	Budget	Variance			Annual Budget
$000	$000	$000	%			$000	$000	$000	%		$000
					Primary Care						
12	36	24	66%	✓	Dental-school and adolescent	205	253	49	19%	✓	434
0	2	2	100%	✓	Maternity	0	12	12	100%	✓	20
0	1	1	100%	✓	Pregnancy & Parent	2	5	2	51%	✓	8
0	3	3	100%	✓	Sexual Health	0	19	19	100%	✓	33
2	3	1	35%	✓	General Medical Subsidy	14	21	7	34%	✓	36
449	522	73	14%	✓	Primary Practice Capitation	3,512	3,651	138	4%	✓	6,258
91	91	0	0%	✓	Primary Health Care Strategy	637	638	1	0%	✓	1,093
79	80	2	2%	✓	Rural Bonus	550	562	12	2%	✓	963
4	5	1	11%	✓	Child and Youth	37	34	-3	-7%	✗	59
0	4	4	100%	✓	Immunisation	22	40	17	44%	✓	153
5	5	0	2%	✓	Maori Service Development	33	34	0	1%	✓	58
52	53	1	1%	✓	Whanau Ora Services	366	370	4	1%	✓	634
19	18	-1	-7%	✗	Palliative Care	137	127	-10	-8%	✗	218
	0	0		✓	Community Based Allied Health	0	0	0		✓	0
9	9	0	1%	✓	Chronic Disease	62	62	0	1%	✓	106
48	54	6	11%	✓	Minor Expenses	329	378	48	13%	✓	647
770	**885**	**115**	**13%**	✓		**5,907**	**6,205**	**298**	**5%**	✓	10,722
					Referred Services						
24	24	-1	-3%	✗	Laboratory	164	165	1	0%	✓	283
688	649	-39	-6%	✗	Pharmaceuticals	4,692	4,736	43	1%	✓	7,961
712	**673**	**-40**	**-6%**	✗		**4,857**	**4,901**	**44**	**1%**	✓	8,244
					Secondary Care						
289	202	-87	-43%	✗	Inpatients	969	1,412	443	31%	✓	2,420
105	101	-4	-4%	✗	Radiology services	811	707	-103	-15%	✗	1,212
136	115	-21	-19%	✗	Travel & Accommodation	772	805	32	4%	✓	1,380
1,520	1,520	1	0%	✓	IDF Payments Personal Health	9,585	10,641	1,056	10%	✓	18,242
2,050	**1,938**	**-112**	**-6%**	✗		**12,137**	**13,565**	**1,428**	**11%**	✓	23,254
3,533	**3,496**	**-37**	**-1%**	✗	**Primary & Secondary Care Total**	**22,900**	**24,670**	**1,770**	**7%**	✓	**42,220**
					Public Health						
13	25	11	46%	✓	Nutrition & Physical Activity	105	174	69	40%	✓	298
6	7	1	17%	✓	Public Health Infrastructure	43	52	9	17%	✓	88
5	5	0	-8%	✗	Tobacco control	60	34	-26	-76%	✗	58
	0	0		✓	Screening programmes	-2	0	1.616		✓	0
25	**37**	**12**	**33%**	✓	**Public Health Total**	**206**	**259**	**54**	**21%**	✓	**445**
					Mental Health						
7	7	0	1%	✓	Dual Diagnosis A&D	50	50	1	1%	✓	86
2	2	0	1%	✓	Eating Disorders	13	13	0	1%	✓	23
20	20	0	1%	✓	Child & Youth Mental Health Services	140	142	2	1%	✓	243
5	5	0	1%	✓	Mental Health Work force	47	35	-12	-33%	✗	61
61	61	1	1%	✓	Day Activity & Rehab	425	429	4	1%	✓	735
11	11	0	1%	✓	Advocacy Consumer	75	76	1	1%	✓	130
81	82	1	1%	✓	Other Home Based Residential Support	566	573	7	1%	✓	982
11	11	0	3%	✓	Advocacy Family	77	78	1	1%	✓	134
10	29	19	66%	✓	Community Residential Beds	58	201	143	71%	✓	345
0	0	0	100%	✓	Minor Expenses	0	1	1	100%	✓	1
92	92	0	0%	✓	IDF Payments Mental Health	641	641	0	0%	✓	1,100
298	**320**	**22**	**7%**	✓		**2,093**	**2,240**	**147**	**7%**	✓	3,839
					Older Persons Health						
	0	0	100%	✓	Information and Advisory	0	1	1	100%	✓	1
	0	0		✓	Needs Assessment	0	0	0		✓	0
81	67	-14	-21%	✗	Home Based Support	490	462	-28	-6%	✗	784
9	9	0	-1%	✗	Caregiver Support	48	62	14	23%	✓	107
308	216	-93	-43%	✗	Residential Care-Rest Homes	1,783	1,495	-288	-19%	✗	2,538
5	10	5	54%	✓	Residential Care-Community	37	70	33	48%	✓	120
334	349	16	5%	✓	Residential Care-Hospital	2,418	2,423	6	0%	✓	4,114
	0	0		✓	Ageing in place	0	0	0		✗	0
9	10	1	7%	✓	Day programmes	64	69	5	7%	✓	118
17	18	1	7%	✓	Respite Care	72	129	56	44%	✓	220
1	1	0	22%	✓	Community Health	9	9	0	4%	✓	15
	0	0	100%	✓	Minor Disability Support Expenditure	0	2	2	100%	✓	3
58	58	0	0%	✗	IDF Payments-DSS	407	407	0	0%	✗	698
822	**739**	**-85**	**-12%**	✗		**5,327**	**5,129**	**-198**	**-4%**	✗	8,720
1,120	**1,058**	**-64**	**-6%**	✗	**Mental Health & OPH Total**	**7,420**	**7,368**	**-51**	**-1%**	✓	**12,559**
4,678	**4,591**	**-87**	**-2%**	✗	**Total Expenditure**	**30,526**	**32,298**	**1,772**	**5%**	✓	**55,223**

ALLIANCE UPDATE

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

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

DATE: **12 March 2015**

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:

- **Mental Health Workstream**
  - The Buller mental health team continues to progress the locality based services for the Buller region. Workstream activity is now moving to work with the Specialist Mental Health Services to support the locality models.

- **Complex Clinical Care Network (CCCN)**
  - Work continues with upskilling Home Based Support Providers to enable them to deliver the restorative model of care along with supported discharge model. Relationships between primary care, allied health, community services and hospital staff have strengthened with continued conversations on how all parties can work together to deliver an integrated model of care.
  - In Buller a new process has been identified and is currently being piloted for supporting the coordination and delivery of care for people with complex needs on the West Coast. The approach includes the redevelopment of supporting services to provide a full range of care and support options coordinated seamlessly through an integrated access system.
  - The business case for the Integrated Falls Prevention/Fracture Liaison Service approach is being prepared and will be presented for approval this quarter. We anticipate following approval, the first phase of the Integrated Falls/FLS (a 0.5 FTE Community Falls champion providing services to the Grey and Westland areas) will be in place by Q4. Confirmation on timeframes for full implementation of the integrated service will be able to be confirmed following submission and approval of the business case.

- West Coast DHB Falls/FLS representatives have already participated in the first joint Falls/FLS HOPSLA & South Island Quality and Safety SLA meeting, with the next planned for April 2015. These collaborative meetings are assisting in the development of consistent approaches, pathways and outcome measurement for Falls Prevention and FLS delivery across the region.

- **Grey/Westland & Buller Family Health Services (IFHS)**
  - Meetings between the three Greymouth practices are underway to discuss and develop a single process for unplanned and acute care. This is in preparation for the three practices coming together under the single roof of the Grey IFHC.
  - The team is also looking at how the huddle meetings that have commenced in Buller can be used in the Grey practices.
  - A pilot of mobile devices is underway with a tablet being trialled to connect with patient information systems while off-site.
- **Healthy West Coast**
  - HWC have now endorsed the plan to better target Maori smokers for engagement in cessation services. This now includes Poutini Waiora engagement through Greymouth and Buller's Kaupapa Maori Nurses.
  - The implementation of Patient Dashboard has produced good results in terms of improving performance against the Primary Care Health Targets.
  - Work is progressing to employ a Community Nutritionist to support Diabetic and Pre-Diabetic Green Prescription clients. Appointment expected early Quarter 3.

- **Child and Youth**
  - Planning has begun towards developing the Transalpine partnership in relation to Community Oral Health Services. A joint Canterbury DHB & West Coast DHB Oral Health services meeting will take place to determine the best model of partnership from both the clinical and operational perspectives.
  - The pilot of the Secret Shopper project is complete with results and feedback provided to the next group of youth to undertake these visits. The first follow up group have now completed visits in Greymouth and Hokitika.

- **Pharmacy**
  - Planning continues for the use of a design lab approach for modelling allocated space for the provision of pharmacy services within the new Grey Integrated Family Health Centre.
  - All Greymouth and Hokitika pharmacists now have their Medicines Use Review accreditation.

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

HEALTH TARGET REPORT QUARTER 2

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

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

SOURCE: **Planning & Funding**

DATE: **12th March 2015**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

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 2 (Oct-Dec 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 2 health target league table is attached as an Appendix.

2. RECOMMENDATION

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

3. SUMMARY

In Quarter 2, the West Coast has:

- Achieved the **ED health target**, with **99.4%** 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 106.2% of the access to **elective surgery health target**, delivering **878** elective surgical cases against our 827 year-to-date target.
- Performance against the **better help for smokers to quit (secondary) health target** increased, with **94.7%** of hospitalised smokers receiving help and advice to quit, just meeting target.

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

- This is the first quarter for the revised **faster cancer treatment health target**. Although not quite meeting target, we were close at **83.3%.** Work is ongoing to improve the capture and quality of this data, and we expect there may be variation of results in these first few quarters ahead.
- Although not meeting target, we are pleased to have increased coverage by 5% against the **increased immunisation health target**, vaccinating **82%** of our eligible population and 99% of consenting children. Only one child was overdue at milestone age.
- Performance against the **more heart and diabetes checks health target** continues to steadily increase with **82.6%** of the eligible enrolled West Coast population having had a cardiovascular risk assessment in the last five years. While this is an encouraging 3.7% increase, West Coast DHB is still 4.4% below the national average & work continues to meet target.
- Although we are yet to meet the target, performance against the **primary care smokers better help to quit health targe**t has increased 7% to 78.3% this quarter. Actions previously reported continue, with patient dashboard recently installed.

6. APPENDICES

Appendix 1: Q2 1415 WC Health Target Report
Appendix 2: HT_Q2_DHB_WestCoast_Col-d1
Report prepared by: Libby Doran, Planning & Funding
Report approved by: Carolyn Gullery, GM Planning & Funding

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

National Health Targets Performance Summary

Quarter 2 2014/15 *(October-December 2014)*

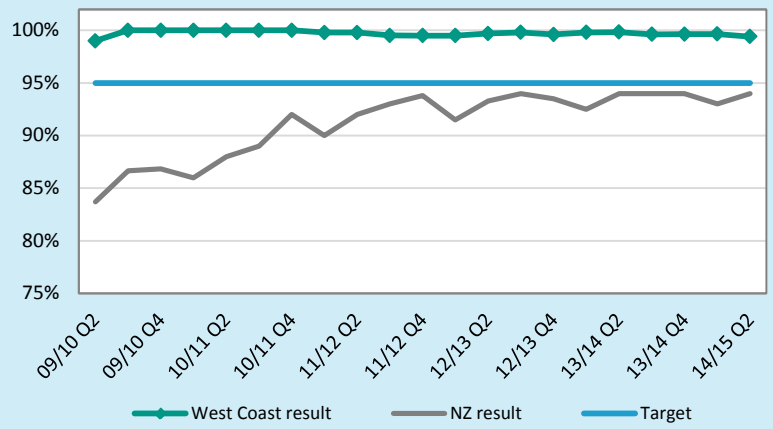
Target Overview

Target	Q3 *13/14*	Q4 *13/14*	Q1 *14/15*	Q2 *14/15*	Target	Status	Pg
Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours	99.6%	99.6%	99.6%	99.4%	95%	✓	2
Improved Access to Elective Surgery West Coast's volume of elective surgery	1,182 YTD	1,695	425 YTD	878 YTD	827 YTD	✓	2
Faster Cancer Treatment Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	*New*	*New*	*New*	83.3%	85%	✗	3
Increased Immunisation Eight-month-olds fully immunised	89%	81%	77%	82%	95%	✗	3
Better Help for Smokers to Quit **Hospitalised** smokers receiving help and advice to quit	92.5%	94.6%	93.3%	94.7%	95%	✓	4
Better Help for Smokers to Quit Smokers attending **primary care** receive help and advice to quit	55.4%	61.9%	71.3%	78.3%	90%	✗	4
More Heart and Diabetes Checks Eligible enrolled adult population having had a CVD risk assessment in the last 5 years	69.6%	76.6%	78.9%	82.6%	90%	✗	5

Shorter Stays in Emergency Departments

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

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



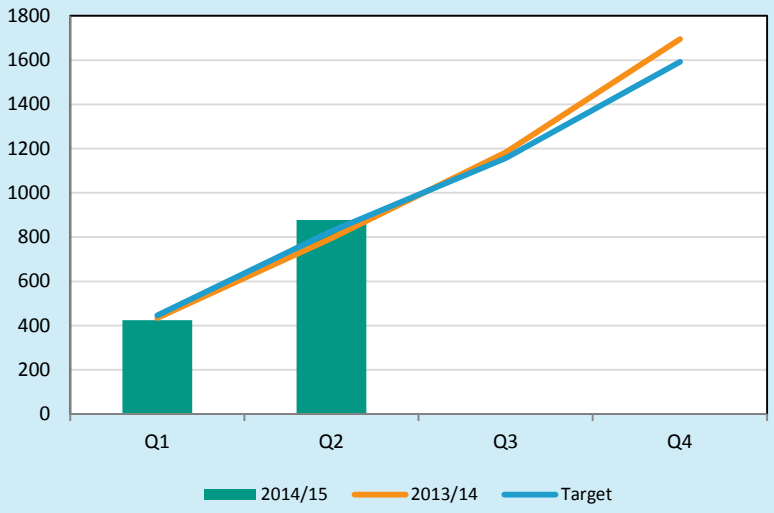
✔

The West Coast continues to achieve impressive results against the ED health target, with **99.4%** of patients admitted, discharged or transferred from ED within 6 hours during Quarter 2.

Improved Access to Elective Surgery

Target: *1,592 elective surgeries in 2014/15*

Figure 2: Elective surgical discharges delivered by the West Coast DHB[1]



✔

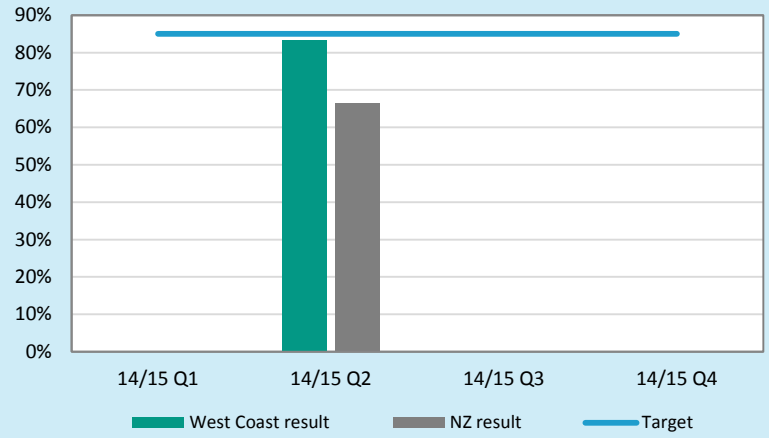
878 elective surgical cases were delivered to Coasters during 2014/15 so far, representing **106.2%** of our year-to-date target delivery. We are pleased to more than make up for the shortfall experienced in Quarter 1, exceeding target by 51 discharges.

[1] *Excludes cardiology and dental procedures. Progress is graphed cumulatively.*

Faster Cancer Treatment

Target: Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer

Figure 3: Percentage of West Coasters with a high suspicion of cancer receiving their first treatment or other management within 62 days[2]



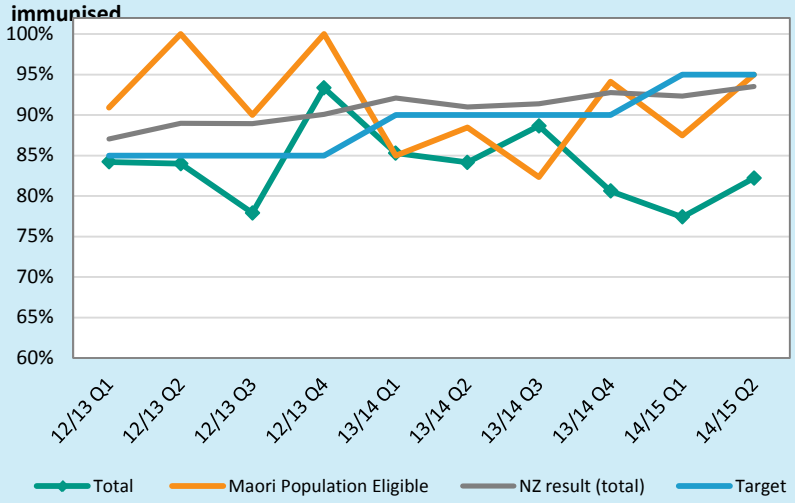
In the first official Quarter of the new health target, 83.3% of patients received their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer—just shy of target. Work is ongoing to improve the capture and quality of the Faster Cancer Treatment data which will effect performance over the next few quarters.

West Coast continues to achieve against the former health target, Shorter waits for cancer treatment, with 100% of patients ready for radiation or chemotherapy receiving treatment within four weeks.

Increased Immunisation

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

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



Although we have not met the target, **82%** of all 8-month-olds were fully immunised during Quarter 2—we have achieved a 5% increase with only one child missing the milestone age.

Strong results were achieved for Pacific and Asian at 100% with Māori at 95%. NZ European performance increased 5% to 93%.

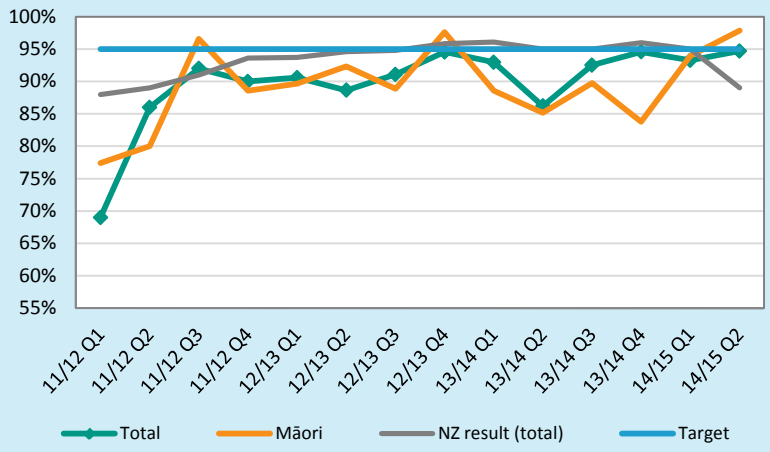
Opt-off[3] (13.3%) and declines (3.3%) made the target impossible to reach this quarter with a combined total of 18%. We continue to focus vaccinating 100% of reachable children, this quarter vaccinating 99%.

[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



✓

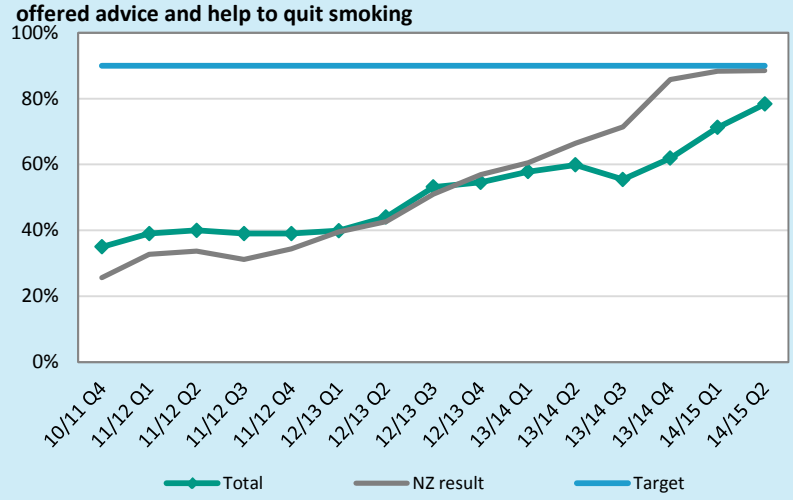
In Quarter 2, West Coast DHB staff provided **94.7%** of hospitalised smokers with smoking cessation advice and support –meeting the 95% target.

Best practice initiatives previously reported continue, however the effects of small numbers remain challenging.

Better Help for Smokers to Quit: *Primary*

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

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



✗

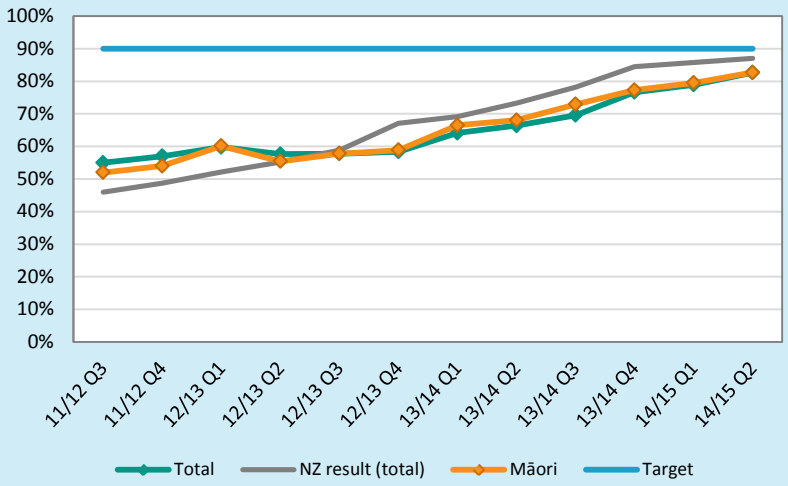
West Coast general practices have reported giving **3,808** smokers cessation advice in the 12 months ending June 2014, representing **78.3%** of smokers expected to attend general practice during the period. Although we are yet to meet the target, performance has increased 7% this quarter—an encouraging result.

We continue to follow best practice initiatives and have recently installed the Patient Dashboard IT tool in all but one practice. This has been well received by staff and it is expected to increased performance.

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 years



Data for the five years to 31st December 2014 shows that West Coast general practices have continued to increase coverage, with **82.6%** of the eligible enrolled West Coast population having had a cardiovascular risk assessment (CVDRA)—a 3.7% increase on last quarter.

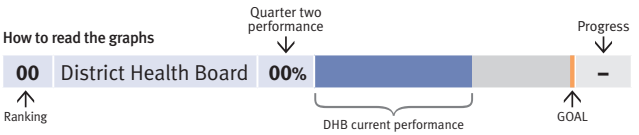
While it is pleasing to continue our steady increase in performance, we have not yet met target and remain 4.4% below the national average.

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 Waiora nurses collaborating with general practices; conducting checks at local events; and the Text2Remind & Patient Dashboard IT tools in all West Coast DHB MedTech Practices.

My District Health Board

2014/15 QUARTER TWO (OCTOBER–DECEMBER) RESULTS

How to read the graphs



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

MINISTRY OF HEALTH
MANATŪ HAUORA

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 two performance (%)	Change from previous quarter
1	West Coast	99	–
2	Nelson Marlborough	97	–
3	Waitemata	97	▲
4	Counties Manukau	96	▲
5	South Canterbury	96	–
6	Whanganui	96	▲
7	Wairarapa	96	–
8	Tairawhiti	96	–
9	Canterbury	95	▲
10	MidCentral	95	▲
11	Bay of Plenty	95	▲
12	Taranaki	94	–
13	Auckland	94	▲
14	Waikato	94	▲
15	Southern	93	–
16	Lakes	92	▲
17	Hawke's Bay	92	▲
18	Northland	91	–
19	Hutt Valley	90	▲
20	Capital & Coast	89	–
	All DHBs	94	▲

95%

Improved access to elective surgery

The target is an increase in the volume of elective surgery by at least 4000 discharges per year. DHBs planned to deliver 78,581 discharges for the year to date, and have delivered 5,441 more.

		Quarter two performance (%)	Progress against plan (discharges)
1	Northland	131	▲
2	Taranaki	116	▲
3	Waikato	115	▲
4	Hutt Valley	114	▲
5	Bay of Plenty	112	▲
6	Counties Manukau	112	▲
7	Wairarapa	110	▲
8	Lakes	110	▲
9	Waitemata	109	▲
10	MidCentral	108	▲
11	West Coast	106	▲
12	Whanganui	105	▲
13	Nelson Marlborough	103	▲
14	South Canterbury	102	▲
15	Southern	101	▲
16	Hawke's Bay	100	▲
17	Auckland	100	▲
18	Tairawhiti	99	▼
19	Canterbury	97	▼
20	Capital & Coast	96	▼
	All DHBs	107	▲

100%

This is the first time Faster cancer treatment has been reported as a health target.

Faster cancer treatment

The new target is 85 percent of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks by July 2016, increasing to 90 percent by June 2017. Results cover those patients who received their first cancer treatment between July and December 2014.

		Quarter two performance (%)	Change from previous quarter
1	Capital & Coast	82	–
2	Taranaki	75	–
3	Southern	75	–
4	Tairawhiti	74	–
5	South Canterbury	73	–
6	West Coast	73	–
7	Nelson Marlborough	70	–
8	Wairarapa	69	–
9	Canterbury	68	–
10	Waikato	68	–
11	Northland	67	–
12	Waitemata	66	–
13	MidCentral	66	–
14	Hawke's Bay	63	–
15	Whanganui	62	–
16	Bay of Plenty	57	–
17	Hutt Valley	55	–
18	Lakes	54	–
19	Counties Manukau	52	–
20	Auckland	50	–
	All DHBs	66	–

85%

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 October and December 2014 and who were fully immunised at that stage.

		Quarter two performance (%)	Change from previous quarter
1	Hawke's Bay	96	▲
2	Whanganui	96	▲
3	Hutt Valley	96	▲
4	Capital & Coast	96	▲
5	MidCentral	95	–
6	Wairarapa	95	▲
7	Southern	95	▲
8	South Canterbury	95	▼
9	Auckland	94	▼
10	Counties Manukau	94	–
11	Waitemata	94	▲
12	Lakes	94	▲
13	Canterbury	93	–
14	Taranaki	93	▲
15	Tairawhiti	93	▲
16	Nelson Marlborough	92	▲
17	Waikato	91	–
18	Northland	90	▲
19	Bay of Plenty	89	–
20	West Coast	82	▲
	All DHBs	94	▲

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 two performance (%)	Primary care	Change from previous quarter
–	98	1	Waitemata	100	–
–	96	2	Auckland	98	▼
▼	96	3	Nelson Marlborough	97	▲
–	89	4	Bay of Plenty	97	▲
–	98	5	Hawke's Bay	96	–
▼	95	6	Counties Manukau	96	▼
▼	95	7	Tairawhiti	94	▼
–	96	8	Northland	94	–
▲	93	9	Wairarapa	90	▼
▼	96	10	Whanganui	87	▲
▲	96	11	Waikato	87	▲
▲	96	12	Canterbury	87	▲
–	99	13	South Canterbury	86	▲
▲	97	14	Taranaki	86	–
–	99	15	Lakes	85	▲
–	95	16	Hutt Valley	84	▲
▲	95	17	West Coast	78	▲
▼	80	18	Capital & Coast	78	▲
▲	96	19	MidCentral	73	▼
–	95	20	Southern	58	▼
–	95		All DHBs	89	–

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 two performance (%)	Change from previous quarter
1	Auckland	92	–
2	Northland	91	–
3	Counties Manukau	91	–
4	Whanganui	91	–
5	Waitemata	90	–
6	Taranaki	90	▲
7	Wairarapa	89	–
8	Waikato	88	▲
9	Tairawhiti	88	–
10	Bay of Plenty	88	–
11	Lakes	88	–
12	Hawke's Bay	88	▲
13	Capital & Coast	87	–
14	Nelson Marlborough	85	▲
15	Hutt Valley	85	▲
16	MidCentral	85	▼
17	South Canterbury	84	–
18	West Coast	83	▲
19	Southern	80	–
20	Canterbury	77	▲
	All DHBs	87	▲

90%

This information should be read in conjunction with the details on the website www.health.govt.nz/healthtargets

Health target results are sourced from individual DHB reports, national collections systems and information provided by primary care organisations.

New Zealand Government

MAORI HEALTH PLAN UPDATE

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

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

SOURCE: **General Manager, Maori Health**

DATE: **12 March 2015**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

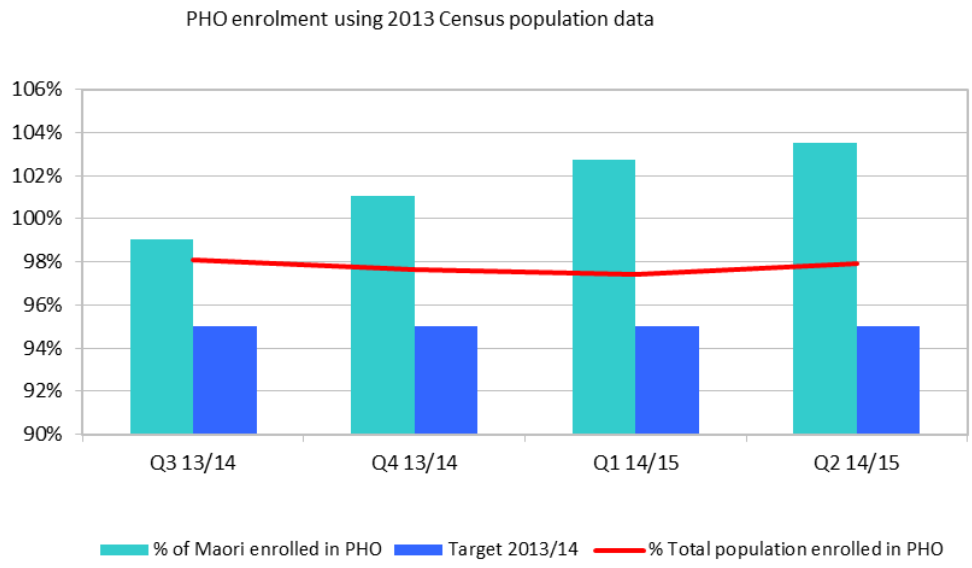
That the Community & Public Health & Disability Support Advisory Committee:
i notes the Maori Health Plan Update.

3. SUMMARY

Maori Health Quarterly Report – Q2, 2014/15

Access to care

Percentage of Maori enrolled in the PHO



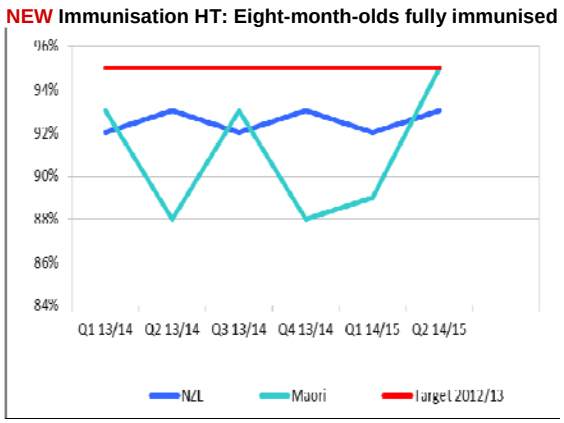
*** 2006 census population was used as the denominator.**

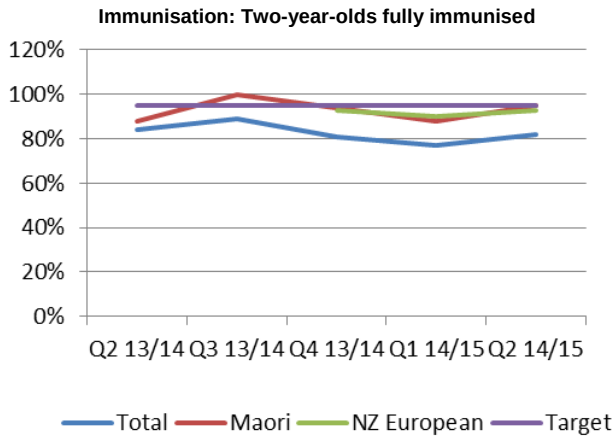
ACHIEVEMENTS/ISSUES OF NOTE

Enrolment in PHO: Using the 2013 population census figures 103% of Maori were enrolled with the PHO as at 31 December 2014. 3283 Maori were enrolled in quarter 2 compared to 3258 in quarter 1 and increase of 25. Maori enrolled in the PHO has increased by 143 over the last 4 quarters.

The Census data shows total Maori population is 3171.

Child, Youth and Maternity





Eight-month-old immunisation: 95% of Maori babies have been immunised on time at 8 months of age in quarter 2 – 19 babies out of 20 eligible for this quarter meaning only 1 Maori baby is not immunised on time. This is compared to 93% of non-Maori babies where 42 from 45 eligible babies have been immunised.

Two-year-old immunisation: 88% of Maori 2 year olds have been immunised on time in Quarter 2 – 15 from 17 eligible babies. This is compared to 96% NZ European babies - 76 from 79 eligible babies

Although we have not met the target, **82%** of all 8-month-olds were fully immunised during Quarter 2—we have achieved a 5% increase with only one child missing the milestone age. Strong results were achieved for Pacific and Asian at 100% with Māori at 95%. NZ European performance increased 5% to 93%

This quarter has seen good outcomes for Pacific (100%) and NZE (96%).

Breastfeeding Support: The community lactation consultancy and breastfeeding advocate have made 137 contacts including 54 face to face (home visits/clinic) to provide breastfeeding support. There have been 7 Maori clients in Quarter 2. Of the 54 newborn contacts, 17 required further follow up.

The newborn enrolment forms continue to be an effective way to make links with new mums, promote support services and directly check in to see how breastfeeding is going.

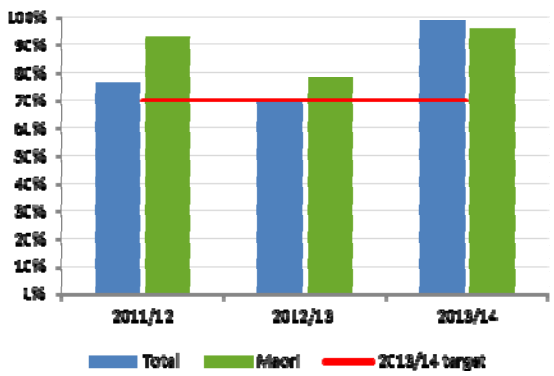
Mum 4 Mums

Four new Mum4Mum Peer Counsellors completed the training in Westport this quarter. These included: 1 Maori, 1 NZ European and 2 other. Planning and recruitment for the next Mum4Mum training in Greymouth begins February 2015.

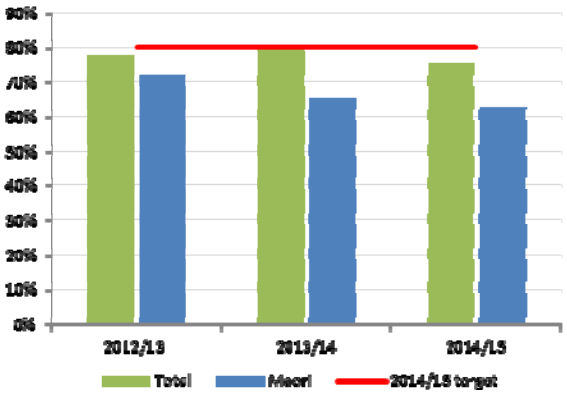
Newborn Enrolment: The Newborn enrolment form and process is now embedded into services. This ensures timely enrolment to 5 services; Community Oral Health service, National Immunisation Register, General Practice, Breastfeeding Support, Well Child/Tamariki ora service.

More Heart & Diabetes checks

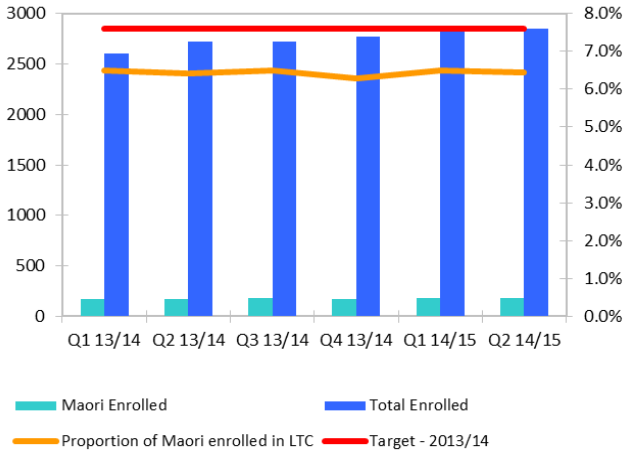
Diabetes Annual Review: % of people estimated to have diabetes who have had an annual check during the year



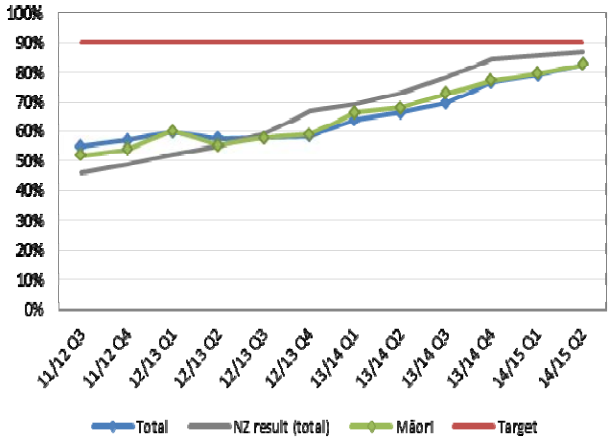
Diabetes Good Management: % of people who have HBA1c levels at or below 8.0 when assessed at their annual check



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. 86% of Maori with diabetes have had Retinal Exams, 64% show HBA1c levels at or below 8.0, 68% are non-smokers and 68% 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 8.8% of completed CVRAs this quarter. By comparison, Maori make up 9.8% (1016) 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 49% not smoking compared with other ethnicities screened not smoking 77%. This will be addressed within the Maori Cessation Plan.

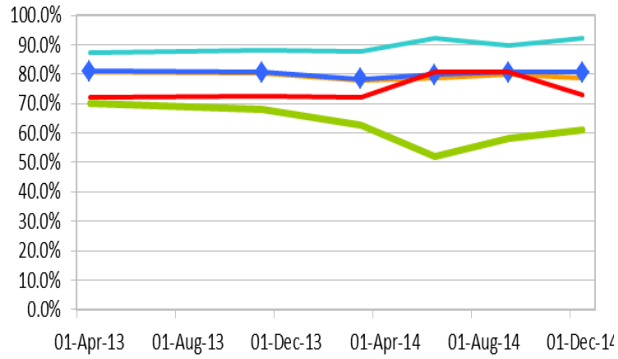
The newly appointed Kaupapa Maori Nurse in Greymouth was working on overdue CVRA lists with the practices and as part of the Maori Cessation Plan the AKP Cessation Practitioner working with practices to identify those Maori enrolled who are registered as a smoker but not been give brief advice. To date this has been very successful with a high number of those contacted by Joe Mason requesting cessation support.

Green Prescription: Quarter 2 data shows from 72 total referrals to the Green Prescription programme in the Grey district for 8 were for Maori and 4 referrals in the Buller district were for Maori which is a good increase from 1 in Quarter 1. 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 Dec 31 2014. For quarter 2 Maori enrolments makes up 6.9% 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 Waiora 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.

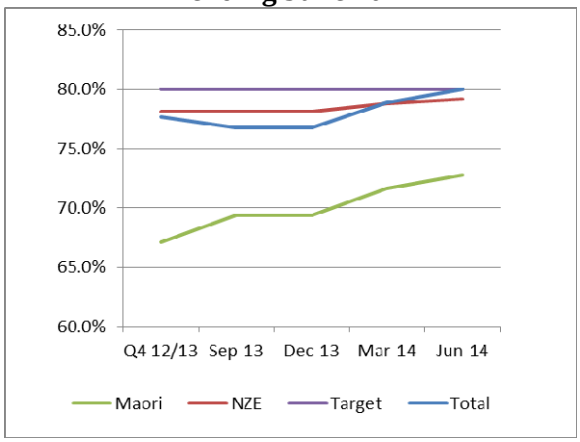
Cancer

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



	30-Apr-13	30-Nov-13	31-Mar-14	30-Jun-14	30-Sep-14	30-Dec-14
Other	80.6%	80.2%	77.7%	78.8%	80.0%	78.8%
Maori	87.1%	88.0%	87.5%	92.3%	89.7%	92.3%
Pacific	70.0%	68.2%	62.5%	52.0%	58.3%	60.9%
Total	81.1%	80.7%	78.3%	79.7%	80.6%	80.6%
All DHB's	72.0%	72.4%	72.3%	80.6%	80.6%	72.8%

Percentage of eligible Maori women (25-69) receiving cervical screening in the last 3 years ending June 2014



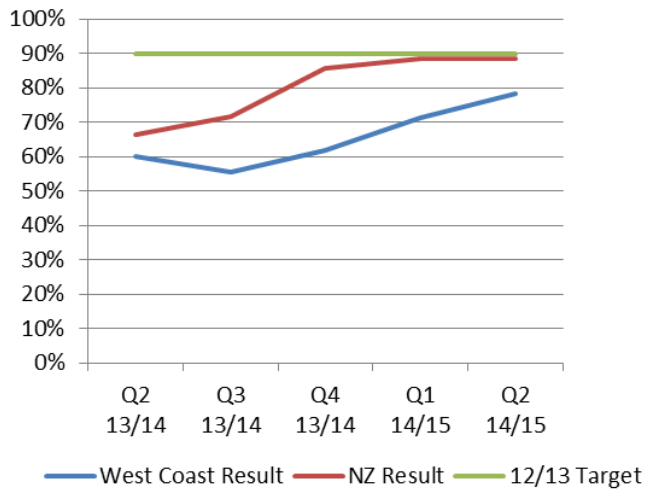
ACHIEVEMENTS/ISSUES OF NOTE

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 Dec 2014. The coverage for eligible Maori women (91.57%) continues to be 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 85% of eligible Maori women being screened.

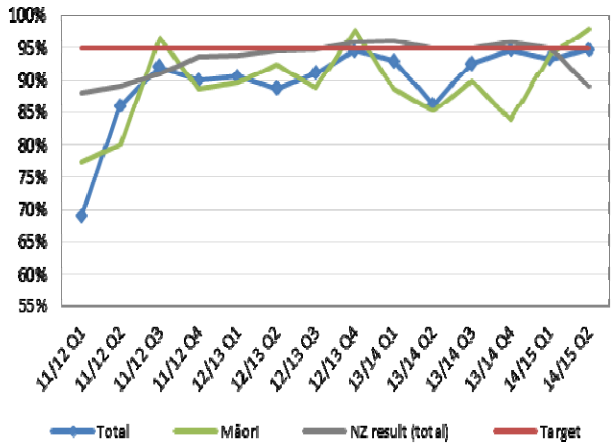
Cervical Cancer Screening: At the end of June 2014, the preliminary three year coverage result for cervical screening on the West Coast non-Maori was 79.2% - 5755 from 7270 eligible. The coverage rate for eligible Maori women is at 72.8% - 512 from 703 eligible, an increase from last quarter and a sustained 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 Waiora 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



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



ACHIEVEMENTS/ISSUES OF NOTE

Primary Smokefree Health Target:

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 half year from July 1 to Dec 31 2014 the AKP service has worked with 47 new clients, 25 who identify as Maori with a 39% 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 Oct to Dec 2014 .10.7% (15) Maori accessed the Coastquit cessation service an decrease from last quarter of 3. 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

Secondary Smokefree Health Target: In Quarter 2, West Coast DHB staff provided **94.7%** of hospitalised smokers with smoking cessation advice and support –meeting the 95% target.

Report prepared by: Kylie Parkin, Maori Health

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

DRAFT WCDHB PUBLIC HEALTH PLAN 2015-16

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

SOURCE: **Community and Public Health**

DATE: **12 March 2015**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

Public Health Annual Plan generated as a Ministry requirement.

2. RECOMMENDATION

That the Community and Public Health & Disability Support Advisory Committee recommend to the Board that it:

i. endorse the draft West Coast DHB Public Health Annual Plan, 2015-16

3. SUMMARY

The draft WCDHB Public Health Annual Plan 2015-16 is prepared as a basis of the Community and Public Health (C&PH) contract with the Ministry of Health. While primarily focused on the work of C&PH, the scope of the Plan includes other relevant CDHB-funded activities. The Plan is structured around five core public health functions agreed by the Public Health Clinical Network.

4. DISCUSSION

This draft WCDHB Public Health Annual Plan has been prepared by Community and Public Health, with contributions from the West Coast PHO and the WCDHB Planning and Funding division.
The Plan is based on a template developed in 2012 by the South Island Public Health Services. The short-term outcomes and outcome indicators in the Plan are shared across the South Island. Other content is specific to each DHB.

The Plan covers relevant WCDHB-funded activities, in addition to those delivered by CPH, and as such also includes the West Coast PHO and divisions of the WCDHB in the responsibilities column.

The Plan has two functions:

1. as an appendix to the WCDHB Annual Plan 2015-16, as the WCDHB Public Health Annual Plan; and
2. as the basis of the Community and Public Health contract with the Ministry of Health.

5. CONCLUSION

We are seeking Board endorsement of the draft Plan, which will be presented to the Ministry of Health as a first draft by 13 March and final draft by end May.

6. APPENDICES

Appendix 1: Draft WCDHB Public Health Plan 2015-16

Report prepared by: Annabel Begg, Public Health Specialist, C & P Health
Report approved for release by: Evon Currie, General Manager, Community and Public Health

THE WEST COAST HEALTH SYSTEM
– supporting you to be well

Draft 3rd March 2015

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

CONTENTS

1. WEST COAST DISTRICT HEALTH BOARD'S PUBLIC HEALTH PLAN FOR 2015–16

- West Coast DHB Aim: To provide a people-centred, single health system for the West Coast, that is integrated and visible.
- West Coast DHB Values:
  - Manaakitanga – caring for others
  - Whakapapa – identity
  - Integrity
  - Respect
  - Accountability
  - Valuing people
  - Whanaungatanga – family and relationships.
- This plan accompanies the West Coast DHB Annual Plan 2015-16 and [has been endorsed by the Board of the West Coast DHB-*this content pending Board review*].
- It describes public health services provided or funded by the WCDHB and its Public Health Unit, Community and Public Health.
- It describes key relationships with other agencies.
- The plan is based on a South Island planning template utilising the Core Public Health Functions framework.

a. Our Public Health Service

Community and Public Health (a division of the Canterbury DHB) provides public health services throughout the West Coast DHB region, as well as within Canterbury and South Canterbury. Public health services on the West Coast are also provided through the Planning and Funding Division of the West Coast DHB and by the West Coast Primary Health Organisation. The plan focuses on the work of Community and Public Health, and also includes activities of Planning and Funding and the West Coast Primary Health Organisation, but does not cover non-DHB funded public health providers, such as non-government organisations, Māori and Pacific providers

The West Coast District Health Board serves a population of 32,150 people (up by 2.6% from 31,330 at the 2006 Census), spread over a large area from Karamea in the north to Jackson's Bay in the south (and Otira in the east) - as such, it has the most sparse population of the 20 DHBs in New Zealand. The population is spread across three Territorial Local Authorities (TLAs): Buller, Grey and Westland Districts.

- The West Coast population is slightly older than the rest of New Zealand, with a higher proportion of people aged over 65 (16.1% in 2013, which is up from 13.8% in 2006). This differs for the Māori population (more than one in ten West Coasters are Māori), which is younger overall. At the time of the 2013 Census, the West Coast population was more socioeconomically deprived than the total New Zealand population. For example, those in the most deprived groups (NZDep deciles 6 – 10) made up 57% of the West Coast population, compared with less than 50% of the total New Zealand population.
- The work of this plan is guided by the following public health principles:
  a. focusing on the health of **communities** rather than individuals
  b. influencing **health determinants**
  c. prioritising improvements in **Māori health**
  d. reducing **health disparities**
  e. basing practice on the best available **evidence**
  f. building effective **partnerships** across the health sector and other sectors
  g. remaining **responsive** to new and emerging health threats.

b. Our Key Priorities

- West Coast DHB critical stress factors as specified for 2015-16 are:

  Achieving the Minister's health targets

  Managing our financial performance to achieve financial sustainability

  Delivering better, sooner, more convenient health care

  A 'Transalpine Approach'

  Facility development and refurbishment

  Provision of wrap-around services for older people.

c. Alignment with National and Regional Strategic Health Priorities

- This plan aligns with national and regional priorities and includes activities that support strategic health initiatives.
- The five South Island DHBs together form the South Island Alliance, which is committed to "a sustainable South Island health system focused on keeping people well and providing equitable and timely access to safe, effective, high-quality services, as close to people's homes as possible."[1]
- A set of high level regional outcomes have been developed by the Alliance, which includes the outcome "Improved environments to support health and wellbeing".
- The plan is aligned with and sits alongside the West Coast DHB Annual Plan and Statement of Intent 2015-16 and the WCDHB Māori Health Plan 2015-16. The plan contents reflect Government, Ministry of Health and WCDHB priorities. Community and Public Health activities are carried out under the public health service specifications as agreed by the Ministry of Health.
- The NZ Public Health and Disability Act lays out the responsibilities that DHBs have in ensuring Māori health gain as well as Māori participation in health services and decision making. The West Coast DHB works in partnership with Māori to reduce inequalities and improve the health status of Māori.
- The South Island Public Health Partnership is a collaboration of the three South Island Public Health Units (PHUs) – Nelson Marlborough (NMDHB), Community and Public Health (CPH) and Public Health South (Southern DHB). The partnership aims to facilitate the three PHUs working together – collaborating on leadership and sharing planning, resources and strategic work.
  - South Island population health priorities for 15/16 are:

    Reducing alcohol-related harm to communities via DHB Alcohol Harm Reduction Strategies

    Tobacco control – advancing achievement of a 'Smokefree Aotearoa by 2025', via growing public support for this goal.

    Promoting environmental sustainability to improve population health and equity as well as system sustainability through enhancing DHB leadership and action and raising public awareness (particularly of links between climate change and health).

    Obesity prevention through effective joined-up approaches.
- Community and Public Health has statutory responsibilities under the Health Act 1956 that are conducted by Medical Officers of Health (MOsH), Health Protection Officers, and those acting under delegation from the MOH.
- Reporting against this plan will meet the requirements of the Ministry of Health reporting schedule and ISE (Information Supporting the Estimates of Appropriation) reporting as outlined in the planning and reporting package for 2015-16.

d. A Renewed Focus

- The five core public health functions agreed by the Public Health Clinical Network[2] and included in the draft revised Ministry of Health Tier Two and Three Public Health Service Specifications are:
  1. Health assessment and surveillance
  2. Public health capacity development
  3. Health promotion
  4. Health protection
  5. Preventive interventions.

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1 Draft South Island Regional Health Services Plan 2015-16.

[2] Available at http://www.cph.co.nz/Files/CorePHFunctionsNZ.pdf

- This plan groups public health initiatives according to their primary public health function. However, the core public health functions are interconnected; core functions are rarely delivered individually. Effective public health service delivery generally combines strategies from several core functions to achieve public health outcomes in one or more public health issue or setting.
- The appendix outlines how public health strategies from a range of core functions are combined across the West Coast DHB to address priority health issues, and specifies targets for that work.

2. KEY RELATIONSHIPS

The Public Health work of the WCDHB involves partnership with many health and non-health agencies. Some key partners of Community and Public Health are listed below. Formal agreements are noted in parentheses.

Local authorities:
West Coast Regional Council
Buller District Council
Grey District Council
Westland District Council
District Licensing Agencies

Government agencies:
Alcohol Regulatory and Licensing Authority
Department of Conservation
Department of Corrections
Department of Internal Affairs
Environmental Protection Authority
Environmental Science and Research
Health Promotion Agency
Ministry of Business, Innovation and Employment
Ministry of Education
Ministry for the Environment
Ministry of Health
Ministry of Primary Industries
New Zealand Fire Service
New Zealand Police
Worksafe

Māori /Iwi agencies:
Te Runanga o Ngati Waewae
Te Runanga o Maakaawhio
Poutini Waiora

Educational institutions:
Education Facilities and Settings
Tai Poutini Polytechnic
Karoro Learning Centre

West Coast DHB:
Infection Control Nurse Specialist, Grey Hospital
Falls Prevention Coalition
Infection Prevention and Control Committee
Immunisation Coordinator
Immunisation Advisory Group
Public Health Nurses
Rural Nurse Specialists
Clinical Board

CPHAC/DSAC
Child and Youth Health Committee
Suicide Prevention Governance Group
Suicide Prevention Action Group
West Coast Health Alliance

Non-government organisations/networks:
Action on Smoking and Health (ASH)
Active West Coast
Alcohol Action NZ
Buller and Westland Sports Trusts
Buller Reap
Buller Interagency Forum
Cancer Society
Education West Coast
Family Planning Association
Heart Foundation
Healthy West Coast Governance Group (Terms of Reference, joint work plan)
Home Builders
Laboratories
Liaison on Alcohol and Drugs
Medical Centres
Mental Health Foundation
New Coasters
Plunket
Potikahua House
Smokefree South Island
Sport Canterbury West Coast
Te Rito network
The Hub/Nurturing the Future
West Coast Well Women's Centre
West Coast Tobacco Free Coalition
West Coast Primary Health Organisation
West Coast Youth Workers Collective
West Reap

3. HEALTH ASSESSMENT AND SURVEILLANCE

a. Strategies

- **Monitoring, analysing and reporting** on population health status, health determinants, disease distribution, and threats to health, with a particular focus on health disparities and the health of Māori.
- Detecting and investigating **disease clusters and outbreaks** (both communicable and non-communicable).

b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)	**Key performance measures**		
				Quantity	**Quality**	**Short Term Outcome Indicators** (how we'll monitor progress towards the results)
Health assessment	Robust population health information available for planning health and community services	Monitor, analyse and report on key health determinants, including: alcohol related harm smoking status (e.g. from ASH Year 10 data and 2014 Census and WCPHO reports).	CPH, P&F WCDHB and WCPHO	Number of reports.	Formal/informal feedback Accessibility of reports, including web statistics.	Availability of information for planning
		Develop health status reports and health needs analyses for specific populations as required.	CPH	Number of reports	Accessibility of reports. Formal/informal feedback	

	Short Term Outcomes (the results that we're working towards)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)	**Key performance measures**		
				Quantity	**Quality**	**Short Term Outcome Indicators** (how we'll monitor progress towards the results)
		Develop disease-specific reports for conditions of concern, eg Pertussis.	CPH	Number of reports.	Accessibility of reports. Formal/informal feedback	
		Contribute to related work of partner organisations, eg WCPHO and WCDHB through the Healthy West Coast Workstream.	CPH, WCPHO and WCDHB	No of meetings	Records of meetings and outcomes (including joint planning processes and sharing of population health information). Quality of working relationship	
	Improved public understanding of health determinants	Disseminate information in existing and dedicated reports (eg WCDHB Quality Accounts, WCDHB website, WCDHB Community Report, print, broadcast and social media).	CPH, WCDHB Communications Team and WCPHO	Number of media reports. 4x WCDHB Community Reports 1x Quality Accounts 10x Ask a Professional articles in the Messenger 6-weekly CPHAC/DSAC reports	Impact of media reports	Availability of information to public
Surveillance	Prompt identification and analysis of emerging disease trends, clusters and outbreaks	Review, analyse and report on communicable diseases data, including via web applications and written reports (eg Public Health Information Quarterly, weekly reports on notifiable diseases and influenza –May to	CPH	Number of reports. 4X PHI Quarterly Weekly surveillance reports	Accessibility of reports. Formal/informal feedback	Timeliness and effectiveness of reports for identifying trends and outbreaks of concern

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		September).				
		Produce disease-specific reports for communicable diseases of concern, eg Pertussis, other diseases causing outbreaks.	CPH	Number of reports.	Accessibility of reports. Formal/informal feedback	
		Review, analyse and report on other disease data (eg alcohol-related harm, and diseases relevant to West Coast context).	CPH, P&F WCDHB	Number of reports. Record of progress.	Formal/informal feedback	
		Contribute to update of South Island alcohol-related harm indicators.	CPH, SI Partnership	A set of common indicators is produced annually for each SI DHB.	Formal/informal feedback	
		Provide reports to SI Rheumatic fever register.	CPH, SI Partnership	Record of progress.	Formal/informal feedback	

4. PUBLIC HEALTH CAPACITY DEVELOPMENT

a. Strategies

- Developing and maintaining public health **information systems**.
- Developing **partnerships** with iwi, hapü, whānau and Māori to improve Māori health.
- Developing partnerships with Pacific leaders and communities to improve Pacific health
- Developing **human resources** to ensure public health staff with the necessary competencies are available to carry out core public health functions.
- Conducting **research, evaluation and economic analysis** to support public health innovation and to evaluate the effectiveness of public health policies and programmes.
- **Planning, managing, and providing expert advice** on public health programmes across the full range of providers, including PHOs, Planning and Funding, Councils and NGOs.
- **Quality management** for public health, including monitoring and performance assessment.

b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)	**Key performance measures**		
				Quantity	**Quality**	**Short Term Outcome Indicators** (how we'll monitor progress towards the results)
Public health information systems	Public health information accessible to public health, partner organisations and the public	Review and maintain public health information systems (common file structure; databases; intranet, extranet and public websites, including Healthscape, SIPHAN, Health Pathways, HIIRC,	CPH, P&F WCDHB and WCPHO	Level of utilisation WC CFS Restructure is complete and implemented	Completeness and currency of information Operational systems and documentation in place Staff consistently record their work in Healthscape	Availability and accessibility of public health information

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		NIR; Community Health Information).				
		Contribute to development and implementation of national, regional and local public health information systems.	CPH, WCPHO and WCDHB		Nature and effectiveness of systems, including degree of integration.	
Partnerships with iwi, hapü, whānau and Māori	Effective partnerships with iwi, hapü, whānau and Māori	Take a whānau ora approach to working with local iwi, hapü, whānau and Māori around -health information and analysis -proposals and policies with health implications -health determinants and outcomes.	CPH	No. of initiatives supported.	Formal/informal feedback.	Joint approaches and initiatives
		Implement CPH Māori Health Plan.	CPH (Māori Health Sub-Group)	Progress against plan		
		SI: Work with Mäori GMs and Te Herenga Hauora, eg around shared communications.	CPH (GM and Maori Portfolio on SI Public Health Partnership)		Record of interactions and outcomes	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
Partnerships with Pacific and other ethnic leaders and communities	Effective partnerships with Pacific and other ethnic communities	Work with local Pacific and other ethnic leaders and communities around -health information and analysis -proposals and policies with health implications -health determinants and outcomes.	CPH	No. of initiatives supported. Meet with New Coasters network a minimum of four times per year.	Formal/informal feedback. Record actions and feedback in Healthscape.	Joint approaches and initiatives
		Contribute to WCDHB ethnic specific plans as appropriate.	CPH, P&F WCDHB and WCPHO	Progress towards plan development/implementation.		
Human resources	A highly skilled public health workforce	Implement the CPH Workforce Development Plan, including promoting a focus on specific competencies and contributing to SI workforce development and national networks.	CPH, SI Partnership	Training participation (for public health, other health sector and non-health staff). Two Health Protection staff attend required Health Protection competency training to maintain designation. AKP staff achieved the Smoking Practitioner Qualification	Training feedback	% Staff with appropriate or relevant public health qualifications
		Explore/facilitate training for CPH staff in the Treaty, inequalities, Health in All Policies, Te Reo, Hauora Māori, and	CPH	Extent of training recorded.	Training evaluations. Formal/informal feedback.	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		undergraduate and postgraduate study in public health as appropriate to staff development needs.				
		SI: Contribute to regional processes including SI Population health workforce development group	CPH	Record of contribution		
Research, evaluation, economic analysis	Information available on priority public health issues and effectiveness of public health interventions	Support public health research and evaluation with a particular focus on improving Māori health and reducing health disparities.	CPH	Number and accessibility of reports.	Formal/informal feedback	Research / evaluation reports and publications
		Share the Impacts of Job losses paper with relevant agencies to assist in dealing with the impacts of job losses on the West Coast	CPH	Number of times shared	Formal/informal feedback	
		Media releases about items of interest including Year 10 ASH data, alcohol trends, etc.	CPH	Number of media reports. Two media releases in West Coast Newspapers on Year 10 ASH data	Impact of media reports.	
		Systematically identify	CPH	Number of presentations and	Impact of presentations	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		opportunities for conference presentations and peer-reviewed publication where appropriate.		publications.	and publications.	
Planning and advising on public health programmes	Population health interventions are based on best available evidence and advice	Develop reports and advice for health and non-health organisations to support robust public health interventions, with a focus on improving Māori health and reducing health disparities, including evidence reviews, needs assessments, GIS analysis.	CPH, P&F WCDHB and WCPHO, SI Partnership	Number of reports.	Accessibility of reports. Formal/informal feedback	Planning advice / reports
		Contribute to national, regional and local public health infrastructure and supports, including Public Health Association, Health Promotion Forum, South Island Public Health Partnership, National Public Health Clinical Network, National Health Promoting Schools Group, New Zealand College of Public Health Medicine,	CPH	Extent of contribution.	Impact of contribution.	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Healthy West Coast Workstream, PASHANZ, West Coast Tobacco Free Coalition, Active West Coast, WCDHB Child & Youth Health Workstream and West Coast Immunisation Advisory Group, WCDHB Suicide Prevention Governance and Action Groups.				
Quality management	A continuous improvement culture and robust quality systems for all public health work	Review and deliver the quality improvement plan including: policy and procedure maintenance, Internal Audit Plan, and provision of information, training and support to staff.	CPH	Progress against plan, eg review of policies and procedures and internal audits		Quality improvement plan and reports Accreditation results
		Present annual quality report to CPH Divisional Leadership Team (DLT).	CPH	1 report annually	Progress against improvements and recommendation log.	
		Contribute to the WCDHB organisation-wide quality programme.	CPH		Progress towards quality programme.	
		Maintain IANZ accreditation of drinking	CPH/SIDWAU		Accreditation maintained.	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		water unit and plan to ensure sufficient accredited Drinking Water Assessors at all times.				
	Effective regional delivery of public health core functions	Contribute as required to management and work groups as per *South Island Public Health Partnership Plan 2012*-15.	CPH	Progress against plans	Partnership evaluation	Reports of South Island Public Health Partnership

5. HEALTH PROMOTION

a. Strategies

- Developing public and private sector **policies** beyond the health sector that will improve health, improve Māori health and reduce disparities.
- Creating physical, social and cultural **environments** supportive of health.
- Strengthening **communities' capacity** to address health issues of importance to them, and to mutually support their members in improving their health.
- Supporting **people to develop skills** that enable them to make healthy life choices and manage minor and chronic conditions for themselves and their families.
- Working in **partnership with other parts of the health sector** to support health promotion, prevention of disease, disability, injury, and rational use of health resources

b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)	**Key performance measures**		
				Quantity	**Quality**	**Short Term Outcome Indicators** (how we'll monitor progress towards the results)
Building Healthy Policy	Increased numbers of sustainable policies and practices that support health and wellbeing, improve Maori health, and reduce disparities	Develop and make available resources to support health impact assessment (HIA) and a "health in all policies" (HiAP) approach	CPH (Policy)	Record of contributions.	Impact of contributions	New and reviewed strategies, plans and policies reflect health priorities
		Support health and non-health sector staff with appropriate tools and customised advice to	CPH (Policy)	Record of contributions.	Impact of contributions	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		support a HiAP approach, eg the IRPG (Integrated Recovery Planning Guide), Te Pae Mahutonga, HPSTED (Health Promotion and Sustainability through Environmental Design), Broadly Speaking Training etc. Ensure these tools are available to all partner agencies and support their implementation.				
		Support settings (workplaces, sports clubs, schools) to develop policies which support health.	CPH	Training opportunities and participation.	Feedback	
		Engage with and co-ordinate efforts of key external agencies, including local iwi, to identify and support HiAP opportunities, including relevant Ministry of Education initiatives, housing, community resilience & wellbeing in	CPH	Record of contributions.	Formal/informal feedback	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		response to job losses.				
		Develop joint work plans with a range of stakeholders including: • WC Tobacco free coalition work plan • WCDHB Māori Smoking cessation work plan • WCDHB Youth Health Plan? • WCDHB Suicide Prevention Plan • Healthy West Coast Work plan	CPH, WCDHB, WCPHO		Formal/ informal feedback, including evaluation of joint work plans.	
		Support and coordinate development of WCDHB and regional position statements and submissions on public health issues.	CPH, SI Partnership	Number of position statements and submissions	Impact of position statements and submissions	
Built Environments	Built environments promote health, and support healthy	Encourage the development of well-designed built environments (including	CPH	Number of submissions	Impact of submissions	Evidence of Public Health contribution in key decisions

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
	choices and behaviours	transport networks and public spaces) that are universally accessible and promote health.				
		Submissions on the four Councils' Long Term and Annual plans	CPH		Number of recommendations Implemented into plans	
Creating supportive environments	Settings that support healthy choices and behaviours	Assist organisations and communities interested in gardening and growing food to achieve their goals.	CPH	Number supported Progress towards gardens noted.		Number and type of settings that embed a systems approach to improving health
		Advocate for environments that support active transport, play and community connectedness	CPH	Number of submissions / workshops	Number of positive outcomes recorded.	
Education settings	ECECs, schools and tertiary settings that support healthy choices and behaviours	Develop and support Health Promoting Schools initiatives reflecting national strategic direction and guided by the service specification.	CPH, WCDHB PHNs	Number of Schools engaged and with action plans developed.	Schools fully engaged to implement their action plan. Action plans conform to HPS specifications.	Education settings evaluation reports
		Support school initiatives that meet health and wellbeing needs identified by the school such as	CPH	Number of schools engaged in the stages of HPS inquiry	Information entered into National HPS Database as required.	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		promoting student voice, healthy lifestyles and environments, emotional and mental wellbeing, improved attendance, hygiene, and whanau engagement		Number of completed evaluations using the template set out in the National HPS framework.	Uptake of health messages in school newsletters.	
		Work with young people to encourage healthy choices e.g. Smokefree, alternatives to alcohol.	CPH	Electronic and hard copy distribution of HPS magazine Record of presentations.		
		Continue to develop the Good Memories No Regrets campaign, raising awareness of safe sex and safe drinking.	CPH		Outcomes entered into Healthscape	
Workplaces	Workplaces that support healthy choices and behaviours	Work with priority workplaces to develop health promoting workplaces.	CPH	No. of workplaces engaged.	Outcomes of workplaces initiatives.	Workplace initiatives and evaluation reports
		Work with workplaces to encourage smoking cessation among staff.	CPH and WCPHO	Number of referrals. Number of quit attempts.		
Marae and Other Māori Settings	Marae and other Māori settings that support healthy choices and behaviours	Work in a whānau ora approach with Māori in settings to support healthy choices and make	CPH	No. of Māori settings worked with. Record of initiatives	Evaluation findings	Marae other Māori settings' initiatives and evaluation reports

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		healthy lifestyle changes. Settings include: Kohanga Reo, Marae and Poutini Waiora.				
		SI: Develop and disseminate an Alcohol Harm Reduction kit for whanau (along lines of Northland's whanau pack) with support from Maori GM.	SI Alcohol Workgroup and Māori GMs	No. of initiatives supported and evaluated ie: Appetite for Life, Auahi Kore, alcohol harm reduction.	Feedback and demand for further kits	
Other community settings	Other community settings that support healthy choices and behaviours	Work with event organisers and other community groups to develop health promoting settings e.g. Waitangi Day, Relay for Life, Waka Ama Festival, Kapa Haka festival.	CPH, WCDHB, WCPHO and Poutini Waiora	No of events supported	Evaluation findings.	Setting initiatives and evaluation reports
		Support active transport through advocacy and membership on the WC Regional Transport Committee, West Coast Road Safety Committee	CPH, WCDHB	Meetings attended and opportunities of change recorded.		

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Identify ways of working with early childhood centres to promote health and wellbeing.	CPH, WCDHB and WCPHO	No of initiatives recorded	Evaluation findings	
Community action	Effective community action initiatives	Support communities to address priority issues, including community engagement initiatives and development of sound health promotion projects, eg community resilience & wellbeing in response to job losses, supporting delivery of the Prime Minister's Youth Mental Health initiative, WCDHB Suicide Prevention Plan	CPH, WCDHB and WCPHO	Record of new networks established or linked into. No. of initiatives supported and evaluated. No. of groups engaged.	Evaluation findings.	Changes achieved by community partnerships
		Encourage community members to participate in submission-making process including submissions on Liquor Licence applications	CPH	No. of submissions made.		
		Support Social Sector Trial initiatives in the community	CPH, WCDHB, PHO	No. of initiatives supported and evaluated. No. of initiatives implemented.	Evaluation findings.	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
Develop personal skills	People with skills to enable healthy choices and behaviours Communities aware of health issues and healthy choices and behaviours	Deliver Aukati Kai Paipa as per the MoH contract.	CPH	AKP contract specifications met.	Evaluation findings.	Smoking quit rates Evaluation of other initiatives
		Develop and deliver other lifestyle intervention support (eg Appetite for Life, Green Prescription, fall prevention programmes, breastfeeding support, cooking programmes).	CPH, WCDHB, WCPHO and Poutini Waiora	Numbers of interventions made and evaluated. Number of participants Community linkages engaged with – e.g. Homebuilders, Salvation Army.	Evaluation findings	
		Support mental wellbeing initiatives. Support delivery of the Prime Minister's Youth Mental Health initiative and WCDHB Suicide Prevention Plan	CPH, WCPHO (Primary Mental Health Team) and other WCDHB Teams/Services (e.g. Mental Health)		Level of access to services Awareness of Five Ways to Wellbeing	
		Deliver safe sexual health resources to priority groups and identify and facilitate training where appropriate.	CPH, Family Planning, WCDHB	No. training sessions delivered	Formal/informal feedback	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Develop and implement CPH public health communications strategies.	CPH	Progress against strategies		Communications Plan, record of campaigns and information delivered
		Deliver relevant and timely public health information and campaigns (including World Smokefree Day, Mental Health Awareness Week, National Heart Week. Matariki, Waitangi Day and Ask a Professional columns in the Messenger).	CPH, WCDHB, WCPHO and Poutini Wiaora	Number and type of messaging	Evaluation of reach and impact of individual campaigns	
Reorient health service	Preventative and population approaches support healthy choices and behaviours in healthcare settings	Maintain ABC coverage in primary and secondary care including quit card, hospital cessation service and Coast Quit.	WCDHB, WCPHO	Sustained quit attempt rates MoH targets met.		ABC coverage in primary and secondary care. Healthcare initiatives and evaluation reports
		Work with hospital and community healthcare providers to develop health promoting settings (eg promoting active transport, Smokefree and West Coast Health System	CPH, WCPHO and WCDHB	No of initiatives supported recorded and evaluated. New West Coast Health System Nutrition policy in place by end 2015.	Evaluation findings	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Nutrition Policy).				
		SI: Promote a population health approach to tackling obesity with other parts of our DHB and via SI SLAs and workstreams.	CPH, WCPHO, WCDHB and Poutini Waiora	Record of progress		
		Develop WCDHB Alcohol Harm Reduction Strategy	WCDHB, WCPHO and CPH	Alcohol Harm Reduction Strategy and ED data collection process in place by end of 2015.		

6. HEALTH PROTECTION

a. Strategies

- Developing and reviewing public health laws and regulations[3].
- Supporting, monitoring and enforcing compliance with legislation.
- Identifying, assessing, and reducing communicable disease risks, including management of people with communicable diseases and their contacts.
- Identifying, assessing and reducing environmental health risks, including biosecurity, air, food and water quality, sewage and waste disposal, and hazardous substances.
- Preparing for and responding to public health emergencies, including natural disasters, hazardous substances emergencies, bioterrorism, disease outbreaks and pandemics.

b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)	**Key performance measures**		
				Quantity	**Quality**	**Short Term Outcome Indicators** (how we'll monitor progress towards the results)
Communicable disease control	Reduced incidence of notifiable diseases Reduced incidence of influenza	Investigate cases and contacts as per protocols and Communicable Disease Control Manual 2012, including timely identification and investigation of notifiable diseases and outbreaks.	CPH, WCDHB (PHNs, RNSs and Infection Control Service)	Disease rates (as compared with previous years).		Notifiable diseases and influenza rates and trends Outbreak rates and trends

[3] Public health legislation covers a wide variety of issues, including communicable disease control, border health protection, food quality and safety, occupational health, air and drinking water quality, sewerage, drainage, waste disposal, hazardous substances control, control of alcohol, tobacco and other drugs, injury prevention, health information, screening programmes, and control of medicines, vaccines and health practitioners.

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Quality data entry in EpiSurv in a timely manner.	CPH	Statistics as outlined in the ESR Annual Data Quality Report and Annual Outbreak Report.	Data quality as outlined in the ESR Annual Data Quality Report.	
		Carry out internal audits of selected cases for adherence to protocols	CPH	1 audit		
		Investigate outbreaks as outlined in the Outbreak Response Procedure and ESR guidelines	CPH, WCDHB (PHNs, RNSs and Infection Control Service)	Progress against Outbreak Debrief Report action points.	Outbreaks controlled	
		Contribute to the development of shared South Island protocols.	CPH	Number of shared protocols.	Impact of shared protocols	
		Provide public information and advice, including promoting immunisation and hand hygiene and condom distribution.	CPH, WCDHB Infection Control Committee, WCDHB Immunisation Advisory Group	Number of media releases and promotional opportunities undertaken.		
		Work with priority settings and communities to increase immunisation and improve infection control.	CPH	Records of (intra WCDHB and interagency) meetings attended / settings worked with.	Impact of contribution as evidenced by meeting minutes.	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Provide vaccinator and programme authorisations as per Medicines Regulations	CPH	Documented numbers of authorised vaccinator & programme applications and approvals.		
		Contribute to development and implementation of SI Rheumatic Fever Prevention Plan (reported through SI Public Health Partnership).	SI Partnership	Progress against Plan		
		Maintain the rheumatic fever register. Undertake six-monthly reviews of prophylaxis compliance in primary care.	CPH	Six-monthly review carried out and data provided to South Island Alliance and MoH.		
Drinking water quality	Optimised adequacy, safety and quality of drinking water on West Coast	Support local authorities to maintain catchment protection	CPH/SIDWAU	Record of interactions with suppliers concerning their legislative obligations (in SIDWAU filing system).		Numbers of supplies with approved and implemented Water Safety Plans
	Prevention of spread of disease to the public through reticulated water supplies	Review and prioritise all community supplies and work with prioritised communities and TLAs and regional bodies to improve water quality.	CPH	Record of interactions with suppliers concerning their legislative obligations		

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Carry out functions and duties of a DWA as defined under the Health Act.	CPH		DWA activities completed within legislative time frames	
		Undertake Annual Survey	CPH		Annual survey data delivered by required date.	
		Carry out public health grading of drinking water supplies on request	CPH		Gradings completed and entered on WINZ	
		Undertake water carrier registration where required.	CPH	Record of registration		
		Respond to high-risk transgressions.	CPH	Record of responses and outcomes		
Sewage	Reduced incidence and impact of environmental hazards from the treatment and disposal of sewage	Work with councils to promote and ensure safe sewage disposal, including making submissions on regional plans and policies, district plans and policies, resource consents.	CPH	Record of external meetings attended and agreed actions.		Sewage-related outbreaks Environmental contamination events
		Work with councils to manage risks of unplanned contamination events.	CPH	Record of contribution.		

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Liaise with councils to provide public advice on safe sewage disposal, sewage overflows, and waterways contamination.	CPH	Record of contribution.		
Recreational water	Reduced incidence and impact of environmental hazards associated with recreational waters	Agree recreational water protocols with councils annually and monitor implementation.	CPH		Agreed protocol in place	Waterborne disease outbreaks Beach and river water monitoring results
		Work with councils to provide public information and advice, including health warnings and media releases.	CPH	Number of media releases produced in relation to RW including micro quality and algal bloom events.		
Housing	Less disease caused by inadequate housing	Work with national, local and community organisations to ensure warm and dry housing, especially for vulnerable groups (including identification and referral of vulnerable households).	CPH, WCDHB P&F and WCPHO		Actions and/or outcomes from key housing stakeholder meetings/interactions reflect public health input.	Housing quality improvements
Resource management	Public health issues are identified and addressed in decisions made on the	Work with councils to ensure health issues are identified and considered in RMA processes.	CPH	Number of applications assessed (scoped) Number of submissions made.		Evaluation of council decisions, implementation and enforcement Air quality monitoring

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
	sustainable management of natural and physical resources and social environments	Assess and submit on consent applications.		Number of hearings where evidence presented. Number of decisions reviewed.		results
		Work with stakeholders to identify and address potential health issues	CPH	Record of external meetings attended and agreed actions. Record of formal advice given.		
Hazardous substances	Public protected from exposure to hazardous substances	Work with councils and other agencies to reduce public exposure to hazardous substances, including responding to hazardous substance emergencies and complaints. Continue to encourage the reactivation of the HSTLC committee.	CPH	Progress towards HSTLC reactivation Record of external (including HSTLC) meetings attended and agreed actions. Record of formal advice given.		Reports of public exposure
		Conduct investigations where required.	CPH	Number of investigations.	Outcome of investigations.	
		Provide public information and advice.	CPH	Record of advice given, including website utilisation.		

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Process applications for application of vertebrate toxic agents under HSNO legislation.	CPH	Number of VTA applications processed.		
		Conduct field audits of VTA activity where appropriate.	CPH	Number of audits.	Outcome of audits	
Early childhood education centres	Reduced incidence and impact of health issues in early childhood education centres	Visit, assess and provide advice to ECECs.	CPH	Number of ECECs assessed in terms of meeting requirements of ECC 1998/ 2008 Regulations.		Compliance with ECC Regulations, including infection control and lead exposure
		Work with councils to ensure appropriate placement of new ECECs.	CPH	Number of meetings held with MoE and TAs.		
Emergency preparedness	WC districts prepared for emergencies impacting on public health	Review and maintain emergency plans.	CPH, WCDHB, WCPHO		Emergency plans are current.	Effective emergency responses as required
		Participate in emergency responses on an as-needed basis	CPH		Debrief reports	
		Deliver MoH Emergency Management training to new staff and refresher training to established personnel (eg CIMS in	CPH	Record of training.	Evaluation of training	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Health, Health EMIS)				
		Participate in Public Health exercise with Public Health South and Nelson/Marlborough Public Health and the National Exercise Shakeout at a local group and district level	CPH		Performance against exercise performance measures.	
		Contribute to the development of an integrated South Island Public Health Business Continuity Plan.	CPH	Progress towards plan completion, implementation.		
Sustainability	Greater understanding of and action on sustainability	Raise awareness regarding sustainability and climate disruption, including both adaptation and mitigation strategies.	CPH SI Partnership Sustainability Workgroup		Evidence of activity to improve understanding of sustainability and to promote sustainable practices	Evidence of increased awareness and development of sustainable approaches within our DHBs and partner organisations.
		Submissions to Councils where appropriate.	CPH	Number of submissions.	Formal feedback received and recorded.	
Tobacco	Reduced tobacco sales, especially to minors Reduced exposure to	Respond to public complaints.	CPH	Number of complaints	Complaints responded to within 5 days.	Retailer display compliance at inspection. Retailer compliance during controlled

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
	second-hand smoke					purchase operations. Number and nature of workplace complaints.
		Complete education visit/compliance check prior to CPO/complaint.	CPH	Number of visits/checks	% of retailers inspected.	
		Conduct controlled purchase operations.	CPH	Minimum of three CPOs conducted.	CPO compliance.	
		Provide public and retailer information and advice	CPH	Record of advice, information given.		
Alcohol	Less alcohol-related harm	Set up ED alcohol data collection system.	WCDHB, CPH	ED data collection system in place by end of 2015.		ED presentations Police data (violence, road traffic crashes) Retailer compliance during controlled purchase operations
		Monitor licensed premises.	CPH	Number of licensed premises monitored.		
		Inquire into all on- , off-, club, and special licence applications and provide Medical Officer of Health reports to DLC where necessary.	CPH	Number of licence applications processed	Percentage processed within 15 working days.	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Conduct controlled purchase operations.	CPH	Minimum of 5 CPOs conducted. Number of premises visited during CPO.	CPO compliance.	
		Contribute to training of Duty Managers	CPH	Record of contribution. Training courses held six weekly		
		Work with Police and DLC to support community alcohol initiatives, eg alcohol accords.	CPH	Record of meetings attended and agreed actions.		
		Support councils' implementation of Local Alcohol Policies (LAP's).	CPH		Health impacts of Local Alcohol Policies.	
		Work with event organisers, eg for Wildfoods Festival, to encourage development of Event Management Plans.	CPH	Record of meetings, number of plans in place.		
		Work with SI Public Health Partnership to facilitate the development of DHB Alcohol Harm Reduction Strategies with associated outcomes frameworks and	CPH, SI Partnership (Alcohol Workstream)	Progress against workplan.		

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		indicators.				
Other psychoactive substances	Improved compliance with Psychoactive Substances Act 2013	Work with Police and other agencies including CPH Canterbury staff to undertake regulatory activities in line with the Psychoactive Substances Act 2013 and Regulations	CPH	Number of licensed retail premises assessed for compliance. Number of premises visited during Controlled Purchase Operations.	CPO compliance	Retailer compliance during controlled purchase operations
		Support Local councils to develop Local Approved Products Policies	CPH	Record of contribution		
Other	Public protected from other health hazards	Undertake other regulatory health protection work using a risk-based approach, including six-monthly inspections of solaria.	CPH	Record of external meetings attended and agreed actions. Record of formal advice given. Number of documents reviewed. Number of decisions reviewed.		Evidence of harm to public

7. PREVENTIVE INTERVENTIONS

a. Strategies

- Developing, implementing and managing **primary prevention programmes** (targeting whole populations or groups of well people at risk of disease: eg immunisation programmes).
- Developing, implementing and managing population-based **secondary prevention programmes** (screening and early detection of disease: eg. cancer screening).

b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)	**Key performance measures**		
				Quantity	**Quality**	**Short Term Outcome Indicators** (how we'll monitor progress towards the results)
Immunisation	Increased immunisation coverage, especially for priority groups	Immunisation coordination - work strategically to improve immunisation coverage especially for tamariki and rangatahi.	CPH, WCDHB (P&F, PHNs, RNSs, WCDHB Immunisation Advisory Group) and WCPHO		Record of initiatives. Formal/informal feedback.	Immunisation rates
		Immunisation promotion eg Pertussis vaccination among frontline healthcare workers, immunisation within ECECs and schools.	CPH, WCDHB (Communications Team, PHNs and Outreach Co-ordinator) and WCPHO	Record of promotion initiatives	Record of outcomes	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Immunisation delivery.	WCPHO, WCDHB (Outreach Co-ordinator, PHNs, RNSs)	Record of delivery initiatives and outcomes.	Record of outcomes	
Lifestyle interventions	Systematic identification of and response to risk factors	Work with the Maternity Quality and Safety Programme to enhance coverage and effectiveness of Smokefree ABC interventions with pregnant women who smoke.	WCDHB,WCPHO,CPH	Record of progress		Completeness of practice and hospital information on smoking, alcohol intake, and physical activity
		Implement the ABC Smoking Cessation Strategy in primary care and the community.	WCDHB,WCPHO,CPH	Number of practices provided with ABC training.		
		Meet the smokefree health target.	WCPHO,WCDHB	Health Target Quarterly Report		
		Meet PPP smoking targets, including smoking status documentation and delivery of brief advice and cessation support to smokers.	WCPHO,WCDHB	PPP Quarterly Reports.		

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Deliver Coast Quit smoking cessation initiatives.	WCPHO	Quarterly report to WCDHB Smokefree manager, including enrolments in cessation programmes.		
Screening and early detection	Early detection of cancer	Participate in Cervical Screening Strategic and Working Groups to develop regional strategies to increase uptake.	WCPHO, WCDHB	Record of strategies	Record of outcomes	Coverage rates for cervical and breast cancer screening
		Maintain current levels of uptake of breast screening through a planned approach.	WCPHO, WCDHB	Record of strategies	Record of outcomes	
	Early detection of diabetes and cardiovascular disease	Promote CVD risk assessments and diabetes screening in primary care settings and the community to increase uptake.	WCPHO,WCDHB	Quarterly report on utilisation. Numbers, age group, ethnicity and conditions identified.		Coverage of diabetes and CVD screening programmes

8. GLOSSARY/DEFINITIONS

ABC – Ask; Brief Advice; Cessation support. A memory aid approach to smoking cessation for health practitioners.

ACC – Accident Compensation Corporation

AKP - Aukati Kai Paipa – A face to face smoking cessation service, offered to Māori and their whānau.

ASH – Action on Smoking and Health – A charity working to eliminate death and disease caused by tobacco.

CIMS – Coordinated Incident Management System – The managed response to incidents within New Zealand amongst multiple agencies.

CPH – Community and Public Health

CPO – Controlled Purchase Operation

CSNZ – Cancer Society New Zealand

CVD – Cardiovascular Disease

DLC – District Licensing Committee

DLT –Divisional Leadership Team

DWA - Drinking Water Assessment

DWS – Drinking Water Standards

ECC – Early Childcare Centre

ECEC – Early Childhood Education Centre

ED – Emergency Department

EpiSurv – National notifiable disease surveillance database.

ESR – Environmental Science and Research

GIS – Geographical Information Systems

Healthscape – The CPH database which records information about CPH activities, and relationships with other organisations.

Healthy West Coast Governance Group –a tripartite alliance of CPH, the WCDHB and WCPHO for joint planning and delivery of health promotion.

HIA – Health Impact Assessment – A systematic procedure to judge what potential (and sometimes unintended) effects a policy, plan, programme or project will have on a population and how those effects will be spread across that population.

HiAP – Health in All Policies

HIIRC – Health Improvement and Innovation Resource Centre. An online resource providing health information.

HPS – Health Promoting Schools

HPSTED – Health Promotion and Sustainability Through Environmental Design

HSNO – Hazardous Substances and New Organisms

HSTLC - Hazardous Substances Technical Liaison Committee

IANZ – International Accreditation New Zealand

IHR - International Health Regulations

IRPG – Integrated Recovery Planning Guide

ISLA – Immunisation Service Level Alliance

MOH – Medical Officer of Health

MoU – Memorandum of Understanding

NGO – Non Government Organisation

NIR – National Immunisation Register

PASHANZ – Promoters Advocating Sexual Health in Aotearoa New Zealand

PHN – Public Health Nurse

PHO – Primary Health Organisation

PHRMP – Public Health Risk Management Plan

P & F – Planning and Funding

PPP – PHO Performance Programme

Pratique – The license given to a ship to enter a port which states that it is free from contagious disease.

Quality Accounts – Reports provided by health providers on the quality of their services, presented in a similar way to financial accounts showing how an organisation has used its money.

RMA – Resource Management Act

RNSs – Rural Nurse Specialists

RW – Recreational Water

SIDWAU – South Island Drinking Water Assessment Unit

SIPHP - South Island Public Health Partnership

SIPHAN – South Island Public Health Analyst Network

STI – Sexually Transmitted Infection

Te Pae Mahutonga – A model for Māori Health Promotion. Te Pae Mahutonga is the Māori name given to the constellation of the Southern Cross: four stars with two stars as pointers.

TLA – Territorial Local Authority

VTA – Vertebrate Toxic Agent

WCPHO – West Coast Public Health Organisation

WCDHB – West Coast District Health Board

9. APPENDIX

West Coast Prevention/Early Detection and Intervention Targets 2015-2016

[To follow]

AGENDA – PUBLIC

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

WEST COAST DISTRICT HEALTH BOARD MEETING
To be held at St John, Waterwalk Road, Greymouth
On Friday 13 February 2015 commencing at 2.00pm

KARAKIA			***2.00pm***
ADMINISTRATION			***2.00pm***
	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** ▪ *12 December 2014*		
3.	**Carried Forward/Action List Items**		
REPORTS			***2.05pm***
4.	**Chair's Update (Verbal Update)**	Peter Ballantyne *Chairman*	*2.05pm – 2.15pm*
5.	**Chief Executive's Update**	David Meates *Chief Executive*	*2.15pm – 2.30pm*
6.	**Clinical Leader's Update**	Karyn Bousfield *Director of Nursing & Midwifery*	*2.30pm – 2.40pm*
7.	**Finance Report**	Justine White *General Manager, Finance*	*2.40pm – 2.50pm*
8.	**Report from Committee Meetings**		
	- CPH&DSAC *29 January 2015*	Elinor Stratford *Chair, CPH&DSAC Committee*	*2.50pm – 3.00pm*
	- Hospital Advisory Committee *29 January 2015*	Sharon Pugh *Chair, Hospital Advisory Committee*	*3.00pm – 3.10pm*
	- Tatau Pounamu Advisory Group *29 January 2015*	Elinor Stratford *Board Representative to Tatau Pounamu*	*3. 10pm – 3.20pm*
9.	**Resolution to Exclude the Public**	*Board Secretariat*	*3.20pm*
AFTERNOON TEA			***3.20pm – 3.30pm***

INFORMATION ITEMS

- 2015 Meeting Schedule

ESTIMATED FINISH TIME ***3.30pm***

NEXT MEETING

Friday 27 March 2015

COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE 29 JANUARY 2015

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

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

DATE: **13 February 2015**

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 29 January 2015.

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 – 29 January 2015.

3. SUMMARY

ITEMS OF INTEREST FOR THE BOARD

a) COMMUNITY & PUBLIC HEALTH UPDATE.

This report provided the Committee with updates on:

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 was a leak somewhere in the distribution system which 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. This leak has now been located and fixed and then the whole system has had 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.

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 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.

Upcoming Points of Interest

- **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.

The report was noted.

c) ALLIANCE UPDATE

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

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 Waiora 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.

The report was noted.

d) HEALTH TARGET REPORT Q1

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

e) GENERAL BUSINESS

The 2015 Work Plan was discussed and Committee members were asked to inform the Chair should they wish to receive presentations to the Committee.

4. APPENDICES

Appendix 1: Agenda – Community & Public Health & Disability Support Advisory Committee – 29 January 2015

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

AGENDA

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

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

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	Suicide Prevention Update					
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.