

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



**COMMUNITY AND PUBLIC HEALTH ADVISORY
COMMITTEE AND DISABILITY SUPPORT ADVISORY
COMMITTEE MEETING**

**Thursday 23 April 2015
9.00am**

**Board Room
Corporate Office – Grey Base Hospital
GREYMOUTH**

**AGENDA
AND
MEETING PAPERS**

All information contained in these committee papers is subject to change

The functions of CPHAC & DSAC, in accordance with their Terms of Reference and the New Zealand Public Health and Disability Act 2000 are:

“With respect to Community and Public Health, is to provide advice and recommendations to the Board of the West Coast District Health Board on:

- *the health needs of the resident population of the West Coast District Health Board; and*
- *any factors that the Committee believes may adversely affect the health status of the resident population; and*
- *the priorities for the use of the health funding available.*

With respect to Disability Support, are to provide advice and recommendations to the Board of the West Coast District Health Board on:

- *the disability support needs of the resident population of the West Coast District Health Board; and*
- *the priorities for the use of the disability support funding provided.”*

The aim of the Committee's advice must be:

- *to ensure that the services that the West Coast District Health Board provides or funds, along with the policies it adopts, will maximize the overall health gain for the resident population of the West Coast District Health Board; and*
- *to ensure that the kind of disability support services that the West Coast District Health Board provides or funds, along with the policies it adopts, will promote the inclusion and participation in society, and maximise the independence, of people with disabilities within the resident population of the West Coast District Health Board.”*

The Committee's advice to the Board must be consistent with the priorities identified in the New Zealand Health Strategy, the New Zealand Disability Strategy and with the Strategic Plan and the Disability

COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
To be held in the Board Room, Corporate Office, Greymouth Hospital
Thursday 23 April 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

12 March 2015

3. Carried Forward/ Action Items

REPORTS/PRESENTATIONS

9.10am

4. Community and Public Health Update

Claire Robertson
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 – 10.00am

7. Victim Support – presentation

Lorraine Scanlon
National President Victim Support

10.00am-10.25am

8. General Business

Elinor Stratford
Chair

10.25am - 10.35am

ESTIMATED FINISH TIME

10.35am

INFORMATION ITEMS

- Board Agenda – 27 March 2015
- Chair's Report to last Board meeting
- Committee Work Plan 2015
- CPH six monthly report to Ministry of Health
- West Coast DHB 2015 Meeting Schedule

NEXT MEETING

Date of Next Meeting: Thursday 4 June 2015



E Te Atua i runga rawa kia tau te rangimarie, te aroha,
ki a matou i tenei wa
Manaaki mai, awhina mai, ki te mahitahi matou, i roto,
i te wairua o kotahitanga, mo nga tangata e noho ana,
i roto i tenei rohe o Te Tai Poutini mai i Karamea tae noa atu ki Awarua.

That which is above all else let your peace and love descend
on us at this time so that we may work together
in the spirit of oneness on behalf of the people of the West Coast.

COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEMBERS' INTERESTS REGISTER



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

COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE REGISTER OF MEMBERS' CONFLICTS/INTEREST

(As disclosed on appointment to the Board/Committee and updated from time-to time, as necessary)

Member	Disclosure of Interest
CHAIR Elinor Stratford (Board Member)	<ul style="list-style-type: none"> • Clinical Governance Committee, West Coast Primary Health Organisation • Committee Member, Active West Coast • Chairperson, West Coast Sub-branch - Canterbury Neonatal Trust • Chair of Victim Support, Greymouth • Committee Member, Abbeyfield Greymouth Incorporated • Trustee, Canterbury Neonatal Trust • Elected Member, Arthritis New Zealand, Southern Regional Liaison Group
DEPUTY CHAIR John Vaile (Board Member)	<ul style="list-style-type: none"> • Director, Vaile Hardware Limited • Member of Community Patrols New Zealand
Lynnette Beirne	<ul style="list-style-type: none"> • Patron of the West Coast Stroke Group Incorporated • Member South Island Regional Stroke Foundation Advisory Committee • Partner in Chez Beirne (provider of catering and home stay services for the West Coast DHB and West Coast Primary Health Organisation) • Contract for the Café and Catering at Tai Poutini • Daughter employed as nurse for West Coast DHB • Member of West Coast DHB Consumer Council
Cheryl Brunton	<ul style="list-style-type: none"> • Medical Officer of Health for West Coast - employed by Community and Public Health, Canterbury District Health Board • Senior Lecturer in Public Health - Christchurch School of Medicine and Health Sciences (University of Otago) • Member - Public Health Association of New Zealand • Member - Association of Salaried Medical Specialists • Member - West Coast Primary Health Organisation Clinical Governance Committee • Member – National Influenza Specialist Group • Member, Alliance Leadership Team, West Coast Better Sooner More Convenient Implementation • Member – DISC Trust
Michelle Lomax (Board Member)	<ul style="list-style-type: none"> • Kawatiri Action Group – Past Member • Autism New Zealand – Member • West Coast Community Trust – Trustee • Buller High School Board of Trustees – Joint Chair • St John Youth Leader

Jenny McGill	<ul style="list-style-type: none"> • Husband employed by West Coast DHB • Member, Parents Centre • Peer Support – Mum4Mum
Joseph Mason	<ul style="list-style-type: none"> • Representative of Te Runanga o Kati Wae Wae Arahura • Employee Community and Public Health, Canterbury DHB
Mary Molloy	<ul style="list-style-type: none"> • Spokesperson for Farmers Against 1080 • Director, Molloy Farms South Westland Ltd • Trustee, L.B. & M.E. Molloy Family Trust • Executive Member, Wildlands Biodiversity Management Group Inc. • Chair of the West Coast Community Trust
Peter Ballantyne Ex-officio (Board Chair)	<ul style="list-style-type: none"> • Member, Quality, Finance, Audit and Risk Committee, Canterbury DHB • Retired Partner, Deloitte • Member of Council, University of Canterbury • Trust Board Member, Bishop Julius Hall of Residence • Spouse, Canterbury DHB employee (Ophthalmology Department) • Niece, Juliette Reese, Coordinator/Administrator Medical Training Programmes, West Coast District Health Board • Director, Brackenridge Estate Limited

DRAFT
**MINUTES OF THE COMMUNITY AND PUBLIC HEALTH
AND DISABILITY SUPPORT ADVISORY COMMITTEE**
held in the Board Room, Corporate Office, Grey Base Hospital
on Thursday, 12 March 2015 commencing at 9.00am

PRESENT

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

APOLOGIES

Apologies were received and accepted from Michelle Lomax
An apology for lateness was received from Lynette Beirne (9.10 am)

EXECUTIVE SUPPORT

Phil Wheble (Team Leader, Planning & Funding); Karyn Bousfield (Director of Nursing & Maternity)
Gary Coghlan (General Manager, Maori Health); and Kay Jenkins (Minutes).

WELCOME

Joe Mason led the Karakia.

1. INTEREST REGISTER**Additions/Alterations to the Interest Register**

Jenny McGill advised that she is now working with Mum for Mum.

Elinor Stratford advised that she is no longer Advisor to MS Parkinsons

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 (2/15)**

(Moved: John Vaile; Seconded: Cheryl Brunton - carried)

“That the minutes of the meeting of the Community and Public Health and Disability Support Advisory Committee held on 29 January 2015 be confirmed as a true and correct record.”

Jenny McGill asked for an update on her question submitted with her apology for the previous meeting regarding whether the Red Cross van, that patients can utilise to get to Greymouth Hospital appointments, is accessible for people with disabilities. Phil Wheble informed the committee it was not, but that there is another van available that is accessible for people with disabilities.

3. CARRIED FORWARD/ACTION ITEMS

The Carried Forward/Action Items were noted.

4. DISABILITY ACTION PLAN UPDATE

Kathy O'Neill, Service Development Manager, Planning & Funding, joined the meeting via video conference and presented the updated Disability Action Plan to the Committee to provide further advice on the content, and endorse the development of a West Coast DHB position statement along the lines of the Canterbury DHB position statement.

It was discussed and agreed that the wording Disabled People will be replaced with People with Disabilities.

The Committee noted that the community consultation meetings will be held in conjunction with Karen Beard-Greer, President of the NZ Federation of Disability Information who will be reviewing the delivery of Disability Information Advisory Services (DIAS) on the West Coast.

Resolution (3/15)

(Moved: Mary Molloy/Seconded: Jenny McGill - carried)

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

5. 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 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.

Discussion took place regarding chemical contamination in drinking water and whether chemicals, particularly pesticides and herbicides used in farming were routinely checked for. These are not, as classified as Priority 2 (P2) but if established the water supply contains specific chemical such as arsenic or manganese then these levels will be monitored.

The Report was noted.

This being Jem's last meeting the Chair thanked him for his contribution to the Committee meetings during his role with Community & Public Health.

6. PLANNING & FUNDING UPDATE

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

Key Achievements

- The West Coast 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.

The Chair passed on a concern received from a member of the public that the B4 School checks were no longer being carried out. Phil Wheble to check and report back.

The report was noted.

7. ALLIANCE UPDATE

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

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

Mental Health Workstream

Complex Clinical Care Network (CCCCN)

Grey/Westland & Buller Family Health Services (IFHS)

Healthy West Coast

Child & Youth and

Pharmacy

The update was noted.

8. HEALTH TARGET REPORT QUARTER 2

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

The Committee was informed the 'faster cancer treatment health target' figure of 83.3% is incorrect, the correct figure is 73%. It was explained that the difference between 83.3% and 85% is only one person, and with such small number the result is expected to go up and down against the target.

The report was noted.

9. MAORI HEALTH PLAN UPDATE

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

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

In Buller work is taking place to bring Peter Salmon into the community for a year to work alongside them. Peter has substantial international experience in community development and working with communities to develop cultural, social, health and economic opportunities.

The Committee noted that

- The Maori mental health team continue to work to strengthen and develop this service on the West Coast. They are supported in this by the Canterbury DHB.
- The next whanau ora hui in the Buller is scheduled for 9 March at the Bridge Club in Westport.

The update was noted.

10. DRAFT WEST COAST DHB PUBLIC HEALTH PLAN 2015-16

Dr Cheryl Brunton, Medical Officer of Health, presented the draft West Coast Public Health Plan which was taken as read.

The Committee noted that once the West Coast DHB Public Health Plan is endorsed by the Committee it will form part of the West Coast DHB Annual Plan

Resolution (3/15)

(Moved: Lynette Beirne ; Seconded: John Vaile - carried)

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

11. GENERAL BUSINESS

The Chair advised that the Committee that the Disability Resource Service Network meeting is held on the second Tuesday of every month at 12.30pm and the venue is Karoro Learning Centre. She commented that members may find these meetings very informative and interesting.

The chair advised that Robyn Moore has resigned from this Committee and she will write a letter thanking her for her contribution to the committee.

A short discussion was held regarding the Child/Youth workstream being asked to give a presentation at a future meeting.

INFORMATION ITEMS

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

There being no further business the meeting concluded at 10.24am.

Confirmed as a true and correct record:

Elinor Stratford, Chair

Date

CARRIED FORWARD/ACTION ITEMS



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

COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE CARRIED FORWARD/ACTION ITEMS AS AT 23 APRIL 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 June 2015
2.	12 March 2015	West Coast Disability Action Plan	Update on progress to be provided to Committee	Next Update after Consultation Process
3.	12 March 2015	Water Quality	On-going updates to be provided to the committee	As required

COMMUNITY AND PUBLIC HEALTH UPDATE



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

SOURCE: Community and Public Health

DATE: 23 April 2015

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

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

2. RECOMMENDATION

That the Community and Public Health & Disability Support Advisory Committee
i notes the Community and Public Health Update

3. SUMMARY

The purpose of this report is to provide the Committee with information and highlights of Community and Public Health's work.

4. APPENDICES

Appendix 1: Community and Public Health Update

Report 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)

April 2015

Wildfoods Festival

CPH carried out joint monitoring of the alcohol outlets at this year's festival with the Police and the Westland District Council's new district licensing inspector. We also monitored licensed premises in the town on Saturday evening. We did not carry out a controlled purchase operation this year to test outlets' compliance with the law regarding underage sales. The event had a positive atmosphere with much less observable alcohol-related harm and disorder than the previous year. In particular, there were very few obvious instances of intoxication at the event itself. This trend has been continuing now for the last two years. The various alcohol-related harm reduction measures that have been put in place over the years continue to have an impact.

CPH has, as usual, been involved in the Festival debrief and we look forward to continuing to work with the organisers and others to reduce alcohol related harm at and around the event. In our report to the debrief we recommended that:

- News releases prior to the event continue to focus only on the positive aspects, such as the selection of wildfoods and entertainment provided and outline the Host Responsibility measures being put in place by the Festival
- A combined approach to joint monitoring at the festival by the various agencies should continue, and joint monitoring of on and off-licences in the township by Police, CPH and district licensing inspectors should also continue to take place
- Controlled purchase operations should continue to be carried out at the event and in the township to ensure that all alcohol outlets and their staff know and fulfil their responsibilities under the law.
- Free water signage is distributed to alcohol stall holders along with the other required signage by the DLA.

Submissions on Council Long Term Plans 2015-2025

CPH staff are busy at the moment preparing submissions on the West Coast regional and district council long term plans (LTPs). LTPs are ten year plans and are revised every three years. Councils play a large and important role in the health and well-being of the residents as they have responsibilities for many of the social and environmental determinants of health. CPH has completed our submission on the Grey District Council's LTP. Amongst other things, our submission emphasises the importance of environmental sustainability, good urban design and the need to improve the resilience of key infrastructure such as water and sewerage systems in light of predicted increases in the frequency and severity of extreme weather events as a result of climate change. Copies of our submission to the Grey District Council and the other councils' LTPs can be made available to Committee members for their information.

Drinking Water Update - Effects of Water Shortage and Storm Events

Franz Josef

The Westland District Council (WDC) recently issued a boil water notice on Franz Josef's water supply following a filtration plant failure and turbidity breakthroughs into the reticulation. This is combined with the existing problem of low water flows in the source creek which have meant that water has needed to be carted from Tatare creek to supplement the supply. There have been communications with the Council reminding them of their statutory responsibilities to notify events such as this to public health authorities and to seek approval to switch to emergency drinking water sources. These issues are likely to remain a concern until the Council and local community can agree to commission an additional supplementary water source for the township. Recent rain has averted the water shortage at Franz Josef in the short term so that there was no need to cart water over Easter. The boil water notice has also been able to be lifted after three clear tests for *E.coli*.

Buller District

The major storm which struck the northern part of the West Coast last month affected several water supplies in the Buller:

Reefton A turbidity(cloudiness) spike occurred in Reefton's water supply as a result of the storm. The filtration system was overloaded and, as a result, un-filtered water went into the UV system causing a mechanical breakdown. Council issued a boil water notice for the supply. Major repairs have had to be made but the boil water notice has been lifted after three clear tests for *E.coli*.

Punakaiki A significant turbidity spike also occurred in Punakaiki and subsequent investigation revealed that the storm had caused a slip in the catchment that was affecting the intake. Buller District Council issued a boil water notice for the supply. Repair works to the intake have been undertaken and clearance sampling began on completion of these, though the supply has taken longer to clear than initially expected.

Waimangaroa This supply suffered significant damage and the intake to the supply has effectively been destroyed by a major slip. A backup supply on a nearby creek is running but the flows are low so sufficiency of supply to residents is an issue. The supply is untreated and is on a permanent BWN. The residents have been asked to conserve water as well as to remain on the BWN. Waimangaroa will be investigated for a new supply source. The old system had an application for Ministry of Health Capital Assistance Programme funding and this will need to be amended in light of the storm damage.



Conn's creek looking downstream at intake
(June 2012)



Conn's creek looking downstream at intake
(March 2015 after storm)

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

SOURCE: Planning & Funding

DATE: 23rd April 2015

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

This report is a standing agenda item, highlighting the progress made on the Minister of Health's health and disability priorities and the West Coast DHB's Annual Plan key priority areas.

2. RECOMMENDATION

That the Committee notes the Planning & Funding Update.

3. SUMMARY

✓ Key Achievements

- The West Coast continues to perform well above the 6-hour **ED health target** (target: 95%) for the year to 31 March; with 99.5% of patients admitted, discharged or transferred within 6 hours, and 94.8% within just 4 hours.
- West Coast DHB was 88 discharges ahead of our **electives health target** for the seven months to 31st January 2015.
- 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— having delivered 46% coverage against our 60% target for February. Thorough investigation is showing this is due to an accumulation of several issues—the majority of which is data quality-based.

① Upcoming Points of Interest

• Primary Mental Health Services

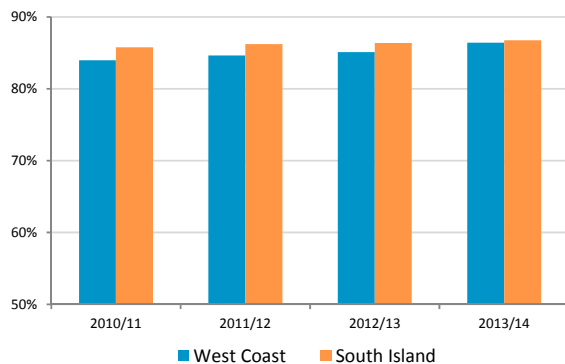
Primary mental health services are working in a more integrated way with Specialist Mental Health Service so that there is a continuum of care rather than a siloed approach. This is expected to improve responsiveness while the locality based model is being developed.

Report prepared by: Planning & Funding

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

Older Persons' Health

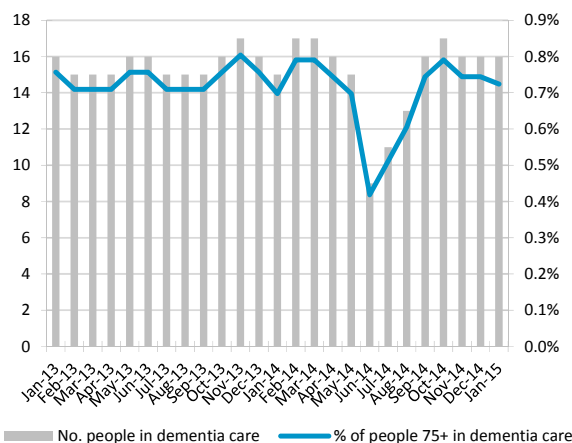
% of people 75+ living in their own homes



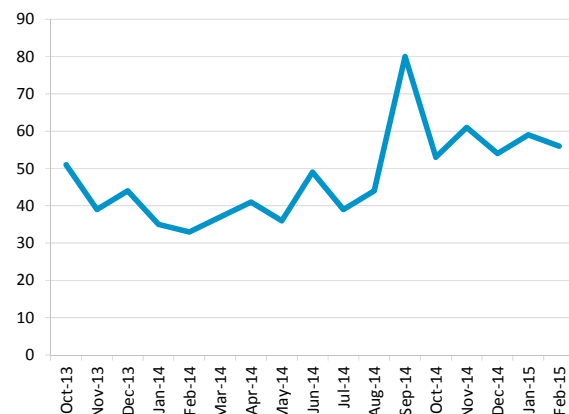
% of people aged 75+ admitted in Rest Home level care



% of people aged 75+ in Specialist Dementia Care



Number of interRAI assessments completed



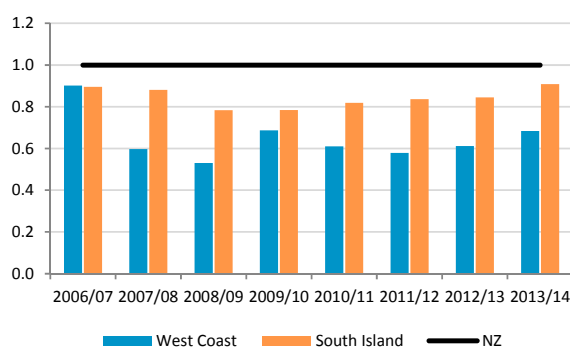
Achievements / Issues of Note

Work continues with upskilling home based support providers to enable them to deliver the restorative model of care along with supported discharge model. Additional Allied Health FTE has been approved for the supported discharge model and the position description is in development. Allied Health expertise is a crucial part of supported discharge services to inform goal setting and guide client rehabilitation and recovery. A current goal is to develop one team of support workers who will be trained to a higher NZQA framework level.

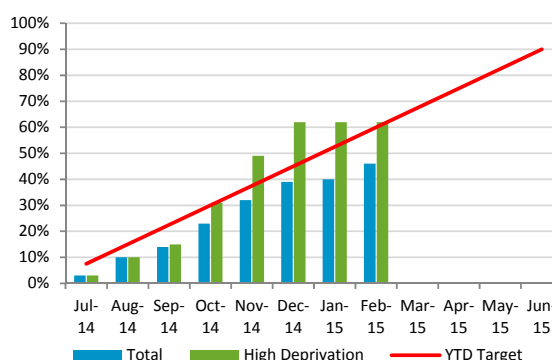
The business case for the Integrated Falls Prevention/Fracture Liaison Service (FLS) approach was completed and approved, including a reallocation of staff to support this approach. This will help advance progress with falls prevention and fracture liaison services.

Child, Youth & Maternity

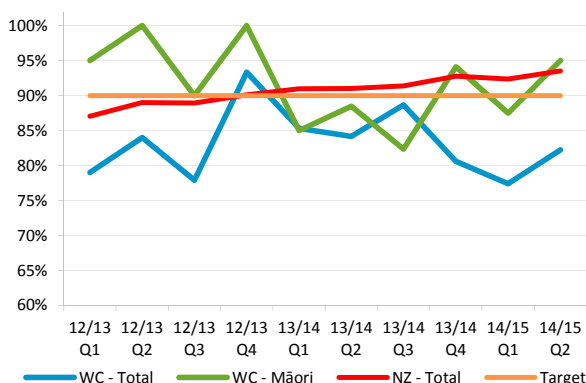
Acute medical discharge rates for children (age 0-14)



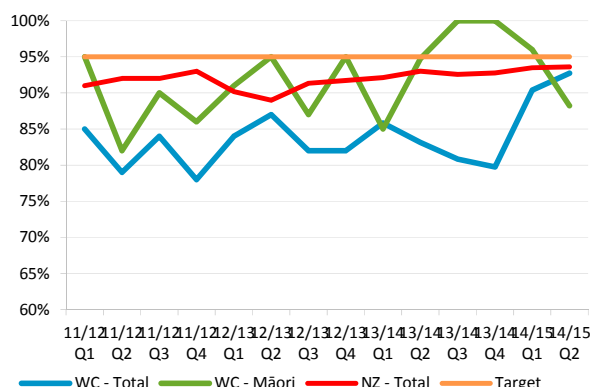
B4 School Check coverage



Immunisation HT: Eight-month-olds fully immunised



Two-year-olds fully immunised



Achievements / Issues of Note

Immunisation: As reported previously, we were pleased to have increased coverage by 5% against the Increased Immunisation Health Target last quarter, vaccinating 82% of our eligible population and 99% of consenting children. Only one child was overdue at milestone age. Quarter three results are expected in the coming weeks.

B4 School Check coverage: B4 School Check coverage is struggling to meet target again during February—having delivered 46% coverage against our 60% YTD target. Thorough investigation is showing that this is a culmination of a few issues, namely;

- The Ministry-supplied number of eligible children does not reflect that some 26 families have left the West Coast. This is a large number for a small population, with new families not expected to replace these due to large job losses across the Coast;
- 17 checks were only partially completed during March due to staff illness. Work is ongoing to develop a solution to prevent the service being as person-dependent and,
- There is a large community that participate but cannot be counted against our total checks completed as they choose to opt-off all children from the NHI register. The DHB is working with the Ministry to find a way to count these checks as funding for them is being received. 18 of these were undertaken during March.

Maternity: In a survey of 143 booking forms between September 2014 and February 2015 (for births expected between March and October 2015), there was one form with no smoking status and one form with 'smoker' identified but no indication of cessation support offered. This gives a documented ABC Intervention rate of 98.6%.

There were 27 current smokers (6 Maori, 21 non-Maori) and 115 non- or ex-smokers (6 Maori, 109 non-Maori). 9 of the non/ex-smokers had quit at confirmation of or during pregnancy [1 Maori, 8 non-Maori]. This is an overall smoking rate of 19% at time of booking (21.6% excluding Gloriavale residents), or 24.6% at confirmation of pregnancy. The smoking rate for Maori mothers was 50% and non-Maori mothers 16.2%.

10 of the smokers accepted a referral for cessation support, and 17 declined – a referral rate of 37%.

Mental Health

	0-19 Years			20-64 Years			65+		
Mental Health Provider Arm	Client seen	(%)	Cumm %	Client seen	(%)	Cumm %	Client seen	(%)	Cumm %
≤3 weeks	140	59.1%	59.1%	204	91.1%	91.1%	19	95.0%	95.0%
3-8 weeks	53	22.4%	81.4%	10	4.5%	95.5%	1	5.0%	100.0%
>8 weeks	44	18.6%		10	4.5%		0	0.0%	
Total	237	100.0%		224	100.0%		20	100.0%	
Provider Arm & NGO (AOD)	Client seen	(%)	Cumm %	Client seen	(%)	Cumm %	Client seen	(%)	Cumm %
≤3 weeks	10	71.4%	71.4%	76	76.0%	76.0%	1	50.0%	50.0%
3-8 weeks	1	7.1%	78.6%	22	22.0%	98.0%	1	50.0%	100.0%
>8 weeks	3	21.4%		2	2.0%		0	0.0%	
Total	14	100.0%		100	100.0%		2	100.0%	

- = within 5% of target
- = target met
- = Target not met

3 week target: 80%
8 week target: 95%

		3W Q1	3W Q2	3W Q3	Progress	8W Q1	8W Q2	8W Q3	Progress
% of people referred for non-urgent mental health services seen within 3 and within 8 weeks	Age 0-19	73.9	68	59.1	▼-8.9	93.5	100	81.4	▼-18.6
	Age 20-64	62	84.6	91.1	▲6.5	88	96.6	95.5	▼-1.1
	Age 65+	89.3	84.4	95.0	▲10.6	96.4	98.4	100	▲1.6
	Total	76.1	77.1	75.5	▲1.6	93.4	98.4	88.8	▼-9.6
% of people referred for non-urgent addictions services seen within 3 and within 8 weeks	Age 0-19	66.7	54.4	71.4	▲17	83.3	91.2	78.6	▼-12.6
	Age 20-64	72.2	81	76.0	▼-5	88.9	96	98	▲2
	Age 65+	78.8	83.3	50	▼-33.3	94.2	91.7	100	▲8.3
	Total	77.4	75.5	75.0	▼-0.5	93.5	94.8	95.7	▲0.9

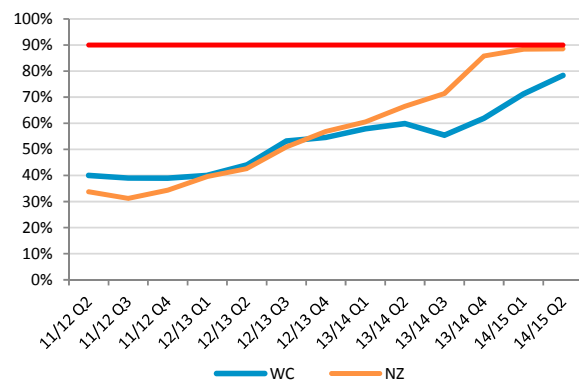
Achievements / Issues of Note

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

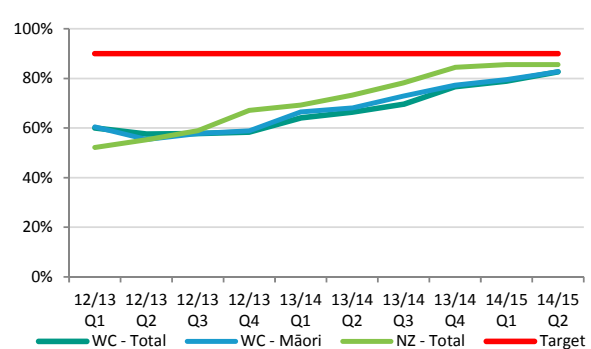
- Non-urgent mental health wait time targets have once again been achieved for adults (20+) at both 3 and 8 weeks.
- Non-urgent mental health wait time targets have not been met for 0-19 year.
- Non-urgent addiction services wait time targets have been achieved for adults (20+) at 8 weeks and also adults (65+) at 8 weeks.
- Non-urgent addiction services wait time targets have not been met for all age groups at 3 weeks, however most are within 10% of target and the 65+ age group only had two patients. All are meeting the 8 week target, except 0-19 year olds who are within 5% of target.
- Primary mental health services are working in a more integrated way with SMHS so that there is a continuum of care rather than a siloed approach. This is expected to improve responsiveness while the locality based model is being developed.

Primary Care & Long-Term Conditions

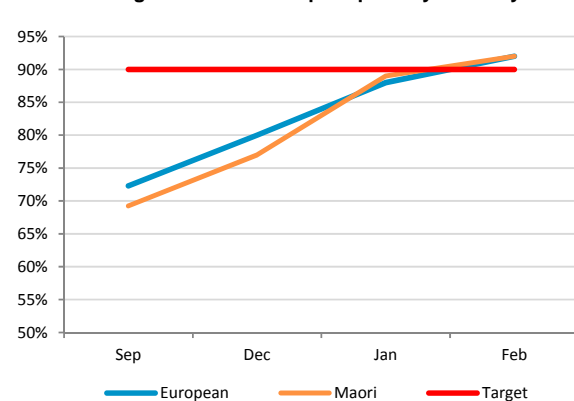
Primary Smokefree Health Target: Smokers attending primary care given advice & help to quit



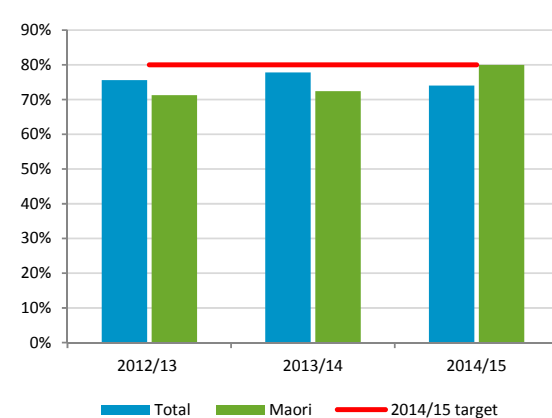
More Heart and Diabetes Checks Health Target: % of eligible PHO population having had a CVD risk assessment in the last 5 years



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



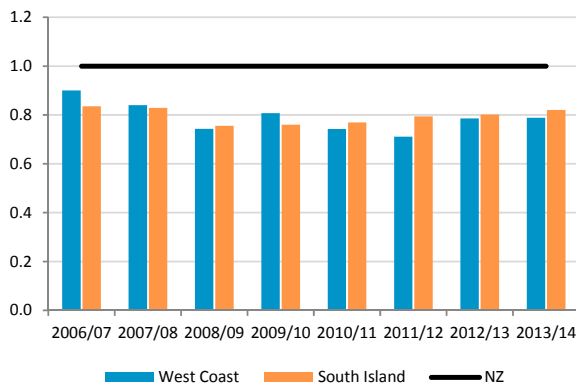
Achievements / Issues of Note

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% during Quarter 2—an encouraging result of 78.3%. Results for Quarter 3 are expected in the coming weeks.

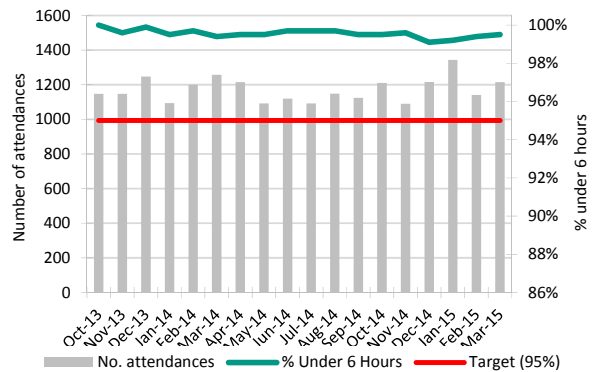
CVD health target: Performance against the More Heart and Diabetes Checks Health Target continues to steadily increase with 82.6% of the eligible enrolled West Coast population having had a cardiovascular risk assessment in the last five years during Quarter 2. Results for Quarter 3 are expected in the coming weeks.

Secondary Care & System Integration

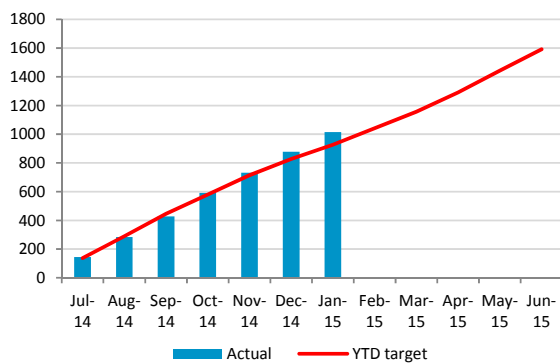
Acute Medical Discharge Rate



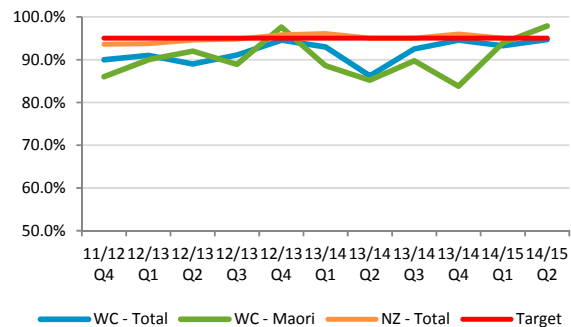
**Emergency Department (ED):
Attendances & <6 Hours Health Target**



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 for the 9 months to 31 March 2015.

Cancer health target: In the second official Quarter of the new health target, 73% of patients received their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer against our 85% 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: As reported previously, West Coast DHB met the 95% secondary smoking target for Quarter 2. Data for Quarter 3 is expected in the coming weeks.

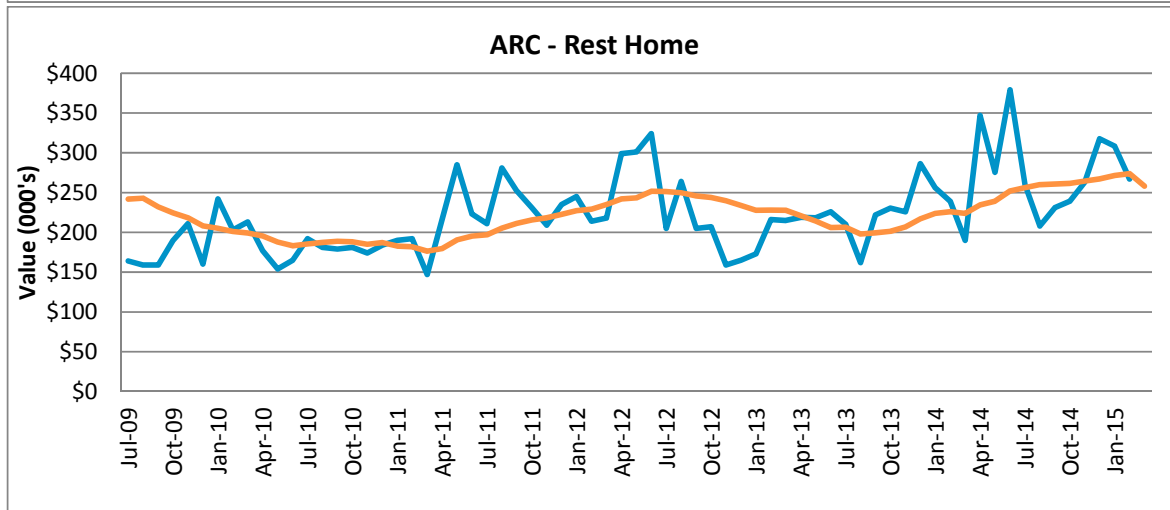
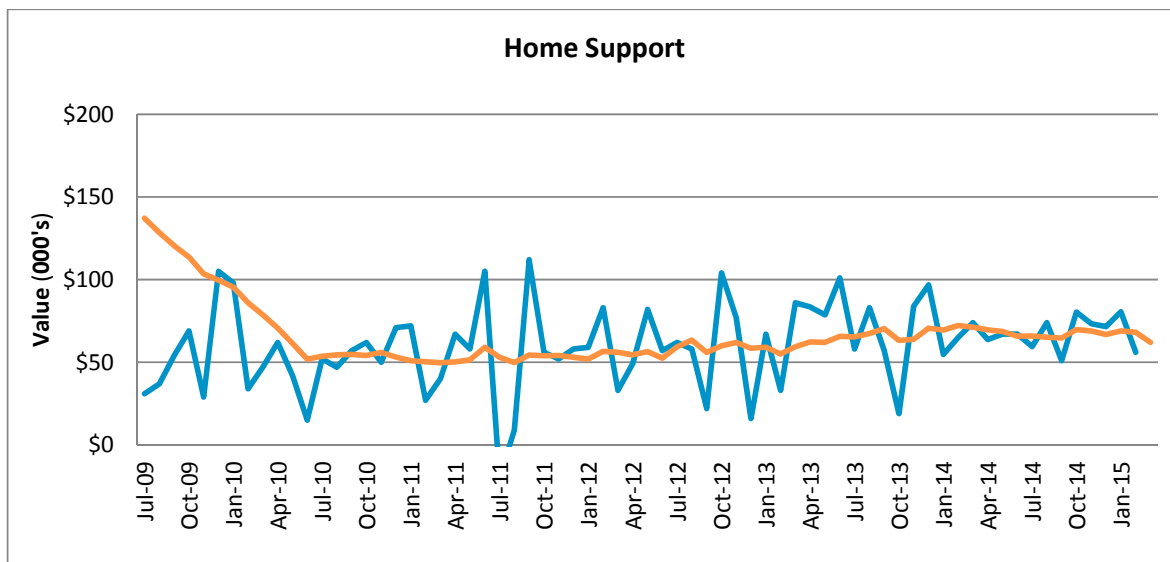
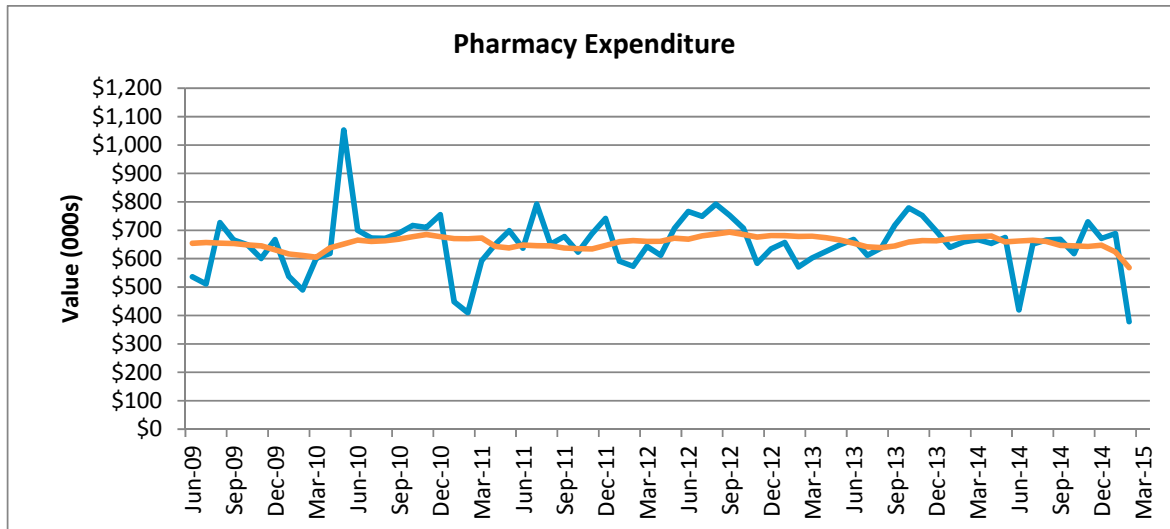
Electives health target: The West Coast DHB met the Improved Access to Elective Surgery Health Target during Quarter 2, and is continuing this trend during January—delivering 1015 discharges against the 927 YTD target.

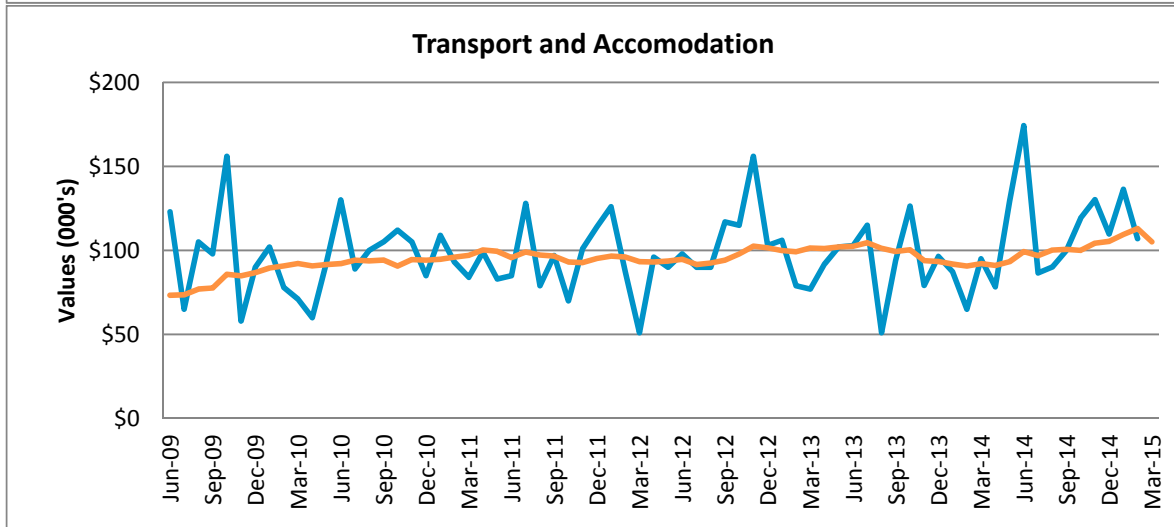
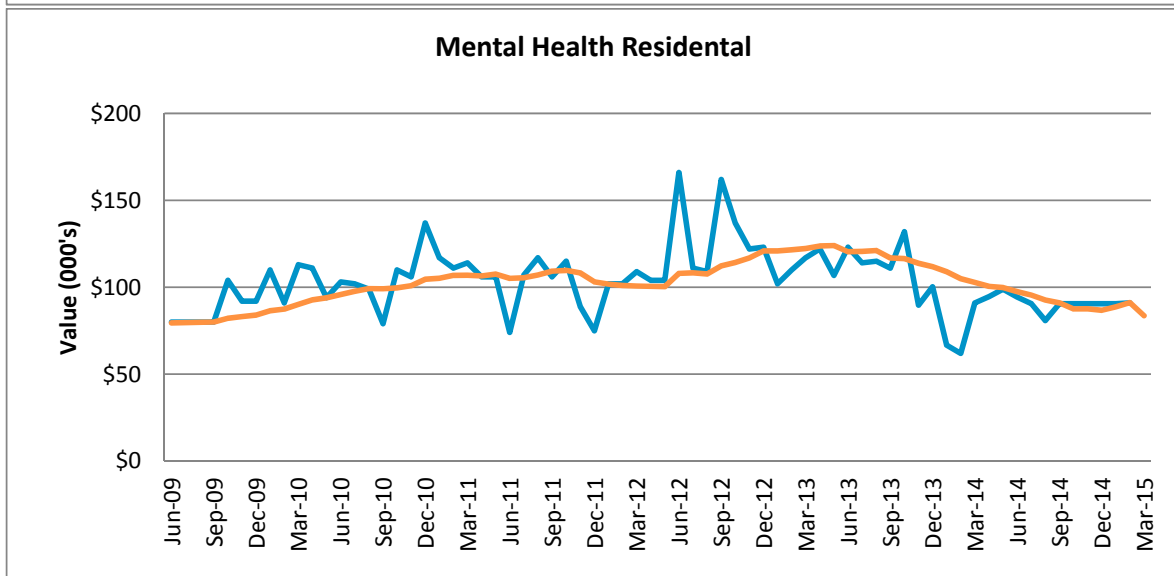
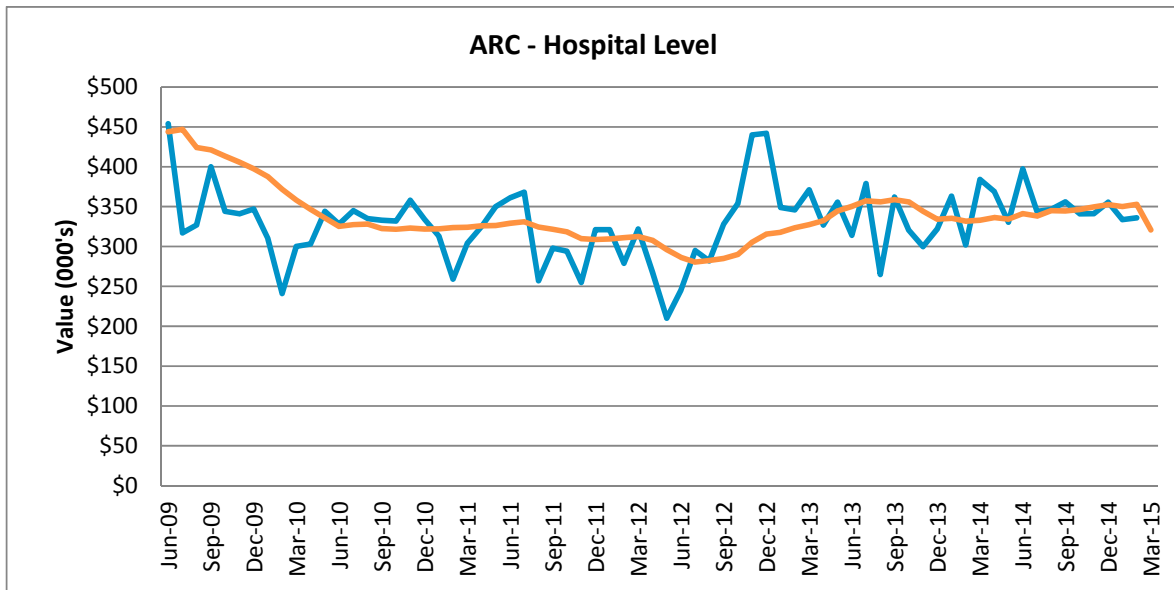
ESPI compliance: No patients exceeded the new maximum 120 days' wait time target for either First Specialist Assessment (ESPI 2) or for waiting time from First Specialist Assessment to surgical treatment (ESPI 5) in January 2015.

Financials

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

— Expenditure Trend — Rolling average





Planning and Funding Division
Month Ended February 2015

Current Month					Year to Date					2014/15	
Actual	Budget	Variance			SERVICES	Actual	Budget	Variance		Annual Budget	
\$000	\$000	\$000	%			\$000	\$000	\$000	%	\$000	
					Primary Care						
30	36	6	17%	✓	Dental-school and adolescent	235	290	55	19%	✓	434
0	2	2	100%	✓	Maternity	0	14	14	100%	✓	20
0	1	1	100%	✓	Pregnancy & Parent	2	5	3	57%	✓	8
0	3	3	100%	✓	Sexual Health	0	22	22	100%	✓	33
2	3	1	37%	✓	General Medical Subsidy	16	24	8	34%	✓	36
497	522	24	5%	✓	Primary Practice Capitation	4,009	4,172	163	4%	✓	6,258
91	91	0	0%	✓	Primary Health Care Strategy	728	729	1	0%	✓	1,093
104	80	-23	-29%	✗	Rural Bonus	653	642	-11	-2%	✗	963
4	5	1	11%	✓	Child and Youth	41	39	-2	-5%	✗	59
2	5	3	59%	✓	Immunisation	24	44	20	45%	✓	153
5	5	0	1%	✓	Maori Service Development	38	38	0	1%	✓	58
52	53	1	1%	✓	Whanau Ora Services	418	423	5	1%	✓	634
8	18	11	58%	✓	Palliative Care	145	145	0	0%	✓	218
0	0	0		✓	Community Based Allied Health	0	0	0		✓	0
9	9	0	1%	✓	Chronic Disease	70	71	0	1%	✓	106
57	54	-3	-6%	✗	Minor Expenses	386	432	45	10%	✓	647
860	885	25	3%	✓		6,767	7,090	324	5%	✓	10,722
					Referred Services						
24	24	0	-2%	✗	Laboratory	188	189	0	0%	✓	283
378	586	207	35%	✓	Pharmaceuticals	5,071	5,321	250	5%	✓	7,961
402	609	207	34%	✓		5,259	5,510	251	5%	✓	8,244
					Secondary Care						
206	202	-4	-2%	✗	Inpatients	1,175	1,613	439	27%	✓	2,420
129	101	-28	-28%	✗	Radiolgy services	870	808	-61	-8%	✗	1,212
107	115	8	7%	✓	Travel & Accommodation	879	920	41	4%	✓	1,380
1,547	1,520	-27	-2%	✗	IDF Payments Personal Health	11,132	12,162	1,030	8%	✓	18,242
1,988	1,938	-50	-3%	✗		14,055	15,503	1,448	9%	✓	23,254
3,251	3,432	182	5%	✓	Primary & Secondary Care Total	26,081	28,103	2,022	7%	✓	42,220
					Public Health						
19	25	6	24%	✓	Nutrition & Physical Activity	124	199	75	38%	✓	298
6	7	1	17%	✓	Public Health Infrastructure	49	59	10	17%	✓	88
5	5	0	3%	✓	Tobacco control	64	39	-26	-66%	✗	58
	0	0		✓	Screening programmes	-2	0	1,616		✓	0
30	37	7	20%	✓	Public Health Total	235	296	61	21%	✓	445
					Mental Health						
7	7	0	1%	✓	Dual Diagnosis A&D	57	57	1	1%	✓	86
2	2	0	1%	✓	Eating Disorders	15	15	0	1%	✓	23
20	20	0	1%	✓	Child & Youth Mental Health Services	160	162	2	1%	✓	243
5	5	0	1%	✓	Mental Health Work force	52	41	-12	-29%	✗	61
61	61	1	1%	✓	Day Activity & Rehab	486	490	4	1%	✓	735
11	11	0	1%	✓	Advocacy Consumer	85	86	1	1%	✓	130
81	82	1	1%	✓	Other Home Based Residential Support	647	655	8	1%	✓	982
11	11	0	1%	✓	Advocaey Family	88	89	1	1%	✓	134
10	29	19	66%	✓	Community Residential Beds	68	230	162	70%	✓	345
0	0	0	100%	✓	Minor Expenses	0	1	1	100%	✓	1
92	92	0	0%	✓	IDF Payments Mental Health	733	733	0	0%	✓	1,100
299	320	21	7%	✓		2,391	2,560	168	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
56	60	5	8%	✓	Home Based Support	545	522	-23	-4%	✗	784
0	9	9	101%	✓	Caregiver Support	48	71	23	33%	✓	107
267	195	-73	-37%	✗	Residential Care-Rest Homes	2,050	1,690	-360	-21%	✗	2,538
0	10	10	100%	✓	Residential Care-Community	37	80	43	54%	✓	120
336	316	-20	-6%	✗	Residential Care-Hospital	2,753	2,739	-15	-1%	✗	4,114
	0	0		✓	Ageing in place	0	0	0		✗	0
9	10	1	12%	✓	Day programmes	73	79	6	8%	✓	118
13	18	6	32%	✓	Respite Care	85	147	62	42%	✓	220
1	1	0	1%	✓	Community Health	10	10	0	3%	✓	15
1	0	0	-186%	✗	Minor Disability Support Expenditure	1	2	1	64%	✓	3
58	58	0	0%	✓	IDF Payments-DSS	466	465	0	0%	✗	698
740	677	-65	-10%	✗		6,067	5,806	-261	-4%	✗	8,720
1,039	997	-43	-4%	✗	Mental Health & OPH Total	8,459	8,366	-93	-1%	✗	12,559
4,319	4,467	148	3%	✓	Total Expenditure	34,775	36,765	1,990	5%	✓	55,225

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

SOURCE: Planning & Funding
Alliance Leadership Team

DATE: 23 April 2015

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

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

2. RECOMMENDATION

That the Committee;
i. Notes the Alliance Update.

3. SUMMARY

Progress of Note:

- **Alliance Leadership Team**
 - ALT have reviewed the workstream workplans for the 15/16 year and have gone back to the workstreams to provide more evidence of integration between the plans.
 - ALT have defined 5 key priorities and have been reviewing the plans with these in mind. The priorities/questions to answer are:
 - Improve access to the health care home. What are you as a workstream going to do to contribute to that goal?
 - What one system level change will be made this year, and how will this be measured?
 - How will you increase Māori access and outcomes?
 - How will rural populations receive better care?
 - What IT initiative and which workforce initiative will this workstream work on?
 - ALT has noted a lack of progress across three workstreams - Grey IFHS, Older Persons Health and Mental Health. They have requested the workstreams provide an update on how they will address this.

- ALT have seen the Workforce plan for 15/16 and would like to see the workforce profile broken down further into professional groups.
- ALT were pleased to see the encouraging feedback from both primary and secondary care regarding the effectiveness of HealthPathways as a clinical tool.
- **Mental Health Workstream**
 - The workstream is focused on Buller where the model of service delivery within the IFHS has been developed. Incorporating the current Community MH Team into the wider IFHS health team needs to include a review of current caseloads to determine whether additional FTE is required to provide crisis resolution locally. NGOs are working on developing their own hub of support services so that there is no duplication and resources can flex according to support needs. Their inclusion in routine care planning meetings is critical to achieving positive outcomes.
- **Health of Older Persons**
 - Buller stakeholder engagement was completed in March 2015 and recommendations are now being formulated from that process.
 - The business case for the Integrated Falls Prevention/Fracture Liaison Service (FLS) approach was completed and approved. This includes a redistribution of staff to support this approach. This will help advance progress with falls prevention and fracture liaison services.
- **Grey/Westland & Buller Family Health Services (IFHS)**
 - A project specialist will be assisting a team with the Grey / Westland IFHS workstream to progress on identifying at risk people within our enrolled population.
 - Other activities that the workstream is focusing on in this quarter are the development of a future model of unplanned primary care in Greymouth, the development of a Grey “huddle” to improve communication across all services and developing the business model for the three practices in the new IFHC building.
- **Healthy West Coast**
 - HWC have been working on development of the three year strategic plan around Tobacco Control for West Coast District, the first draft of which has now been submitted to MoH in line with new national timeframes.
 - Work has begun to develop a DHB Alcohol Harm Reduction Strategy.
 - Following the implementation of Patient Dashboard in November, good progress is being made towards achieving the primary health targets (Better Help for Smokers to Quit & More Heart & Diabetes Checks) in Q3.
- **Child and Youth**
 - The Community Oral health Service is now being supported by a Practice Manager (with further support from the Service Manager) from CDHB and a new administrator will be commencing in Q4.

- Discussions have commenced with the final school where the fixed clinic is to be decommissioned and the plan for inclusion of dental facilities in the Grey IFHC have now been approved by the Partnership Group.
- The increased Paediatric Specialist FTE is assisting with throughput of Gateway Health Assessments.
- The Mana Tamariki-Mokopuna project is again moving forward with 20-30 young Māori mums recruited to the project group. These mums will set the direction for the project and define how the project will run. They will meet together on 17th April to begin this process. The project still has two years to run and therefore outcomes/findings will begin to emerge in 15/16.
- Results of the Secret Shopper project have been collated and will be distributed to services soon. The results will be presented at the Annual "Collaborative" Hui in April.
- Work has begun to follow up on the Girl of Concern report which was published earlier in the year. The report's findings and recommendations are being prepared for wider distribution to the community with an accompanying call to action to seek input from stakeholders.
- **Pharmacy**
 - Expressions of Interest for a community pharmacy provider, Grey Hospital and IFHC closed on 2 April 2015. A selection panel is scheduled to meet in early April with recommendations and decisions expected by mid-April.
 - A pharmacy design lab process led by the Business Development Unit, Canterbury and West Coast DHBs has started with the hospital pharmacy and a current state assessment completed in March. A draft design lab plan based on the current state assessment is expected in early April for further discussion with the hospital pharmacy staff. The developed design process for the facility is currently underway. The scope of the hospital pharmacy design lab may include all the components required for the final design with further developments perhaps not necessary. This will be confirmed following engagement with the hospital pharmacy and facility planning teams. The community pharmacy design lab will follow the selection of a community pharmacy provider.

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

WEST COAST DISTRICT HEALTH BOARD MEETING
to be held at St John, Waterwalk Road, Greymouth
on Friday 27 March 2015 commencing at 10.15am

KARAKIA	10.15am
ADMINISTRATION	10.15am

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**

- 13 February 2015

3. **Carried Forward/Action List Items**

REPORTS	10.20am
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4. Chair's Update (Verbal Update)	Peter Ballantyne <i>Chairman</i>	10.20am – 10.30am
5. Chief Executive's Update	<i>Executive Management Team</i>	10.30am – 10.45am
6. Clinical Leader's Update	Karyn Bousfield, <i>Director of Nursing & Midwifery</i> Stella Ward, <i>Executive Director of Allied Health</i>	10.45am – 10.55am
7. Finance Report	Justine White <i>General Manager, Finance</i>	10.55am – 11.05am
8. Maori Health Plan Update – Quarter 2	Gary Coghlan <i>General Manager, Maori Health</i>	11.05am – 11.15am
9. Health Target Report – Quarter 2	Carolyn Gullery <i>General Manager, Planning & Funding</i>	11.15am – 11.25am
10. Disability Action Plan	Carolyn Gullery <i>General Manager, Planning & Funding</i>	11.25am – 11.35am
11. Maternity Review Update (deferred until next meeting)	Karyn Bousfield <i>Director of Nursing & Midwifery</i>	11.35am – 11.45am
12.. Report from Committee Meetings		
- CPH&DSAC 29 January 2015	Elinor Stratford <i>Chair, CPH&DSAC Committee</i>	11.45am - 11.55am
- Hospital Advisory Committee 29 January 2015	Sharon Pugh <i>Chair, Hospital Advisory Committee</i>	11.55am – 12.05am
- Tatau Pounamu Advisory Group 29 January 2015	Elinor Stratford <i>Board Representative to Tatau Pounamu</i>	12.05am – 12.15pm
13. Resolution to Exclude the Public	<i>Board Secretariat</i>	12.15pm

INFORMATION ITEMS

- 2015 Meeting Schedule

ESTIMATED FINISH TIME	12.15pm
NEXT MEETING	

Friday 8 May 2015

COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE 12 MARCH 2015



TO: Chair and Members
West Coast District Health Board

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

DATE: 27 March 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 12 March 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 – 12 March 2015.

3. SUMMARY

ITEMS OF INTEREST FOR THE BOARD

a) DISABILITY ACTION PLAN UPDATE

The updated Disability Action Plan was presented to the Committee to provide further advice on the content, and endorse the development of a West Coast DHB position statement along the lines of the Canterbury DHB position statement.

This is provided to the Board on the recommendation of the Committee to 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 to note the on-going process to develop a West Coast DHB position statement promoting the health and wellbeing of people with disabilities.

The Committee noted that the community consultation meetings will be held in conjunction with Karen Beard-Greer, President of the NZ Federation of Disability Information who will be reviewing the delivery of Disability Information Advisory Services (DIAS) on the West Coast.

b) COMMUNITY & PUBLIC HEALTH UPDATE.

This report was provided the Committee with updates on:

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.

Discussion took place regarding chemical contamination in drinking water and whether routine checks for chemicals, particularly pesticides and herbicides used in farming, took place. The Committee noted that these checks are not required, as they are classified as Priority 2 (P2). If an established water supply contains specific chemical such as arsenic or manganese then these levels will be monitored.

The report was noted.

c) PLANNING & FUNDING UPDATE

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

Key Achievements

- The West Coast continues to perform well above the 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.

The report was noted.

d) ALLIANCE UPDATE

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

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.

The report was noted.

e) HEALTH TARGET REPORT Q2

This report is included in today's Board papers.

f) DRAFT WEST COAST DHB PUBLIC HEALTH PLAN 2015-16

The Committee noted the West Coast DHB Public Health Plan. This will be presented to the Board as part of the DHB Annual Planning process.

g) MAORI HEALTH PLAN UPDATE

This report is included in today's Board papers.

h) GENERAL BUSINESS

The Chair advised that the Committee that the Disability Resource Service Network meeting is held on the second Tuesday of every month at 12.30pm and the venue is Karoro Learning Centre. She commented that members may find these meetings very informative and interesting.

4. APPENDICES

Appendix 1: Agenda – Community & Public Health & Disability Support Advisory
Committee – 12 March 2015

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

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

9.10am – 9.30am

Service Development Manager, Planning & Funding

5. Community and Public Health Update

Jem Pupich

9.30am - 9.40am

Team Leader, Community and Public Health

6. Planning & Funding Update

Phil Wheble

9.40am - 9.50am

Team Leader, Planning & Funding

7. Alliance Update

Phil Wheble

9.50am – 10.00am

Team Leader, Planning & Funding

8. Health Target Report Q2

Phil Wheble

10.00am – 10.10am

Team Leader, Planning & Funding

9. Maori Health Plan Update

Gary Coghlan

10.10am – 10.20am

General Manager, Maori Health

10. Draft West Coast DHB Public Health Plan 2015-16

Cheryl Brunton

10.20am – 10.35am

Medical Officer of Health

11. General Business

Elinor Stratford

10.35am - 10.45am

Chair

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

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

Canterbury

District Health Board

Te Poari Hauora o Waitaha

Community and Public Health

(A Division of Canterbury District Health Board)

Contract: Public Health Services

Contract Number: 329687/01

Provider Number: 242815

PHU Exceptions Report

1 July to 31 December 2014

COMMUNITY AND PUBLIC HEALTH WEST COAST

HEALTH ASSESSMENT AND SURVEILLANCE

“understanding health status, health determinants and disease distribution”

	Short Term Outcome Indicators	Performance Measures	Status	Reasons not on track and actions taken to keep on track
Health assessment	Availability of information for planning	Number and accessibility of reports.	On track	
		Formal/informal feedback	On track	
		Number and accessibility of reports.	On track	
		Number and accessibility of reports.	On track	
		Quality of working relationship	On track	
		No of meetings and records of meetings and outcomes (including joint planning processes and sharing of population health information).	On track	
	Availability of information to public	Number and nature of media reports.	On track	
Surveillance	Timeliness and effectiveness of reports for identifying trends and outbreaks of concern	Number and accessibility of reports.	On track	One disease outbreak recorded and closed so far this year.
		Formal/informal feedback	On track	
		Number and accessibility of reports.	On track	
		Formal/informal feedback	On track	
		Number and accessibility of reports.	On track	
		Formal/informal feedback	On track	
		Record of progress.	On track	

Highlights

- C&PH was approached by the Westland District Council to set up an SIA/HIA process to assist them to review their Class 4 Gambling Policy. This is scheduled for February 2015. It is pleasing that the Council recognises that we can contribute in this field.
- The existing collaboration between WCDHB, WCPHO, Poutini Waiora and C&PH around joint planning for health promotion has led to the Healthy West Coast Governance Group becoming the leadership team for West Coast Alliance's Keeping People Healthy workstream. This collaboration extends to planning and reviewing progress, and regular reporting to the Alliance Leadership Team.

PUBLIC HEALTH CAPACITY DEVELOPMENT

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

	Short Term Outcome Indicators	Performance Measures	Status	Reasons not on track and actions taken to keep on track
Public health information systems	Availability and accessibility of public health information	Level of utilisation Completeness and currency of information Nature and effectiveness of systems, including degree of integration.	On track On track On track	
Partnerships with iwi, hapū, whānau and Māori	Joint processes and initiatives	No. of initiatives supported. Formal/informal feedback. Progress against plan.	On track On track	
Partnerships with Pacific and other ethnic leaders and communities	Joint processes and initiatives	No. of initiatives supported. Formal/informal feedback. Progress towards plan development/implementation.		Creating partnerships with Pacific communities and Leaders is proving difficult, as West Coast Pacific communities are small and there are, as yet, no formal Pasifika organisations. CPH staff do have some contacts with local Pasifika people and CPH is linked into the New Coasters Network which consists of people from a wide range of cultures and ethnicities.
Human resources	Workforce Development Plans Record of training opportunities (Training calendar)	Training participation and feedback (for public health, other health sector and non-health staff). Formal/informal feedback. Extent of training recorded and evaluated.	On track On track On track	
Research, evaluation, economic analysis	Research / evaluation reports and publications	Number and accessibility of reports. Formal/informal feedback Number and impact of media reports. Number and impact of presentations and publications.	On track	
Planning and advising on	Planning advice / reports	Number and accessibility of reports.	On track	

	Short Term Outcome Indicators	Performance Measures	Status	Reasons not on track and actions taken to keep on track
public health programmes		Formal/informal feedback Extent and impact of contribution.		
Quality management	Quality improvement plan and reports Accreditation results	Plans approved and progress reported eg review of policies and procedures. Progress against improvements and recommendation log. Progress towards quality programme. Accreditation maintained.	On track	
	Reports of South Island Public Health Partnership	Progress against plans. Partnership evaluation.	On track	

Highlights

- C&PH provided information to the Grey District Council as part of their scoping of the effects of an annual motorcycling event on the community. This information will be used to inform the development of the Greymouth CBD Renewal Plan which is part of the implementation of the Grey District Economic Development Strategy.
- C&PH and the WCDHB also assisted with community consultation regarding the Greymouth CBD Renewal Plan.
- All WC C&PH staff, together with some WCDHB staff, have attended the Broadly Speaking programme training around determinants of health - delivered at our WC Office.
- Mental Health Awareness Week was celebrated on the West Coast with a raft of taster sessions and activities promoting the theme of 'Keep Learning'. These were developed by C&PH in association with various local agencies and participated in by small groups of individuals over the week. We are currently evaluating this project to inform planning for future events.
- C&PH's work with the Youth Health Action Group is progressing the WCDHB's Youth Health Plan. 'Secret Shopping' of services is currently being piloted to gain feedback on how to make West Coast primary care services more youth-friendly.
- The Buller District's Mayor stated that the C&PH report 'The Impact of Major Job Losses on Small Communities' was the best document he had seen on the subject and that he wanted to be able to use aspects of it in his community newsletters.
- C&PH staff were invited to the official opening of Te Runanga ō Ngati Waewae's whare tupuna at Arahura marae. This was attended by a large contingent of staff including senior management from Canterbury.

- C&PH's health protection staff have developed a relationship with the Arahura marae komiti and will be working with them to improve their currently non-compliant water supply. Some work was carried out prior to the opening of the whare tupuna to ensure attendees at the celebration were supplied with safe drinking water.

Issues/Challenges/risks and actions taken

- As a member of the Buller Interagency Forum, C&PH provided and spoke to our report 'The Impact of Major Job Losses on Small Communities' at the special meeting in response to recent job losses in the mining industry in Buller. This report is a review of the literature and NZ case studies and was initially prepared for the Grey District after the Pike River disaster and the closure of Solid Energy's Spring Creek Mine. It has now proved useful in the Buller District (see above).
- The Grey District Economic Development Strategy is slow moving and although we have attended a couple of meetings we feel that we need to work to improve this relationship to be more effective in our advocacy for public health in this forum.

Other comments (including suggestions to the Ministry)

- Major job losses, particularly in the extractive industries, are continuing to have a negative impact on communities across the West Coast.
- As part of carrying out the HPS rubric with schools it has come to our attention that a number of schools would like some assistance around sexuality and sexual health education as a result of Ministry of Education curriculum changes. A number of schools in the Buller District have also identified the need to address alcohol and other drug use.

HEALTH PROMOTION

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

	Short Term Outcome Indicators	Performance Measures	Status	Reasons not on track and actions taken to keep it on track
Policy	New and reviewed strategies, plans and policies reflect health priorities	Record of contributions and their impact.	On track	
		Record of contributions and their impact.	On track	
		Training opportunities, participation, and feedback	On track	
		Record of contributions. Formal/informal feedback	On track	
		Formal/ informal feedback, including evaluation of joint work plans.	On track	
		Number and impact of position statements and submissions.	On track	
Social environments, media	Communications Plan, record of campaigns and information delivered	Progress against plan.	On track	
		No .and type of public health messaging distributed.	On track	
		Evaluation of reach and impact of individual campaigns.	On track	
Education settings	Education settings evaluation reports	Number of Schools engaged and with action plans developed.	On track	
		Number of schools engaged in the stages of HPS inquiry.	On track	
		Information entered into National HPS Database as required.	On track	
		Number of completed evaluations using the template set out in the National HPS framework.	On track	

	Short Term Outcome Indicators	Performance Measures	Status	Reasons not on track and actions taken to keep it on track
		Electronic and hard copy distribution of HPS magazine	On track	
		Uptake of health messages in school newsletters.	On track	
		Record of presentations. Outcomes entered into Healthscape.	On track On track	
Workplaces	Workplace initiatives and evaluation reports	No. of workplaces engaged. Outcomes of workplaces initiatives.	On track On track	We have continued to support the Oceana Gold Smokefree project. This was started in June 2013.
		Number of referrals. Number of quit attempts.		
Marae and Other Māori Settings	Marae other Māori settings' initiatives and evaluation reports	No. of Māori settings worked with.	On track	
		No. of initiatives supported and evaluated ie: Appetite for Life, Auahi Kore, alcohol harm reduction.	On track	
Other community settings	Setting initiatives and evaluation reports	No of events supported. Evaluation findings.	On track	CPH has, in consultation with Community Corrections, developed a 6-session Healthy Lifestyles course for people sentenced to community service. It was intended to deliver and evaluate the programme within this reporting period. However, due to changes in staff and earthquake strengthening work at Corrections' building this has not yet occurred. We are still aiming to provide and evaluate this course as a pilot in the second half of the reporting period. The course content has also been shared with a local tertiary education provider to see if it has potential to be delivered to their students.
		Meetings attended and opportunities of change recorded.	On track	
		No of initiatives recorded and evaluated.	On track	
Community capacity	Changes achieved by community partnerships	Record of new networks established or linked into.	On track	
		No of initiatives supported and evaluated.	On track	
		No of groups engaged.	On track	
		No of submissions made.	On track	
Individual skills	ABC coverage in primary and secondary care. Smoking quit rates	Sustained quit attempt rates MoH targets met.	On track	

	Short Term Outcome Indicators	Performance Measures	Status	Reasons not on track and actions taken to keep it on track
	Evaluation of other initiatives	AKP contract specifications met. Numbers of interventions made and evaluated. Number of participants. Community linkages engaged with – e.g. Homebuilders, Salvation Army. Level of access to services. Awareness of Five Ways to Wellbeing. No. training sessions delivered.	On track On track On track On track On track On track	
Healthcare settings	Healthcare initiatives and evaluation reports	No of initiatives supported recorded and evaluated.	On track	

Highlights

- C&PH continues to support the delivery of Appetite for Life and Cooking Skills courses on the West Coast. The level of support from other organisations and medical centres is good. We have provided training for a facilitator in the Buller region in this reporting period. This will enable more courses to be run there in future.
- C&PH has supported a range of local community events (e.g. Blue Light, Grey Youth Trust Buskers Festival, Grey District Council 150 year celebration event, Kapa Haka Festival and Competition, and Ag Fest) and has taken the opportunity to role-model healthy eating in these settings.
- C&PH provided input and feedback to the WCDHB's Draft Falls Prevention Business Case. C&PH also designed and printed certificates of appreciation which were sent to around 25 volunteers and/or organisations who assist with falls prevention activities and promote older persons' wellbeing.
- C&PH partnered with the WCDHB to facilitate the running of two workshops to increase awareness and skills for people working with older people, both in the community and in residential care. These workshops have been evaluated and a further 3 month post-workshop follow-up evaluation is also planned for 2015.
- Members of the community have been supported to make submissions on liquor licences.
- 'Ask a Professional' articles on a range of health and wellbeing topics have been published monthly in the West Coast Messenger (a free local paper delivered to all households).
- As part of the WCDHB Suicide Prevention Action Group, C&PH staff helped assign 100 QPR suicide awareness online training licences to our community, focusing on rural areas and workers. The South Westland area was a particular focus because of a geographical clusters

of suicides there. Work was carried out with the Hari Hari Community Association, Federated Farmers, the Rural Support Trust, Westland Milk Products and local vets to raise awareness. Approximately half of the QPR licences went to these kinds of agencies and individuals.

- Our Aukati Kai Paipa staff member has been working with some local primary health care centres to help follow-up Māori patients who have not yet received Brief Intervention (ABC) for smoking cessation. With the permission of the practice he has been contacting these patients to give brief advice and to promote the AKP programme. This has led to some of those contacted becoming AKP clients.

Issues/Challenges/risks and actions taken

- There has been an increase in demand for Appetite for Life courses in the Grey District resulting in some people being placed on a waiting list. Extra courses have been planned for the year ahead.
- The three District Councils on the West Coast have all delayed the development of their draft Local Alcohol Policies (LAPs) until at least February 2015. They are awaiting the outcome of several appeals of relevance to their policies and are reluctant to proceed until there is more clarity. We will continue to support the development of LAPs once councils restart the process.
- Liquor licensing work continues to be heavy since the introduction of the new legislation. In the absence of LAPs, we have worked with licence applicants, the Police and council licensing inspectors to try to pull back the operating hours of on and off-licensed premises as licences come up for renewal. We have had some success with this approach in two of our districts, particularly with premises in more isolated rural locations. We have also encouraged the organisations applying for special licences for regular special events, such as the Buller Marathon, to develop formal alcohol management plans and this has met with quite a good response. There are several off-licence applications from local supermarkets that are on hold pending ARLA's decision on single areas.

Other comments (including suggestions to the Ministry)

- C&PH has experienced a growing number of requests from the community, schools and organisations to assist with nutrition related issues and deliver Appetite for Life and cooking skills classes.
- There is a growing interest in food gardening – C&PH has had informal discussions with agencies to establish a more strategic approach to developing community gardens and gardening skills. It is intended to progress this in the New Year.
- Liquor licensing is taking up much more staff time with the new legislation. The introduction of Local Alcohol Policies would reduce some of this work as would clear direction on the legislation affecting single areas in supermarkets.

HEALTH PROTECTION

“protecting communities against public health hazards”

	Short Term Outcome Indicators	Performance Measures	Status	Reasons not on track and actions taken to keep it on track
Communicable disease control	Notifiable diseases and influenza rates and trends Outbreak rates and trends	Disease rates (as compared with previous years).	On track	One outbreak reported and closed down this year One media release event – radio adverts sponsored at the beginning of calving season targeting farming families
		Data quality as outlined in the ESR Annual Data Quality Report. Statistics as outlined in the ESR Annual Data Quality Report and Annual Outbreak Report.	On track	
		Outbreaks controlled Progress against Outbreak Debrief Report action points Number and impact of shared protocols.	On track	
		Number of media releases and promotional opportunities undertaken.	On track	
		Records of (intra WCDHB and interagency) meetings attended/settings worked with.	On track	
		Impact of contribution as evidenced by meeting minutes.	On track	
		Documented numbers of authorised vaccinator & programme applications and approvals.	On track	
		Progress against Plan.	On track	
Drinking water quality	% of minor, medium and large community supplies complying with DWS % of minor, medium and large community supplies with approved and	Record of interactions with suppliers concerning their legislative obligations (in SIDWAU filing system).	On track	1 medium supply and 4 minor supplies Compliance: bacterial 80%, protozoal 20%, chemical 100%. Full compliance: 0% WSP status: 80% approved and/or implemented with one expired. Time frames achieved
		DWA activities completed within legislative time frames	On track	

	Short Term Outcome Indicators	Performance Measures	Status	Reasons not on track and actions taken to keep it on track
	implemented Water Safety Plans.	Annual survey data delivered by required date.	On track	Annual survey completed
		Record of registration	On track	Register updated
		Record of responses and outcomes	On track	Records filed
Sewage	Sewage-related outbreaks Environmental contamination events	Record of external meetings attended and agreed actions. Record of contribution. Record of contribution.	On track	No outbreaks or events
Recreational water	Waterborne disease outbreaks Beach and river water gradings	Agreed protocol in place Number of media releases produced in relation to RW including micro quality and algal bloom events.	On track On track	No outbreaks Receiving RW reports on agreed sites
Housing	Housing quality improvements	Actions and/or outcomes from key housing stakeholder meetings reflect public health input.	On track	No advice requested, no meetings in this reporting period
Resource management	Evaluation of council decisions, implementation and enforcement Air quality monitoring results	Number of applications assessed (scoped) Number of submissions made. Number of hearings where evidence presented. Number of decisions reviewed.	On track On track On track	3 applications assesses 1 submission made No consultations
		Record of external meetings attended and agreed actions. Record of formal advice given.	On track	No advice requested
Hazardous substances	Reports of public exposure	Record of external (including HSTLC) meetings attended and agreed actions. Record of formal advice given.	Not on track On track	HSTLC has not met for over two years despite CPH attempts to get this working again. 1 issue where advice was given

	Short Term Outcome Indicators	Performance Measures	Status	Reasons not on track and actions taken to keep it on track
		Number and outcome of investigations.	On track	1 joint investigation with TLA
		Record of advice given, including website utilisation.	On track	
		Number of VTA applications processed.	On track	21 applications processed
		Number and outcome of audits.	On track	21 audited against conditions and 3 field audits of aerial operations.
Early childhood education centres	Compliance with ECC Regulations, including infection control and lead exposure	Number of ECECs assessed in terms of meeting requirements of ECC 1998/ 2008 Regulations.	On track	No assessments requested
		Number of meetings held with MoE and TAs.	On track	No meetings requested
Emergency preparedness	Effective emergency responses as required	Emergency plans are current.	On track	
		Record of training.	On track	
		Performance against exercise performance measures.	On track	
		Progress towards plan completion, implementation.	On track	
Sustainability	Evidence of increased awareness and development of sustainable approaches within our DHBs and partner organisations.	Evidence of activity to improve understanding of sustainability and to promote sustainable practices	On track	
Tobacco	Retailer display compliance at inspection.	% complaints responded to within 5 days.	No complaints	
	Retailer compliance during controlled purchase operations.	% of retailers inspected.	On track – 95%	
	Number and nature of workplace complaints.	% of licensed premises inspected.	On track – 75%	
		Number of CPOs conducted.	On track	3 CPOs conducted
		CPO compliance.	On track	All retailers visited were given written information during the visit

	Short Term Outcome Indicators	Performance Measures	Status	Reasons not on track and actions taken to keep it on track
		Record of advice, information given.		
Alcohol	ED presentations Police data (violence, road traffic crashes) Retailer compliance during controlled purchase operations	Progress towards establishing system.	Ongoing	This has been difficult to get in place as a number of DHBs across the South Island are finding. Progress is being made, however, though getting consistency across DHBs on what data are to be collected is difficult and is being worked through as part of South Island Alcohol Project.
		Number of licensed premises monitored.	On track	
		Number of licence applications processed and percentage processed within 15 working days.	On track	
		Number of CPOs conducted. Number of premises visited during CPO. CPO compliance.	On track	
		Record of contribution.	On track	
		Record of meetings attended and agreed actions.	On track	
		Health impacts of Local Alcohol Policies.	On going	
		Record of meetings, number of plans in place.	On track	
		Progress against workplan.	On track	All West Coast District Alcohol Policies are on hold awaiting the outcomes of ARLA hearings on other districts' LAPs
Other psychoactive substances	Retailer compliance during controlled purchase operations	Number of licensed retail premises assessed for compliance.	On track	No premises currently licensed
Other	Evidence of harm to public	Record of external meetings attended and agreed actions.	On track	One issue requiring inter-agency notification (MPI) and liaison around sale of raw milk.
		Record of formal advice given.	On track	
		Number of documents reviewed.	On track	
		Number of decisions reviewed.	On track	

Highlights

- DLA inspectors, Police and the Medical Officer of Health are developing a document that will list our respective commitments to monitoring and CPOs and outline procedures for license applications and procedures when licensees commit offences.
- At least in part in response to C&PH's advocacy, a dedicated Environmental Health Officer/Liquor Licensing Inspector is to be appointed for Westland District Council. The Medical Officer of Health was invited to help develop the job description for this position.
- Notification was received that all applications for the Capital Assistance Programme (CAP) for the 2014 round for West Coast water supply improvements were successful. These include: a new water supply for Karamea, and upgrade works for Waimangaroa, Hector/Ngakawau, Inangahua Junction and a new Kaiata distribution zone for the Greymouth supply.
- Notification has been received from local councils that CAP applications will be made for upgrade works for Kumara, and there is also likely to be applications for Little Wanganui and Granity in the final CAP round in 2015.
- The Medium (5000-10,000 population) and Minor (500-5000 population) community drinking water supplies are Greymouth, Hokitika, Reefton, Runanga, Taylorville/Dobson and Westport. Water Safety Plans for all these supplies have been formally approved and implemented, although the Reefton WSP has now expired and needs to be revised.
- Of the Small (500-5000 population) community water supplies 11 out of 13 have a formally approved and implemented Water Safety Plan. The statutory deadline for compliance is 1 July 2016.
- C&PH has visited a large number of tobacco retailers throughout the West Coast region and also carried out informal stocktake of e-cigarette retailers (not all of whom are also tobacco retailers).

Issues/Challenges/risks and actions taken

- DLA inspectors are slow to commit to undertaking regular monitoring and compliance checks.
- The need to oppose license applications for supermarkets because of a lack of clarity in the legislation has taken a lot of time.
- There was an improvement in the low levels of compliance of council and private community networked water supplies. For the recently compiled Annual Survey, the Harihari, Franz Josef and Blackball water supplies serving some 1,200 people, were the only water supplies on the West Coast that were fully compliant with the DWSNZ 2005/08. The total population served by Small to Large community water supplies is some 25,500 people so the compliance level is now some 5% (up from less than 2%).
- West Coast communities and drinking water suppliers have received significant levels of CAP funding yet some schemes are not progressing in terms of improvement works or monitoring of results. It appears there may be a deficit of necessary technical skills in the organisations running some of the treatment plants and undertaking the compliance monitoring so that treatment is still not being optimised, plant is not being installed correctly, and faults are not being repaired in a timely manner.
- VTA work in this period has increased in complexity due to DOC's 'Battle For Our Birds' campaign and several large TBFree aerial operations. Most operations have also been flown later in the year than usual which poses some additional challenges for risk assessment.
- TBFree and VTA operators have not always been meeting aerial 1080 communications guidelines and this has led to more complaints and concerns being expressed by communities, as well as several OIA request and one ministerial. We are working with TBFree and the operators concerned to improve their processes.

- The HSTLC has not met for over two years despite C&PH attempts to help get this working again.

Other comments (including suggestions to the Ministry)

- It would be good if the Ministry could look at some way of encouraging TLAs and other suppliers to invest in operations around drinking water supplies as it seems that despite capital investment, there is a shortage of skilled operators and technicians to devise and undertake both complaint water treatment and monitoring programmes.
- The number of West Coast retailers selling nicotine-containing e-cigarettes is of concern, as is the almost universal lack of knowledge about the legal status of these products amongst retailers. Clear direction in relation to e-cigarettes from the Ministry would be appreciated.

PREVENTIVE INTERVENTIONS

“population programmes delivered to individuals”

	Short Term Outcome Indicators	Performance Measures	Status	Reasons not on track and actions taken to keep it on track
Immunisation	Immunisation rates	<p>Record of initiatives. Formal/informal feedback.</p> <p>Record of promotion initiatives and outcomes.</p> <p>Record of delivery initiatives and outcomes.</p>	<p>8 month old not on track</p> <p>2yr old on track</p>	<p>There has been an increase in the number of Opt Off the NIR and declines for the last two quarters. This compromises our ability to reach the targets. Every other 8 month old child eligible for immunisation has been reached with no <8month olds due to the end of December. 2 year old currently fully immunised Outreach Immunisation Service working to fully immunise overdue children. Six 15 month olds and one 6 week old child are currently with OIS. No 8 month or 2year olds currently with OIS.</p>
Lifestyle interventions	Completeness of practice and hospital information on smoking, alcohol intake, and physical activity	<p>Record of progress</p> <p>Number of practices provided with ABC training.</p> <p>Health Target Quarterly Report</p> <p>PPP Quarterly Reports.</p> <p>Quarterly report to WCDHB smokefree manager, including enrolments in cessation programmes.</p>	<p>On track</p> <p>Eight</p> <p>On track for ABC</p> <p>On track</p> <p>On track</p>	<p>A further round of ABC training is planned for early 2015</p> <p>Patient dashboard installed in practices will help to achieve target</p> <p>Now IPIF no longer PPP. Same health targets</p> <p>Pregnancy smoking cessation incentive programme now operational</p>
Screening and early detection	Coverage rates for cervical and breast cancer screening	<p>Record of strategies and outcomes.</p> <p>Record of strategies and outcomes.</p>	On track	<p>Patient dashboard installed in practices will assist with identifying patients eligible and offering screening</p>
	Coverage of diabetes and CVD screening programmes	<p>Quarterly report on utilisation. Numbers, age group, ethnicity and conditions identified.</p>	Not on track	<p>WCPHO have employed a nurse to provide extra CVR clinics. Practices conducting in-absentia CVRA and notifying patient of results and f/u. Patient dashboard installed and helping to identify eligible patients.</p>

Highlights

- Three Tai Chi instructors from across the West Coast attended training to update their skills.
- The continued development of the Westland Wilderness Trail is encouraging more people to cycle.

Issues/Challenges/risks and actions taken

- Achievement of childhood immunisation targets is a constant challenge for the West Coast due to the disproportionate effect of small numbers on percentage targets. We are doing work with practices to reduce opt-offs and declines and we use OIS to follow-up children as required. We also have a large community (the Gloriavale Christian Community) which chooses not to immunise its children. This community has a much higher fertility rate than the general West Coast population meaning that meeting immunisation targets will only become more challenging in future.
- One community Tai Chi instructor has moved away from the West Coast – there is now only one instructor in the Reefton area.
- CVRA target not achieved by Q2. Extra nursing resource and in-absentia CVRA instigated. Ministry of Health visit by Dr Bryn Jones (CVR target champion) and James Greenwell to support WCPHO and practices. Patient dashboard (IT tool) installed to help identify eligible patients and support clinical intervention.

Other comments (including suggestions to the Ministry)

- The West Coast has comparatively limited nutrition and dietetic resources (both in FTE and geographical distribution) to support the delivery of Green Prescription, Diabetes and CVD packages of care.

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.