

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 4 June 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 4 June 2015 commencing at 9.00am

ADMINISTRATION	9.00am
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- Karakia
- Apologies
- 1. **Interest Register**
Update Committee Interest Register and Declaration of Interest on items to be covered during the meeting.
- 2. **Confirmation of the Minutes of the Previous Meeting & Matters Arising**
23 April 2015
- 3. **Carried Forward/ Action Items**

REPORTS/PRESENTATIONS	9.10am
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|--|---|-------------------|
| 4. Community and Public Health Update | Claire Robertson
<i>Team Leader, Community and Public Health</i> | 9.10am - 9.20am |
| 5. Planning & Funding Update | Phil Wheble
<i>Team Leader, Planning & Funding</i> | 9.20am - 9.30am |
| 6. Alliance Update | Phil Wheble
<i>Team Leader, Planning & Funding</i> | 9.30am - 9.40am |
| 7. Health Target Q3 Report | Phil Wheble
<i>Team Leader, Planning & Funding</i> | 9.40am - 9.50am |
| 8. Maori Health Plan Update | Gary Coghlan
<i>General Manager Maori Health</i> | 9.50am - 10.00am |
| 9. Suicide Prevention Update | Lois Scott
<i>Operations Manager, Mental Health</i> | 10.00am - 10.15am |
| 10. Smoking Cessation Services | Phil Wheble
<i>Team Leader, Planning & Funding</i> | 10.15am - 10.25am |
| 11. General Business | Elinor Stratford
<i>Chair</i> | 10.25am - 10.40am |

ESTIMATED FINISH TIME	10.40am
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INFORMATION ITEMS

- Board Agenda – 8 May 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 July 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 Consumer Representative on WCDHB Falls Coalition Committee Consumer Representative on WCDHB Stroke Coalition Committee
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"> Autism New Zealand – Member West Coast Community Trust – Trustee Buller High School Board of Trustees – Chair St John Youth Leader

Member	Disclosure of Interest
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, 23 April 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

An apology were received and accepted from Cheryl Brunton.

EXECUTIVE SUPPORT

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

WELCOME

Gary Coghlan led the Karakia.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

Lynette Beirne advised that she is Consumer Representative on the WCDHB Falls Prevention Coalition Committee and the Stroke Coalition Committee

Michelle Lomax advised that Kawatiti Action Group – Past Member should be removed from her interests.

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 (3/15)

(Moved: John Vaile; Seconded: Mary Molloy - carried)

■ “That the minutes of the meeting of the Community and Public Health and Disability Support Advisory Committee held on 12 March 2015 be confirmed as a true and correct record.” It was agreed however after clarification that it was “immunisation” that was being referred to on page 4, Item 6, not “B4 school checks” and the minutes could be changed accordingly.

3. CARRIED FORWARD/ACTION ITEMS

The Carried Forward/Action Items were noted.

Suggested presentations are to be added to the carried forward list.

4. COMMUNITY & PUBLIC HEALTH UPDATE

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

Wildfoods Festival

Community and Public Health (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. They also monitored licensed premises in the town on Saturday evening. 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 look forward to continuing to work with the organisers and others to reduce alcohol related harm at and around the event. In their report to the debrief they 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 District Licencing Authority.

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, their 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.

Mrs McLauchlan advised the Committee that Claire Robertson has been appointed as the new Team Leader in Community & Public Health.

Some queries were made regarding drinking water and a further update will be provided at the next meeting.

The report was noted.

5. PLANNING & FUNDING UPDATE

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

Key Achievements

- The West Coast 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.

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 silo approach. This is expected to improve responsiveness while the locality based model is being developed.

The Committee noted that the DHB is still struggling to cover the whole population with B4School Checks and additional clinics will be taking place in the coming months.

It was also noted that Primary Mental Health services are working in a more integrated way with Specialist Mental Services so that there is a continuum of care rather than a silo approach. This is expected to improve responsiveness while the locality based model is being developed.

The report was noted.

6. ALLIANCE UPDATE

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

The Alliance Leadership Team have reviewed the workstream workplans for the 2015/16 year and have gone back to the workstreams to provide more evidence of integration between the plans. They have defined 5 key priorities and have been reviewing the work plans in line with these. The priorities 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?

The Alliance Leadership Team noted a lack of progress across three workstreams - Grey IFHS, Older Persons Health and Mental Health and they have requested the workstreams provide an update on how they will address this.

The report also provided an update of progress made around the West Coast Alliance including
Mental Health Workstream
Health of Older Persons
Grey/Westland & Buller Family Health Services (IFHC)
Healthy West Coast
Child & Youth and
Pharmacy

The update was noted.

The meeting adjourned for 20 minutes

Jenny McGill departed the meeting at 9.50am

Lynette Beirne departed the meeting at 10.15am

7. PRESENTATION – VICTIM SUPPORT

Lorraine Scanlon, National President, Victim Support presented to the Committee regarding the role and aims of Victim Support.

Victim Support is an independent incorporated society that provides a free 24/7 community response to help victims of serious crime and trauma. For the year ended 30 June 2014 30,864 people were assisted by the society. Demand for this service is increasing and over the last year there has been an increase in calls of 30.9%.

The society has a National Board with elected members, a National Office with a Chief Executive and a staff of 140, and 33 local group committees who are volunteers and are the service providers. Funding comes from the Ministry of Justice and the Ministry of Health for the suicide project. Service coordinators in each area are responsible for recruitment of volunteers and training which is detailed in a national training programme. Local Groups undertake fundraising which is used mainly for the provision of resources.

With many competing priorities the volunteer base is reducing and work is continuing to try to increase these numbers and also look at easier ways for volunteers to undertake training

8. GENERAL BUSINESS

The Chair reminded the Committee of the public meetings taking place in the next week regarding the Disability Action Plan which is taking place in conjunction with Disability Information Advisory Services.

INFORMATION ITEMS

- Board Agenda – 27 March 2015
- Chair's Report to last Board meeting
- Committee Work Plan 2015
- Community & Public Health Six Monthly Report to the Ministry of Health
- West Coast DHB 2015 Meeting Schedule

There being no further business the meeting concluded at 10.50am.

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 4 JUNE 2015

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
1.	26 November 2014	Suicide Prevention Progress	Further progress report to be provided to Committee	Update at today's meeting
2.	12 March 2015	West Coast Disability Action Plan	Update on progress to be provided to Committee	Next Update after Consultation Process (July or September)
3.	12 March 2015	Water Quality	On-going updates to be provided to the committee	As required

PRESENTATIONS FOR CONSIDERATION

TOPIC	STATUS
Victim Support	Completed
Consumer Council	
Child & Youth Health	
Green Prescriptions	

COMMUNITY AND PUBLIC HEALTH UPDATE



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

SOURCE: Community and Public Health

DATE: 4 June 2015

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

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

2. RECOMMENDATION

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

3. SUMMARY

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

4. APPENDICES

Appendix 1: Community and Public Health Update

Report prepared by: Claire Robertson – West Coast Team Leader
Community and Public Health

Report approved for release by: Dr Cheryl Brunton, Public Health Specialist and
Derek Benfield, Regional Manager, Community and Public Health

REPORT to WCDHB CPHAC/DSAC COMMUNITY AND PUBLIC HEALTH (CPH)

May 2015

Smokefree May

The theme for World Smokefree Day (31 May) / Smokefree May is 'It's about whanau'. The West Coast Tobacco Free Coalition decided to focus on early childhood centres this year. Smokefree resource packs have been delivered to 16 early childhood centres in Hokitika, Reefton, Greymouth, Westport and Karamea. The packs included balloons, pens for staff, World Smokefree Day poster, posters comparing the price of tobacco / cigarettes and grocery items, colouring in sheets and smokefree messages for newsletters. Twelve packs have also been provided to PORSE educators who provide home-based early childhood education and care for up to four children at a time.

The contents of the Smokefree pack have been discussed with early childhood education staff who have been encouraged to talk about smokefree issues with the children during May. The response has been very positive and it is hoped that these early childhood centres will be open to being involved in a "Little Lungs" smokefree project in the future.



Alcohol – Combined Agency Agreement

The Sale and Supply of Alcohol Act 2012 assigns roles and responsibilities to the Medical Officer of Health, the District Licensing Agency (Council liquor licensing inspectors) and the Police to assess applications for liquor licences and to ensure monitoring and compliance. The Act also states in section 295 that these agencies have a duty to collaborate.

To formalise and strengthen their existing collaborative working relationship these agencies on the West Coast have decided recently to create a joint agreement that captures our common goal of reduction of alcohol-related harm. It will detail, amongst other things, the responsibilities of each agency, how we work together, share information and training and our commitment to joint monitoring and enforcement.

Submissions on Council Long Term Plans 2015-2025

CPH staff are continuing to prepare submissions to local councils' 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 received feedback on their submission to the Grey District Council LTP. Feedback included:

- Council's intention to work with CPH and others to develop sustainable walking and cycling infrastructure such as on road cycle lanes and cycle stands with the first priority to be development of Cycling and Pedestrian Hub.
- Council's intention to provide ongoing support to the Enviroschools programme
- Council commitment to working with others to develop a Youth Development Strategy for the district.
- Council are cognisant of the need to plan for, and mitigate the effects of climate change. For example storm water systems will provide for the predicted effects of climate change.

CPH has also completed submissions on the West Coast Regional Council's Proposed Regional Policy Statement and their LTP. Staff are currently working on submission to the Buller District Council and Westland District Council LTPs. CPH has also participated in submissions made on behalf of the West Coast Tobacco Free Coalition and Active West Coast. Copies of our submissions to the councils can be made available to Committee members for their information.

Cardiac Club

CPH had a guest speaker slot at the Greymouth Cardiac Club and arranged for a Grey District Council staff member whose work includes the quality of footpaths in the region. Members of the Club provided feedback regarding issues with footpaths in their local area.

CPH Staff update

There have been a number of staff changes at CPH in the past few months. Our Maori health and nutrition health promoter, Kelsey Moore, is on maternity leave. We have welcomed Jade Winter to our staff to cover the nutrition role and Diana Panapa, the Maori Health promoter position. Claire Robertson has been appointed to the Team Leader position and a new Health Promoting Schools facilitator, Tessa Hunter, has been appointed to fill Claire's previous position in our team.

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

SOURCE: Planning & Funding

DATE: 4 June 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 95% 6-hour **ED health target** with 99.5% of patients admitted, discharged or transferred within 6 hours, and 94.8% within just 4 hours.
- West Coast DHB was 131 discharges ahead of our **electives health target** for the YTD Quarter 3 target.
- During Quarter 3, West Coast DHB staff provided 97.8% of hospitalised smokers with smoking cessation advice and support – our best result to date and meeting the **Secondary Care Better Help for Smokers to Quit Health Target**.
- Following the install of patient dashboard and ongoing best practice initiatives, West Coast DHB is pleased to have met both primary care targets for the first time. During Quarter 3, performance against the **primary care smokers better help to quit health target** improved 15.7% with a result of 94%. Performance against the **more heart and diabetes checks health target** increased 7.6% this quarter, with a result of 90.3%.

✗ Key Issues & Associated Remedies

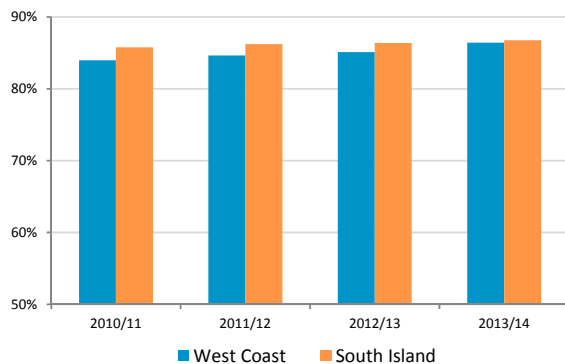
- B4 School Check coverage remains challenging— having delivered 59% coverage against our 75% target for April. Thorough investigation is showing this is due to an accumulation of several issues—including staff availability and data quality issues.

Report prepared by: Planning & Funding

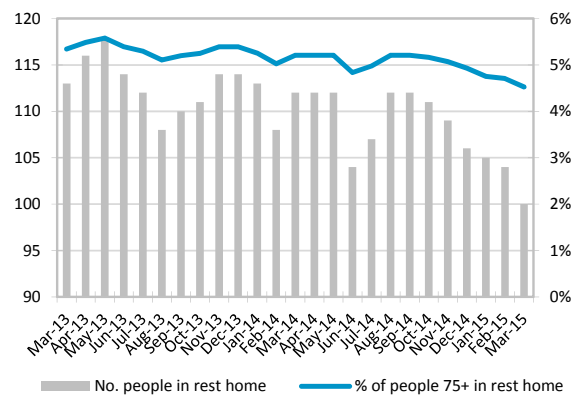
Report approved for release by: Carolyn Gullery, General Manager, Planning & Funding

Older Persons' Health

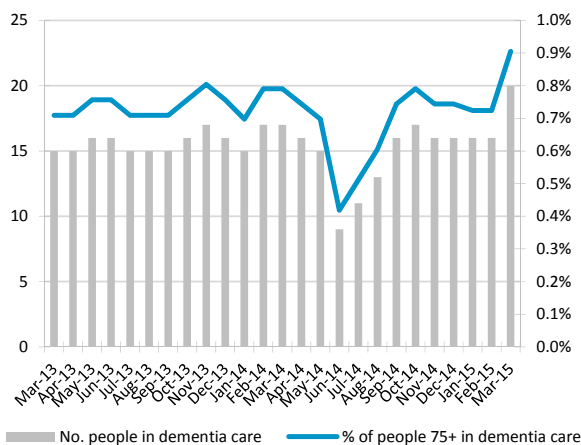
% of people 75+ living in their own homes



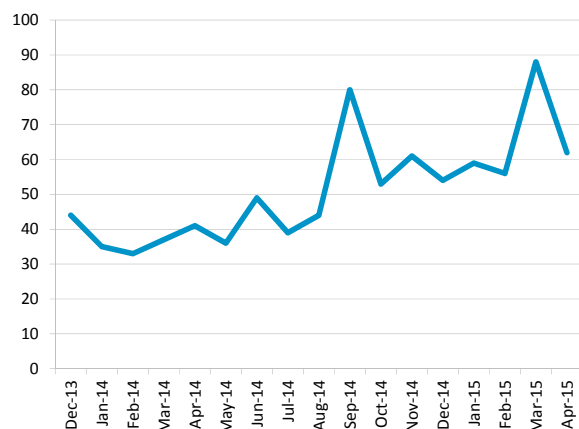
% of people aged 75+ admitted in Rest Home level care



% of people aged 75+ in Specialist Dementia Care



Number of interRAI assessments completed



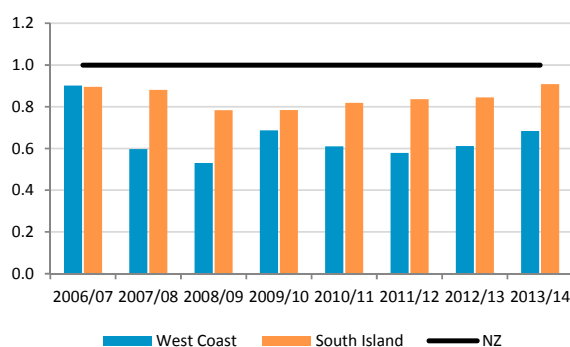
Achievements / Issues of Note

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 now been advertised. 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.

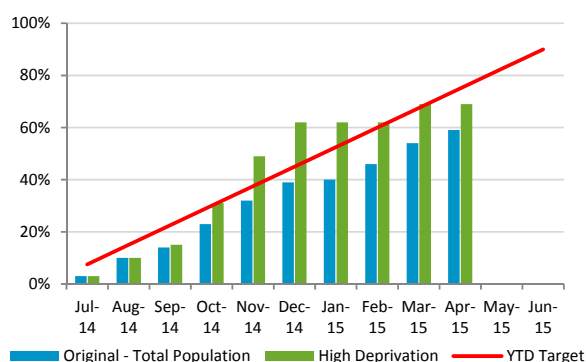
The business case for the Integrated Falls Prevention/Fracture Liaison Service (FLS) approach was completed and approved, including a reallocation of staff to support this approach. This will help advance progress with falls prevention and fracture liaison services.

Child, Youth & Maternity

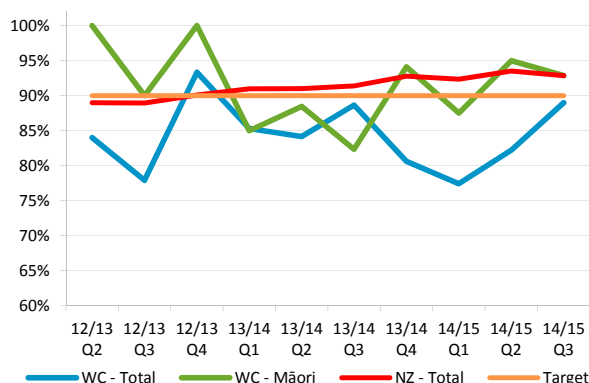
Acute medical discharge rates for children (age 0-14)



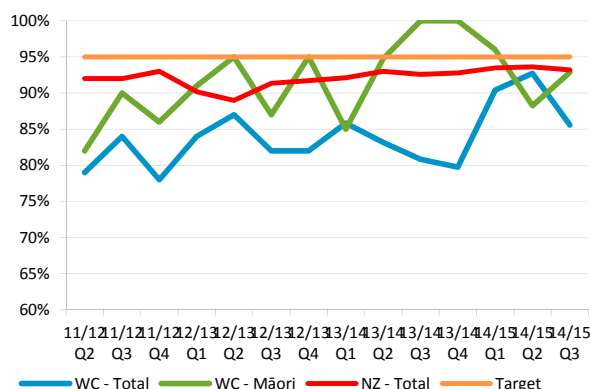
B4 School Check coverage



Immunisation HT: Eight-month-olds fully immunised



Two-year-olds fully immunised



Achievements / Issues of Note

Immunisation: Although not meeting target, we are pleased to have increased coverage by 7% during Quarter 3, vaccinating 89% of our eligible population. Opt-off & declines decreased this quarter at a combined total of 10%—an 8% drop on the previous quarter which is reflected in our improved results. 99% of the reachable population were immunised with only one child overdue at their milestone age. This child had a bad reaction to immunisations.

B4 School Check coverage: B4 School Check coverage is struggling to meet target again during April—having delivered 59% coverage against our 75% YTD target. Previously highlighted issues continue to affect progress with the service promoting extra clinic dates. The service now has an active social media presence and is connecting with other groups across the Coast in an effort to more directly target whanau with eligible children.

Maternity: Grey Base Hospital has been accredited under the Baby-Friendly Hospital Initiative. This award recognises the efforts made by staff in standards of care for mothers and babies to improve breastfeeding.

The move to the new model of care has now been completed with all midwives previously employed by the hospital now working as self-employed Lead Maternity Carers.

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%

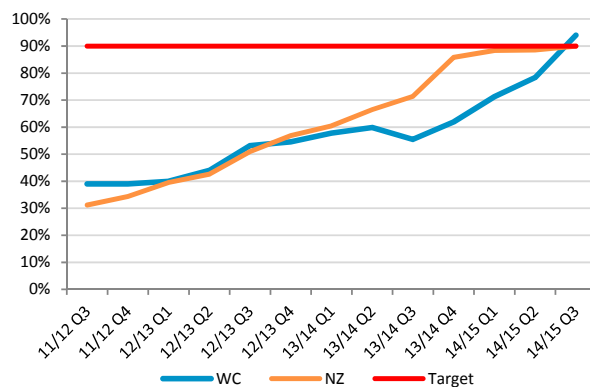
		3W Q1	3W Q2	3W Q3	Progress	8W Q1	8W Q2	8W Q3	Progress
% of people referred for non-urgent mental health services seen within 3 and within 8 weeks	Age 0-19	73.9	68	59.1	▼-8.9	93.5	100	81.4	▼-18.6
	Age 20-64	62	84.6	91.1	▲6.5	88	96.6	95.5	▼-1.1
	Age 65+	89.3	84.4	95.0	▲10.6	96.4	98.4	100	▲1.6
	Total	76.1	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

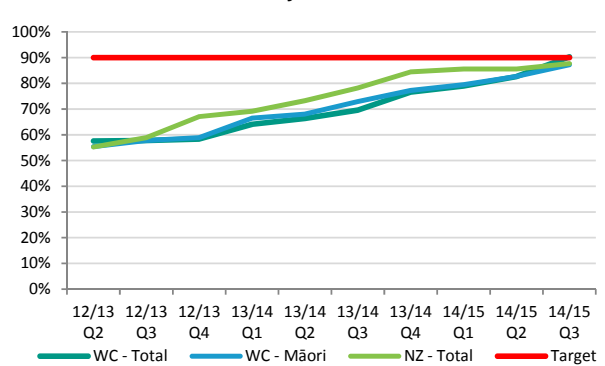
A proposal has been developed for the integration of mental health services into the Buller Integrated Family Health Service. This involves working with NGOs to ensure a robust interface between support and clinical services so that the community gets access to the level of care they need, regardless of which organisation is delivering it. Having services based in local communities is expected to reduce wait times. The usual processes for change will now be followed with Buller providing a blueprint for the other teams in Hokitika and Greymouth.

Primary Care & Long-Term Conditions

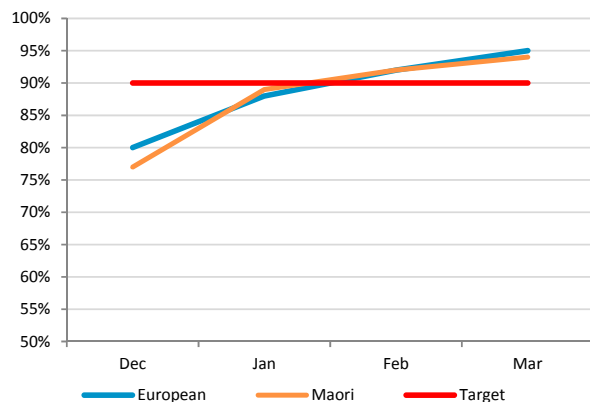
Primary Smokefree Health Target: Smokers attending primary care given advice & help to quit



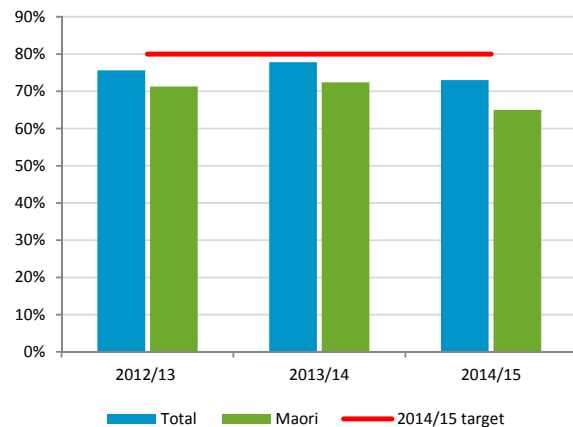
More Heart and Diabetes Checks Health Target: % of eligible PHO population having had a CVD risk assessment in the last 5 years



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

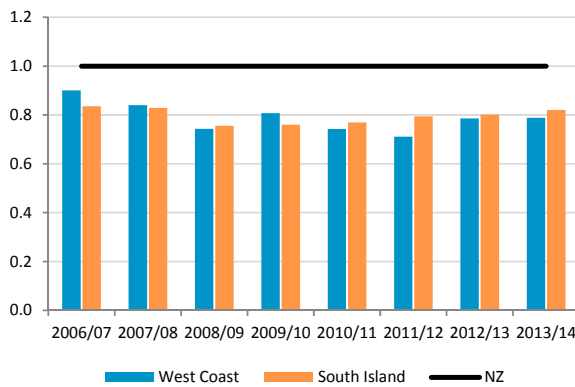
Primary care better help for smoker's health target: Performance improved 15.7% during Quarter 3, meeting and exceeding target with a result of 94%. We are very pleased to have met target for the first time, attributing our success to the install of patient dashboard as well as long standing best practice initiatives.

CVD health target: Performance increased 7.6% this quarter, meeting the target for the first time with a result of 90.3%. We are very pleased to have met target for the first time, attributing our success to the install of patient dashboard as well as long standing best practice initiatives.

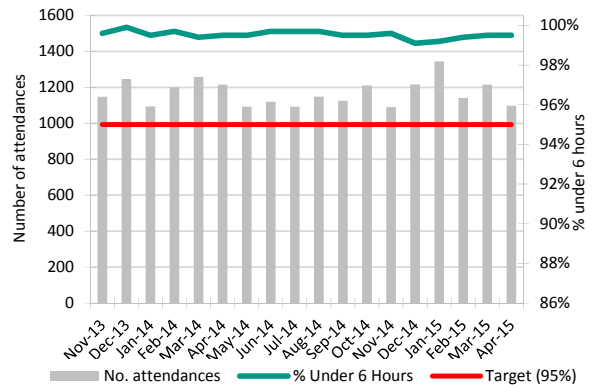
In achieving this result, there have been a record number of patients having had their reviews (1040 during the 12-month period); with a number of additional patients having been identified with poor control and now needing closer follow up. Among those patients provided with a diabetes annual review during the 12 months to March 2015, the number with good management of their diabetes has slipped back to 73%. Maori rates for the period slipped to 65%. We are endeavouring to encourage closer use of the Diabetes Nurse Specialist care expertise within general practice to turn this around.

Secondary Care & System Integration

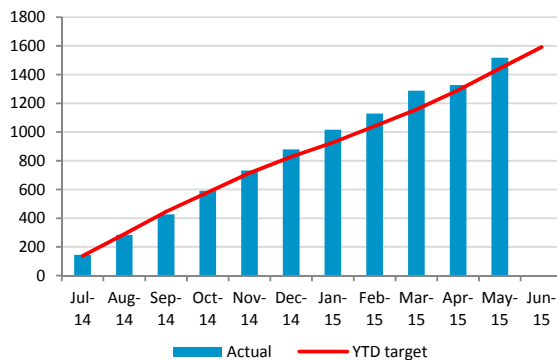
Acute Medical Discharge Rate



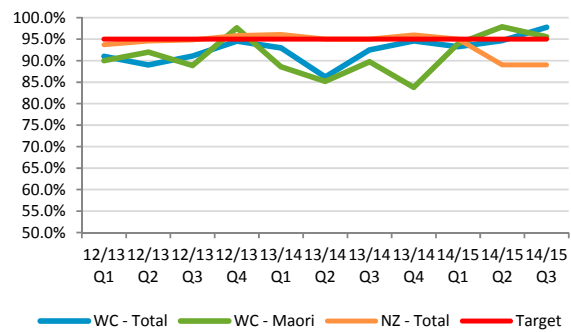
**Emergency Department (ED):
Attendances & <6 Hours Health Target**



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 continues to perform well above the 95% 6-hour ED health target with 99.4% of patients admitted, discharged or transferred within 6 hours during Quarter 3. Data for the 10 months to 31 April 2015 shows 94.8% were seen within just 4 hours.

Cancer health target: In the second official Quarter of the new health target, 62.5% of patients received their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer. Small numbers are a challenge, missing target by one patient. Work is ongoing to improve the capture and quality of the Faster Cancer Treatment data which will affect performance over the next few quarters.

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

Secondary care better help for smokers to quit health target: During Quarter 3, West Coast DHB staff provided 97.8% of hospitalised smokers with smoking cessation advice and support –meeting the Secondary Care Better Help for Smokers to Quit Health Target. Best practice initiatives continue, however the effects of small numbers remain challenging. Result reflects 99.7% of discharges coded.

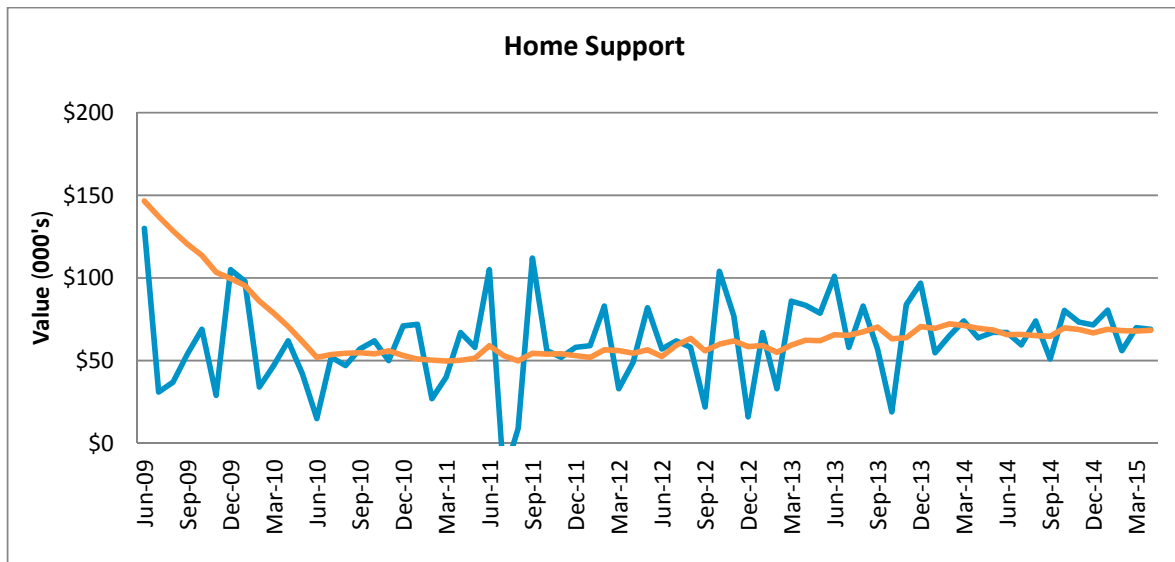
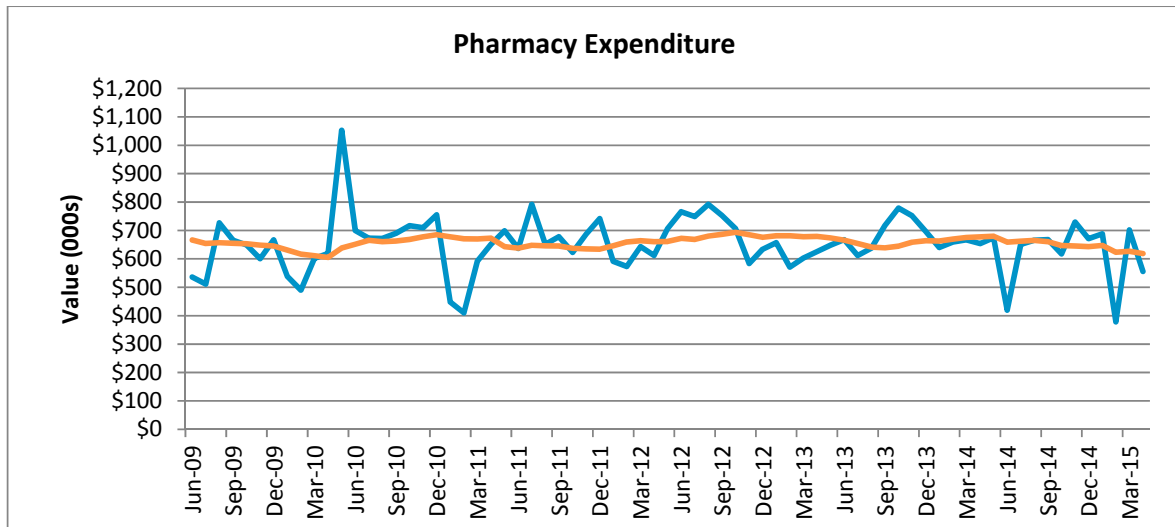
Electives health target: The West Coast DHB met target during Quarter 3, exceeding target by 131 discharges. 1,288 discharges were delivered against our 1,157 YTD target, a 111.3% achievement.

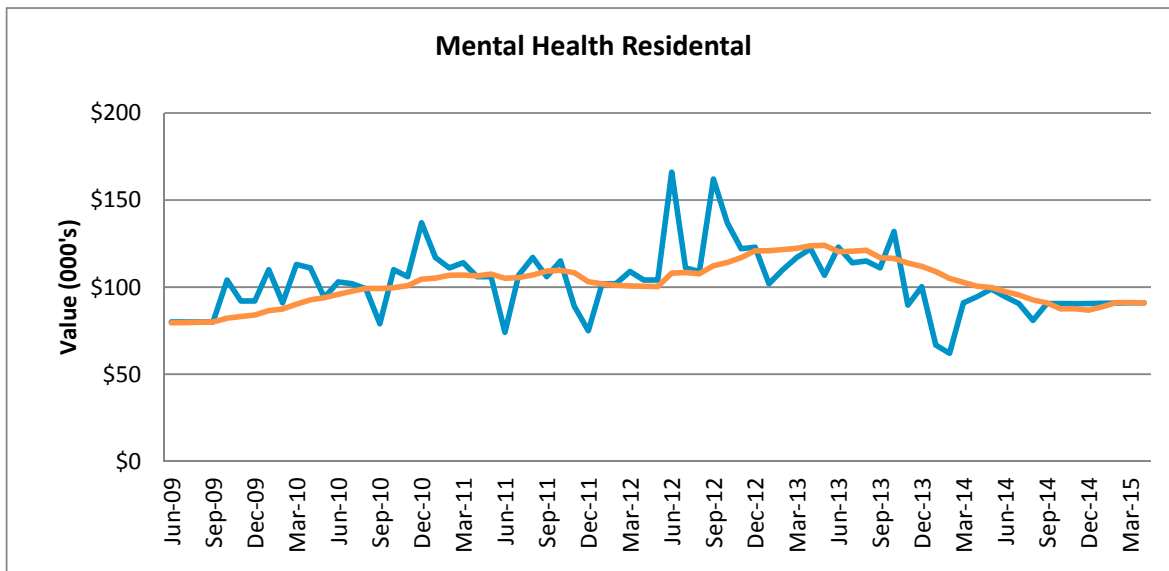
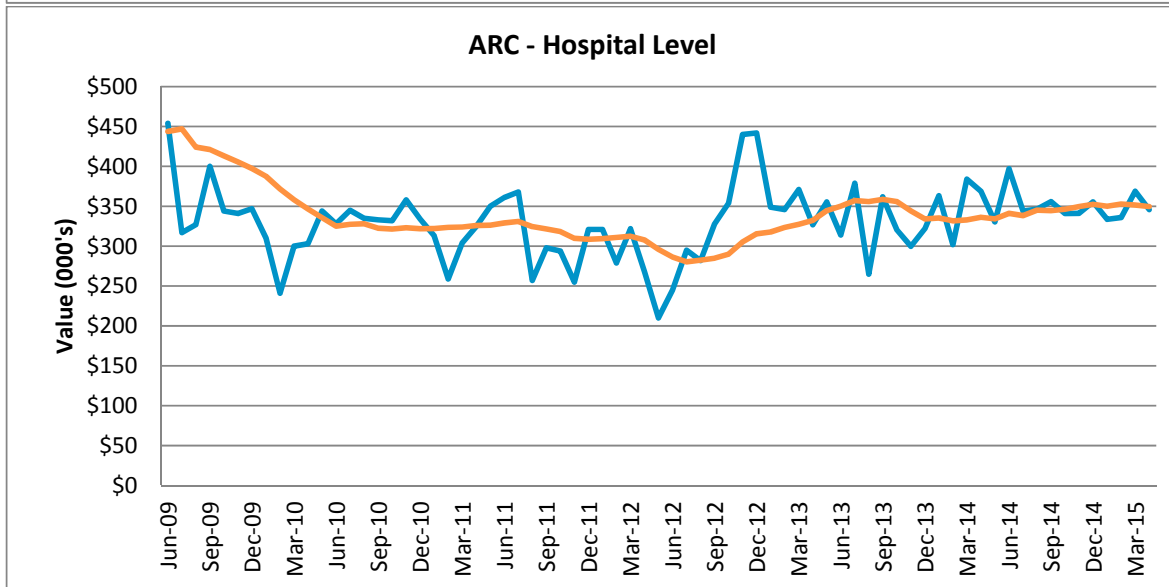
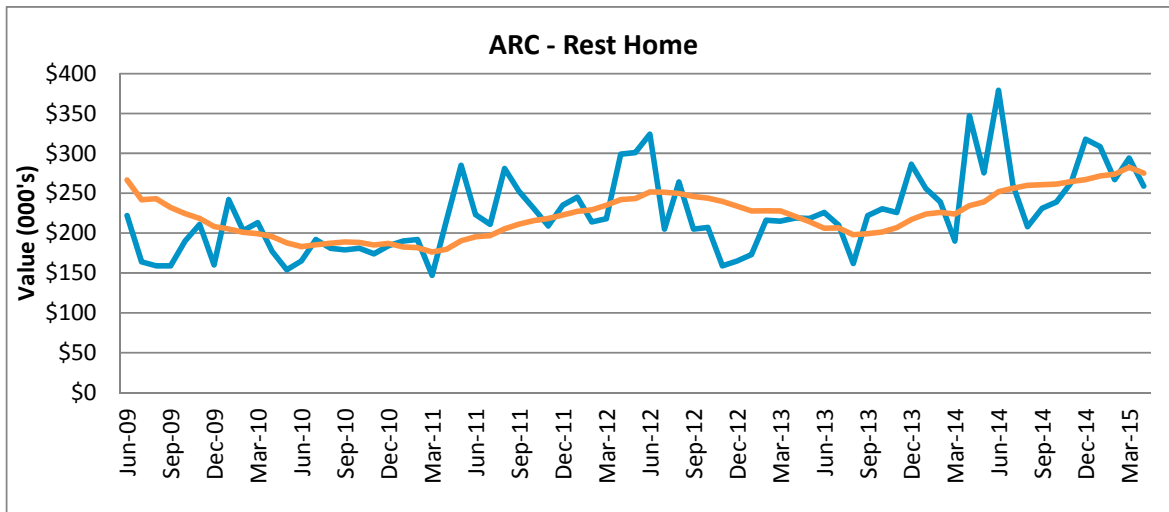
ESPI compliance: 17 patients exceeded the maximum 120 days' wait time target for First Specialist Assessment (ESPI 2) in March 2015; including 15 orthopaedic patients, 1 plastic surgery and 1 urology patient. Four plastic surgery patients exceed the 4-month maximum waiting time from First Specialist Assessment to surgical treatment (ESPI 5) in March 2015. A number of ESPI non-compliant patients from March and in to April have since been seen or treated. All remaining ESPI non-compliant patients have FSA appointments or surgical dates confirmed in May.

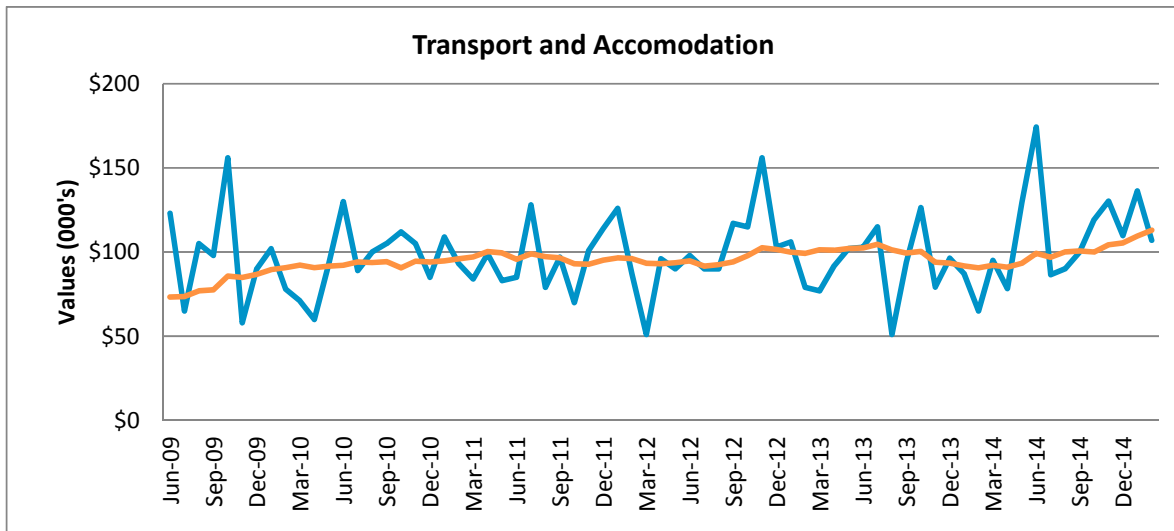
Financials

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

— Expenditure Trend — Rolling average







Planning and Funding Division
Month Ended April 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					
49	36	-13	-35%	✗	Dental-school and adolescent	317	362	45	12%	434
25	2	-23	-1365%	✗	Maternity	44	17	-27	-159%	20
0	1	1	100%	✓	Pregnancy & Parent	2	6	4	66%	8
0	3	3	100%	✓	Sexual Health	0	28	28	100%	33
2	3	1	36%	✓	General Medical Subsidy	20	30	11	35%	36
474	522	48	9%	✓	Primary Practice Capitation	5,008	5,215	207	4%	6,258
91	91	0	0%	✓	Primary Health Care Strategy	910	911	1	0%	1,093
91	80	-11	-14%	✗	Rural Bonus	827	802	-25	-3%	963
6	5	-1	-20%	✗	Child and Youth	53	49	-4	-8%	59
35	34	-1	-3%	✗	Immunisation	111	120	10	8%	153
5	5	0	2%	✓	Maori Service Development	48	48	0	1%	58
52	53	1	1%	✓	Whanau Ora Services	522	528	6	1%	634
6	18	12	66%	✓	Palliative Care	163	182	19	10%	218
0	0	0		✓	Community Based Allied Health	0	0	0		0
9	9	0	1%	✓	Chronic Disease	88	89	1	1%	106
46	54	8	16%	✓	Minor Expenses	477	539	62	11%	647
890	915	25	3%	✓		8,589	8,927	338	4%	10,722
					Referred Services					
26	24	-2	-10%	✗	Laboratory	237	236	-1	-1%	283
556	614	58	9%	✓	Pharmaceuticals	6,330	6,596	266	4%	7,961
582	638	56	9%	✓		6,567	6,832	265	4%	8,244
					Secondary Care					
204	202	-3	-1%	✗	Inpatients	1,617	2,017	399	20%	2,420
124	101	-23	-22%	✗	Radiolgy services	1,114	1,010	-104	-10%	1,212
132	115	-17	-15%	✗	Travel & Accommodation	1,109	1,150	40	4%	1,380
1,357	1,520	163	11%	✓	IDF Payments Personal Health	12,497	15,202	2,705	18%	18,242
1,817	1,938	121	6%	✓		16,338	19,379	3,041	16%	23,254
3,289	3,490	202	6%	✓	Primary & Secondary Care Total	31,494	35,138	3,644	10%	42,220
					Public Health					
12	25	13	53%	✓	Nutrition & Physical Activity	159	248	90	36%	298
6	7	1	19%	✓	Public Health Infrastructure	61	74	13	18%	88
-3	5	8	164%	✓	Tobacco control	67	49	-19	-39%	58
	0	0		✓	Screening programmes	-2	0	2		0
15	37	23	61%	✓	Public Health Total	285	370	86	23%	445
					Mental Health					
25.8	7	-19	-260%	✗	Dual Diagnosis A&D	90	72	-18	-25%	86
2	2	0	-4%	✗	Eating Disorders	19	19	0	0%	23
20	20	0	1%	✓	Child & Youth Mental Health Services	200	203	3	1%	243
5	5	0	1%	✓	Mental Health Work force	62	51	-12	-23%	61
61	61	1	1%	✓	Day Activity & Rehab	607	613	5	1%	735
11	11	0	2%	✓	Advocacy Consumer	107	108	2	1%	130
81	82	1	1%	✓	Other Home Based Residential Support	808	819	10	1%	982
11	11	0	1%	✓	Advocacy Family	110	112	2	1%	134
10	29	19	66%	✓	Community Residential Beds	88	287	200	69%	345
	0	0	100%	✓	Minor Expenses	0	1	1	100%	1
92	92	0	0%	✗	IDF Payments Mental Health	916	916	0	0%	1,100
318	320	2	1%	✓		3,007	3,199	193	6%	3,839
					Older Persons Health					
	0	0	100%	✓	Information and Advisory	0	1	1	100%	1
0	0	0		✓	Needs Assessment	0	0	0		0
69	64	-4	-7%	✗	Home Based Support	684	653	-31	-5%	784
4	9	5	54%	✓	Caregiver Support	57	89	32	36%	107
259	209	-50	-24%	✗	Residential Care-Rest Homes	2,603	2,114	-489	-23%	2,538
5	10	5	54%	✓	Residential Care-Community	46	100	55	55%	120
346	338	-7	-2%	✗	Residential Care-Hospital	3,468	3,426	-42	-1%	4,114
	0	0		✓	Ageing in place	0	0	0		0
9	10	1	9%	✓	Day programmes	91	99	8	8%	118
5	18	14	75%	✓	Respite Care	94	184	90	49%	220
4	1	-2	-194%	✗	Community Health	15	13	-2	-16%	15
0	0	0	100%	✓	Minor Disability Support Expenditure	1	2	2	71%	3
58	58	0	0%	✓	IDF Payments-DSS	582	582	-1	0%	698
757	718	-41	-6%	✗		7,640	7,263	-377	-5%	8,720
1,075	1,038	-39	-4%	✗	Mental Health & OPH Total	10,647	10,462	-185	-2%	12,559
4,378	4,566	188	4%	✓	Total Expenditure	42,426	45,971	3,545	8%	55,223

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

SOURCE: Planning & Funding
Alliance Leadership Team

DATE: 4 June 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

- The Annual Plan and Maori Health Action Plan are currently under review by the Alliance for endorsement. The PHO Board, as the Alliance partner with West Coast DHB, will also review and endorse the plans.

Mental Health Workstream

- Buller is the main focus with implementation of a new way of working expected to commence from 1 July. Across the wider system, NGOs are discussing ways they can work more effectively together to increase the range of available options.

Health of Older Persons

- Work continues with upskilling home-based support providers to enable them to deliver the restorative model of care along with the supported discharge model. Additional Allied Health FTE has now been advertised. Allied Health expertise is a crucial part of supported discharge services to inform goal setting and guide client rehabilitation and recovery. Our 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.

Grey/Westland & Buller Family Health Services (IFHS)

- The Grey / Westland workstream is working on alignment between the three practices for urgent and acute care processes in preparation for when the practices come together under the new IFHC.
- South Westland are working with Healthcare Medical Limited (HML) to develop a new way of working, using HML both after hours and during hours for appointment booking.
- Buller Medical is moving to a two team approach to improve continuity of care with a planned implementation 1 July.
- The operation of the team huddle has been reviewed as it has now been in place for almost 6 months. It is working effectively and only minor adjustments to process have been made to assist systematic case coordination.
- A proposal for a locality based Community Mental Health team in Buller was completed in February and has been endorsed by the Mental Health Workstream. Implementation planning is underway.
- Discussions have been held with St John about frequent presenters to services in Buller. Further analysis is required to identify this group and their needs.

Healthy West Coast

- Work is underway to begin the request for proposal (RFP) process for improved provision of pregnancy and parenting education.
- The workstream is now receiving regular reports on alcohol-related admissions at Greymouth ED.
- Feedback has been received regarding the draft Tobacco Control Plan which will be updated for final submission by the end of May.
- The review of the Mum4Mum service has now been completed and the report is being reviewed by the workstream prior to wider distribution.

Child and Youth

- The B4 School Check Coordinator has developed and launched a Facebook page to better promote clinic days and engage with families who are eligible for a check.
- The Mana Tamariki-Mokopuna group is flourishing with the young women involved starting to develop ideas about the areas they wish to learn more about and provide feedback on.
- Results of the Secret Shopper project have been collated and distributed to services. The key areas for improvement included increased awareness of privacy and confidentiality in areas where conversations may be overheard. The results were presented at the Annual 'Collaborative' Hui in April.
- 'Youth Friendliness' training has been arranged for June and will be open to all staff across the Health system to highlight the themes raised by young consumers and discuss options for addressing these in a practical way.

- Work has begun to follow up on the Girl of Concern report which was published earlier in the year. The reports findings and recommendations are being prepared for wider distribution to the community with an accompanying call to action to seek input from all stakeholders.

Pharmacy

- Registrations of Interest for a community pharmacy provider for Grey Hospital and the Integrated Family Health Centre have been considered by the selection panel.
- A current state report on the hospital pharmacy is in draft and expected to be completed in early May. The design lab plan is being put together, including both hospital and IFHC community pharmacies in the planning.

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

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

SOURCE: Planning & Funding

DATE: 4th June 2015

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

The purpose of this report is to present the Committee with West Coast's progress against the national health targets for Quarter 3 (Jan-Mar 2015). The attached report provides a detailed account of the results and the work underway for each health target.

DHB performance against the health targets is published each quarter in newspapers and on the Ministry and DHB websites. The Quarter 3 health target league table is attached as an Appendix.

2. RECOMMENDATION

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

3. SUMMARY

In Quarter 3, the West Coast has:

- Achieved the **ED health target**, with **99.4%** of people admitted or discharged within six hours. The West Coast is a leader in the country with consistent performance against this health target.
- Achieved **111.3%** of the access to **elective surgery health target**, delivering **1,288** elective surgical cases against our 1,157 year-to-date target.
- Achieved the **better help for smokers to quit (secondary) health target**, with **97.7%** of hospitalised smokers receiving help and advice to quit.
- Achieved the **better help for smokers to quit (primary) health target** for the first time, with **94%** of hospitalised smokers receiving help and advice to quit.
- Achieved the **more heart and diabetes checks health target** for the first time, with **90.3%** of the eligible enrolled population having had a CVD risk assessment in the last five years.

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

- This is the second quarter for the revised **faster cancer treatment health target**. Performance decreased to **62.5%**. Work is ongoing to improve the capture and quality of this data, and we expect there may be variation of results in these first few quarters ahead.
- Although not meeting target, we are pleased to have increased coverage by 7% against the **increased immunisation health target**, vaccinating **89%** of our eligible population and **99%** of consenting children. Only one child was overdue at milestone age due to clinical reasons.

6. APPENDICES

Appendix 1: Q3 1415 WC Health Target Report
 Appendix 2: HT_Q3_DHB_WestCoast1_col

Report prepared by: Jessica White, Planning & Funding
 Report approved by: Philip Wheble, Planning & Funding Team Leader

National Health Targets Performance Summary

Quarter 3 2014/15 (January – March 2015)

Target Overview

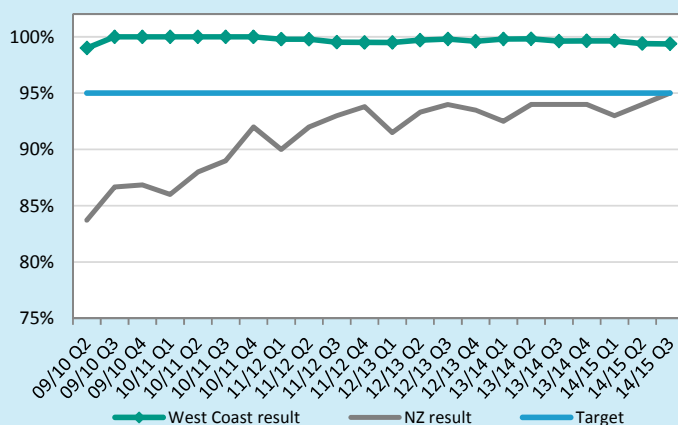
Target	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Target	Status	Pg
Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours	99.6%	99.6%	99.4%	99.4%	95%	✓	2
Improved Access to Elective Surgery West Coast's volume of elective surgery	1,695	425 YTD	878 YTD	1,288 YTD	1,157 YTD	✓	2
Faster Cancer Treatment Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	New	New	72.7%	62.5%	85%	✗	3
Increased Immunisation Eight-month-olds fully immunised	81%	77%	82%	89%	95%	✗	3
Better Help for Smokers to Quit Hospitalised smokers receiving help and advice to quit	94.6%	93.3%	94.7% 1	97.6%	95%	✓	4
Better Help for Smokers to Quit Smokers attending primary care receive help and advice to quit	61.9%	71.3%	78.3%	94%	90%	✓	4
More Heart and Diabetes Checks Eligible enrolled adult population having had a CVD risk assessment in the last 5 years	76.6%	78.9%	82.6%	90.3%	90%	✓	5

¹ This was previously reported as 94.7%, when 97% of discharges had been coded. This result has changed due to 100% completion of coded discharges.

Shorter Stays in Emergency Departments

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

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

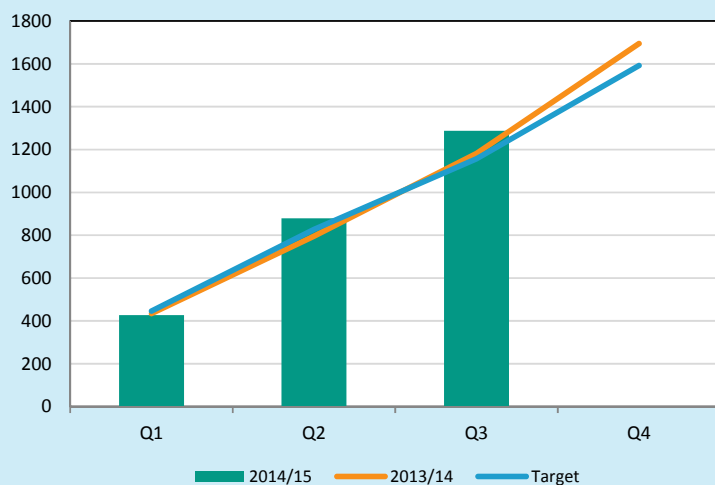


The West Coast continues to achieve the ED health target, with **99.4%** of patients admitted, discharged or transferred from ED within 6 hours during Quarter three.

Improved Access to Elective Surgery

Target: 1,592 elective surgeries in 2014/15

Figure 2: Elective surgical discharges delivered by the West Coast DHB²



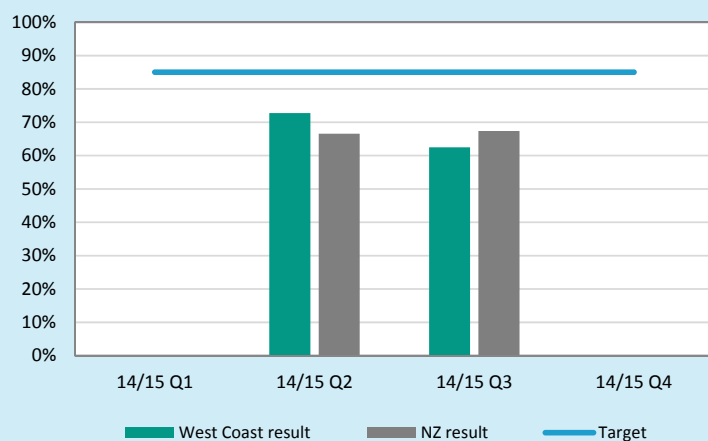
1,288 elective surgical cases have been delivered to Coasters during 2014/15 so far, representing **111.3%** of our year-to-date target delivery. We are pleased to continue meeting target.

² Excludes cardiology and dental procedures. Progress is graphed cumulatively.

Faster Cancer Treatment

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

Figure 3: Percentage of West Coasters with a high suspicion of cancer receiving their first treatment or other management within 62 days³



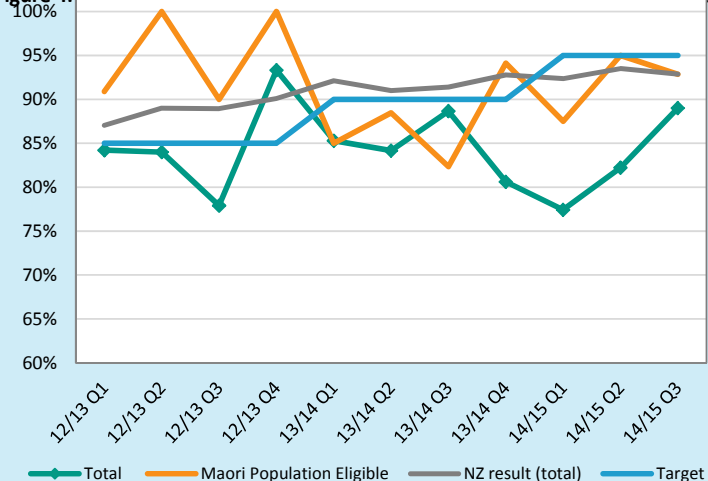
In the second quarter of the new health target, **62.5%** of patients received their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer. Small numbers are a challenge, missing target by one patient. Work is ongoing to improve the capture and 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.

Increased Immunisation

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

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



Although we have not met the target, 89% of all 8-month-olds were fully immunised during Quarter 3—a 7% increase with only one child missing the milestone age due to clinical reasons.

Strong results were achieved for Maori (93%) as well as Asian and Pacific (100%) populations, with New Zealand European (94%) coverage only just below target.

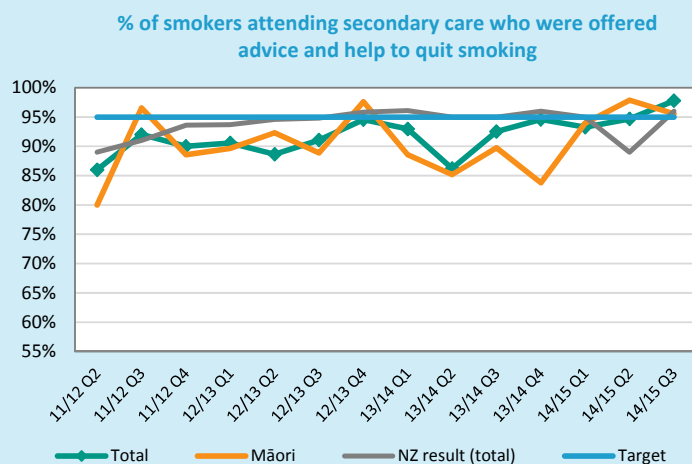
Opt-off and declines were lower this quarter at a combined total of 10% — an 8% drop on the previous quarter which is reflected in our improved results. We continue to focus vaccinating 100% of reachable children, this quarter vaccinating 99%.

³ This measure does not include instances in which a patient chooses to wait for treatment or there are clinical reasons for delay.

Better Help for Smokers to Quit: *Secondary*

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

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



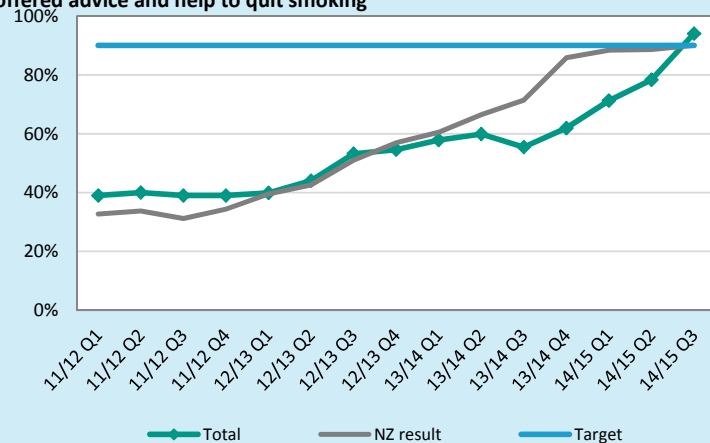
In Quarter 3, West Coast DHB staff provided **97.8%** of hospitalised smokers with smoking cessation advice and support—exceeding the 95% target with our best result yet.

Best practice initiatives previously reported continue, with the effects of small numbers remaining challenging.

Better Help for Smokers to Quit: *Primary*

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

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



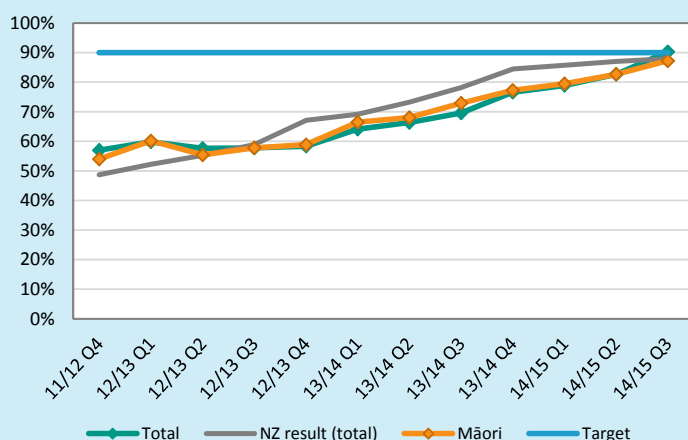
West Coast general practices have reported giving **4,575** smokers cessation advice in the 12 months ending March 2015, representing **94%** of smokers expected to attend general practice during the period.

We are very pleased to have met target for the first time, attributing our success to the install of patient dashboard as well as long standing best practice initiatives.

More Heart & Diabetes Checks

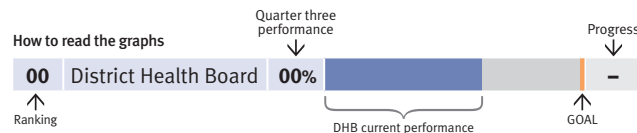
Target: 90% of the eligible enrolled population have had a CVD risk assessment in the last five years

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



West Coast general practices have continued to increase coverage, with **90.3%** of the eligible enrolled West Coast population having had a cardiovascular risk assessment (CVDRA) in the last 5 years—a 7.6% increase, meeting target for the first time.

A range of approaches to increase performance continue, including identified CVDRA champions within general practices; nurse led CVDRA clinics in practices, evening clinics and protected appointment time allocations for checks. All three Poutini Waiora nurses collaborated with general practices and conducted checks at local events. Text2Remind and Patient Dashboard IT tools are available in all West Coast DHB MedTech Practices.



Shorter stays in Emergency Departments

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

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

95%



Improved access to elective surgery

The target is an increase in the volume of elective surgery by at least 4000 discharges per year. DHBs planned to deliver 115,588 discharges for the year to date, and have delivered 7,997 more.

	Quarter three performance (%)	Progress against plan (discharges)
1 Northland	133	▲
2 Taranaki	120	▲
3 Waikato	114	▲
4 Hutt Valley	113	▲
5 Bay of Plenty	112	▲
6 West Coast	111	▲
7 MidCentral	110	▲
8 Wairarapa	110	▲
9 Counties Manukau	108	▲
10 Lakes	108	▲
11 Waitemata	107	▲
12 Tairāwhiti	105	▲
13 Nelson Marlborough	104	▲
14 Southern	104	▲
15 Whanganui	103	▲
16 Hawke's Bay	102	▲
17 Canterbury	100	▼
18 Capital & Coast	99	▼
19 South Canterbury	99	▼
20 Auckland	97	▼
All DHBs	107	▲

100%



Faster cancer treatment

The target is 85 percent of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks by July 2016, increasing to 90 percent by June 2017. Results cover those patients who received their first cancer treatment between October 2014 and March 2015.

	Quarter three performance (%)	Change from previous quarter
1 Capital & Coast	81	▼
2 Tairāwhiti	79	▲
3 Southern	73	▼
4 Taranaki	72	▼
5 South Canterbury	71	▼
6 Nelson Marlborough	71	–
7 Canterbury	71	▲
8 Waitemata	70	▲
9 Whanganui	67	▲
10 Wairarapa	67	▼
11 MidCentral	67	–
12 Bay of Plenty	66	▲
13 Waikato	65	▼
14 Northland	64	▼
15 West Coast	63	▼
16 Hawke's Bay	61	▼
17 Auckland	59	▲
18 Counties Manukau	59	▲
19 Hutt Valley	58	▲
20 Lakes	37	▼
All DHBs	67	▲

85%



Increased Immunisation

The national immunisation target is 95 percent of eight-month-olds have their primary course of immunisation at six weeks, three months and five months on time. This quarterly progress result includes children who turned eight-months between January and March 2015 and who were fully immunised at that stage.

	Quarter three performance (%)	Change from previous quarter
1 Lakes	96	▲
2 Capital & Coast	96	–
3 Wairarapa	96	–
4 Canterbury	95	▲
5 Hawke's Bay	95	–
6 Hutt Valley	95	–
7 Southern	95	–
8 MidCentral	94	–
9 South Canterbury	94	–
10 Auckland	94	–
11 Counties Manukau	93	▼
12 Tairāwhiti	92	–
13 Waitemata	92	–
14 Waikato	91	–
15 Taranaki	91	▼
16 Nelson Marlborough	89	▼
17 West Coast	89	▲
18 Bay of Plenty	88	–
19 Northland	87	▼
20 Whanganui	86	▼
All DHBs	93	–

95%



Better help for smokers to quit

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

* MidCentral DHB: data unavailable at the time of publication.

Change from previous quarter	Hospitals	Quarter three performance (%)	Primary care	Change from previous quarter
▲	98	1 Nelson Marlborough	100	▲
–	98	2 Waitemata	99	▼
–	96	3 Auckland	96	▼
▲	91	4 Bay of Plenty	95	▼
–	95	5 Counties Manukau	95	–
▲	95	6 Wairarapa	95	▲
▲	98	7 West Coast	94	▲
–	98	8 South Canterbury	93	▲
–	96	9 Northland	92	▼
▼	94	10 Whanganui	91	▲
–	96	11 Tairāwhiti	90	▼
–	98	12 Hawke's Bay	90	▼
–	96	13 Waikato	88	–
▼	96	14 Lakes	86	▲
▼	94	15 Taranaki	86	–
–	95	16 Hutt Valley	85	▲
▲	92	17 Capital & Coast	84	▲
–	97	18 Canterbury	83	▼
–	95	19 Southern	64	▲
–	97	20 MidCentral*	–	N/A
–	96	All DHBs	89	–
95%				90%

95%

90%



More heart and diabetes checks

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

	Quarter three performance (%)	Change from previous quarter
1 Auckland	92	–
2 Northland	91	–
3 Counties Manukau	91	–
4 Taranaki	91	–
5 Whanganui	91	–
6 Waitemata	91	–
7 West Coast	90	▲
8 Hawke's Bay	90	▲
9 Wairarapa	89	–
10 Waikato	89	–
11 Nelson Marlborough	88	▲
12 Tairāwhiti	88	–
13 Bay of Plenty	88	–
14 Lakes	88	–
15 Capital & Coast	88	–
16 South Canterbury	87	▲
17 Hutt Valley	86	▲
18 MidCentral	85	–
19 Southern	83	▲
20 Canterbury	78	▲
All DHBs	88	–

90%

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

SOURCE: General Manager, Maori Health

DATE: 26 May 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 provided to Community & Public Health & Disability Support Advisory Committee as a regular update.

2. RECOMMENDATION

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

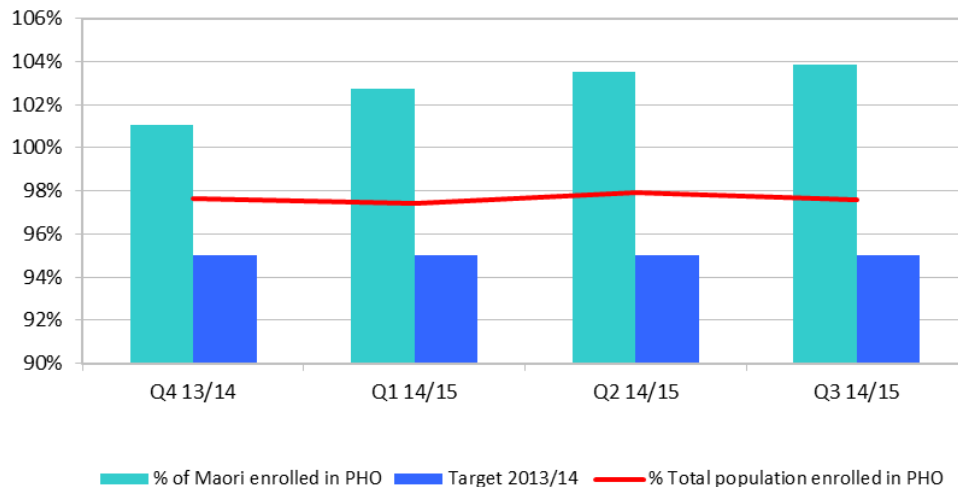
3. SUMMARY

Maori Health Quarterly Report – Q3, 2014/15

Access to care

Percentage of Maori enrolled in the PHO

PHO enrolment using 2013 Census population data



* 2006 census population was used as the denominator.

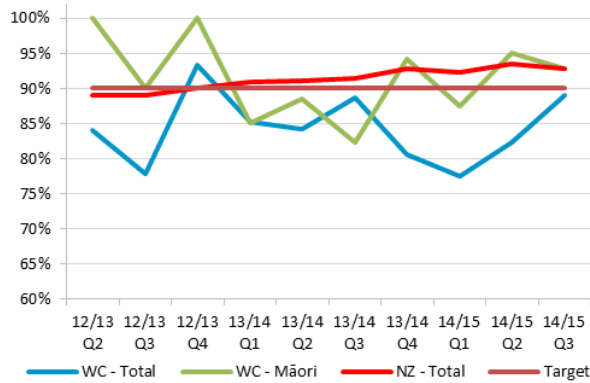
ACHIEVEMENTS/ISSUES OF NOTE

Enrolment in PHO: Using the 2013 population census figures 104% of Maori were enrolled with the PHO as at 31 March 2015. 3293 Maori were enrolled in quarter 3 compared to 3283 in quarter 2 and increase of 10 and an increase of 35 since Quarter 1.

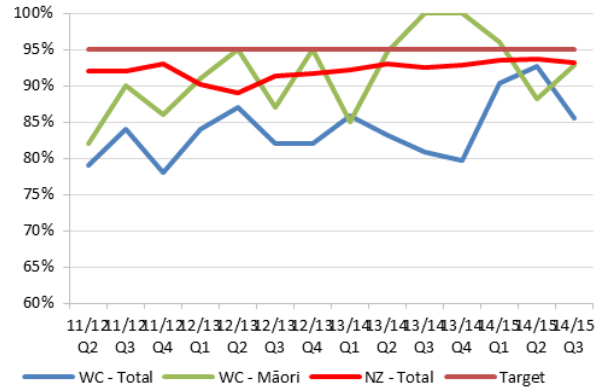
The Census data shows total Maori population is 3171.

Child, Youth and Maternity

NEW Immunisation HT: Eight-month-olds fully immunised



Immunisation: Two-year-olds fully immunised



More Heart & Diabetes checks

Eight-month-old immunisation: 93% of Maori babies have been immunised on time at 8 months of age in quarter 3 – 13 babies out of 14 eligible for this quarter meaning only 1 Maori baby is not immunised on time. This is compared to 89% of non-Maori babies where 89 from 100 eligible babies have been immunised.

Two-year-old immunisation: 93% of Maori 2 year olds have been immunised on time in Quarter 3 – 28 from 26 eligible babies. This is compared to 93% NZ European babies - 53 from 57 eligible babies

Although not meeting target, we are pleased to have increased coverage by 7% during Quarter 3, vaccinating 89% of our eligible population. Opt-off & declines decreased this quarter at a combined total of 10%—an 8% drop on the previous quarter which is reflected in our improved results. 99% of the reachable population were immunised with only one child overdue at their milestone age.

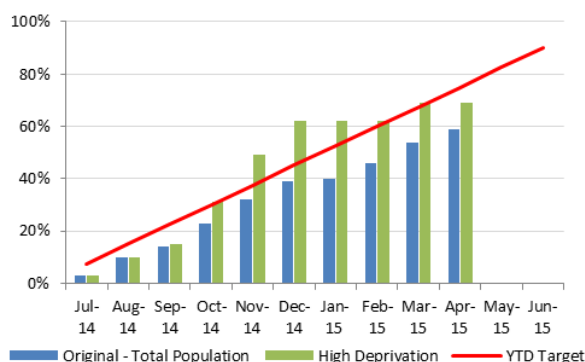
Breastfeeding Support: The community lactation consultancy and breastfeeding advocate have made 55 contacts including 47 face to face (home visits/clinic) to provide breastfeeding support. There have been 6 Maori clients in Quarter 3. Of the 55 newborn contacts, 5 required further follow up for lactation support.

Mum 4 Mums

There have been 12 Mum for Mums trained as at 31 March 2015. Only 1 has been Maori however we have been devising strategies for improving this number which include working alongside Mums engaged in Mana Tamariki Mana Mokopuna.

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

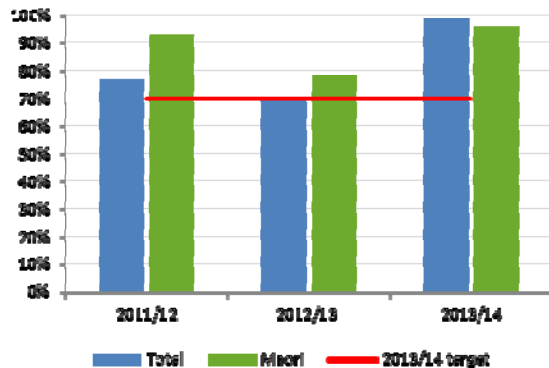
B4 School Check coverage



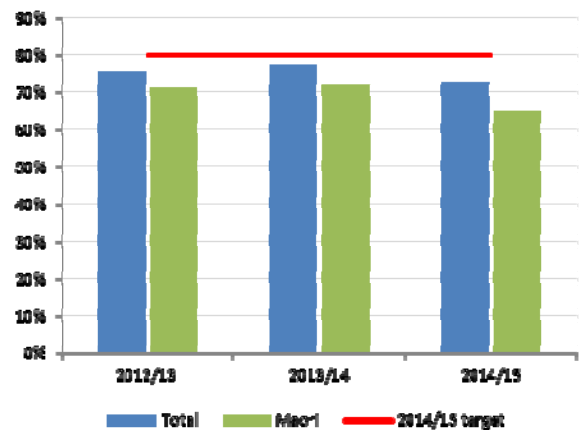
B4 School Check coverage: B4 School Check coverage is struggling to meet target again during April—having delivered 59% coverage against our 75% YTD target. Previously highlighted issues continue to affect progress with the service promoting extra clinic dates. The service now has an active social media presence and is connecting with other groups across the Coast in an effort to more directly target whanau with eligible children.

More Heart & Diabetes checks

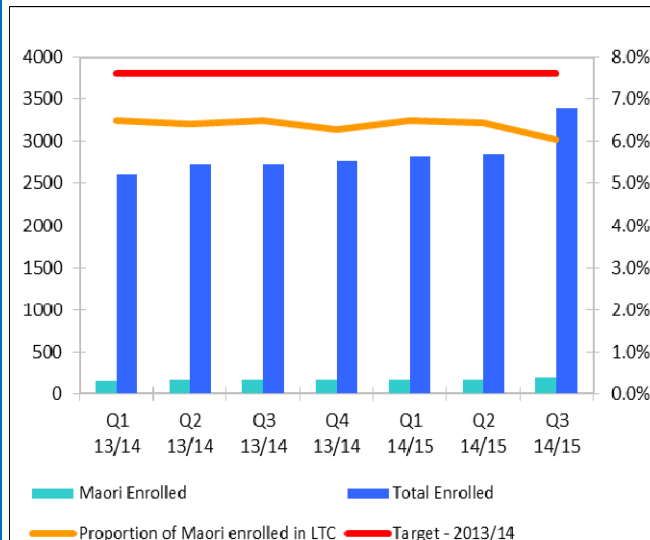
Diabetes Annual Review: % of people estimated to have diabetes who have had an annual check during the year



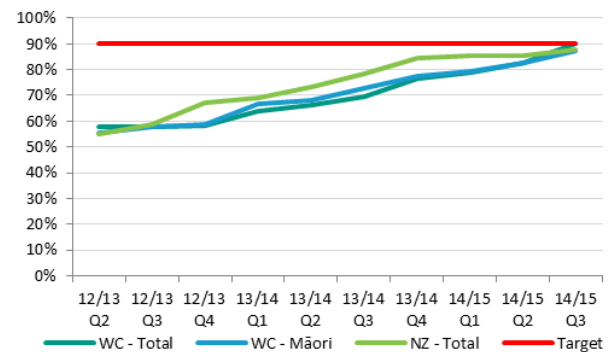
Diabetes Good Management: % of people who have HBA1c levels at or below 8.0 when assessed at their annual check



Number of people enrolled in the Long Term Condition Programme



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



Diabetes

Maori still continue to show a good rate of access to Diabetes Annual Reviews. 74 Maori have participated in an Diabetes Annual Review. 84% of Maori with diabetes have had Retinal Exams, 64% show HBA1c levels at or below 8.0, 60% are non-smokers and 48% are on statins.

CVD Health Target

Performance increased 7.6% this quarter, meeting the target for the first time with a result of 90.3%. We are very pleased to have met target for the first time, attributing our success to the install of patient dashboard as well as long standing best practice initiatives.

Maori make up 8% of CVRAs this quarter. By comparison, Maori make up 9.8% (1019) of the eligible cohort for CVRA on the West Coast. (The eligible age range for Maori is male 35-74 years and for female 45-74 years). 87% of those eligible have been screened: this includes 84% of eligible males and 91% of eligible females.

The smoking profile for CVRAs completed this quarter for Maori is 68% not smoking compared with other ethnicities screened not smoking 80%.

In achieving this result, there have been a record number of patients having had their reviews (1040 during the 12-month period); with a number of additional patients having been identified with poor control and now needing closer follow up. Among those patients provided with a diabetes annual review during the 12 months to March 2015, the number with good management of their diabetes has slipped back to 73%. Maori rates for the period slipped to 65%. We are endeavouring to encourage closer use of the Diabetes Nurse Specialist care expertise within general practice to turn this around).

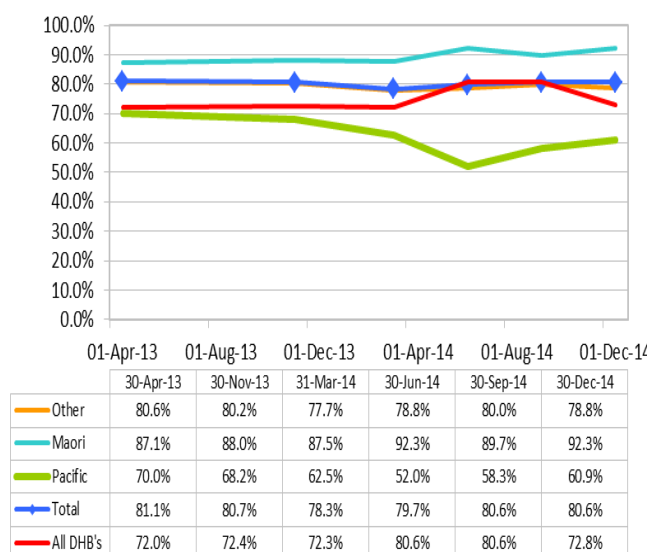
Green Prescription: Quarter 3 data shows from 36 total referrals to the Green Prescription programme in the Grey/Westland district 5 were for Maori, 29 total referrals were made in the Buller district with 4 being for Maori. The major group of conditions this quarter is people with elevated body mass index (BMI), followed by depression/anxiety and cardiovascular disease.

Long Term Condition Management (LTC): 205 Maori are enrolled in the Long Term Conditions programme as at March 31 2015. For quarter 3 Maori enrolments makes up 6% of all enrolment in the LTC programme. The target is 7.6%. For comparison Maori make up 6.2% of the enrolled population at the primary practices aged 45 years and above.

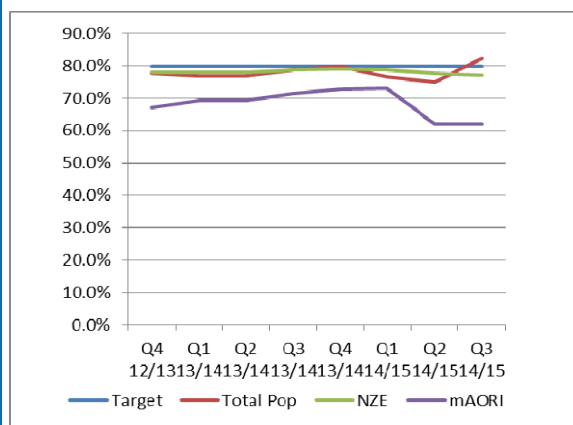
The increase in enrolments in this quarter is attributed to an increase in LTC activity in practices and an update to the Patient Dashboard that now includes LTC alerts.

Cancer

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



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



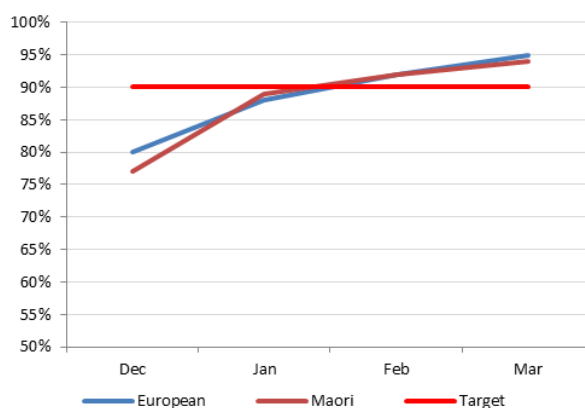
ACHIEVEMENTS/ISSUES OF NOTE

Breast Cancer Screening: Approximate 81.87% of all eligible women aged 45-69 age-groups on the West Coast have undergone breast screening for the period ending March 2015. The coverage for eligible Maori women (94.7%) continues to be higher compared to all other ethnicities on the West Coast. The West Coast DHB is the lead DHB for this target across all other DHBs nationwide with the next closest being South Canterbury with 86.6% of eligible Maori women being screened.

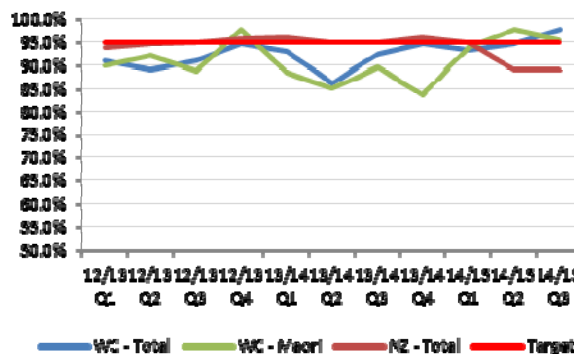
Cervical cancer screening: At the end of March 2015, the preliminary three year coverage result for cervical screening on the West Coast non-Maori was 61.9%.

SMOKING CESSATION

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



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



ACHIEVEMENTS/ISSUES OF NOTE

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

Performance improved 15.7% during Quarter 3, meeting and exceeding target with a result of 94%. We are very pleased to have met target for the first time, attributing our success to the install of patient dashboard as well as long standing best practice initiatives. For Maori the result has been that 711 from 730 (97.4)% of registered Maori smokers have been provided with Brief Advice and Cessation support.

Aukati Kai Paipa: For the half year from July 1 to Dec 31 2014 the AKP service has worked with 47 new clients, 25 who identify as Maori with a 39% validated abstinence rate at 3 months. The Aukati Kai Paipa cessation adviser is working more closely with practices and Poutini Waioara which is resulting in increased referrals to the service.

PHO Coast Quit Programme: For the quarter Jan - March 2015 .10.7% (20) Maori accessed the Coastquit cessation service an increase from last quarter of 5. This service has a poor access rate for Maori and this is one issue that we are aiming to address in the Maori Cessation plan.

Secondary Smokefree Health Target: Secondary care better help for smokers to quit health target:

During Quarter 3, West Coast DHB staff provided 97.8% of hospitalised smokers with smoking cessation advice and support –meeting the Secondary Care Better Help for Smokers to Quit Health Target. 43/45 Maori patients were provided with smoking cessation advice.

Report prepared by:

Kylie Parkin, Maori Health

Report approved for release by:

Gary Coghlan, General Manager Maori Health

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

SOURCE: Planning & Funding

DATE: 4th June 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 has been produced at the request of the committee to highlight the effectiveness of the Smoking Cessation services available on the West Coast.

2. RECOMMENDATION

That the Committee;

- i. Notes the report.

3. SUMMARY

Smokers in the West Coast region have access to four providers of Cessation support: Aukati KaiPaipa, Coast Quit, DHB Smoking Cessation Service and Quitline. While progress has been made to reduce the prevalence of smoking both nationally and regionally, there are still population groups that are not keeping up with the rate of decline shown by the population as a whole.

4. DISCUSSION

There are 4794 regular smokers on the Coast according to Census 2013 data giving a smoking prevalence of 20.5% (34.3% Maori, 25.8% Pacific). In brief, smoking prevalence:

- has decreased in all age groups between 1999 and 2014, accompanied by a corresponding increase in the prevalence of ex- and never smoking
- is consistently higher for Māori and Pacific ethnic groups
- increases with increasing neighbourhood deprivation in the WCDHB region, but only to a point: the prevalence decreases in neighbourhoods with the highest deprivation scores
- increases rapidly in late adolescence and peaks in those aged 20-29. From here, there is a steady decline over the lifespan, and
- tends to be higher in the WCDHB region than in New Zealand as a whole.

Aukati KaiPaipa

Aukati KaiPaipa (AKP) is delivered through a Smoking Cessation Practitioner who is based in Greymouth. The service is available to smokers Coast wide, though the practicalities of delivering face to face support to the more remote areas are difficult. The AKP practitioner has good links with primary care and has begun working with individual practices to identify Maori smokers on their register who either have no smoking status recorded or are not up-to-date for receiving brief advice and the offer of cessation support. In the process of updating this information the AKP Practitioner makes direct contact with smokers to encourage engagement with the programme or other Cessation Supports as appropriate.

Coast Quit

Coast Quit is delivered across the West Coast by clinicians (GPs or Practice Nurses) in all eight primary care centres and by three of the four community pharmacies on the Coast. Smokers are enrolled in the programme, which allows them access to an extended face-to-face initial assessment with an extended first follow-up and 3 further follow-ups as well as subsidised Nicotine Replacement Therapy (NRT) or other smoking cessation medication (e.g. varenicline/Champix). Visits to the practices are either free or very low cost to patients enrolled on the programme. Clients of the programme are contacted by the Smokefree Services Coordinator 3 months later to ascertain success rates.

DHB Smoking Cessation Service

The DHB employs Smoking Cessation Nurses based in Greymouth and Westport but also providing support for the Reefton and Westland areas. Referrals to the service come from secondary services but also from primary care where more support is required beyond the capacity of Coast Quit to provide. Smokers are also able to self refer and the Nurses also support DHB employees who wish to become smokefree.

This service establishes a supportive no pressure conversation with the client and opens the door for future support if now is not the time. Numbers of contacts have been steadily increasing year on year since the service was established six years ago and associated provision of NRT has similarly increased.

The DHB programme is open-ended and therefore quit rates are not easily calculated (clients may relapse but remain enrolled and engaged; they are therefore not reported as a new client with a new quit date).

Quitline

Quitline is a national service funded by the Ministry of Health. Smokers can access support via telephone, online and text. Referrals can be made to Quitline from health professionals; however for the West Coast referral numbers are low due to the high availability of face-to-face support across the region.

Service	Capacity (FTE)	Usage (12 month Jan-Dec 2014)	Outcomes (3 month Quit Rate)
Aukati KaiPaipa	1.0	121	44.6%
DHB Cessation Service	1.3	385	≈ 27.7%
Coast Quit	3 Community Pharmacies plus 8 General Practices	549	33.3%
Quitline	National call centre	231	Not reported

Report prepared by: Jenni Stephenson – Planning & Funding
Report approved for release by: Philip Wheble, Planning & Funding Team Leader

WEST COAST DISTRICT HEALTH BOARD MEETING
to be held at St John, Waterwalk Road, Greymouth
on Friday 8 May 2015 commencing at 10.15am

PLEASE ASSEMBLE AT THE LECTURE THEATRE, GREYMOUTH HOSPITAL

10.15am

- | | | | |
|----|--------------------------------|---|----------------|
| 1. | Telehealth Presentation | Michael Frampton
<i>Programme Director</i>
John Garrett
<i>Telehealth Clinical Leader, Canterbury/West Coast</i> | 10.20am |
|----|--------------------------------|---|----------------|

PLEASE MOVE TO ST JOHN, WATERWALK ROAD

10.50am

KARAKIA

11.00am

ADMINISTRATION

11.05am

Apologies

2. **Interest Register**
3. **Confirmation of the Minutes of the Previous Meetings**
 - 27 March 2015
 - 23 April 2015
4. **Carried Forward/Action List Items**

REPORTS

11.15am

- | | | | |
|-----|--|--|-------------------|
| 5. | Chair's Update
(Verbal Update) | Peter Ballantyne
<i>Chairman</i> | 11.15am – 11.25am |
| 6. | Chief Executive's Update
- Health & Safety | David Meates
<i>Chief Executive</i> | 11.25am – 11.45am |
| 7. | Clinical Leader's Update | Karyn Bousfield
<i>Director of Nursing & Midwifery</i> | 11.45am – 11.55am |
| 8. | Finance Report | Justine White
<i>General Manager, Finance</i> | 11.55am – 12.05pm |
| 9. | Maternity Review Update | Michael Frampton
<i>Programme Director</i> | 12.05pm – 12.15pm |
| 10. | Report from Committee Meetings | | |
| | - CPH&DSAC
23 April 2015 | Elinor Stratford
<i>Chair, CPH&DSAC Committee</i> | 12.15pm - 12.20pm |
| | - Hospital Advisory Committee
23 April 2015 | Sharon Pugh
<i>Chair, Hospital Advisory Committee</i> | 12.20pm – 12.25pm |
| | - Tatau Pounamu Advisory Group
16 April 2015
(to be provided separately) | Elinor Stratford
<i>Board Representative to Tatau Pounamu</i> | 12.25am – 12.30pm |

11. Resolution to Exclude the Public

Board Secretariat

12.35pm

INFORMATION ITEMS

- 2015 Meeting Schedule

ESTIMATED FINISH TIME

12.35pm

NEXT MEETING

Friday 8 May 2015

COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE 23 APRIL 2015



TO: Chair and Members
West Coast District Health Board

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

DATE: 8 May 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 23 April 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 – 23 April 2015.

3. SUMMARY

ITEMS OF INTEREST FOR THE BOARD

a) COMMUNITY & PUBLIC HEALTH UPDATE.

This report was provided the Committee with updates on:

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. They also monitored licensed premises in the town on Saturday evening. 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 look forward to continuing to work with the organisers and others to reduce alcohol related harm at and around the event. In their report to the debrief they 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 District Licensing Authority.

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, their 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 Tatara 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

The report was noted.

b) PLANNING & FUNDING UPDATE

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

Key Achievements

- The West Coast continues to perform well above the 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.

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.

The report was noted.

c) **ALLIANCE UPDATE**

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

Alliance Leadership Team (ALT)

- 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.

The report was noted.

d) PRESENTATION – VICTIM SUPPORT

Lorraine Scanlon, National President, Victim Support presented to the Committee regarding the role and aims of Victim Support.

Victim Support is an independent incorporated society that provides a free 24/7 community response to help victims of serious crime and trauma. For the year ended 30 June 2014 30,864 people were assisted by the society. Demand for this service is increasing and over the last year there has been an increase in calls of 30.9%.

The society has a National Board with elected members, a National Office with a Chief Executive and a staff of 140, and 33 local group committees who are volunteers and are the service providers. Funding comes from the Ministry of Justice and the Ministry of Health for the suicide project. Service coordinators in each area are responsible for recruitment of volunteers and training which is detailed in a national training programme. Local Groups undertake fundraising which is used mainly for the provision of resources.

With many competing priorities the volunteer base is reducing and work is continuing to try to increase these numbers and also look at easier ways for volunteers to undertake training.

e) GENERAL BUSINESS

The Chair reminded the Committee of the public meetings taking place in the next week regarding the Disability Action Plan which is taking place in conjunction with Disability Information Advisory Services

4. APPENDICES

Appendix 1: Agenda – Community & Public Health & Disability Support Advisory Committee – 23 April 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 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

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	Victim Support		As required	As required	As required	As required
PLANNED ITEMS		West Coast Public Health Annual Plan		Suicide Prevention Update				
GOVERNANCE AND SECRETARIAT	2015 Work Plan							
DSAC Reporting	As available	Disability Action Plan Update	As available	As available	As available	As available	As available	As available
INFORMATION ITEMS	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2015 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2015 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan C&PH 6 Monthly report to MoH 2015 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2015 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2015 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2015 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2015 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan C&PH 6 Monthly report to MoH 2015 Schedule of Meetings

WEST COAST DHB – MEETING SCHEDULE

JANUARY – DECEMBER 2015

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

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