

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

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

**Thursday 23 July 2015  
9.00am**

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

**AGENDA  
AND  
MEETING PAPERS**

**All information contained in these committee papers is subject to change**

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

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

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

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

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

The aim of the Committee's advice must be:

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

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

**COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING**  
**To be held in the Board Room, Corporate Office, Greymouth Hospital**  
**Thursday 23 July 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**  
*4 June 2015*
- 3. **Carried Forward/ Action Items**

**REPORTS/PRESENTATIONS 9.10am**

- |    |                                           |                                                                             |                  |
|----|-------------------------------------------|-----------------------------------------------------------------------------|------------------|
| 4. | <b>Disability Action Plan Update</b>      | Kathy O'Neill<br><i>Service Development Manager, Planning &amp; Funding</i> | 9.10am - 9.25am  |
| 5. | <b>Community and Public Health Update</b> | Claire Robertson<br><i>Team Leader, Community and Public Health</i>         | 9.25am – 9.35am  |
| 6. | <b>Planning &amp; Funding Update</b>      | Phil Wheble<br><i>Team Leader, Planning &amp; Funding</i>                   | 9.35am - 9.45am  |
| 7. | <b>Alliance Update</b>                    | Phil Wheble<br><i>Team Leader, Planning &amp; Funding</i>                   | 9.45am - 9.55am  |
| 8. | <b>General Business</b>                   | Elinor Stratford<br><i>Chair</i>                                            | 9.55am – 10.15am |

**ESTIMATED FINISH TIME 10.15am**

**INFORMATION ITEMS**

- Board Agenda – 26 June 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 10 September 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CHAIR</b><br>Elinor Stratford<br><b>(Board Member)</b>  | <ul style="list-style-type: none"> <li>• Clinical Governance Committee, West Coast Primary Health Organisation</li> <li>• Committee Member, Active West Coast</li> <li>• Chairperson, West Coast Sub-branch - Canterbury Neonatal Trust</li> <li>• Chair of Victim Support, Greymouth</li> <li>• Committee Member, Abbeyfield Greymouth Incorporated</li> <li>• Trustee, Canterbury Neonatal Trust</li> <li>• Elected Member, Arthritis New Zealand, Southern Regional Liaison Group</li> </ul>                                                                                                                                                                                                                    |
| <b>DEPUTY CHAIR</b><br>John Vaile<br><b>(Board Member)</b> | <ul style="list-style-type: none"> <li>• Director, Vaile Hardware Limited</li> <li>• Member of Community Patrols New Zealand</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Lynnette Beirne                                            | <ul style="list-style-type: none"> <li>• Patron of the West Coast Stroke Group Incorporated</li> <li>• Member South Island Regional Stroke Foundation Advisory Committee</li> <li>• Partner in Chez Beirne (provider of catering and home stay services for the West Coast DHB and West Coast Primary Health Organisation)</li> <li>• Contract for the Café and Catering at Tai Poutini</li> <li>• Daughter employed as nurse for West Coast DHB</li> <li>• Member of West Coast DHB Consumer Council</li> <li>• Consumer Representative on WCDHB Falls Coalition Committee</li> <li>• Consumer Representative on WCDHB Stroke Coalition Committee</li> </ul>                                                      |
| Cheryl Brunton                                             | <ul style="list-style-type: none"> <li>• Medical Officer of Health for West Coast - employed by Community and Public Health, Canterbury District Health Board</li> <li>• Senior Lecturer in Public Health - Christchurch School of Medicine and Health Sciences (University of Otago)</li> <li>• Member - Public Health Association of New Zealand</li> <li>• Member - Association of Salaried Medical Specialists</li> <li>• Member - West Coast Primary Health Organisation Clinical Governance Committee</li> <li>• Member – National Influenza Specialist Group</li> <li>• Member, Alliance Leadership Team, West Coast Better Sooner More Convenient Implementation</li> <li>• Member – DISC Trust</li> </ul> |
| Michelle Lomax<br><b>(Board Member)</b>                    | <ul style="list-style-type: none"> <li>• Autism New Zealand – Member</li> <li>• West Coast Community Trust – Trustee</li> <li>• Buller High School Board of Trustees – Chair</li> <li>• St John Youth Leader</li> <li>• New Zealand School Trustees Association – Member of Marlborough/Nelson/West Coast Regional Executive</li> </ul>                                                                                                                                                                                                                                                                                                                                                                            |

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

**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, 4 June 2015 commencing at 9.00am**

## **PRESENT**

Elinor Stratford (Chairperson); John Vaile, Michelle Lomax, Joe Mason; Peter Ballantyne (ex-officio); Mary Molloy; Cheryl Brunton; Lynette Beirne

## **APOLOGIES**

An apology was received and accepted from Jenny McGill.

## **EXECUTIVE SUPPORT**

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

## **WELCOME**

Joe Mason led the Karakia.

The Chair welcomed Claire Robertson, Team Leader Community & Public Health to meeting, explaining that Claire will now present the Community & Public Health Update at these meetings.

## **1. INTEREST REGISTER**

### **Additions/Alterations to the Interest Register**

There were no additions or alterations to the Interest Register

### **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 (4/15)**

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

"That the minutes of the meeting of the Community and Public Health and Disability Support Advisory Committee held on 23 April 2015 be confirmed as a true and correct record." With the deletion of Cheryl Brunton from the list of attendees.

## **3. CARRIED FORWARD/ACTION ITEMS**

A query was made as to whether a suitable time had been found for the Child Youth Workstream presentation, the committee was informed this would be a combined presentation with HAC in the near future.

The committee was informed the West Coast Disability Action Plan is currently out for consultation.

The Carried Forward/Action Items were noted.

#### **4. COMMUNITY & PUBLIC HEALTH UPDATE**

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

##### **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.

Discussion regarding the testing of water supplies for herbicide and pesticide contamination took place with Cheryl Brunton confirming that neither herbicides nor pesticides are routinely tested for in water supplies. Levels of 1080 are tested for after an aerial drop, with the frequency of the testing depending on the type of water supply (bore, open etc).

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 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.

The report was noted.

## **6. ALLIANCE UPDATE**

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

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

### **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 up-skilling 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.

The update was noted.

## **7. HEALTH TARGET Q3 REPORT**

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

- 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.

The report was noted

## **8. MAORI HEALTH PLAN UPDATE**

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

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

The Committee noted that:

- A Maori Mental Health Manager has been appointed 0.5 FTE;
- A vaccination hui has been held on local Marae;
- The Maori Health team has been involved in planning with Poutini Waiora today
- Work is taking place in Buller around Whanau Ora.

Discussion took place regarding Green Prescriptions and the low uptake by Maori. It was noted that in addition to GPs Clinical Nurse Specialists can also refer to Green Prescriptions.

The update was noted.

## **9. SUICIDE PREVENTION UPDATE**

Lois Scott, Mental Health Services Operations Manager provided a presentation to the Committee on suicide prevention and the work taking place in this area.

The Committee noted that by April 2015 all DHB's were required to have developed and implemented a suicide prevention and post-vention plans, these plans are to facilitate integrated cross agency and community responses to suicide in their area. Actions selected for focus will be included in the West Coast DHB's annual plan for 2015/16.

The Committee noted that the draft plan will be presented to the Suicide Prevention Governance Group at the end of the month for endorsement.

## 10. SMOKING CESSATION SERVICES

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

The Committee noted that 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.

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.

The report was noted.

## 11. GENERAL BUSINESS

The Chair commented that she had attended the NZFDIC (New Zealand Federation of Disability Information Centres) conference in Queenstown. During the conference there were a number of interesting speakers.

The Chair informed the Committee that the DIAS (Disability Information Advisory Service) contracts with the Ministry of Health are all due for renewal in June 2016 but as all contracts are to be reviewed so will be rolled over for an additional six months before any changes are made.

### INFORMATION ITEMS

- Board Agenda – 8 May 2015
- Chair's Report to last Board meeting
- Committee Work Plan 2015
- West Coast DHB 2015 Meeting Schedule

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

Confirmed as a true and correct record:

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Elinor Stratford, Chair

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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/<br>LAST UPDATED | ACTION                            | COMMENTARY                                       | STATUS            |
|----|------------------------------|-----------------------------------|--------------------------------------------------|-------------------|
| 1. | 12 March 2015                | West Coast Disability Action Plan | Update on progress to be provided to Committee   | On today's agenda |
| 2. | 12 March 2015                | Water Quality                     | On-going updates to be provided to the committee | As required       |

### PRESENTATIONS FOR CONSIDERATION

| TOPIC                     | STATUS    |
|---------------------------|-----------|
| Victim Support            | Completed |
| Suicide Prevention Update | Completed |
| Consumer Council          |           |
| Child & Youth Health      |           |
| Green Prescriptions       |           |

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

**SOURCE:** Planning & Funding

**DATE:** 23 July 2015

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|                      |          |                                     |        |                          |             |                          |
|----------------------|----------|-------------------------------------|--------|--------------------------|-------------|--------------------------|
| Report Status – For: | Decision | <input checked="" type="checkbox"/> | Noting | <input type="checkbox"/> | Information | <input type="checkbox"/> |
|----------------------|----------|-------------------------------------|--------|--------------------------|-------------|--------------------------|

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## 1. ORIGIN OF THE REPORT

This briefing is a further update to CPH&DSAC on the progress on the development of the West Coast DHB Strategic Disability Action Plan and the Priorities for Action that have been identified by people with disabilities, their families and other key stakeholders.

## 2. RECOMMENDATION

That the Committee:

- i. notes the recommended amendments to the Draft West Coast DHB Strategic Disability Action Plan following feedback received to date; and
- ii. notes the draft Priorities for Action identified as part of the consultation process; and
- iii. notes the next steps and provides advice on the proposed process; and
- iv. agrees to receive the draft of the West Coast DHB Strategic Disability Action Plan and the Priorities for Action for their input and comment following re-circulating to parties consulted to date so that the final draft is ready for their consideration and submission to EMT and the Board for final approval in their October meeting.

## 3. SUMMARY

The consultation process commenced in May 2015 with 3 disability focused forums in Westport, Hokitika and Greymouth, where the draft West Coast DHB Strategic Disability Action Plan was introduced and feedback was sought on the Priorities for Action that would be the focus for the next 2 years. The forums were jointly organised and delivered with the New Zealand Federation of Disability Information Centres who are assessing the need to restart a Disability Resource Service on the West Coast. Since the forums the West Coast DHB Strategic Disability Action Plan has been circulated electronically and targeted meetings have occurred with key networks and organisations. The most robust feedback has occurred via the face to face meetings and these will continue over the coming weeks with the re-circulation of the amended plan with the proposed priorities for action which has been gathered as a result of this process.

The proposed priorities for action will be presented to the West Coast DHB's Executive Management Team at their 2 weekly meeting prior to circulation. This is to ensure that for those Divisions where actions are proposed they are informed and there is opportunity for their input into further defining the actions.

## 4. DISCUSSION

### Feedback and Recommended Amendments

All feedback received to date, both written and verbal, has endorsed the vision and objectives of the Action Plan with some recommended amendments. The respondents stated that the principles



of the New Zealand Disability Strategy 2001 of participation, partnership and protection of rights of people with disabilities were present throughout the document. Respondents unanimously commended the West Coast DHB on the development of a Disability Strategy and the process undertaken to seek the opinions of people with disabilities their family/whanau and other key stakeholders on the Action Plan and the priorities for implementation over the next 2 years. The consultation process has resulted in a number of recommendations on how the Draft West Coast DHB Strategic Disability Action Plan can be strengthened in both language and the broadening of the scope of some of stated goals.

These include:

1. The New Zealand Disability Strategy 2001 is considered to be an important landmark document but it is fourteen years old and requires updating. It is recommended that in addition to identifying the alignment with the New Zealand Disability Strategy, each objective should also be aligned with the Articles of the United Nations Convention on the Rights of People with Disabilities and that the language used is consistent with the relevant articles.
2. A brief preamble with the dissemination of the West Coast DHB Strategic Disability Action Plan which includes the definition of disability used and the Position Statement
3. The Action Plan is primarily adult focused and it is recommended that the United Nations Convention on the Rights of the Child (UNCROC) be included as a core document that has informed the development of the plan and is used to inform the priorities for action.
4. More direct emphasis needs to be made in the plan about addressing the health disparities for people with disabilities as compared to those people without a disability. It is recommended that the need to have a targeted approach to addressing the barriers of access to healthcare should be explicitly stated.
5. The New Zealand Maori Disability Action Plan for Disability Support Services 2012 - 2017: Whaia Te Ao Marama is not viewed by Maori who have a disability as being focused on facilitating their full participation in the development and delivery of disability services, therefore it is outdated and should be removed from the West Coast DHB Strategic Disability Action Plan.
6. Feedback from those attending the Tatau Pounamu meeting was that each of the strategic goals needs to include what would be an appropriate objective for Maori.
7. That where specific population groups are identified this can appear that other groups are excluded. The recommendation is that wherever possible the language is amended to ensure it is explicit that the objectives are inclusive of all people with disabilities. This will require careful consideration as feedback has also complimented the plan on recognising the diversity of the people with disabilities by identifying the different population groups. There was however consistent feedback that the plan needed to reference Asian people specifically.
8. Outcomes need to be identified for each objective including how these will be measured.
9. Amend the vision statement to include a statement about supporting people with disabilities to reach their full potential.
10. Amend Objective 10 to include a statement that the use of plain language is a mechanism to improve health literacy across the health system and this enables individuals to



have a greater level of self-responsibility for their own health.

11. Amend Objective 4 to provide a goal that positively promotes the use of only appropriate treatments rather than a goal that is more about stopping inappropriate treatments.
12. An additional objective needs to be added under the heading of an Equal Opportunity Employer which states the West Coast DHB will take affirmative action to ensure there is an increasing number of people with disabilities employed within the organisation.
13. Add into the Strategic Goal for Safety and Autonomy the commitment to addressing stigma and discrimination.
14. To include families/whanau as a central part of the plan, including them when identifying needs and gaps in services and how to implement and monitor progress.
15. There is significant concern expressed at the number of high level strategic objectives contained in the plan and there are questions about how these will be achieved. Support has been given to identifying the priorities for action and that these priorities are concentrated to progressing a limited number of objectives, otherwise the risk is that resources will be spread too thin and progress will not occur.

### **Feedback on the Process of Developing and Implementing the Plan**

The consultation process has to date included 3 forums specifically targeted at engaging with people with disabilities and their families. The Disability Action Plan has been circulated electronically to organisations and individuals, face to face meetings have been held with existing consumer and family groups, advisory groups and individual organisations such as CCS Disability Action, Arthritis NZ, PACT and Poutini Waiora and there are plans for further presentations and feedback sessions. The most robust feedback has occurred with the forums and face to face meetings, with the response to the electronic circulation of the plan and feedback form being limited in terms of the number of responses. The plan has also been circulated to all the Alliances and Workstreams seeking their feedback and requesting consideration be given to including the needs of people with disabilities and their families/whanau in their 2015/16 work plans.

Feedback about the consultation process has appreciated the plain language version being distributed and that it was available electronically for wider circulation among networks within the disability community. It has been recommended that the final version also be made available in other formats such as large print and on CD's.

The amended Draft Strategic Disability Action Plan along with the Priorities for Action will be re-circulated by the end of July with a closing date 4 weeks later. Therefore there will be further opportunity for feedback and the Planning and Funding Disability Lead will continue to target key groups and organisations during this period.

It is also recommended that a process for amending the Strategic Disability Action Plan should be put in place to ensure opportunities for improving the plan or priorities for action that have not currently emerged, can be added at a later date. The likely process would include approval by both the West Coast DHB Executive Management Team and DSAC.

### **Identifying the Priorities for Action**

1. Achieving the Objectives within Existing Systems and Processes

From the initial stages of the development of the Strategic Disability Action Plan, it was identified that a key part of the strategy is to use existing systems and processes within the West Coast health system as a mechanism to meeting the stated objectives of the action plan. The goal is to have the West Coast DHB Strategic Disability Action Plan approved by the Alliance Leadership Team as a core document that informs the planning and implementation of the work plans of each work stream and Service Level Alliance. The recommendation is that this occurs following consultation however ALT have already approved the circulation of the plan to the Work Streams and Service Level Alliance. Additionally each of the alliance work plans has been reviewed by the Disability Lead to ensure issues raised from the feedback to date, have been identified and will be addressed within the alliance.

## 2. The Key Themes and Opportunities for Priority Action

The following areas have been consistently raised by those providing feedback on the priority areas for action. These will be further developed following meetings with disability providers scheduled for the 15<sup>th</sup> July 2015.

### *a. An integrated and co-ordinated response*

- Work with the developers of Health Pathways and Health Info and the West Coast Disability Needs Assessment and Service Co-ordination Service to develop a map of services that are available for people with disabilities and their family/whanau. This would include eligibility criteria and the process required to access services.
- The above action will occur in close collaboration with the New Zealand Federation of Disability Information Centres who are re-establishing the Disability Resource Centre on the West Coast and developing strong links with this service providing the opportunity for a more integrated response across the health and disability sector.

### *b. Accessibility of buildings and facilities*

- Increasing Engagement – providing regular updates in the form of a newsletter, written in formats that are accessible for people with disabilities.
- Identifying and promoting the process for people with disabilities to provide feedback and input when accessibility is impacted e.g. parking, after hour's security.
- Designing above code – having experts audit and make recommendations at key stages of the design and fit out of new buildings and rebuilds e.g. Barrier Free, Dementia Friendly.

### *c. Promoting Disability Awareness*

- Develop a network of Disability Champions at a service level in the West Coast DHB. These people will be the conduit for disseminating disability related information and resources available to staff when working with people with disabilities.
- Once completed, review and amend the e-learning Disability Awareness Training developed for Canterbury DHB staff so that it is applicable to the West Coast and roll out across the organisation.
- Work with the Learning and Development Unit and Professional Leaders of the West Coast DHB to identify appropriate and relevant education programmes that are already developed and offered by Disability focused workforce development organisations e.g. Te Pou.

### *d. Communication*

- The use of plain language, easy to read and different formats e.g. large print is promoted and expanded for all forms of health information available across the health system.

- Different formats are used when disseminating electronic information to the West Coast population so that it is readable by communication devices
- Health Passport is a mechanism where people with disabilities individual needs are specified. Identify within the growing suite of information technologies the best way this information is included and available when people with disabilities are accessing any part of the health system e.g. Health One
- The Patient Portal is being developed. Within this development ensure that the tool will be in a format that meets the needs of people with disabilities.

The West Coast DHB Strategic Disability Action Plan is being developed in a parallel process with the Canterbury DHB Strategic Disability Action Plan. Feedback received in Canterbury has a strong theme for priority actions to be targeted at improving the Canterbury DHB's processes as an employer of people with disabilities. This has been less strongly voiced to date on the West Coast however an opportunity exists to explore the applicability of the Canterbury DHB priority actions to the West Coast DHB. The following actions are the draft Canterbury DHB actions that could be considered for the West Coast DHB.

*e. West Coast DHB as an employer*

People and Capability has targeted work in the following areas:

- Review current recruitment process and action any opportunities to remove barriers and taking affirmative action, to ensure people with disabilities have equity in employment within the Canterbury DHB.
- As part of a staff wellbeing survey seek feedback from existing employees who identify as having a disability on their experience of working for the Canterbury DHB and explore any opportunities to improve.

*f. Other Opportunities*

- Establishing a Disability Action Group that has membership of key people that can contribute to progressing the identified actions. This needs to be carefully considered in terms of its terms of reference and key relationship with the West Coast DHB Consumer Council.
- Identify and collate existing data collected within the West Coast health system and work with the Office of Disability Issues who are collaborating with New Zealand Statistics to develop a more comprehensive profile of the disability population. This process needs to include separating the West Coast population data from Nelson Marlborough as the disability survey undertaken as part of the 2013 Census combines the population data from both districts.
- Develop an outcomes framework that progress can be measured against.

## **5. CONCLUSION**

The development of a West Coast DHB Disability Strategy is nearing conclusion with the consultation phase due to end in August 2015 and the final draft circulated back to DSAC for approval prior to it going to EMT and the West Coast DHB Board at their meeting in October 2015.

Report prepared by: Kathy O'Neill, Leadership Team, Planning & Funding

Report approved by: Carolyn Gullery, GM Planning & Funding

# COMMUNITY AND PUBLIC HEALTH UPDATE



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

**SOURCE:** Community and Public Health

**DATE:** 23 July 2015

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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)**

**JULY 2015**

### **Kaumātua Wellbeing Hui – Arahura Marae**

CPH coordinated a kaumātua wellbeing hui at Arahura Marae last month which was attended by 30 kaumātua from Te Rūnanga O Ngāti Waewae and Te Rūnanga O Makaawhio. One of the main objectives of the day was to empower the kaumātua as health promoters in their whānau and community. The hui was supported by other services including Poutini Waiora, the WCDHB, Westland Medical Centre and the West Coast PHO. The day included information and discussion of the importance of immunisation, including influenza vaccination, vaccination in pregnancy and childhood vaccinations. The supporting role kaumātua can play for whānau regarding vaccination was emphasised. Twelve kaumātua who had not had their influenza vaccination received it at the hui. Health resources were also provided, and areas of interest for future hui were identified.

### **Te Pūtahitanga: SEED Whanau Ora Westport Project**

CPH staff have attended and provided input into all the Te Pūtahitanga Whānau Ora project hui. The Draft Road Map will be presented to the community shortly and CPH will identify how it can support its implementation.

### **Hokitika Flood Event**

CPH assisted the Westland District Council to respond to the recent flooding in Hokitika. Working with the Emergency Management Group at Council, CPH health protection staff provided public health messages and supported Council's environmental health officer and building inspectors to carry out checks on affected buildings. Forty-five people were evacuated from a rest home and another 35 residents were displaced and sheltered in hotels or other homes. While flood waters were contaminated with sewage, drinking water infrastructure was not damaged and a boil water notice was not needed. A fax was sent to primary care providers to remind them to be alert to the possibility of illnesses related to contact with floodwater.



### **Community Nutrition**

Our nutrition health promoter has recently completed Appetite for Life (AFL) training, and AFL is back up and running in the community with the first course currently being delivered in Greymouth. CPH is also supporting a Franz Josef 100 day physical activity and healthy eating challenge through the provision of resources. CPH will be running an AFL course beginning in July and will provide taster Tai Chi sessions to participants in the challenge.

Following an increase in demand for nutrition support in early childhood education, CPH has worked alongside WestREAP and the Heart Foundation to deliver a third 'Eating Right from the Start' workshop in Hokitika. The workshop which was for both whānau and early childhood teachers, focused on early childhood nutrition, healthy lunch-box options and oral health.

As part of the Health Promoting Schools programme, CPH is working with the Heart Foundation and Greymouth High School in developing an action plan to support healthy changes to the school canteen. This plan includes the implementation of a nutrition policy to support these changes and ensure school community buy-in.

### **Realignment of Tobacco Control Services**

The Ministry of Health have announced that from 30 June 2016 it will be terminating existing contracts for face-to-face stop smoking services and all national health promotion and advocacy services for tobacco control, purchased by the Ministry of Health. For CPH this will affect the Aukati Kai Paipa service. Instead the Ministry is looking to realign and retender these services as an opportunity to take a fresh look at the services currently delivered in terms of their contribution to the achievement of Smokefree Aotearoa 2025. Organisations on the West Coast involved in Smokefree have started conversations around what model would work best for our community and a coordinated, collaborative process and response will take place over the coming months in regards to the tender process.

### **Alcohol Licensing**

An Alcohol Regulatory and Licensing Authority (ARLA) was held in Greymouth on 3 June and three West Coast licensed premises have had suspensions of their licenses as a result.

The reserved decisions from ARLA issued later in June resulted in a two week suspension of trade for Revington's Hotel. In addition, their license has only been renewed for one year, their licensed hours have been limited to a 1am closing and there are several reporting requirements imposed on the licensee to ensure that they have good procedures and policies in place to prevent incidents of the type which resulted in their suspension (including grossly intoxicated patrons on premises, assaults and disorder). The Beachfront Hotel in Hokitika also had their on license suspended for five days for failing a controlled purchase operation run by Hokitika Police and CPH. There was also a negotiated voluntary suspension of 24 hours agreed with the Greymouth Railway Hotel. This was the result of intoxication found on the premise by police in July last year.

CPH staff continue to work closely with Police and council alcohol licensing inspectors to ensure that all West Coast licensed premises comply with the Sale and Supply of Alcohol Act 2012.

### **Westland District Council Class Four Gambling Policy**

There has been a positive outcome from the Westland District Council hearing regarding their Class Four Gambling Policy. CPH had an influence on the final policy through the coordination of the social impact assessment (SIA) and attendance at the submissions hearing. The final policy is in line with the recommendations from the SIA and is to be adopted at the Council meeting to be held towards the end of July.



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

**SOURCE:** Planning & Funding

**DATE:** 23 July 2015

|                      |                                   |                                            |                                      |
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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 for the 11 months to 31 May; with 99.5% of patients admitted, discharged or transferred within 6 hours, and 95.1% within just 4 hours.
- West Coast DHB was 112 discharges ahead of our electives health target for the YTD target at the end of May 2015.
- 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.
- West Coast DHB is pleased to have met both primary care targets for the first time. During Quarter 3, performance against the **primary care better help for smokers 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%, with a result of 90.3%.
- Following a challenging year, the B4 School Check service is pleased to have completed screening for 391 4-year olds—representing 92% of the eligible population and exceeding target for the year.

### ✗ Key Issues & Associated Remedies

- The Hokitika flood in June caused the full evacuation of Allen Bryant Lifecare aged residential service. A total of 45 rest home and hospital residents were safely relocated within other services on the Coast. While the ARC sector is under pressure, prioritisation principles have been established and contracting processes enhanced.

### ① Upcoming Points of Interest

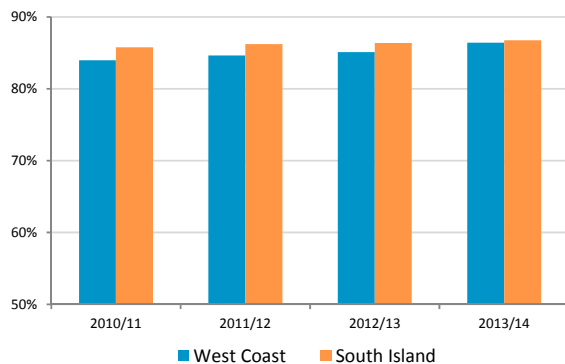
#### • Primary Mental Health Services

The PHO primary mental health team is now fully staffed despite recruitment challenges. This will support better integration with SMHS and NGOs so that clients receive the level of intervention required regardless of where they present. NGOs are working together to ensure services are provided in an integrated way.

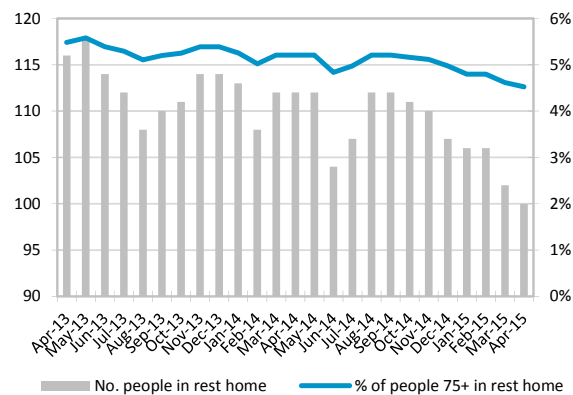
Report prepared by: Planning & Funding  
Report approved for release by: Carolyn Gullery, General Manager, Planning & Funding

# Older Persons' Health

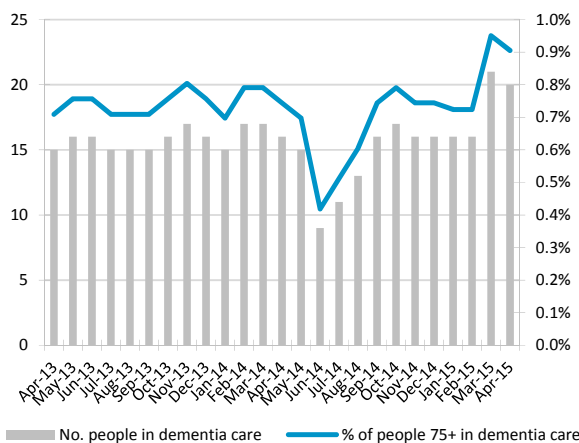
% of people 75+ living in their own homes



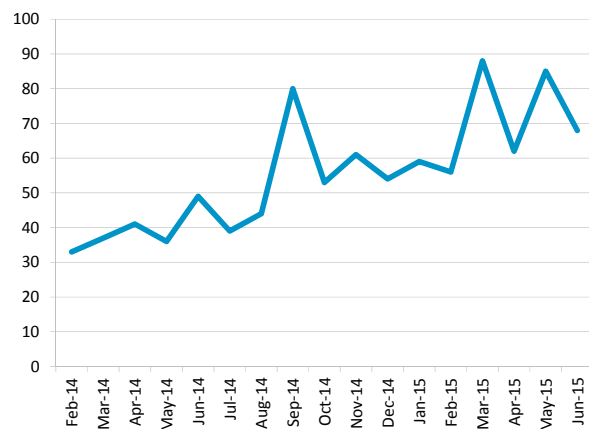
% of people aged 75+ admitted in Rest Home level care



% of people aged 75+ in Specialist Dementia Care



Number of interRAI assessments completed



## Achievements / Issues of Note

The Hokitika flood in June caused the full evacuation of Allen Bryant Lifecare aged residential service. A total of 45 rest home and hospital residents were safely relocated within other services on the Coast. A tremendous effort from the CCCN, Allen Bryant staff and families, and Coast ARC providers has seen most of the residents resettled in the interim Allen Bryant facility at Greymouth Hospital, Kahurangi, Reefton Hospital and Kiwiannia Care Ltd's facilities. Where evacuees have been supported at home, the CCCN has put in large community care responses and monitored the residents and their loved ones' well-being.

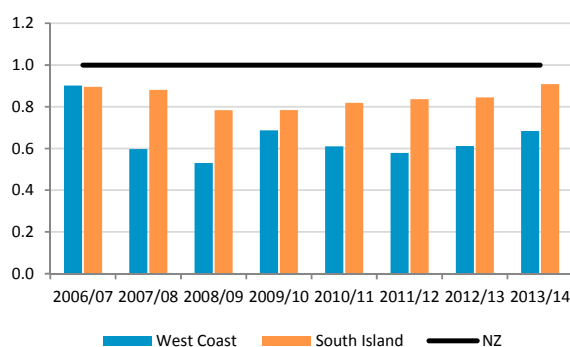
The loss of Allen Bryant's beds is proportional to the loss of 650 ARC beds during the Canterbury quakes, and the Ultimate Care Group plans to reopen once the extensive damage is rectified. While the ARC sector is under pressure, prioritisation principles have been established and contracting processes enhanced to support the CCCN's lead role in prioritising the people with the most complex needs for ARC to have the service they require.

Some planned activities have been delayed by a few weeks due to the flooding and the Falls Champion/Support discharged role has been offered but not yet accepted.

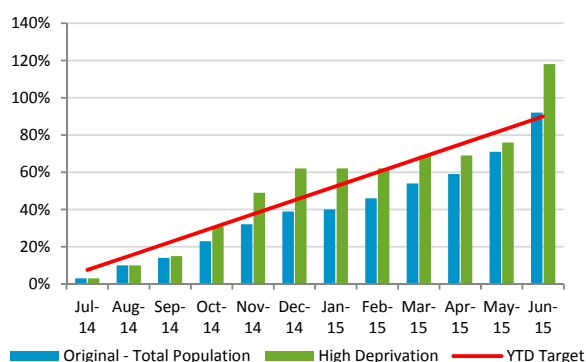


# Child, Youth & Maternity

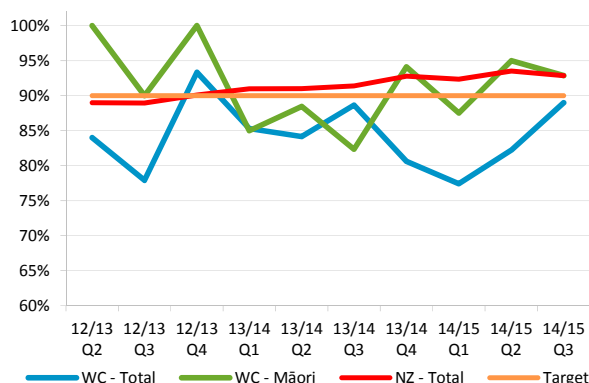
**Acute medical discharge rates for children (age 0-14)**



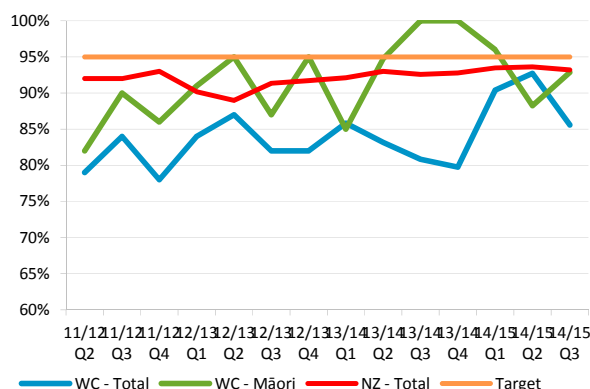
**B4 School Check coverage**



**Immunisation HT: Eight-month-olds fully immunised**



**Two-year-olds fully immunised**



## Achievements / Issues of Note

**Immunisation:** As previously reported, we were pleased to have increased coverage by 7% during Quarter 3, vaccinating 89% of our eligible population and missing only one child due to clinical reasons. Results for Quarter 4 are expected shortly.

**B4 School Check coverage:** Following a challenging year, the B4 School Check service is pleased to have exceeded target by year end due to extra clinic days during May and June. A total of 391 4-year olds (46 High Deprivation, 87 Maori), representing 92% of the eligible population (118% High Deprivation, 107% Maori), completed their B4 School check during 2014/15.

**Maternity:** The Maternity Quality & Safety Programme (MQSP) Annual Report is currently being prepared. Consumer feedback from “We Care About Your Care” care form continues to be monitored through the MQS Group with the most recent report highlighting positive feedback regarding birth experiences at Kawatiri and a gradual increase in women booking with an LMC during the first trimester.

# Mental Health

|                            | 0-19 Years  |        |        | 20-64 Years |        |        | 65+         |        |        |
|----------------------------|-------------|--------|--------|-------------|--------|--------|-------------|--------|--------|
| Mental Health Provider Arm | Client seen | (%)    | Cumm % | Client seen | (%)    | Cumm % | Client seen | (%)    | Cumm % |
| ≤3 weeks                   | 142         | 62.8%  | 62.8%  | 214         | 90.7%  | 90.7%  | 25          | 92.6%  | 92.6%  |
| 3-8 weeks                  | 57          | 25.2%  | 88.1%  | 14          | 5.9%   | 96.6%  | 1           | 3.7%   | 96.3%  |
| >8 weeks                   | 27          | 11.9%  |        | 8           | 3.4%   |        | 1           | 3.7%   |        |
| Total                      | 226         | 100.0% |        | 236         | 100.0% |        | 27          | 100.0% |        |
| Provider Arm & NGO (AOD)   | Client seen | (%)    | Cumm % | Client seen | (%)    | Cumm % | Client seen | (%)    | Cumm % |
| ≤3 weeks                   | 15          | 78.9%  | 78.9%  | 71          | 73.2%  | 73.2%  | 3           | 100.0% | 100.0% |
| 3-8 weeks                  | 1           | 5.3%   | 84.2%  | 24          | 24.7%  | 97.9%  | 0           | 0.0%   | 100.0% |
| >8 weeks                   | 3           | 15.8%  |        | 2           | 2.1%   |        | 0           | 0.0%   |        |
| Total                      | 19          | 100.0% |        | 97          | 100.0% |        | 3           | 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 | 3W Q4 | Progress | 8W Q1 | 8W Q2 | 8W Q3 | 8W Q4 | Progress |
|----------------------------------------------------------------------------------------------------|-----------|-------|-------|-------|-------|----------|-------|-------|-------|-------|----------|
| % of people referred for non-urgent <b>mental health</b> services seen within 3 and within 8 weeks | Age 0-19  | 73.9  | 68    | 59.1  | 62.8  | ▲ 3.7    | 93.5  | 100   | 81.4  | 88.1  | ▲ 6.7    |
|                                                                                                    | Age 20-64 | 62    | 84.6  | 91.1  | 90.7  | ▼ -0.4   | 88    | 96.6  | 95.5  | 96.6  | ▲ -1.1   |
|                                                                                                    | Age 65+   | 89.3  | 84.4  | 95.0  | 92.6  | ▼ -2.6   | 96.4  | 98.4  | 100   | 96.3  | ▼ -3.7   |
|                                                                                                    | Total     | 76.1  | 77.1  | 75.5  | 77.9  | ▲ 2.4    | 93.4  | 98.4  | 88.8  | 92.6  | ▲ 3.8    |
| % of people referred for non-urgent <b>addictions</b> services seen within 3 and within 8 weeks    | Age 0-19  | 66.7  | 54.4  | 71.4  | 78.9  | ▲ 7.5    | 83.3  | 91.2  | 78.6  | 84.2  | ▲ 5.6    |
|                                                                                                    | Age 20-64 | 72.2  | 81    | 76.0  | 73.2  | ▼ -2.8   | 88.9  | 96    | 98    | 97.9  | ▼ -0.1   |
|                                                                                                    | Age 65+   | 78.8  | 83.3  | 50    | 100   | ▲ 50     | 94.2  | 91.7  | 100   | 100   | --       |
|                                                                                                    | Total     | 77.4  | 75.5  | 75.0  | 74.8  | ▼ -0.2   | 93.5  | 94.8  | 95.7  | 95.8  | ▲ 0.1    |

## Achievements / Issues of Note

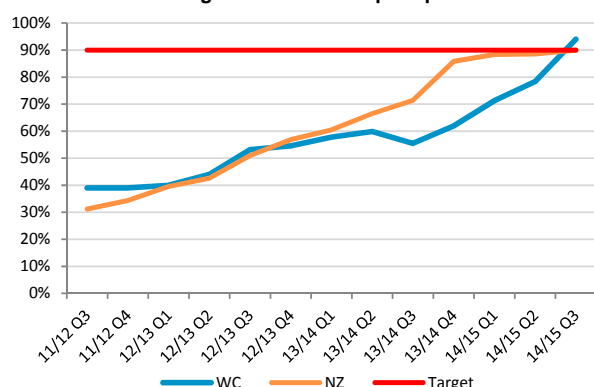
Wait times have improved this quarter with all except the 0-19 age group meeting or being within 10% of target. Work is ongoing and a plan to move to locality-based services is expected to provide more timely and responsive services across age bands.

- Non-urgent **mental health** wait time targets have once again been achieved for adults (20+) at both 3 and 8 weeks, although not yet meeting either target for 0-19 year olds.
- Non-urgent **addiction** services wait time targets have been achieved for adults (20+) at 8 weeks and are within 10% of target at 3 weeks, not yet meeting the 8 week target for 0-19 year olds.

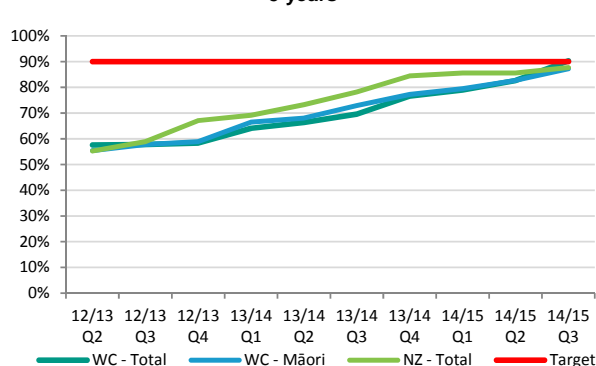
The PHO primary mental health team is now fully staffed despite recruitment challenges. This will support better integration with SMHS and NGOs so that clients receive the level of intervention required regardless of where they present. NGOs are working together to ensure services are provided in an integrated way that supports achievement of recovery goals.

# Primary Care & Long-Term Conditions

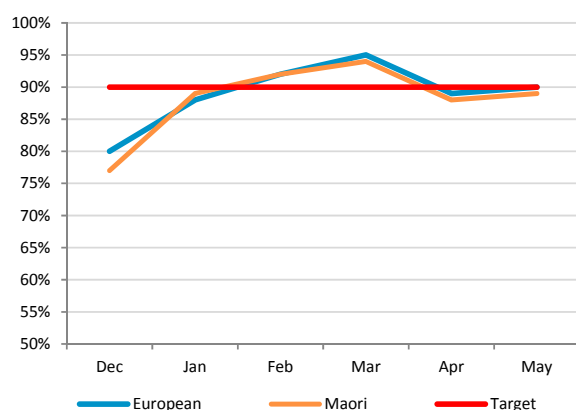
**Primary Smokefree Health Target: Smokers attending primary care given advice & help to quit**



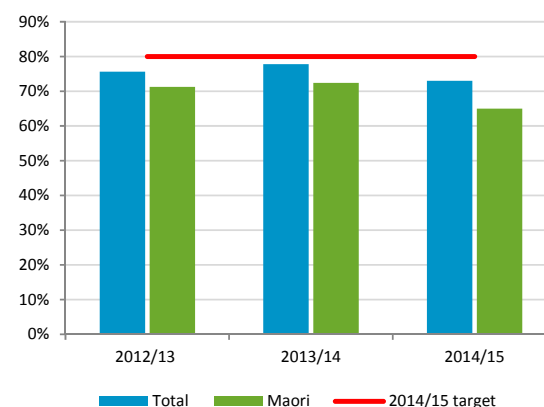
**More Heart and Diabetes Checks Health Target: % of eligible PHO population having had a CVD risk assessment in the last 5 years**



**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**



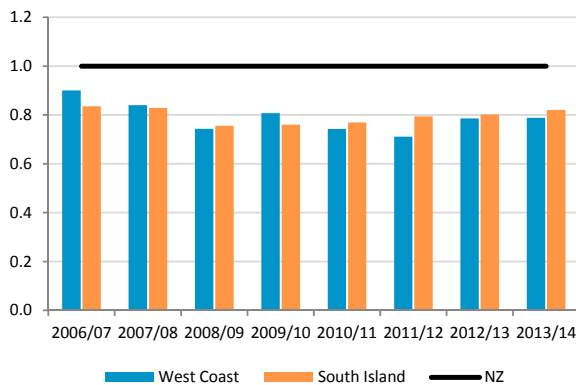
## Achievements / Issues of Note

**Primary care better help for smoker's health target:** As previously reported the DHB was pleased to meet and exceed target for the first time during Quarter 3, attributing success to the install of patient dashboard as well as long standing best practice initiatives. Quarter 4 data is expected by the end of July.

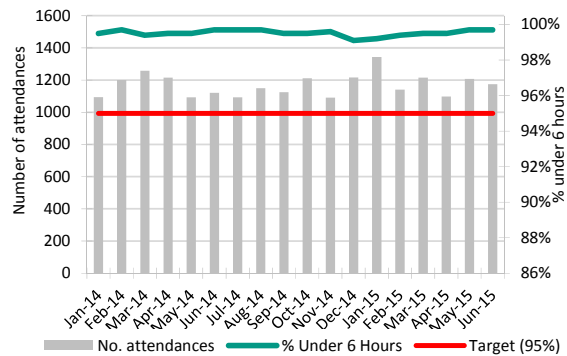
**CVD health target:** As previously reported, the DHB was pleased to meet target for the first time with a result of 90.3%, also attributing our success to the install of patient dashboard as well as long standing best practice initiatives. Preliminary internal data sees this trend continue through May. Quarter 4 data is expected by the end of July.

# Secondary Care & System Integration

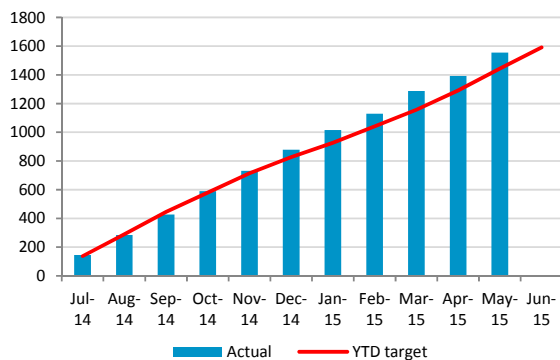
**Acute Medical Discharge Rate**



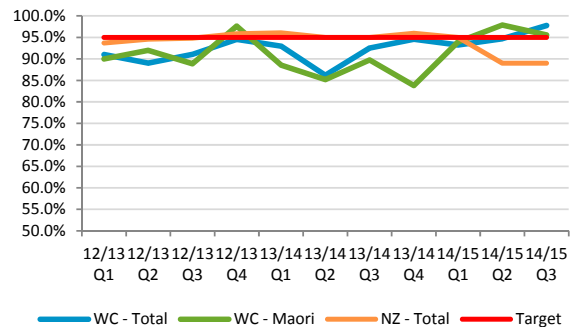
**Emergency Department (ED):  
Attendances & <6 Hours Health Target**



**Electives Health Target: Elective surgical discharges**



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



## Achievements / Issues of Note

**ED health target:** The West Coast DHB continues to achieve impressive results with 99.5% of patients admitted, discharged or transferred from ED within six hours for the 11 months to 31 March 2015.

**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.

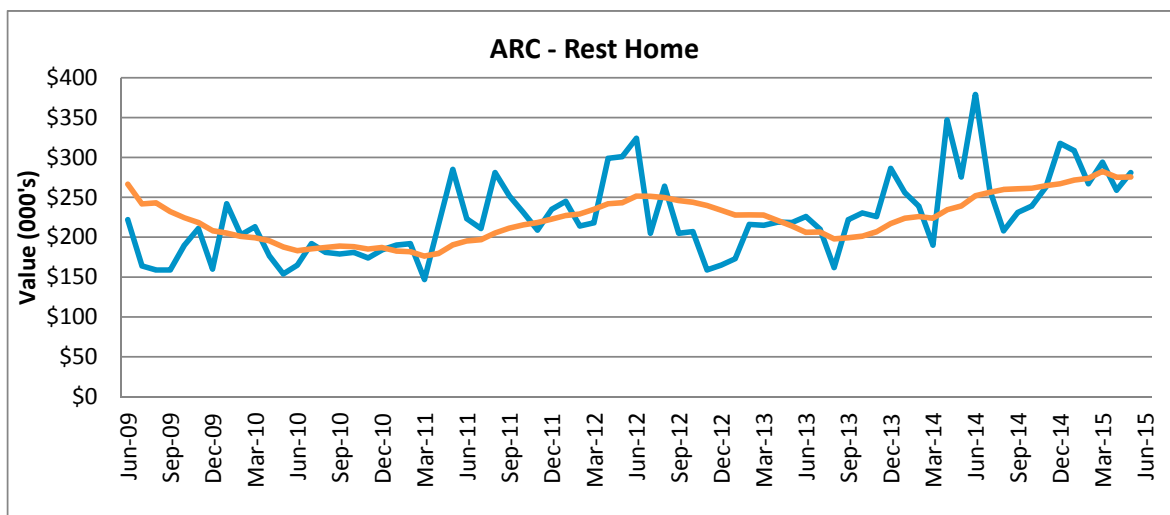
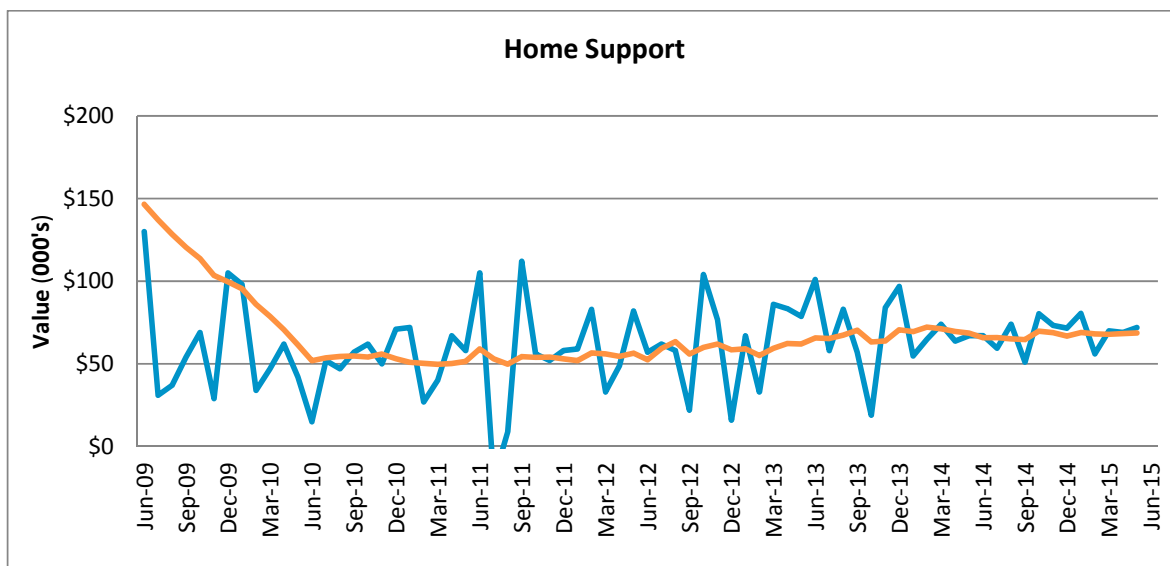
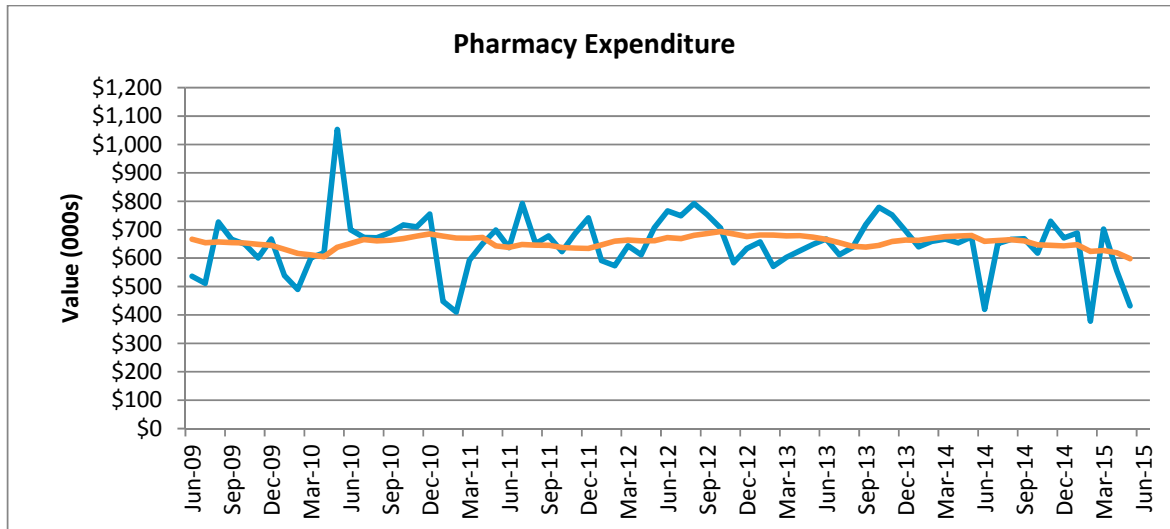
**Electives health target:** The West Coast DHB continues to exceed target, delivering 1,555 discharges against the 1,443 planned for the eleven months to 31<sup>st</sup> May 2015.

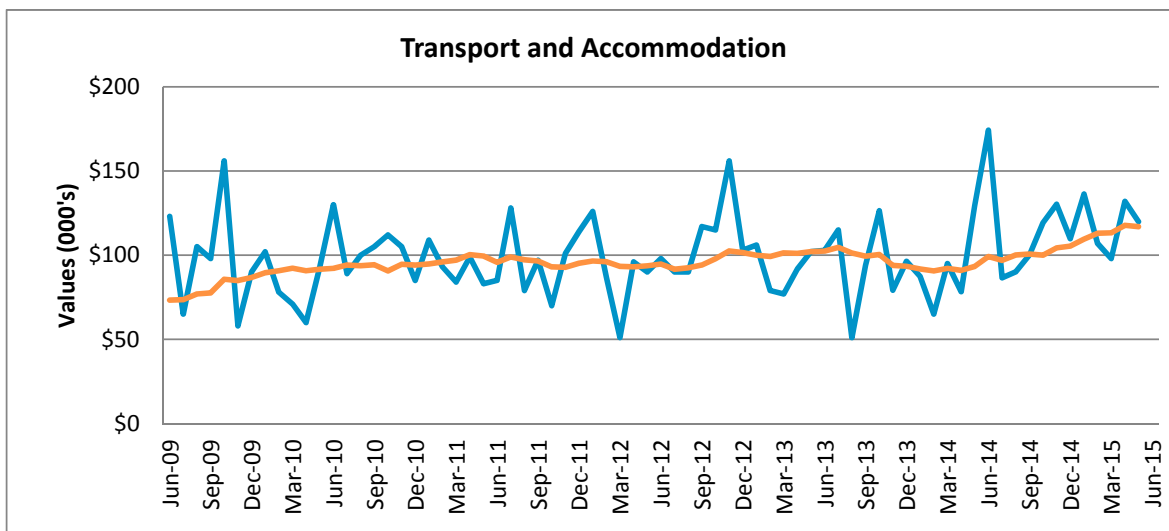
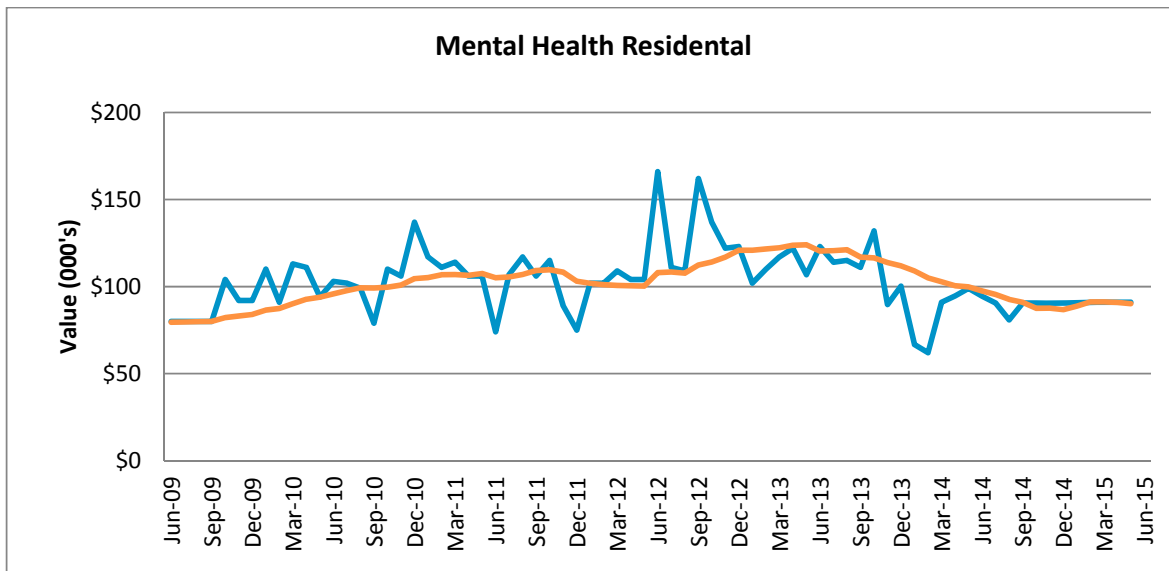
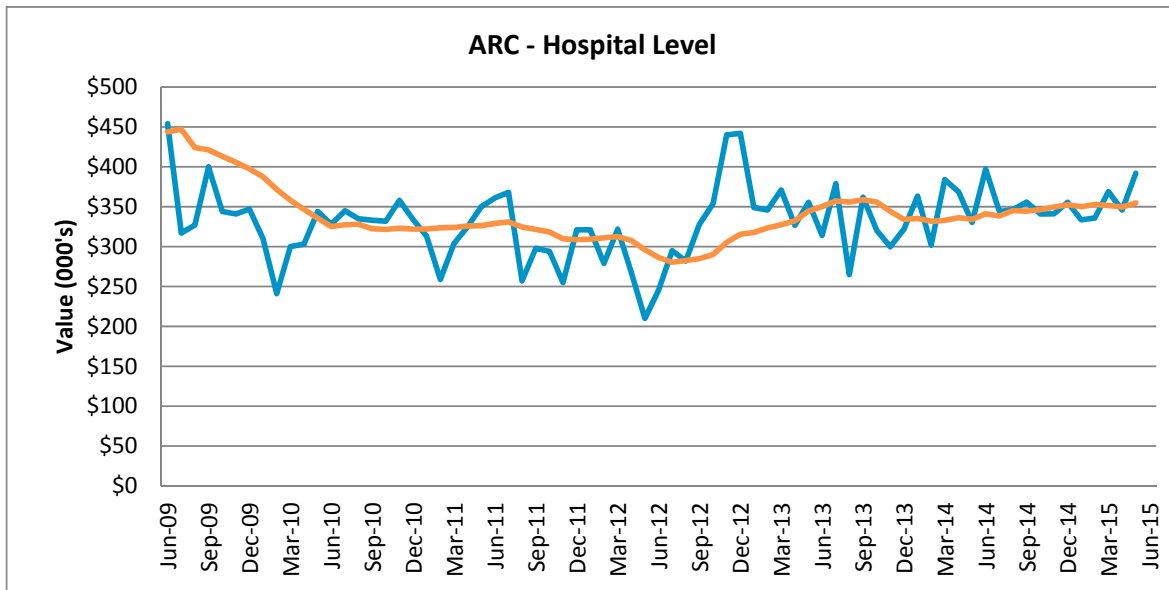
**ESPI compliance:** No patients exceeded the maximum 120 days' wait time target for first specialist assessment (ESPI 2) in May 2015. One orthopaedic patient is showing as having exceeded the 4-month maximum waiting time from first specialist assessment to surgical treatment (ESPI 5) as at the end of May 2015. However, this is a data error relating to an ACC patient—no publicly funded patients were non-complaint against ESPI 5 in May and the record has since been corrected.

# Financials

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

— Expenditure Trend — Rolling average





**Planning and Funding Division**  
**Month Ended May 2015**

| Current Month |              |            |             | Year to Date                              |               |               |              |            | 2014/15       |
|---------------|--------------|------------|-------------|-------------------------------------------|---------------|---------------|--------------|------------|---------------|
| Actual        | Budget       | Variance   |             | SERVICES                                  | Actual        | Budget        | Variance     |            | Annual Budget |
| \$000         | \$000        | \$000      | %           |                                           | \$000         | \$000         | \$000        | %          | \$000         |
|               |              |            |             | <b>Primary Care</b>                       |               |               |              |            |               |
| 24            | 36           | 12         | 34%         | Dental-school and adolescent              | 341           | 398           | 57           | 14%        | 434           |
| 17            | 2            | -15        | -884%       | Maternity                                 | 60            | 19            | -42          | -225%      | 20            |
| 0             | 1            | 1          | 100%        | Pregnancy & Parent                        | 2             | 7             | 5            | 69%        | 8             |
| 0             | 3            | 3          | 100%        | Sexual Health                             | 0             | 31            | 31           | 100%       | 33            |
| 2             | 3            | 1          | 45%         | General Medical Subsidy                   | 21            | 33            | 12           | 36%        | 36            |
| 495           | 522          | 26         | 5%          | Primary Practice Capitation               | 5,503         | 5,737         | 234          | 4%         | 6,258         |
| 91            | 91           | 0          | 0%          | Primary Health Care Strategy              | 1,001         | 1,002         | 1            | 0%         | 1,093         |
| 88            | 80           | -8         | -10%        | Rural Bonus                               | 915           | 883           | -32          | -4%        | 963           |
| 4             | 5            | 1          | 11%         | Child and Youth                           | 57            | 54            | -3           | -6%        | 59            |
| 7             | 23           | 15         | 67%         | Immunisation                              | 118           | 143           | 25           | 17%        | 153           |
| 5             | 5            | 0          | 2%          | Maori Service Development                 | 52            | 53            | 1            | 1%         | 58            |
| 52            | 53           | 1          | 1%          | Whanau Ora Services                       | 575           | 581           | 6            | 1%         | 634           |
| 18            | 18           | 1          | 3%          | Palliative Care                           | 181           | 200           | 19           | 10%        | 218           |
| 0             | 0            | 0          |             | Community Based Allied Health             | 0             | 0             | 0            |            | 0             |
| 9             | 9            | 0          | 1%          | Chronic Disease                           | 97            | 97            | 1            | 1%         | 106           |
| 46            | 54           | 8          | 14%         | Minor Expenses                            | 524           | 593           | 70           | 12%        | 647           |
| <b>858</b>    | <b>904</b>   | <b>46</b>  | <b>5%</b>   |                                           | <b>9,447</b>  | <b>9,831</b>  | <b>384</b>   | <b>4%</b>  | <b>10,722</b> |
|               |              |            |             | <b>Referred Services</b>                  |               |               |              |            |               |
| 23            | 24           | 1          | 4%          | Laboratory                                | 260           | 259           | 0            | 0%         | 283           |
| 432           | 700          | 268        | 38%         | Pharmaceuticals                           | 6,761         | 7,296         | 535          | 7%         | 7,961         |
| <b>454</b>    | <b>723</b>   | <b>269</b> | <b>37%</b>  |                                           | <b>7,021</b>  | <b>7,555</b>  | <b>534</b>   | <b>7%</b>  | <b>8,244</b>  |
|               |              |            |             | <b>Secondary Care</b>                     |               |               |              |            |               |
| 198           | 202          | 4          | 2%          | Inpatients                                | 1,815         | 2,218         | 403          | 18%        | 2,420         |
| 110           | 101          | -9         | -9%         | Radiology services                        | 1,224         | 1,111         | -113         | -10%       | 1,212         |
| 120           | 115          | -5         | -5%         | Travel & Accommodation                    | 1,229         | 1,265         | 35           | 3%         | 1,380         |
| 936           | 1,520        | 584        | 38%         | IDF Payments Personal Health              | 13,433        | 16,722        | 3,289        | 20%        | 18,242        |
| <b>1,364</b>  | <b>1,938</b> | <b>574</b> | <b>30%</b>  |                                           | <b>17,701</b> | <b>21,316</b> | <b>3,615</b> | <b>17%</b> | <b>23,254</b> |
| <b>2,676</b>  | <b>3,565</b> | <b>889</b> | <b>25%</b>  | <b>Primary &amp; Secondary Care Total</b> | <b>34,169</b> | <b>38,702</b> | <b>4,533</b> | <b>12%</b> | <b>42,220</b> |
|               |              |            |             | <b>Public Health</b>                      |               |               |              |            |               |
| 26            | 25           | -1         | -4%         | Nutrition & Physical Activity             | 184           | 273           | 89           | 33%        | 298           |
| 6             | 7            | 1          | 17%         | Public Health Infrastructure              | 67            | 81            | 14           | 18%        | 88            |
| 11            | 5            | -6         | -129%       | Tobacco control                           | 78            | 53            | -25          | -47%       | 58            |
| 0             | 0            | 0          |             | Screening programmes                      | -2            | 0             | 1.616        |            | 0             |
| <b>43</b>     | <b>37</b>    | <b>-6</b>  | <b>-16%</b> | <b>Public Health Total</b>                | <b>328</b>    | <b>408</b>    | <b>80</b>    | <b>20%</b> | <b>445</b>    |
|               |              |            |             | <b>Mental Health</b>                      |               |               |              |            |               |
| 10.8          | 7            | -4         | -51%        | Dual Diagnosis A&D                        | 100           | 79            | -21          | -27%       | 86            |
| 0             | 2            | 2          | 100%        | Eating Disorders                          | 19            | 21            | 2            | 9%         | 23            |
| 20            | 20           | 0          | 1%          | Child & Youth Mental Health Services      | 220           | 223           | 3            | 1%         | 243           |
| 5             | 5            | 0          | 1%          | Mental Health Work force                  | 67            | 56            | -11          | -21%       | 61            |
| 61            | 61           | 1          | 1%          | Day Activity & Rehab                      | 668           | 674           | 6            | 1%         | 735           |
| 11            | 11           | 0          | 1%          | Advocacy Consumer                         | 117           | 119           | 2            | 1%         | 130           |
| 81            | 82           | 1          | 1%          | Other Home Based Residential Support      | 889           | 901           | 11           | 1%         | 982           |
| 11            | 11           | 0          | 1%          | Advocacy Family                           | 121           | 123           | 2            | 1%         | 134           |
| 10            | 29           | 19         | 66%         | Community Residential Beds                | 97            | 316           | 219          | 69%        | 345           |
| 0             | 0            | 0          | 100%        | Minor Expenses                            | 0             | 1             | 1            | 100%       | 1             |
| 92            | 92           | 0          | 0%          | IDF Payments Mental Health                | 1,008         | 1,008         | 0            | 0%         | 1,100         |
| <b>301</b>    | <b>320</b>   | <b>19</b>  | <b>6%</b>   |                                           | <b>3,308</b>  | <b>3,519</b>  | <b>212</b>   | <b>6%</b>  | <b>3,839</b>  |
|               |              |            |             | <b>Older Persons Health</b>               |               |               |              |            |               |
| 0             | 0            | 0          | 100%        | Information and Advisory                  | 0             | 1             | 1            | 100%       | 1             |
| 0             | 0            | 0          |             | Needs Assessment                          | 0             | 0             | 0            |            | 0             |
| 72            | 67           | -5         | -8%         | Home Based Support                        | 756           | 720           | -36          | -5%        | 784           |
| 4             | 9            | 5          | 59%         | Caregiver Support                         | 61            | 98            | 37           | 38%        | 107           |
| 281           | 216          | -66        | -30%        | Residential Care-Rest Homes               | 2,884         | 2,330         | -554         | -24%       | 2,538         |
| 4             | 10           | 6          | 64%         | Residential Care-Community                | 49            | 110           | 61           | 55%        | 120           |
| 392           | 349          | -42        | -12%        | Residential Care-Hospital                 | 3,860         | 3,776         | -84          | -2%        | 4,114         |
| 0             | 0            | 0          |             | Ageing in place                           | 0             | 0             | 0            |            | 0             |
| 9             | 10           | 1          | 9%          | Day programmes                            | 100           | 109           | 9            | 8%         | 118           |
| 9             | 18           | 9          | 49%         | Respite Care                              | 103           | 202           | 99           | 49%        | 220           |
| 1             | 1            | 0          | 1%          | Community Health                          | 16            | 14            | -2           | -15%       | 15            |
| 0             | 0            | 0          | 100%        | Minor Disability Support Expenditure      | 1             | 3             | 2            | 74%        | 3             |
| 58            | 58           | 0          | 0%          | IDF Payments-DSS                          | 640           | 640           | 0            | 0%         | 698           |
| <b>830</b>    | <b>739</b>   | <b>-93</b> | <b>-13%</b> |                                           | <b>8,470</b>  | <b>8,001</b>  | <b>-469</b>  | <b>-6%</b> | <b>8,720</b>  |
| <b>1,130</b>  | <b>1,058</b> | <b>-74</b> | <b>-7%</b>  | <b>Mental Health &amp; OPH Total</b>      | <b>11,778</b> | <b>11,521</b> | <b>-257</b>  | <b>-2%</b> | <b>12,559</b> |
| <b>3,849</b>  | <b>4,660</b> | <b>811</b> | <b>17%</b>  | <b>Total Expenditure</b>                  | <b>46,275</b> | <b>50,631</b> | <b>4,356</b> | <b>9%</b>  | <b>55,223</b> |

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

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

**DATE:** 23 July 2015

|                      |          |                          |        |                                     |             |                          |
|----------------------|----------|--------------------------|--------|-------------------------------------|-------------|--------------------------|
| Report Status – For: | Decision | <input type="checkbox"/> | Noting | <input checked="" type="checkbox"/> | Information | <input type="checkbox"/> |
|----------------------|----------|--------------------------|--------|-------------------------------------|-------------|--------------------------|

## 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 ALT notes the success of the Mum4Mum network and that the new survey report suggests that peer support is an effective model that should continue to be supported.
- The ALT received a report highlighting the findings of the Secret Shopper project and notes the good feedback from consumers.
- The ALT continues to support the need to appoint to the distributed CMO roles and notes the roles are important to progress the Alliance workplans.
- The ALT recommends that change leadership for the move to the new IFHC be prioritised.

### **Mental Health Workstream**

- NGOs are working together to develop a collaborative model for delivery of support services, including vocational, Community Support Work, housing, peer and respite. Achieving this is dependent on offering the NGOs some degree of certainty regarding their future role so they can be confident about investing in co-location etc. Clarifying roles between clinical and support services is recommended so that mechanisms for strengthening the interface can develop.

### **Health of Older Persons**

- The Allan Bryant evacuation of 45 people is having significant impact on Aged Residential Care bed capacity across the West Coast. This is being managed by the Complex Clinical



Care Network and has delayed the implementation of some planned activities by a few weeks.

- The Falls Champion/Supported Discharges role has been offered but not yet accepted.

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

- Significant work is now underway in the Grey Westland area. This includes developing: a business model for Greymouth practices once they move into the IFHC; a model for unplanned and afterhours care; and developing a huddle. South Westland are developing a new structure to provide more flexible coverage across the area, as well as using HML to improve access for patients to make appointments and contact the right people at the right time.
- Buller Medical's move to a two team approach is progressing well and a staged implementation has commenced.
- Work on the RMO workforce proposal which will increase sustainability for the GP workforce is also nearing completion.
- The Health of Older Persons Engagement process has concluded and the future direction of services has been articulated and provided to staff for feedback. This includes strengthening of service coordination.
- A staff consultation paper is also being developed for locality based mental health services. This incorporates the shift in resource required to implement a stepped care approach.
- A Buller IFHS-wide team of quality champions has been established.

### **Healthy West Coast**

- HWC have been engaging in the Ministry of Health Realignment of Tobacco Services discussions with members attending the provider consultation workshop on June 16th.
- Performance against the primary care health targets is tracking well for year-end, as is the secondary smokefree health target.
- The first pregnant woman enrolled in the incentivised smokefree pregnancy programme has successfully remained smokefree two weeks post-delivery with two more women due to reach this milestone in July.

### **Child and Youth**

- Work is underway to develop the proposed collaborative model of care for Well Child Tamariki Ora Services on the Coast following a period of change for two of the three providers. The first phase of this involves developing a central database for all service referrals to monitor coverage and level of service delivery.
- The workstream has engaged a consumer representative to bring patient and whanau perspectives to planning and development of future services.
- Youth Friendliness Training has been delivered with positive initial feedback. Formal feedback will be collected by The Collaborative Trust 4-6 weeks post training. The attendees at the Westport session have begun locally networking to discuss youth service improvements.

## **Pharmacy**

- Hospital and community pharmacies are continuing to participate in the detailed design user group process in parallel to a separate design lab process. The detailed design will be used as the starting point in the design lab to test functionality and work flow efficiency. The design lab was built on Grey Valley Couriers premises in Greymouth, with hospital and community pharmacy staff attending the lab between 1-4 July.
- Further analysis work is needed for the sterile unit in the hospital pharmacy. Provision in the floor plan has been made, but the details and options for this require further investigation. The hospital pharmacy manager will lead this work and is to provide a business case outlining options for decision.

**Report prepared by:**

Jenni Stephenson, Planning & Funding

**Report approved for release by:**

Stella Ward, Chair, Alliance Leadership Team

**WEST COAST DISTRICT HEALTH BOARD MEETING**  
**to be held at St John, Waterwalk Road, Greymouth**  
**on Friday 26 June 2015 commencing at 10.15am**

|                       |                |
|-----------------------|----------------|
| <b>KARAKIA</b>        | <b>10.15am</b> |
| <b>ADMINISTRATION</b> | <b>10.15am</b> |

Apologies

1. Interest Register
2. Confirmation of the Minutes of the Previous Meetings
  - 8 May 2015
3. Carried Forward/Action List Items

|                |                |
|----------------|----------------|
| <b>REPORTS</b> | <b>10.20am</b> |
|----------------|----------------|

- |     |                                               |                                                               |                   |
|-----|-----------------------------------------------|---------------------------------------------------------------|-------------------|
| 4.  | Chair's Update<br>(Verbal Update)             | Peter Ballantyne<br><i>Chairman</i>                           | 10.20am – 10.30am |
| 5.  | Chief Executive's Update<br>- Health & Safety | David Meates<br><i>Chief Executive</i>                        | 10.30am – 10.45am |
| 6.  | Clinical Leader's Update                      | Karyn Bousfield<br><i>Director of Nursing &amp; Midwifery</i> | 10.45am – 10.55am |
| 7.  | Finance Report                                | Justine White<br><i>General Manager, Finance</i>              | 10.55am – 11.05pm |
| 8.  | Crown Entities Act 2004 - Changes             | Justine White<br><i>General Manager, Finance</i>              | 11.05pm – 11.15pm |
| 9.  | Maori Health Plan Update                      | Gary Coghlan<br><i>General Manager, Maori Health</i>          | 11.15am – 11.25am |
| 10. | Health Target Report – Quarter 3              | Phil Wheble<br><i>Team Leader, Planning &amp; Funding</i>     | 11.25am – 11.35am |
| 11. | Report from Committee Meetings                |                                                               |                   |
|     | - CPH&DSAC<br>4 June 2015                     | Elinor Stratford<br><i>Chair, CPH&amp;DSAC Committee</i>      | 11.35pm - 11.45pm |
|     | - Hospital Advisory Committee<br>4 June 2015  | Sharon Pugh<br><i>Chair, Hospital Advisory Committee</i>      | 11.45pm – 11.55pm |
| 12. | Resolution to Exclude the Public              | <i>Board Secretariat</i>                                      | 11.55pm           |

**INFORMATION ITEMS**

- 2015 Meeting Schedule

|                              |                |
|------------------------------|----------------|
| <b>ESTIMATED FINISH TIME</b> | <b>11.55pm</b> |
|------------------------------|----------------|

**NEXT MEETING**

Friday 7 August 2015

# COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE 4 JUNE 2015



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

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

**DATE:** 26 June 2015

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Report Status – For:      Decision      ☐      Noting      ☒      Information      ☐

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## 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 4 June 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 – 4 June 2015.

## 3. SUMMARY

### ITEMS OF INTEREST FOR THE BOARD

**a) COMMUNITY & PUBLIC HEALTH UPDATE.**

This report was provided the Committee with updates on:

**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.

Discussion regarding the testing of water supplies for herbicide and pesticide contamination took place with Cheryl Brunton confirming that neither herbicides or pesticides are routinely tested for in water supplies. Levels of 1080 are tested for after an aerial drop, with the frequency of the testing depending on the type of water supply (bore, open etc).

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 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.

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**

- 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.

The report was noted.

## **d) HEALTH TARGET REPORT – QUARTER THREE**

This report is included in today's Board papers

## **e) MAORI HEALTH PLAN UPDATE**

This report is included in today's Board papers

Points of note

- Cervical screening figures which had been sitting at just over 70% of eligible Maori women between the ages of 25-69 being screened has dropped to 61.09 this quarter.
- Smoke free targets improved by 15.7% for quarter 3 which exceeds the target with a result of 94%.

## **f) PRESENTATION – SUICIDE PREVENTION**

Lois Scott, Mental Health Services Operations Manager presented to the Committee an update.



The Committee noted that the draft plan will be presented to the Suicide Prevention Governance Group at the end of the month for endorsement.

#### **g) SMOKING CESSATION SERVICES**

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.

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.

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.

#### **i) GENERAL BUSINESS**

The Chair commented that she had attended the NZFDIC (New Zealand Federation of Disability Information Centres) conference in Queenstown. During the conference there were a number of interesting speakers.

The Chair informed the Committee that the DIAS (Disability Information Advisory Service) contracts with the Ministry of Health are all due for renewal in June 2016 but as all contracts are to be reviewed so will be rolled over for an additional six months before any changes are made.

### **4. APPENDICES**

|                     |                                                                                            |
|---------------------|--------------------------------------------------------------------------------------------|
| Appendix 1:         | Agenda – Community & Public Health & Disability Support Advisory Committee – 4 June 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 4 June 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**

*23 April 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 - 9.20am*

**5. Planning & Funding Update**

Phil Wheble  
*Team Leader, Planning & Funding*

*9.20am - 9.30am*

**6. Alliance Update**

Phil Wheble  
*Team Leader, Planning & Funding*

*9.30am - 9.40am*

**7. Health Target Q3 Report**

Phil Wheble  
*Team Leader, Planning & Funding*

*9.40am - 9.50am*

**8. Maori Health Plan Update**

Gary Coghlan  
*General Manager Maori Health*

*9.50am - 10.00am*

**9. Suicide Prevention Update**

Lois Scott  
*Operations Manager, Mental Health*

*10.00am - 10.15am*

**10. Smoking Cessation Services**

Phil Wheble  
*Team Leader, Planning & Funding*

*10.15am - 10.25am*

**11. General Business**

Elinor Stratford  
*Chair*

*10.25am - 10.40am*

## ESTIMATED FINISH TIME

**10.40am**

## 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

## 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                                                                                                                                                       |
|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>STANDING ITEMS</b>             | Karakia<br>Interests Register<br>Confirmation of Minutes<br>Carried Forward Items                                            | Karakia<br>Interests Register<br>Confirmation of Minutes<br>Carried Forward Items                                                                       | Karakia<br>Interests Register<br>Confirmation of Minutes<br>Carried Forward Items                                                                                | Karakia<br>Interests Register<br>Confirmation of Minutes<br>Carried Forward Items                                                                       | Karakia<br>Interests Register<br>Confirmation of Minutes<br>Carried Forward Items                                            | Karakia<br>Interests Register<br>Confirmation of Minutes<br>Carried Forward Items                                                                       | Karakia<br>Interests Register<br>Confirmation of Minutes<br>Carried Forward Items                                            | Karakia<br>Interests Register<br>Confirmation of Minutes<br>Carried Forward Items                                                                                |
| <b>STANDARD REPORTS</b>           | Health Target Q1 Report<br><br>Planning & Funding Update<br><br>Community & Public Health Update<br><br>Alliance Update      | Health Target Q2 Report<br><br>Maori Health Plan Update<br><br>Planning & Funding Update<br><br>Community & Public Health Update<br><br>Alliance Update | <br><br>Planning & Funding Update<br><br>Community & Public Health Update<br><br>Alliance Update                                                                 | Health Target Q3 Report<br><br>Maori Health Plan Update<br><br>Planning & Funding Update<br><br>Community & Public Health Update<br><br>Alliance Update | <br><br>Planning & Funding Update<br><br>Community & Public Health Update<br><br>Alliance Update                             | Health Target Q4 Report<br><br>Maori Health Plan Update<br><br>Planning & Funding Update<br><br>Community & Public Health Update<br><br>Alliance Update | <br><br>Planning & Funding Update<br><br>Community & Public Health Update<br><br>Alliance Update                             | Health Target Q1 Report<br><br>Maori Health Plan update<br><br>Planning & Funding Update<br><br>Community & Public Health Update<br><br>Alliance Update          |
| <b>PRESENTATIONS</b>              |                                                                                                                              | As required                                                                                                                                             | Victim Support                                                                                                                                                   |                                                                                                                                                         | As required                                                                                                                  | As required                                                                                                                                             | As required                                                                                                                  | As required                                                                                                                                                      |
| <b>PLANNED ITEMS</b>              |                                                                                                                              | West Coast Public Health Annual Plan                                                                                                                    |                                                                                                                                                                  | Suicide Prevention Update                                                                                                                               |                                                                                                                              |                                                                                                                                                         |                                                                                                                              |                                                                                                                                                                  |
| <b>GOVERNANCE AND SECRETARIAT</b> | 2015 Work Plan                                                                                                               |                                                                                                                                                         |                                                                                                                                                                  |                                                                                                                                                         |                                                                                                                              |                                                                                                                                                         |                                                                                                                              |                                                                                                                                                                  |
| <b>DSAC Reporting</b>             | As available                                                                                                                 | Disability Action Plan Update                                                                                                                           | As available                                                                                                                                                     | As available                                                                                                                                            | As available                                                                                                                 | As available                                                                                                                                            | As available                                                                                                                 | As available                                                                                                                                                     |
| <b>INFORMATION ITEMS</b>          | Latest Board Agenda<br>Chair's Report to Board from last meeting<br><br>Committee Work Plan<br><br>2015 Schedule of Meetings | Latest Board Agenda<br>Chair's Report to Board from last meeting<br><br>Committee Work Plan<br><br>2015 Schedule of Meetings                            | Latest Board Agenda<br>Chair's Report to Board from last meeting<br><br>Committee Work Plan<br><br>C&PH 6 Monthly report to MoH<br><br>2015 Schedule of Meetings | Latest Board Agenda<br>Chair's Report to Board from last meeting<br><br>Committee Work Plan<br><br>2015 Schedule of Meetings                            | Latest Board Agenda<br>Chair's Report to Board from last meeting<br><br>Committee Work Plan<br><br>2015 Schedule of Meetings | Latest Board Agenda<br>Chair's Report to Board from last meeting<br><br>Committee Work Plan<br><br>2015 Schedule of Meetings                            | Latest Board Agenda<br>Chair's Report to Board from last meeting<br><br>Committee Work Plan<br><br>2015 Schedule of Meetings | Latest Board Agenda<br>Chair's Report to Board from last meeting<br><br>Committee Work Plan<br><br>C&PH 6 Monthly report to MoH<br><br>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.