

***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 3 December 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 3 December 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**

*22 October 2015*

**3. Carried Forward/ Action Items**

## REPORTS/PRESENTATIONS

**9.10am**

- |     |  |   |                   |
|-----|--|---|-------------------|
| 4.  | <b>West Coast Disability Action Plan – Verbal Update</b> | Kathy O'Neill<br><i>Service Development Manager, Planning &amp; Funding</i> | 9.10am - 9.20am   |
| 5.  | <b>Community and Public Health Update</b>                | Claire Robertson<br><i>Team Leader, Community and Public Health</i>         | 9.20am - 9.30am   |
| 6.  | <b>Healthy Food Environment – Verbal Update</b>          | Claire Robertson<br><i>Team Leader, Community and Public Health</i>         | 9.30am - 9.40am   |
| 7.  | <b>Maori Health Update</b>                               | Gary Coghlan<br><i>General Manager, Maori Health</i>                        | 9.40am - 9.50am   |
| 8.  | <b>Planning &amp; Funding Update</b>                     | Phil Wheble<br><i>Team Leader, Planning &amp; Funding</i>                   | 9.50am – 10.00am  |
| 9.  | <b>Alliance Update</b>                                   | Phil Wheble<br><i>Team Leader, Planning &amp; Funding</i>                   | 10.00am – 10.10am |
| 10. | <b>Health Target Results - Q1</b>                        | Phil Wheble<br><i>Team Leader, Planning &amp; Funding</i>                   | 10.10am – 10.20am |
| 11. | <b>Suicide Prevention Plan – Verbal Update</b>           | Cheryl Brunton<br><i>Chair, Suicide Prevention Governance Group</i>         | 10.20am – 10.30am |
| 12. | <b>CPHDSAC Revised Terms of Reference</b>                | Board Secretariat   | 10.30am – 10.40am |
| 13. | <b>General Business</b>                                  | Elinor Stratford<br><i>Chair</i>  | 10.40am – 10.50am |

## ESTIMATED FINISH TIME

**10.50am**

## INFORMATION ITEMS

- Board Agenda – 6 November 2015
- Chair's Report to last Board Meeting
- Committee Work Plan 2015
- West Coast DHB 2016 Meeting Schedule

## NEXT MEETING

**Date of Next Meeting:** Thursday 28 January 2016



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> Elinor Stratford <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>• Committee Member, Abbeyfield Greymouth Incorporated</li> <li>• Trustee, Canterbury Neonatal Trust</li> <li>• Elected Member, Arthritis New Zealand, Southern Regional Liaison Group</li> <li>• President of the New Zealand Federation of Disability Information Centres</li> </ul>
<b>DEPUTY CHAIR</b> John Vaile <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 <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> <li>• Employee - Damien O'Connor's Electorate Office</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>• Executive Member - Ban 1080 Political Party</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 Ex-officio <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, 22 October 2015 commencing at 9.00am**

## **PRESENT**

Elinor Stratford (Chairperson); Lynette Beirne; Cheryl Brunton; Michele Lomax, Joe Mason; and Peter Ballantyne (ex-officio).

## **APOLOGIES**

Apologies were received and accepted from Jenny McGill, Mary Molloy and John Vaile

## **EXECUTIVE SUPPORT**

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

## **WELCOME**

Joe Mason led the Karakia.

## **1. INTEREST REGISTER**

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

Elinor Stratford advised that she is no longer Chair of Victim Support.

### **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 (5/15)**

(Moved: Michelle Lomax; Seconded: Cheryl Brunton - carried)

"That the minutes of the meeting of the Community and Public Health and Disability Support Advisory Committee held on 10 September 2015 be confirmed as a true and correct record.

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

Mana Tamariki Programme Presentation to be added to carried forward list.

The Carried Forward/Action Items were noted.

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

Cheryl Brunton, Community & Public Health, presented this update which included information on the following topics:

##### **Stoptober**

The West Coast Tobacco Free Coalition is supporting Stoptober again this year. This is the second time that this nationwide stop smoking challenge has been held in New Zealand. Stoptober is coordinated by Action on Smoking and Health (ASH) staff in Auckland who coordinate national media (including social media) and supply resources for promoting Stoptober in the community, Stoptober and cessation options were also displayed around the DHB.

##### **Aukati KaiPaipa**

Our new Aukati KaiPaipa (AKP) practitioner has started delivering weekly clinics in Westport based in the Poutini Waioara office. Community & Public Health staff have again supported the latest Poutini Waioara/West Coast PHO Spirometry clinic in Westport in September. Community & Public Health are involved in the planning for similar clinics in Greymouth and Westland District in the coming months.

The Committee noted that the West Coast had responded to an ROI advertised by the Ministry of Health regarding smoking cessation in conjunction with the alliance. The Ministry have now withdrawn this and it has been re-issued. This proposed the kind of integration we are already undertaking with Providers.

##### **Kaumātua Wellbeing Hui**

Regular Kaumātua Wellbeing hui have been scheduled and planned through to February 2016 with Poutini Waioara, West Coast PHO, West Coast DHB, Westland Medical Centre and kaumatua. These are based on the health needs and issues identified by the Kaumātua. Participants in Poutini Waioara's Hauora Pai programme have also been invited to these hui. October's hui included a kōrero with Work and Income staff as well as WCDHB staff regarding travel assistance. Upcoming hui include a focus on falls prevention, arthritis/gout, mental wellbeing and pre-diabetes/diabetes awareness.

##### **Appetite for Life Franz Josef**

Community & Public Health recently delivered an Appetite for Life course for the first time in Franz Josef. It was delivered as part of the 100 day challenge, which started in July as an initiative to get South Westland active. Participants commented that the information delivered on nutrition complimented their increase in activity well. Participants travelled from Hari Hari and Fox Glacier to attend the course.

##### **Greymouth High School Canteen Revamp**

Community & Public Health have been working with Greymouth High School to improve the food offered for sale at the canteen. Initially there was a high incidence of high fat, high sugar and high salt foods and this was worked through with the canteen manager who has led the changes. The school has eliminated or downsized most of these options while still having some treat food available. There are now more healthy choices available such as wraps, bread rolls, fresh fruit, yoghurt and muesli cups and homemade muffins. Feedback from staff and students has been positive.



### **Sugar Sweetened Beverages**

As at 30 September all sugar-sweetened beverages (SSB) are no longer being sold on West Coast DHB premises. This change was advertised with high profile communication via the intranet, posters as well as information for staff at point of sale. The review of the rest of the West Coast DHB's Food and Beverage policy will continue over the coming months and align with work that is happening nationally in this space.

The Overall Food and Beverage Policy will be presented to this Committee prior to going to the Board

### **Legionella Health Promotion**

Community & Public Health are currently working on a promotion to raise awareness of Legionnaire's disease, and West Coasters are being urged to follow some simple steps in order to avoid getting this serious illness linked to gardening.

### **Mental Health Awareness Week**

Community & Public Health is continuing to support Mental Health Awareness Week throughout the month of October. This has included a spread regarding Wellbeing in The Messenger, the distribution of 'Give' resources to public in Westport and community groups in Fox Glacier and Franz Joseph. Community & Public Health staff have also delivered taster sessions on Mindfulness and Tai Chi in Greymouth.

### **Mindfulness in Schools Programme**

Community & Public Health in partnership with Buller REAP has started piloting the Mindful Aotearoa (Mental Health Foundation) Mindfulness in Schools Programme in two West Coast schools this term: Westport North and Reefton Area School. This eight week pilot follows school principals, teachers, Social Workers in Schools and Public Health Nurses on the West Coast identifying anxiety and emotional difficulties as a wellbeing priority for primary aged students.

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 99.6% of patients admitted, discharged or transferred from Grey Base ED within six hours during August 2015. An impressive 95.5% were seen within just four hours.

### **Key Issues & Associated Remedies**

- Following the achievement of the year-end targets for the 2014/15 year, West Coast DHB has not met target in August, delivering B4 School Checks to 5% of the total eligible population and 2% of the high deprivation population against the 15% target. Results were affected by staff sick leave and a catch-up plan is already in place.
- The West Coast DHB missed the **improved access to elective surgery health target** for the year to date to August 2015 by just four discharges, representing 99% of target. It is not

anticipated that we will have any difficulties meeting our overall Electives Health Target volumes by year-end.

### **Upcoming Points of Interest**

- **Older Persons' Health**

Planning and Funding and HealthCert have embarked on a quality improvement exercise with Granger House and Kowhai Manor after a HealthCert inspection.

The Committee noted that Allen Bryant has now opened a wing of their Rest Home so the residents being housed in Hannan Ward have now moved back there. The facilities are expected to be completed by the end of December which will allow residents still living in the Community and other Rest Homes to return there.

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 regarding:

- The Alliance Leadership Team
- Mental Health Workstream
- Health of Older Persons
- Grey/Westland & Buller Family Health Services (IFHS)
- Healthy West Coast
- Child and Youth and
- Pharmacy

Discussion took place regarding funding issues that perhaps cause lesser desirable actions to be followed. Management are looking at this so that funding does not drive the care of the patient. This is an Alliance based approach.

The update was noted.

## **7. GENERAL BUSINESS**

Kathleen Gavigan, General Manager, Buller, gave a brief update on items of interest in the Buller Region.

She spoke regarding an initiative to increase access for Maori which has been very successful. Feedback from non-Maori nurses show they have found the interaction to be valuable.

Kawatiri Birthing Unit is going from strength to strength, with the unit working more as a women's health centre with other clinic's basing themselves in the unit. Feedback from the public has been good.

Discussion took place regarding the length of time stroke sufferers are waiting for re-licencing of drivers licences and the effect this is having on their independence and confidence. The Committee noted that some are taking risks and driving before they have been tested.

The Chair provided the committee with a website address for Disability Services Provider Forum which she attended - [www.health.govt.nz](http://www.health.govt.nz) and then look for 'provider forums'. The DIAS and NASC RFP's for the review process have been completed and interviews have taken place, to date the successful RFP has not been announced.

## INFORMATION ITEMS

- Board Agenda – 25 September 2015
- Chair's Report to last Board meeting
- Committee Work Plan 2015
- West Coast DHB 2015 Meeting Schedule
- West Coast DHB 2016 Meeting Schedule

There being no further business the meeting concluded at 10.00am.

Confirmed as a true and correct record:

\_\_\_\_\_  
Elinor Stratford, Chair

\_\_\_\_\_  
Date

DRAFT

## 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 22 OCTOBER 2015

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
1.	10 September 2015	West Coast Disability Action Plan	Update on progress to be provided to Committee	Verbal update on today's agenda – paper scheduled for 29 January 2016.
2.	10 September 2015	Water Quality	On-going updates to be provided to the Committee	As required
3.	23 July 2015	Suicide Prevention Plan Update	Progress against Work Plan	Verbal update on today's agenda.
4.	22 October 2015	Health Food Environments Policy	Policy Paper	Verbal Update on progress on today's agenda. Paper scheduled for early 2016.

### PRESENTATIONS FOR CONSIDERATION

TOPIC	STATUS
Consumer Council	
Child & Youth Health	Scheduled for 29 January 2016
Green Prescriptions	
Mana Tamariki Programme	Scheduled for 29 January 2016

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

**SOURCE:** Community and Public Health

**DATE:** 3 December 2015

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

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

## 2. RECOMMENDATION

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

## 3. SUMMARY

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

## 4. APPENDICES

Appendix 1: Community and Public Health Update

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

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

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

**December 2015**

## **Health Promoting Schools**

On 16 November CPH hosted an interactive workshop '*Improving Outcomes for Māori, Pasifika and Minoritised Students and their Families Within our School Communities*'. Laurayne Tafa, a consultant with Cognition Education, facilitated the workshop. There was a positive response from West Coast schools, with the 34 participants representing ten schools including principals, teachers and BOT members; and a good base of school partners such as Resource Teachers of Learning and Behaviour, Social Workers in Schools, iwi representatives and kaiako/teachers. Greymouth High School kindly made their school whare available for this hui, as well as providing valuable student voice. This was a wonderful opportunity for our schools to ask critical questions about why disparity exists for certain groups and then to be courageous about seeking out the answers. It also allowed them to look at what is working, and why; what the next steps may be; and how they can best be supported to achieve significant impact. The participants unanimously asked for Phase II of these interactive workshops to be brought to Te Tai Poutini in Term 1 of 2016, to continue this korero. Phase II invites community organisations and school partners to become involved in supporting school communities to notice inequities, respond with actions by accelerating equity and measure the impact on those who need to benefit the most.

## **Appetite for Life Hokitika**

CPH has recently completed the delivery of an Appetite for Life course in Hokitika. This course was run at Poutini Waiora and the participants in their Hauora Pai programme were invited to attend, along with local kaumātua. It has been very rewarding running this programme and there have been some really positive changes made by participants. For example, at a recent hui at the local marae brown bread was served without butter, and fewer cakes were served. This is a small but very positive step.

## **Early Childhood Nutrition**

CPH has been continuing work with Early Childhood Centres to support the development of healthy kai policies. Recently we visited Scenicland and helped them to develop their healthy kai policy, which they implemented with the goal of achieving a gold standard in the Heart Foundation's Healthy Heart Awards. We also provided some resources with healthy lunch ideas for parents to take home. We are now looking at running a parent question and answer session in the near future, which has worked well in the past.



## Alcohol Licensing

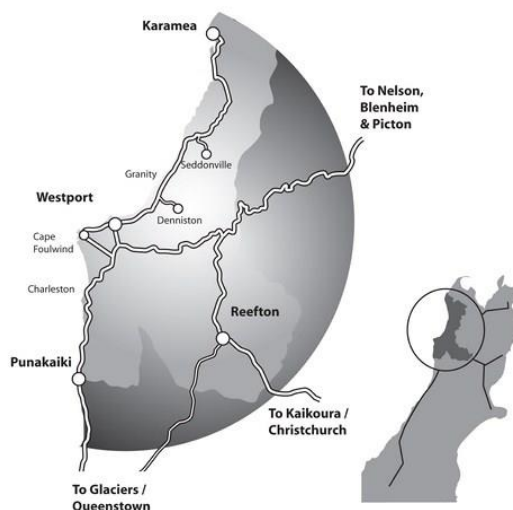
CPH has recently taken the lead in setting up the Alcohol Harm Reduction Groups in the Buller, Grey and Westland. These groups include representatives of all three reporting agencies under the Sale and Supply of Alcohol Act 2012 and the attendees have found them very useful. They have helped to 'personalise' the relationship between Police, District Licensing staff and CPH in each of the districts and during the regular meetings district specific issues can be discussed. At a West Coast regional level, there is already an interagency Liquor Liaison Group which meets three times a year. It met earlier this month and CPH made a recommendation that the New Zealand Fire Service be asked to report on all alcohol licence application, in particular those that involve accommodation. This was agreed and CPH will be approaching the NZ Fire Safety Officer to discuss. The group also to develop and disseminate an Alcohol harm Reduction Newsletter to West Coast licensees. The first of these regional newsletters has been compiled by CPH and disseminated through the three District Licensing Committees to the licensees in their respective districts. This issue has topical advice about host responsibility in the lead up to the festive season and a reminder about alcohol limits for driving.

## Smoke-free Enforcement

CPH's newly appointed Smokefree Enforcement Officer attended Smoke-free Enforcement Officers Training in Wellington on 20<sup>th</sup> and 21<sup>st</sup> October. At a recent West Coast Tobacco Free Coalition meeting it was decided to make a media release aimed at providing people with information about the law relating to Smokefree workplaces, workplace smoking policies and how to make a workplace smokefree complaint. The release is currently being prepared.

## Buller Community Profile

Concern has been expressed by the Buller Inter-Agency group regarding increasing pressure being experienced by local services (including health, social and education) as a result of major job losses and other changes in the community. To help identify how best to support the Buller community, CPH is developing a Buller Community Profile. As well as pulling together available data from numerous existing data sources, local service providers are being interviewed to provide an opportunity to identify local strengths, priorities and develop a set of baseline indicators.



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

**SOURCE:** General Manager, Maori Health

**DATE:** 3 December 2015

Report Status – For: Decision ☐ Noting ☒ Information ☐

## 1. ORIGIN OF THE REPORT

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

## 2. RECOMMENDATION

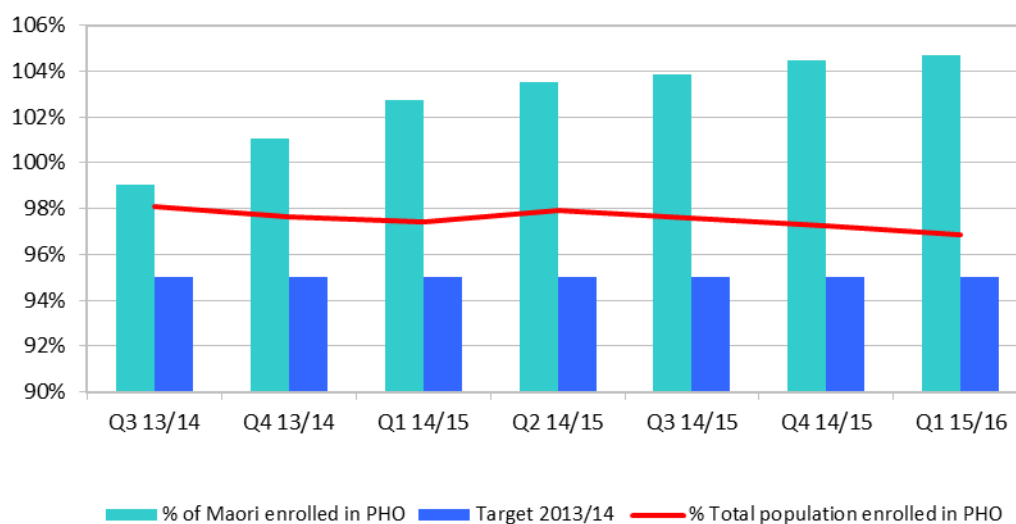
That the Community & Public Health & Disability Support Advisory Committee:  
i notes the Maori Health Plan Update.

### Maori Health Quarterly Report – Q1, 2015/16

#### Access to care

#### Percentage of Maori enrolled in the PHO

PHO enrolment using 2013 Census population data



\* 2006 census population was used as the denominator.

#### ACHIEVEMENTS/ISSUES OF NOTE

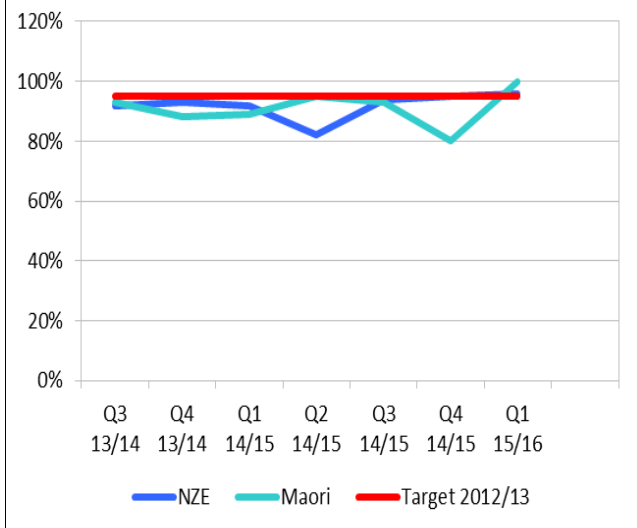
**Enrolment in PHO:** Using the 2013 population census figures 104% of Maori were enrolled with the PHO as at 30 September 2015. 3319 Maori were enrolled in quarter 1 compared to 3312 in quarter 3 an increase of 07 and an increase of 61 over the last 4 quarters.

The Census data shows total Maori population is 3171.

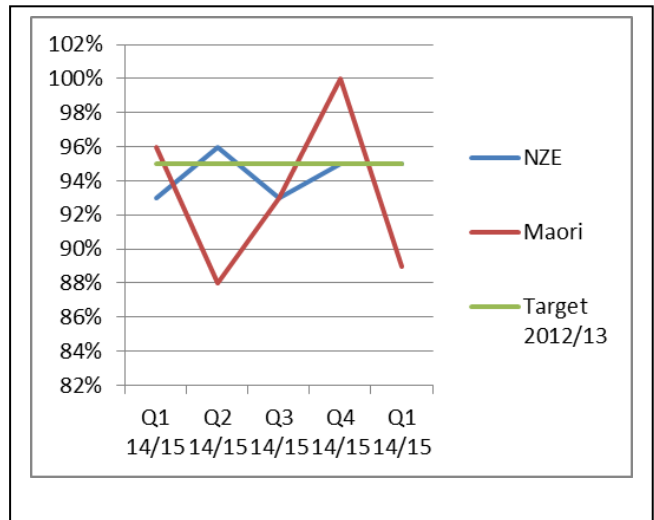


## Child, Youth and Maternity

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



**Immunisation: Two-year-olds fully immunised**

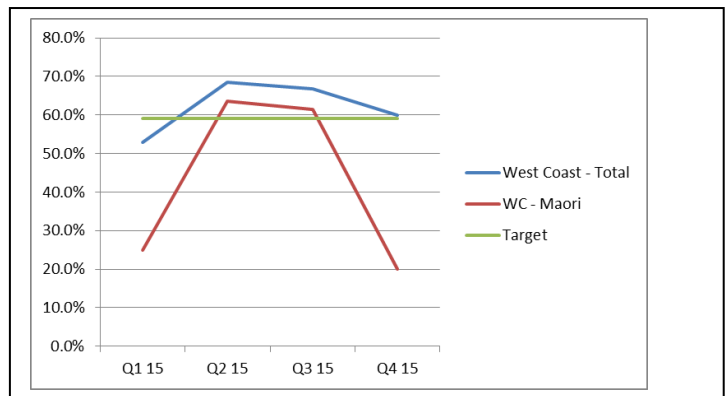
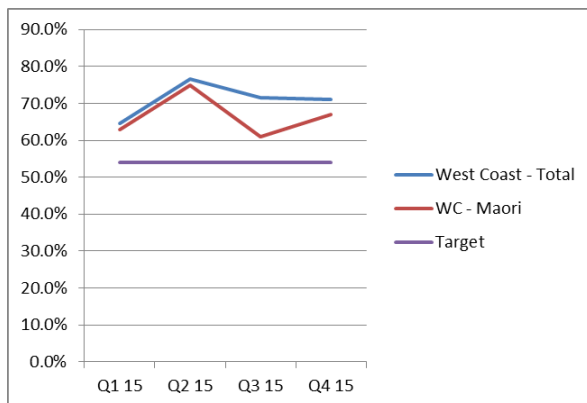


**Eight-month-old immunisation:** 100% of Maori babies have been immunised on time at 8 months of age in quarter 1 – 20 babies out of 20 eligible for this quarter which is a significant improvement from Q4. This is compared to 96% of non-Maori babies where 47 from 49 eligible babies have been immunised.

**Two-year-old immunisation:** 89% of Maori 2 year olds have been immunised on time in Quarter 1 – 17 from 19 eligible babies. This is compared to 95% NZ European babies - 53 from 56 eligible babies.

Excellent results for Maori with 100% of 8 month olds immunised on time in Quarter 1.

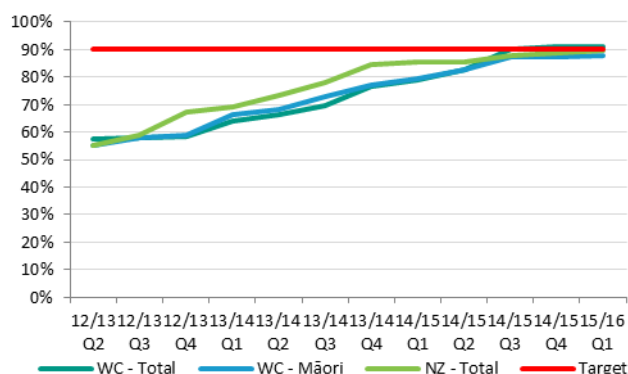
**Percentage of West Coast babies fully/exclusively breastfed at 3 months and at 6 months**



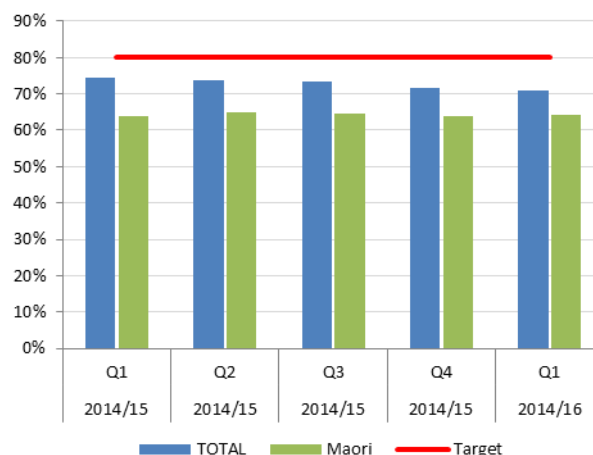
**Breastfeeding Support:** The community lactation consultancy and breastfeeding advocates continue to be in contact with all new-born's Mums through the Newborn enrolment process. There have been 57 new and return advocacy clients, including 7 Maori and 50 other. The rate of Maori Mums still breastfeeding at 6 months old has declined to 20% which is a concern. We are currently working with Poutini Waiora Mama and Pepi service to look at a small research proposal that will aim to gain valuable information about the influences on Maori women when looking at breastfeeding options. The breastfeeding Lactation Consultant is also looking at options for working alongside the Mana Tamariki Mana Mokopuna group of Mums to provide some health literacy around breastfeeding.

## More Heart & Diabetes checks

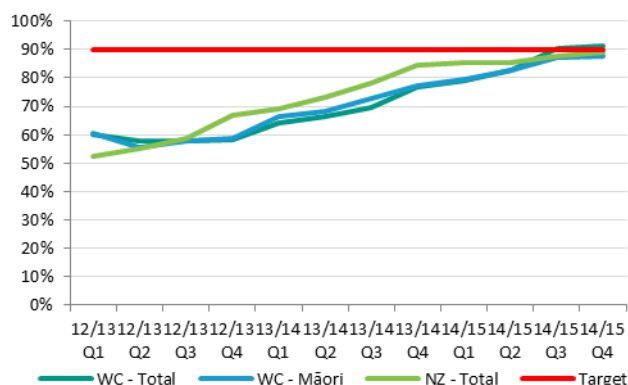
**Diabetes Annual Review: % of people estimated to have diabetes who have had an annual check during the year**



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



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



### Diabetes

Maori still continue to show a good rate of access to Diabetes Annual Reviews. 14 Maori have participated in a Diabetes Annual Review for the first quarter. 79% of Maori with diabetes have had Retinal Exams, 64% show HBA1c levels at or below 8.0, 100% are non-smokers and 100% are on statins.

### CVD Health Target

West Coast general practices have maintained coverage this quarter, with 91% of the eligible enrolled West Coast population having had a cardiovascular risk assessment (CVDRA) in the last 5 years. We are pleased to continue to meet the target.

Maori make up 5.7% of CVRAs this quarter. By comparison, Maori make up 6.3% (1026) of the eligible cohort for CVRA on the West Coast. (The eligible age range for Maori is male 35-74 years and for female 45-74 years). 88% of those eligible have been screened: this includes 84% of eligible males and 92% of eligible females.

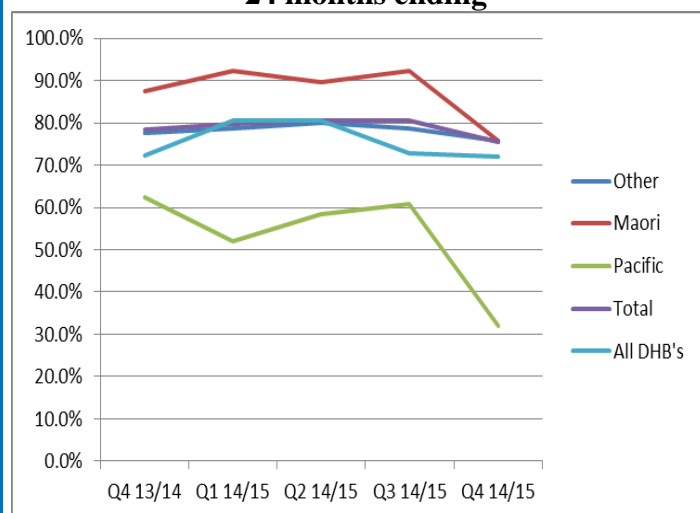
The smoking profile for CVRAs completed this quarter for Maori is 58% not smoking compared with other ethnicities screened not smoking 87%.

**Green Prescription:** Quarter 1 data shows from 113 referrals to the Green Prescription programme in the Grey/Westland district 6 were for Maori, 29 total referrals were made in the Buller district with 1 being for Maori. The major group of conditions this quarter is people with elevated body mass index (BMI), followed by depression/anxiety and cardiovascular disease.

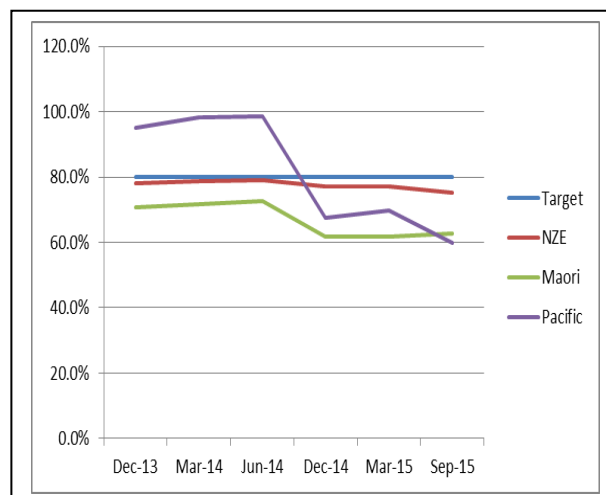
**Long Term Condition Management (LTC):** 236 Maori are enrolled in the Long Term Conditions programme as at Sept 30 2015 an increase from 233 in quarter 4, Maori enrolments makes up 6.4% of all enrolment in the LTC programme. The target is 7.6%. For comparison Maori make up 6.3% of the enrolled population at the primary practices aged 45 years and above.

## Cancer

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



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



## ACHIEVEMENTS/ISSUES OF NOTE

**Breast Cancer Screening:** Approximate 75.47% of all eligible women aged 45-69 age-groups on the West Coast have undergone breast screening for the period ending June 2015. The coverage for eligible Maori women has dropped considerably in this quarter to 75.7 however still continues to be higher compared to all other DHBs. The drop has occurred nationally and is as a result of the new census data.

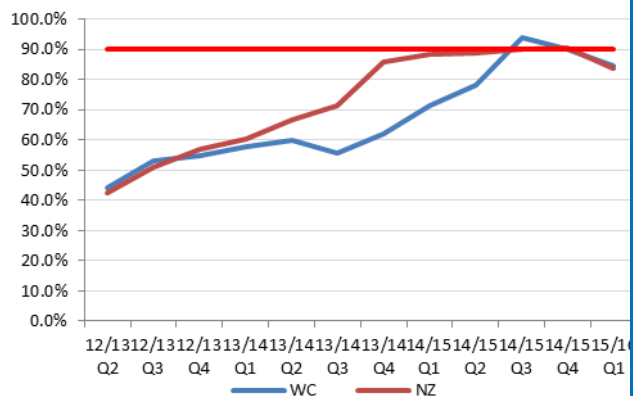
**Cervical cancer screening:** At the end of September 2015, the preliminary three year coverage result for cervical screening on the West Coast non-Maori was 62.6%. The result for Pacific women was 59.9 and for New Zealand European is 75.3%.

Ongoing work on improving this target for Maori is occurring and we have appointed a replacement for the Maori Cervical Screener. Nyoli Waghorn-Rogatski has been in the role for a just over a month now and has hit the ground running already making contact to work alongside Poutini Waiora and running clinics in the Buller. Two of the Poutini Waiora Whanau ora Nurses are now certified to provide smears and are working hard on reducing the overdue lists with Grey Medical and running community based clinics.

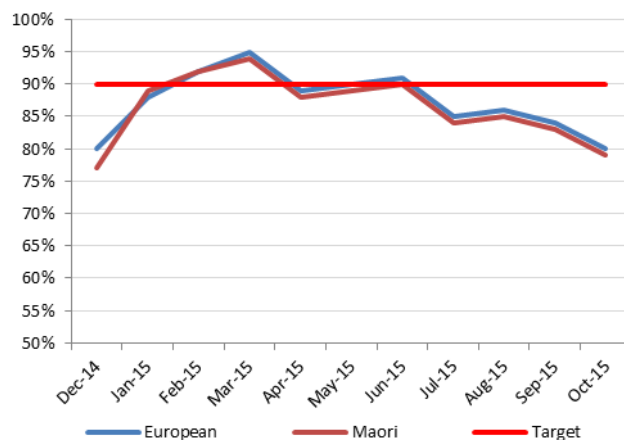
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## SMOKING CESSATION

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



**Primary Smokefree Karo data: Smokers attending primary care given advice & help to quit – by ethnicity**



## ACHIEVEMENTS/ISSUES OF NOTE

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

**Aukati Kai Paipa:** For the half year from January to June 2015 the AKP service has worked with 126 clients with a 38.3% validated abstinence rate at 3 months. The Aukati Kai Paipa cessation adviser is working more closely with practices and Poutini Waiora which is resulting in increased referrals to the service.

**PHO Coast Quit Programme:** For the quarter June to Sept 2015 .13% (18) Maori accessed the Coastquit cessation service.

### Spirometry Clinics for Maori

4 hui have been held in the Buller 3 in Westport and 1 in Karamea. Poutini Waiora have been working alongside the PHO, Buller Health, DHB conducting Spirometry testing on all Maori patients with a known diagnosis of COPD. Whanau were tested and screened for smoking status with smokers being given targeted advice regarding the benefits of quitting. Additionally nutrition and other lifestyle health advice was made available.

15 referrals have been received through to AKP from the four spirometry clinics so far (3 in Westport and 1 in Karamea).

Also Angela has confirmed today that the clinic on 7<sup>th</sup> December in Greymouth at the PHO is now full with 13 clients which is great.

The first clinic for Greymouth is being organised for the 7<sup>th</sup> December and is full with 13 clients booked in to participate. This first clinic in Greymouth is focusing on those Maori registered in the Grey Medical and RAGP clinics.

### **3. SUMMARY**

#### **Understand the Impact of Cancer for Maori**

3 hui have been held with over 140 people attending a presentation that was delivered by Dr Melissa Cragg on Understanding the Impact of Cancer for Maori. The audience included a mix of Maori community and health professionals with over 10 doctors and a large number of nurses attending.

The research funded through the Faster Cancer Treatment (FCT) national initiative identifies challenges and opportunities in regard to the cancer pathway and Maori and will provide a good platform for discussion and planning here locally. The key findings are defined below:

The data that was available for analysis was not of a high quality and difficult to utilise for effective analysis;

It appears that Māori are presenting late or not at all for diagnosis and treatment;

It appears that Māori are coming into the system via ED rather than GP referral;

There are small numbers of Māori on the FCT register;

There are small numbers of Māori accessing hospice/palliative services; and

Often Māori patients have co-morbidities that make their case complex.

These findings have been developed into recommendations for implementation and include: improving the quality of ethnicity data, ensuring the health workforce is culturally competent, relationships between services and between services and whānau are improved and patient navigation for whānau is facilitated.

We look forward to being involved the second stage of this project which will be led through the Southern Cancer Network and will include working with other South Island DHBs to improve the availability of ethnicity specific data and to engage with stakeholders consumers, providers, networks to identify issues and options specific to each DHB with the view of implementing service improvements.

#### **Maori Health Profiles**

The DHB Maori Health Profiles 2015 have been released by Te Ropu Rangahau Hauora a Eru Pomare, University of Otago Wellington. The reports focus on the health status of Maori, and in particular where there are inequalities compared to non-Maori and will help to create a picture of our DHBs population at a given time. They will be useful to support the development of the 2016/2017 Maori Health Plans and for planning within our DHB and within other health organisations.

A small group from the DHB, and Community and Public Health, participated in a seminar focused on the newly released Māori Health Profiles. This was led by Bridget Robson and Shirley Simmonds (Eru Pomare Health Research Centre) and provided an opportunity for those across the health sector to focus on the content of the profiles and gain insights from those who developed them and consider next steps in supporting Maori health improvement.

#### **Maori Health Plan 2016/2017**

The first planning session for the development of the 2016/2017 Maori Health Plan was held on the 12<sup>th</sup> November and involved our health partners from the West Coast PHO, Community and Public Health, Poutini Waiora and members of Tatau Pounamu. The purpose of the meeting was to identify top priorities that can be communicated to the Alliance Leadership team to ensure targeted focus on these areas within workstream workplans for 2016/2017.

Matt Reid Planning Analyst, CDHB presented some key findings from the 2015 Maori Health Profile which led the discussion and provided emphasis on those areas that may not already be included in the Maori Health Plan and Annual Plan as part of the Ministry targets.

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

**SOURCE:** Planning & Funding

**DATE:** 3 December 2015

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

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

## 2. RECOMMENDATION

That the Committee notes the Planning & Funding update.

## 3. SUMMARY

### ✓ Key Achievements

- The West Coast DHB continues to achieve impressive results with 99.6% of patients admitted, discharged or transferred from Grey Base ED within six hours during October 2015. An impressive 96% were seen within just four hours.

### ✗ Key Issues & Associated Remedies

- Following the achievement of the year-end targets for the 2014/15 year, West Coast DHB has not met target in September, delivering **B4 School Checks** to 24% of the total eligible population and 22% of the high deprivation population against the 30% target. Results were affected by staff sick leave and a catch-up plan is already in place.
- The West Coast DHB missed the **improved access to elective surgery health target** for the year to date to September 2015 by 37 discharges, representing 92.8% of target. It is not anticipated that we will have any difficulties meeting our overall Electives Health Target volumes by year-end.
- Performance against achieving **good management of diabetes** decreased during the rolling twelve months to September 2015 with 64% of the estimated diabetic population having satisfactory or better management of their diabetes against the 80% target. Results for Māori also decreased at 51%. West Coast PHO is including people with diabetes in the Long Term Conditions Management programme to help support patients.
- Performance against the **Primary Care Smokers Better Help to Quit** Health Target has decreased in Quarter 1. West Coast health practitioners have reported giving 4,744 smokers cessation advice—84.5% of smokers enrolled with the PHO, against our 90% target. This drop was anticipated following a national definition change.

### ① Upcoming Points of Interest

#### • Older Persons' Health

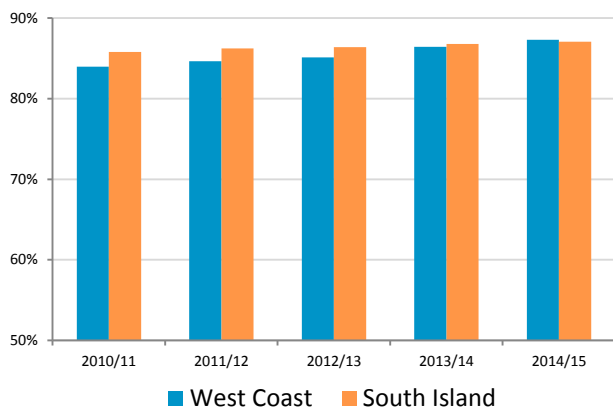
A skilled ARC (Aged Residential Care) registered nurse has filled the vacancy for Facility Manager of Granger House and Kowhai Manor for a fixed term of 12 months.

Report prepared by: Planning & Funding

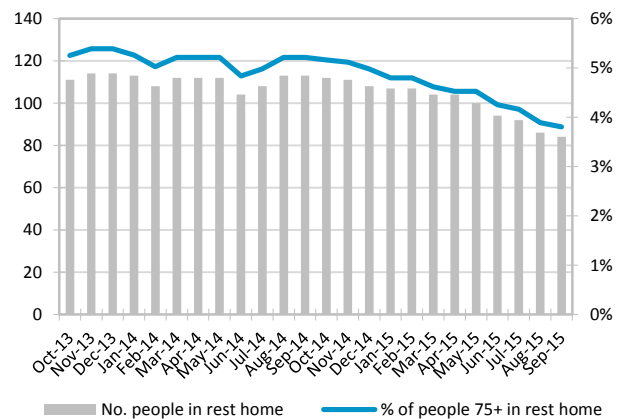
Report approved for release by: Carolyn Gullery, General Manager, Planning & Funding

# Older Persons' Health

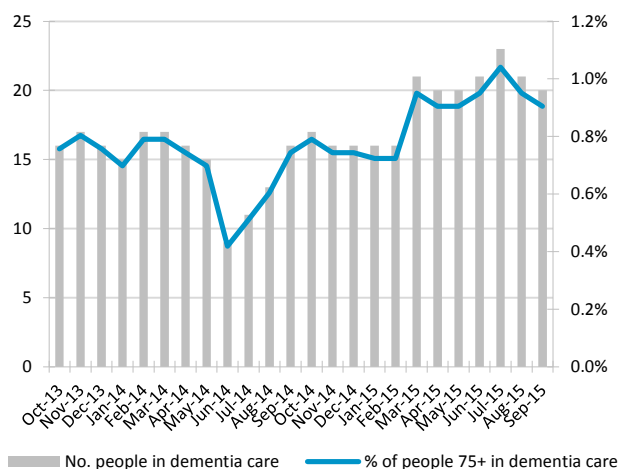
% of people 75+ living in their own homes



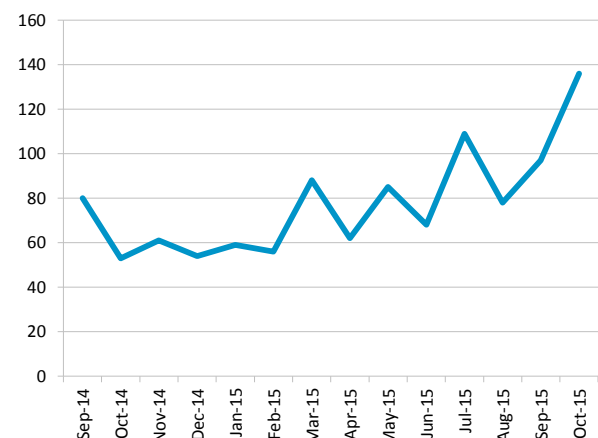
% of people aged 75+ admitted in Rest Home level care



% of people aged 75+ in Specialist Dementia Care



Number of interRAI assessments completed



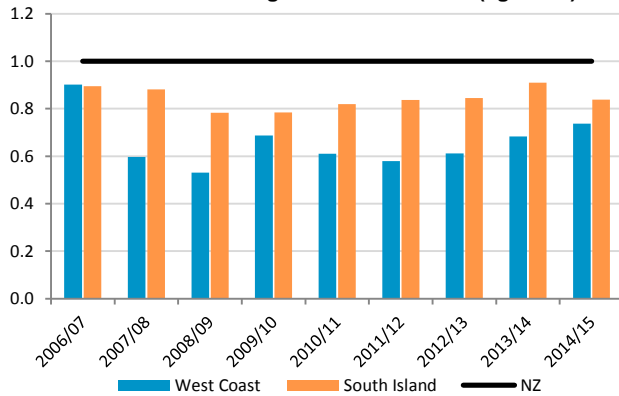
## Achievements / Issues of Note

Allen Bryant Lifecare is fully operational again following the Hokitika flood. All the residents who wish to return are in the process of returning or have now returned. There are now no issues with ARC bed numbers across the coast.

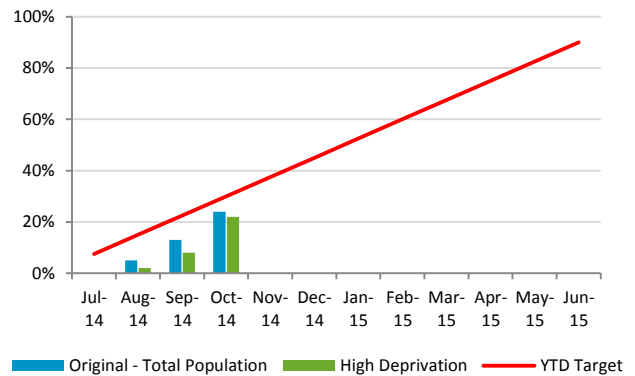
A skilled ARC (Aged Residential Care) registered nurse has filled the vacancy for Facility Manager of Granger House and Kowhai Manor for a fixed term of 12 months. This new manager will help staff build on progress made with the Temporary Manager's support and ensure that succession planning is in place for the transition to the next Facility Manager later in 2016.

# Child, Youth & Maternity

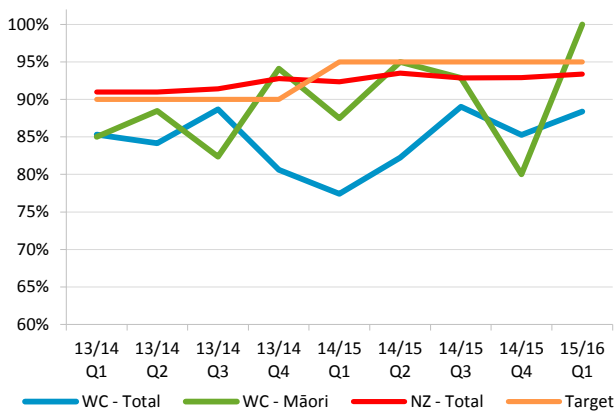
Acute medical discharge rates for children (age 0-14)



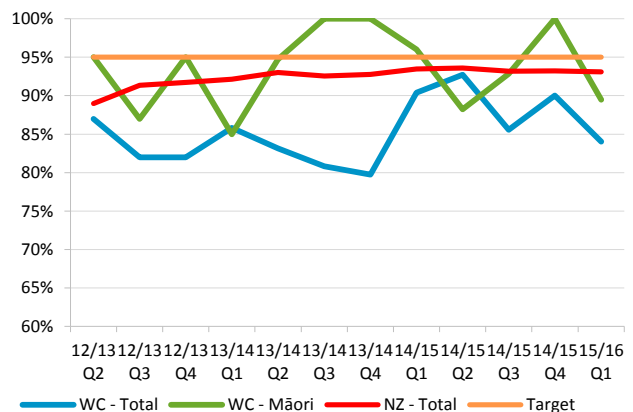
B4 School Check coverage



Immunisation HT: Eight-month-olds fully immunised



Two-year-olds fully immunised



## Achievements / Issues of Note

**Immunisation:** Although not meeting target, West Coast DHB increased immunisation coverage in Quarter 1, vaccinating 88.4% of our eligible population. Opt-off & declines decreased this quarter at a combined total of 10.5%--which is reflected in our improved results. With just one child missed due being on holiday, 99% of the reachable (consenting) population were immunised this quarter.

**B4 School Check coverage:** West Coast DHB has delivered B4 School Checks to 24% of the total eligible population and 22% of the high deprivation population against the 30% year-to-date target. Coverage was affected by staff sick leave and a catch-up plan is in place.



# 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 Q2	3W Q3	3W Q4	3W Q1	Change	8W Q2	8W Q3	8W Q4	3W Q1	Change
% of people referred for non-urgent <b>mental health</b> services seen within 3 and within 8 weeks	Age 0-19	68	59.1	62.8	67.5	▲ 4.7	100	81.4	88.1	93.5	▲ 5.4
	Age 20-64	84.6	91.1	90.7	91.5	▲ 0.8	96.6	95.5	96.6	97.2	▲ 0.6
	Age 65+	84.4	95.0	92.6	96.9	▲ 4.3	98.4	100	96.3	96.9	▲ 0.6
	Total	77.1	75.5	77.9	81	▲ 3.1	98.4	88.8	92.6	95.5	▲ 2.9
% of people referred for non-urgent <b>addictions</b> services seen within 3 and within 8 weeks	Age 0-19	54.4	71.4	78.9	68	▼ -10.9	91.2	78.6	84.2	88	▲ 3.8
	Age 20-64	81	76.0	73.2	68.7	▼ -4.5	96	98	97.9	97.9	▼ -1.5
	Age 65+	83.3	50	100	100	—	91.7	100	100	100	—
	Total	75.5	75.0	74.8	69.9	▼ -4.9	94.8	95.7	95.8	94.7	▼ -1.1

## Achievements / Issues of Note

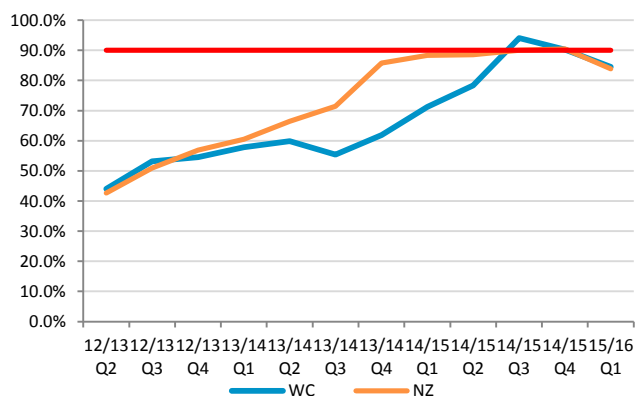
Project management support is being finalised to progress the reconfiguration of DHB services to achieve recommendations in the Mental Health Review. While this is occurring, integration is still progressing with a whole-of-system approach being developed for Alcohol and Drug and Child and Adolescent Services.

DHB clinicians are now working more effectively in the community by having a dedicated person for PACT clients and a presence in general practice.

# Primary Care & Long-Term Conditions

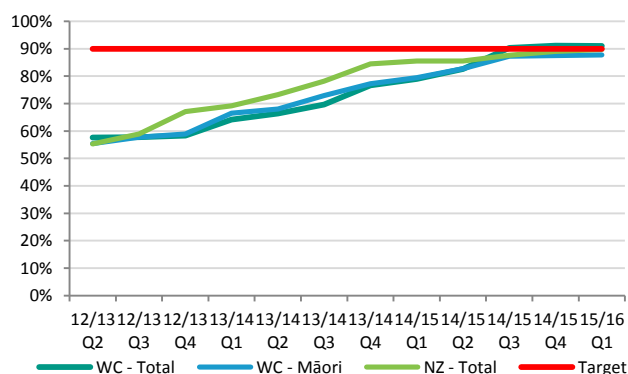
## Primary Smokefree Health Target:

% of PHO enrolled population who smoke that have been offered help to quit smoking by a health care practitioner in the last 15 months



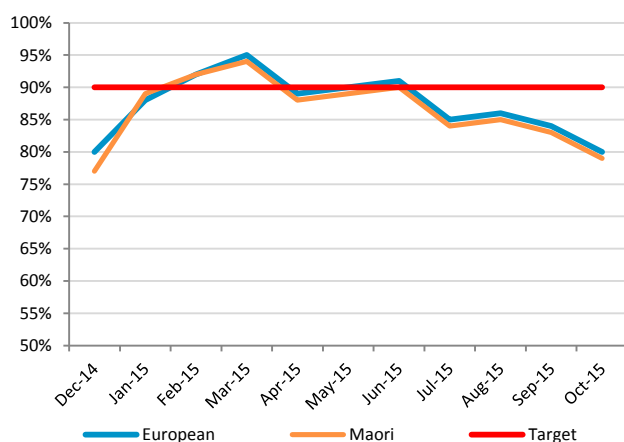
## More Heart and Diabetes Checks Health Target:

% of eligible PHO population having had a CVD risk assessment in the last 5 years



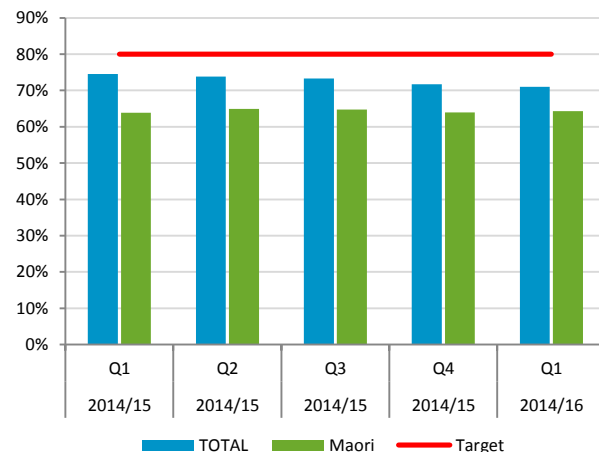
## Primary Smokefree Karo data:

Smokers attending primary care given advice & help to quit – by ethnicity



## Diabetes Good Management:

% of people who have HbA1c levels at or below 64mmols/mol at their annual check – rolling twelve months



## Achievements / Issues of Note

**Primary care better help for smoker's health target:** Performance against the primary care better help for smokers to quit health target has decreased in Quarter 1. West Coast health practitioners have reported giving 4,744 smokers cessation advice in the 15 months ending September 2015. This represents 84.5% of smokers enrolled with the PHO, against our 90% target.

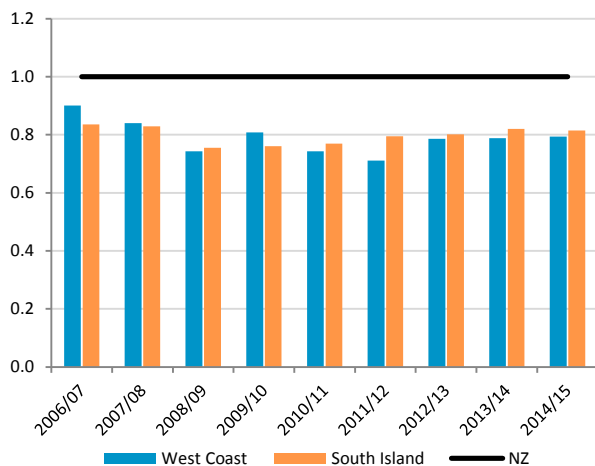
After meeting target in Quarter 4, results have decreased below target this quarter—as expected following a national definition change. The target's focus is now not only on smokers expected to present to general practice, but the West Coast population as a whole. The timeframe of this measure has also changed from 12 months to 15 months—further widening its scope.

**CVD health target:** West Coast general practices have maintained coverage this quarter, with 91% of the eligible enrolled West Coast population having had a cardiovascular risk assessment (CVDRA) in the last 5 years. We are pleased to continue to meet the target.

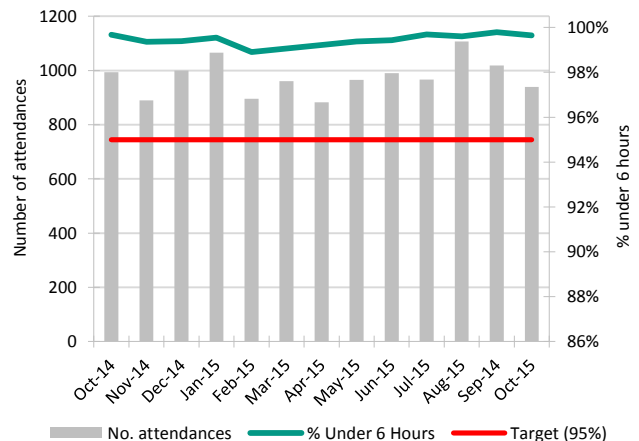
**Diabetes Management:** Performance against achieving good management of diabetes decreased during the rolling twelve months to September 2015. Among those who had their annual review, 64% of the estimated diabetic population had satisfactory or better management of their diabetes against the 80% target. Maori results also decreased at 51%. This is measured by the clinical indicator of HbA1c <64mmols/mol (using a denominator provided by the Ministry of Health that estimates the prevalence of diabetes in our population).

# Secondary Care & System Integration

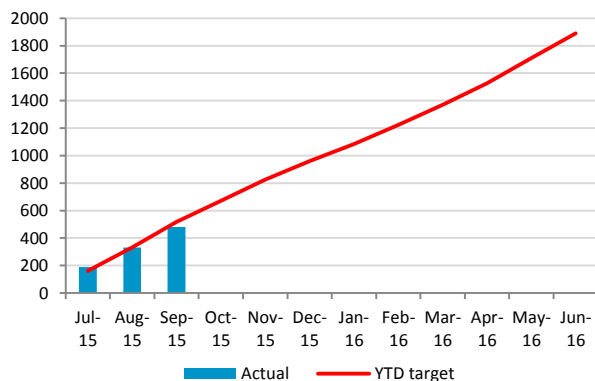
**Acute Medical Discharge Rate**



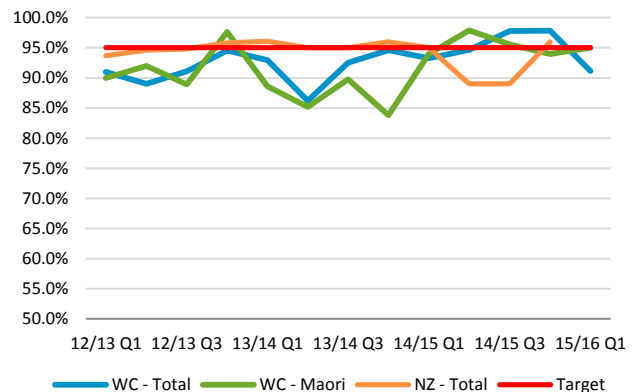
**Emergency Department (ED):  
Attendances & <6 Hours Health Target**



**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 99.6% of patients admitted, discharged or transferred from Grey Base ED within six hours during October 2015. An impressive 96% were seen within just four hours.

**Secondary care better help for smokers to quit health target:** During Quarter 1, West Coast DHB staff provided 91.1% of hospitalised smokers with smoking cessation advice and support –missing the target by just eleven smokers. This follows stable performance in previous quarters as well as the first two months of Quarter 1. Best practice initiatives continue, however the effects of small numbers remain challenging. The Smokefree Services Coordinator investigates each missed smoker. Result reflects 99.5% of discharges coded.

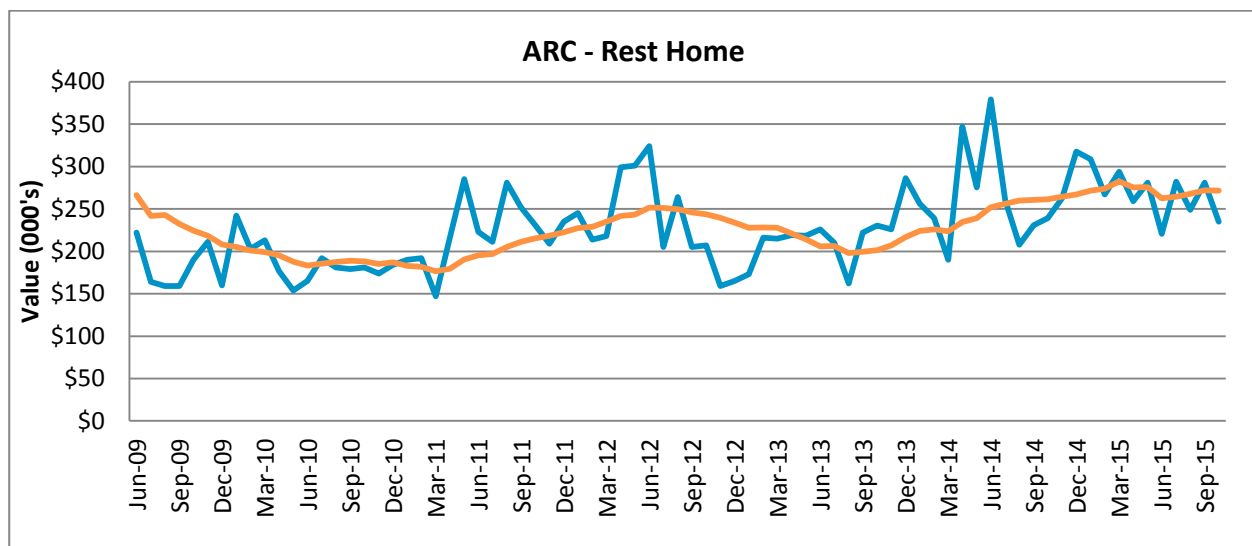
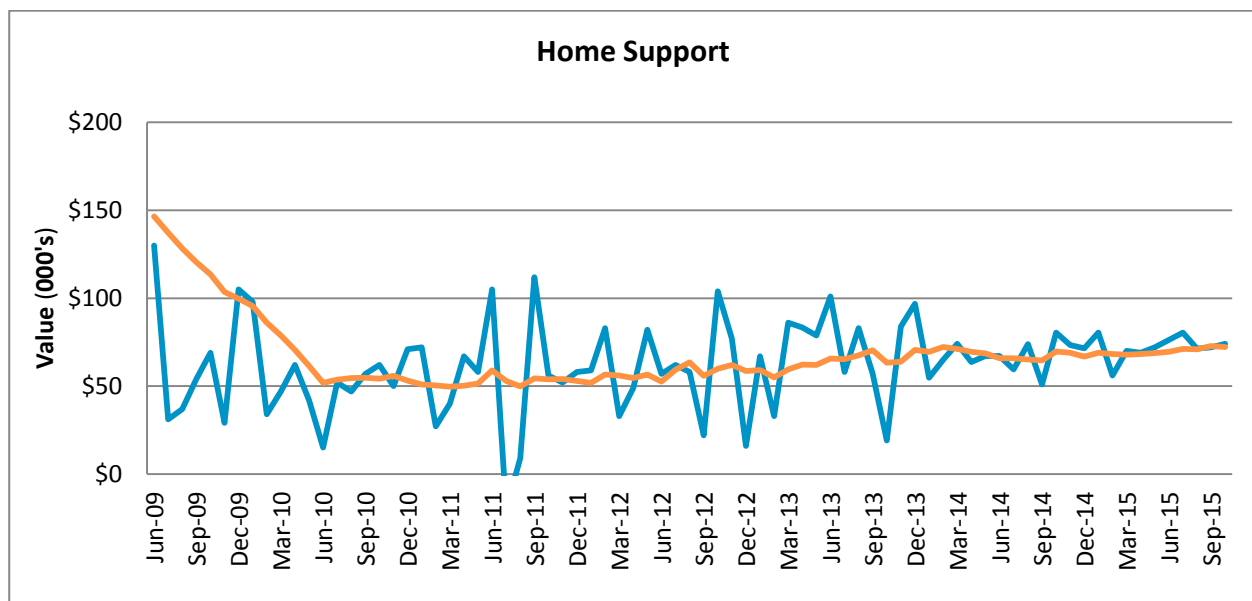
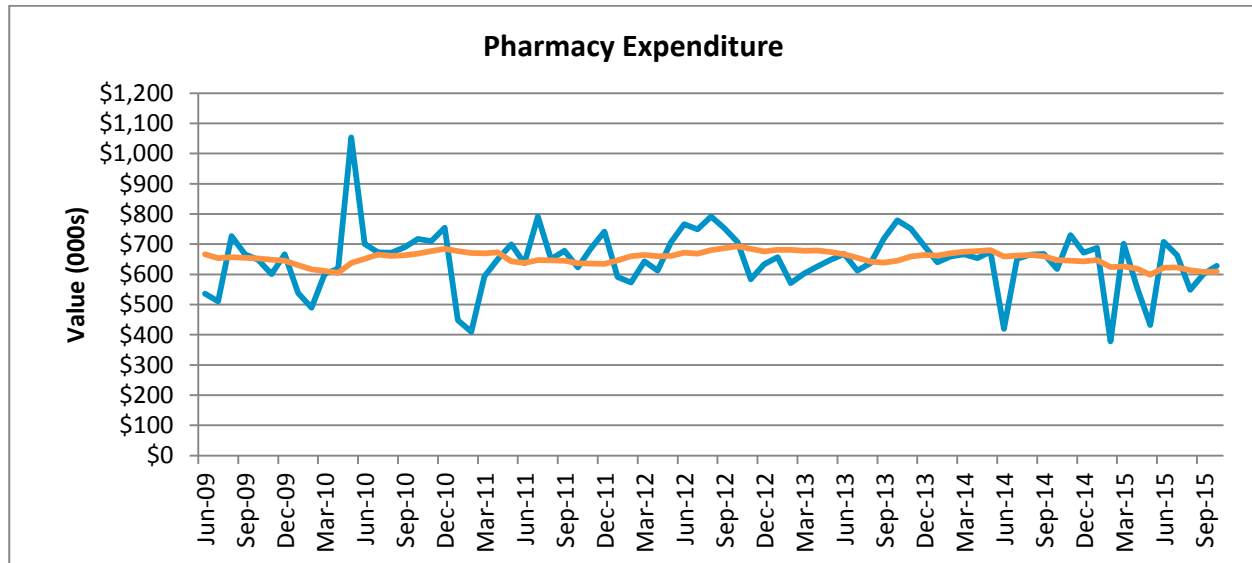
**Electives health target:** 480 elective surgical cases were delivered to West Coasters in the year to date September 2015, representing 92.8% of our year-to-date target delivery. While 37 discharges short of our year-to-date target this quarter, it is not anticipated there will be any difficulty in making up this shortfall next quarter.

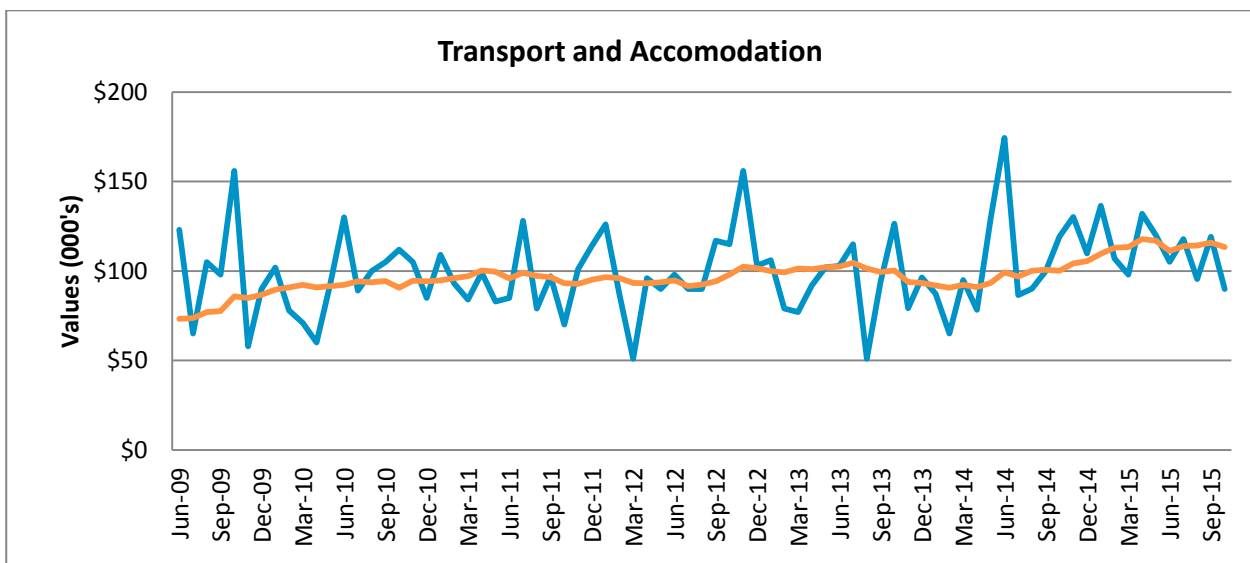
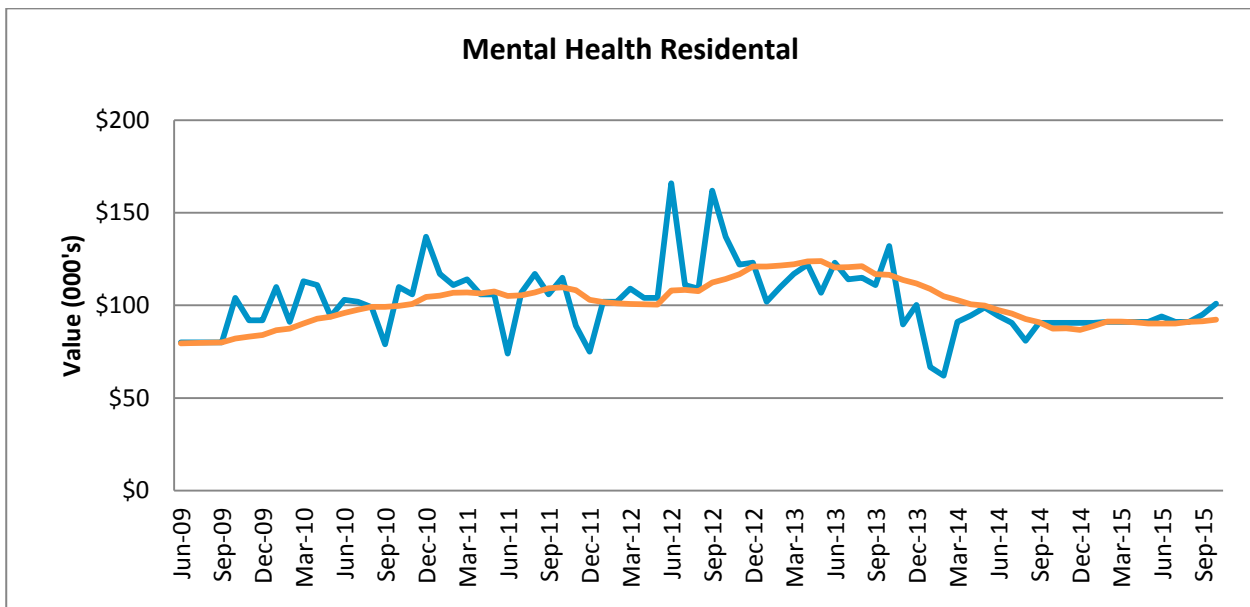
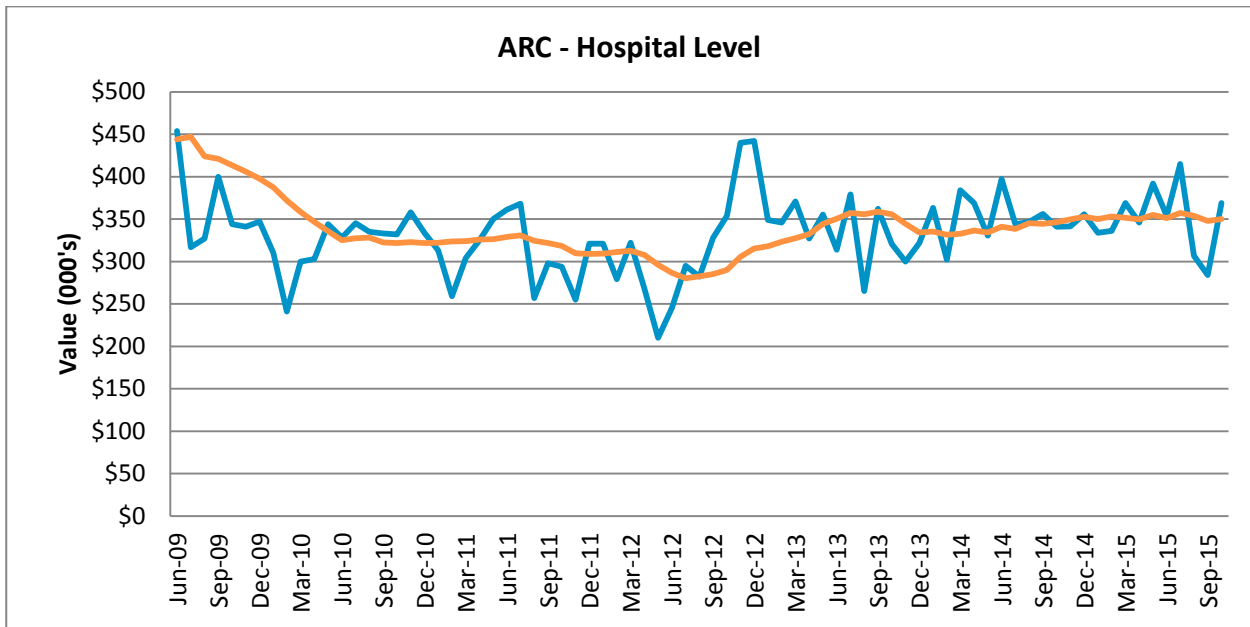
**ESPI compliance:** No patients exceeded the maximum 120 days' wait time target for First Specialist Assessment (ESPI 2) or First Specialist Assessment to surgical treatment (ESPI 5) as at the end of September 2015.

# Financials

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

— Expenditure Trend — Rolling average





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

Current Month					Year to Date					2015/16	
Actual	Budget	Variance			SERVICES	Actual	Budget	Variance		Annual Budget	
\$000	\$000	\$000	%			\$000	\$000	\$000	%	\$000	
					Primary Care						
18	31	13	43%	✓	Dental-school and adolescent	109	123	14	12%	✓	369
31	26	-5	-18%	✗	Maternity	124	105	-19	-18%	✗	316
0	1	1	100%	✓	Pregnancy & Parent	0	3	3	100%	✓	8
0	3	3	100%	✓	Sexual Health	0	11	11	100%	✓	33
1	4	3	74%	✓	General Medical Subsidy	13	17	4	25%	✓	50
509	513	4	1%	✓	Primary Practice Capitation	2,035	2,051	15	1%	✓	6,152
91	91	0	0%	✓	Primary Health Care Strategy	364	364	0	0%	✓	1,093
88	87	-1	-1%	✗	Rural Bonus	352	350	-2	-1%	✗	1,049
5	5	0	-2%	✗	Child and Youth	17	20	3	13%	✓	59
4	13	8	65%	✓	Immunisation	31	50	20	39%	✓	151
4	5	1	20%	✓	Maori Service Development	15	19	4	20%	✓	57
42	52	10	20%	✓	Whanua Ora Services	167	209	42	20%	✓	626
2	18	16	90%	✓	Palliative Care	21	72	51	71%	✓	215
9	6	-3	-47%	✗	Community Based Allied Health	35	25	-10	-38%	✗	76
9	12	3	27%	✓	Chronic Disease	35	48	13	27%	✓	144
46	53	7	14%	✓	Minor Expenses	176	213	37	17%	✓	639
858	920	61	7%	✓		3,492	3,679	187	5%	✓	11,036
					Referred Services						
56	23	-32	-139%	✗	Laboratory	127	93	-34	-36%	✗	279
628	663	35	5%	✓	Pharmaceuticals	2,442	2,653	211	8%	✓	7,960
684	687	3	0%	✓		2,569	2,746	177	7%	✓	8,239
					Secondary Care						
260	263	3	1%	✓	Inpatients	913	1,051	138	13%	✓	3,152
38	126	88	70%	✓	Radiolgy services	462	503	42	8%	✓	1,510
90	114	23	20%	✓	Travel & Accommodation	423	454	31	7%	✓	1,362
1,619	1,375	-244	-18%	✗	IDF Payments Personal Health	5,749	5,501	-248	-5%	✗	16,502
2,007	1,877	-130	-7%	✗		7,546	7,509	-37	0%	✗	22,526
3,550	3,483	-66	-2%	✗	Primary & Secondary Care Total	13,607	13,934	327	2%	✓	41,801
					Public Health						
26	25	-2	-8%	✗	Nutrition & Physical Activity	89	98	9	9%	✓	294
	0	0		✓	Public Health Infrastructure	0	0	0		✓	0
11	11	0	-3%	✗	Tobacco control	44	43	-1	-3%	✗	129
	0	0		✓	Screening programmes	0	0	0		✓	0
38	35	-2	-6%	✗	Public Health Total	134	141	7	5%	✓	423
					Mental Health						
-27	6	32	583%	✓	Dual Diagnosis A&D	6	22	16	74%	✓	66
0	2	2	100%	✓	Eating Disorders	0	8	8	100%	✓	23
20	20	0	0%	✓	Child & Youth Mental Health Services	80	80	0	0%	✓	240
5	5	0	-2%	✗	Mental Health Work force	27	20	-7	-37%	✗	60
61	61	0	0%	✓	Day Activity & Rehab	243	243	0	0%	✓	729
11	11	0	0%	✓	Advocacy Consumer	43	43	0	0%	✓	128
81	81	0	0%	✓	Other Home Based Residential Support	323	323	0	0%	✓	970
11	11	0	0%	✓	Advocacy Family	44	44	0	0%	✓	132
20	10	-10	-100%	✗	Community Residential Beds	53	39	-14	-36%	✗	117
0	0	0		✓	Minor Expenses	0	0	0		✓	0
65	65	0	0%	✗	IDF Payments Mental Health	259	259	0	0%	✗	776
246	270	24	9%	✓		1,078	1,081	3	0%	✓	3,242
					Older Persons Health						
0	9	9	100%	✓	Information and Advisory	0	38	38	100%	✓	114
0	0	0	100%	✓	Needs Assessment	0	0	0	100%	✓	1
74	70	-5	-7%	✗	Home Based Support	298	279	-19	-7%	✗	837
3	8	5	59%	✓	Caregiver Support	17	32	15	47%	✓	96
235	281	46	16%	✓	Residential Care-Rest Homes	1,047	1,123	76	7%	✓	3,370
8	5	-4	-79%	✗	Residential Care-Community	22	19	-3	-18%	✗	56
369	360	-9	-3%	✗	Residential Care-Hospital	1,374	1,439	65	5%	✓	4,318
	0	0		✓	Ageing in place	0	0	0		✓	0
10	0	-10		✗	Day programmes	37	0	-37		✗	0
18	15	-3	-21%	✗	Respite Care	35	60	25	42%	✓	180
1	1	0	0%	✓	Community Health	5	5	0	0%	✓	15
	1	1	100%	✓	Minor Disability Support Expenditure	1	5	5	87%	✓	16
91	91	0	0%	✓	IDF Payments-DSS	363	363	0	0%	✓	1,090
810	841	29	3%	✓		3,199	3,364	165	5%	✓	10,092
1,056	1,111	53	5%	✓	Mental Health & OPH Total	4,276	4,444	168	4%	✓	13,333
4,643	4,630	-13	0%	✗	Total Expenditure	18,017	18,519	503	3%	✓	55,558

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

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

**DATE:** 3 December 2015

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

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

## 2. RECOMMENDATION

That the Committee;

- i. Notes the Alliance Update.

## 3. SUMMARY

Progress of Note:

### **Alliance Leadership Team**

The ALT met during November to begin discussions about focus areas for Annual Planning 2016/17. Members were agreed that the five top priorities remain as for the 2015/16 year, namely:

1. Continuing to develop an integrated, cohesive system.
2. The importance of primary care as a key foundation, and resourcing this correctly.
3. Maori health inequity.
4. Rural lens and ensuring services work Coast-wide.
5. IT as an enabler.

A Maori health workshop was held just prior to the ALT planning workshop and was focused on develop focus areas for Maori health. This will then become part of the ALT planning package for workstreams.

### **Health of Older Persons**

- The Complex Clinical Care Network is providing specialist support and coordination of services for people with complex needs across the West Coast. Assessors have worked hard to increase InterRAI assessment coverage among those receiving long term HBSS, as well as a goal-based care plan.
- A trial has begun of an integrated plan using exiting workforce to enable a supported discharge response in the Buller. The learning from this will be used to implement the model coast wide. The falls prevention position has been re-advertised.
- Further planning is currently underway to refine how we will work with the Health of Older Persons sector to ensure that specialist wound care is available to community services and Aged Residential Care (ARC).

- The working group will meet in December to consider progress against the Cognitive Impairment Pathway and identify next steps.
- Allen Bryant Lifecare is fully operational again following the Hokitika flood. All residents who wish to return are in the process of returning or have now returned. There are now no issues with ARC bed numbers across the coast.

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

- Work on nurse clinics with Poutini Waiora, the PHO, respiratory nurses, and general practice is ongoing. This is well underway with Grey Medical and is now looking at implementation in High St and Westland Medical.
- A number of conversations have occurred with clinical staff around the *planned and unplanned* project that will aim to provide greater access to primary care for our community. This work will continue through to the new year as more resources including registrars, Rural Hospital Medicine Specialists (RHMS), and general practitioners come on board.
- The cross-agency provision of spirometry clinics to improve Maori engagement with health services is highly successful. Demand continues and the range of services being provided is expanding. Participants are also being encouraged to access general practice services and the Kaupapa Maori Nurse is now taking appointments for the two days she is working within Buller Medical Services. The initial focus has been on getting a service delivery model that effectively engages hard to reach Maori—Now that this is successful the focus is shifting towards obtaining feedback to further reduce barriers to health care.

### **Healthy West Coast**

- The South Westland Challenge has finished with positive participant feedback. A clinical outcome evaluation is being completed alongside a process evaluation.
- Work has commenced to improve processes following the announcement of the new Childhood Obesity Health Target for 2016, relating to referrals generated by the B4 School Check.

### **Child and Youth**

- Work continues with development of the Youth targeted website promoting Mental Wellbeing. Consumer feedback has been sought and there will be ongoing refinement.
- Initial discussions have taken place to develop a pilot pathway between the B4SC and Early Childhood Transition Services at the Ministry of Education. The pilot will see children who are identified with higher educational needs in relation starting school being referred to Resource Teachers for Learning & Behaviour for support prior to their 5th birthday.

### **Pharmacy**

- Resourcing pressures continue to limit Buller Pharmacy's capacity to participate in the Pharmacist2GP Programme. A work programme to support the pharmacy will be put in place to provide more focussed activity. All other pharmacies have arrangements with local general practices to provide regular pharmacist services on and off practice site.

**Report prepared by:**

Jenni Stephenson, Planning & Funding

**Report approved for release by:**

Stella Ward, Chair, Alliance Leadership Team



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

**SOURCE:** Planning & Funding

**DATE:** 3 December 2015

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

The purpose of this report is to present the Board with West Coast's progress against the national health targets for Quarter 1 (July-September 2015). The attached report provides a detailed account of the results and the work underway for each health target.

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

## 2. RECOMMENDATION

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

## 3. SUMMARY

In Quarter 1, the West Coast has:

- Achieved the **ED health target**, with **99.7%** of people admitted or discharged within six hours. The West Coast is a leader in the country with consistent performance against this health target.
- Achieved the **more heart and diabetes checks health target**, with **91%** of the eligible enrolled population having had a CVD risk assessment in the last five years.

Health target performance has been weaker in the following areas:

- Achieved **92.8%** of the improved access to **elective surgery health target**, just 37 discharges short of meeting the **517** year-to-date target.
- Missed the **better help for smokers to quit (secondary) health target** by just 11 smokers, with **91.1%** of hospitalised smokers receiving help and advice to quit.
- Reduced coverage against the **better help for smokers to quit (primary) health target**, as expected following a national definition change. In Quarter 1, **84.5%** of (PHO enrolled) smokers received help and advice to quit.
- Performance was maintained against the **faster cancer treatment health target** at **50%**. Four of the eight non-compliant patients exceeded the wait time due to clinical or other justifiable reasons. Work is ongoing and all non-compliant cases are investigated.
- Performance improved against the **increased immunisation health target**, missing just one child due to being on holiday. West Coast vaccinated **85%** of the eligible population and **99%** of consenting children.

## 6. APPENDICES

Appendix 1: Q1 1516 WC Health Target Report.pdf  
Appendix 2: HT\_Q1\_Indv\_WestCoast\_Col.pdf  
Report prepared by: Libby Doran, Planning & Funding  
Report approved by: Carolyn Gullery, GM Planning & Funding  
David Meates, Chief Executive

# National Health Targets Performance Summary

Quarter 1 2015/16 (July-September 2015)

## Target Overview

Target	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Target	Status	Pg
<b>Shorter Stays in ED</b> Patients admitted, discharged or transferred from an ED within 6 hours	99.4%	99.4%	99.7%	99.7%	95%	✓	2
<b>Improved Access to Elective Surgery</b> West Coast's volume of elective surgery	878 YTD	1,288 YTD	1721	480 <sup>1</sup>	517 YTD	✗	2
<b>Faster Cancer Treatment</b> Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	72.7%	62.5%	50%	50%	85%	✗	3
<b>Increased Immunisation</b> Eight-month-olds fully immunised	82.2%	89.0%	85.3%	88.4%	95%	✗	3
<b>Better Help for Smokers to Quit</b> <sup>2</sup> <b>Hospitalised</b> smokers receiving help and advice to quit	94.7%	97.6%	97.8%	91.1%	95%	✗	4
<b>Better Help for Smokers to Quit</b> Smokers offered help to quit smoking by a <b>primary care</b> health care practitioner in the last 15 months	78.3%	94%	90.2%	84.5%	90%	✗	4
<b>More Heart and Diabetes Checks</b> Eligible enrolled adult population having had a CVD risk assessment in the last 5 years	82.6%	90.3%	91.1%	91%	90%	✓	5

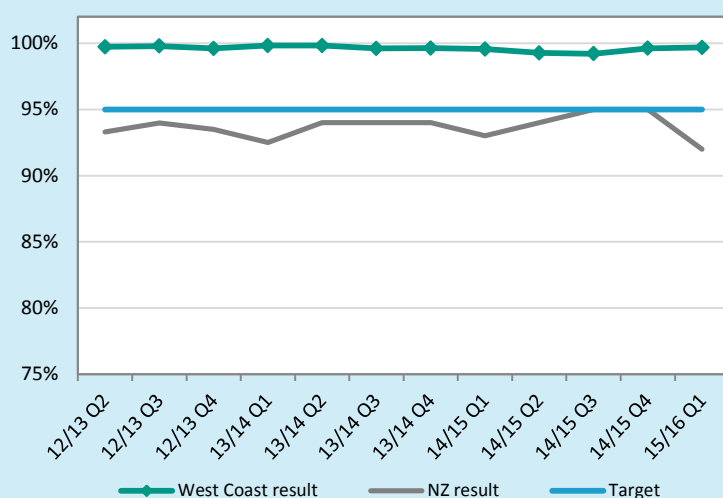
<sup>1</sup> Coding delays have meant this result is preliminary. More recent results show 487 discharges were complete as at the end of September 2014, reflecting 94.2% of target.

<sup>2</sup> Results may vary slightly from those reported due to coding processes. Reflects result as at time of reporting to MoH.

## Shorter Stays in Emergency Departments

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

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

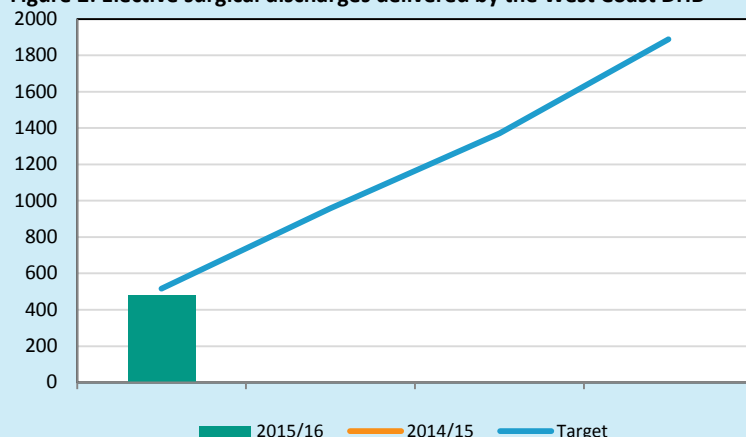


The West Coast continues to achieve the ED health target, with **99.7%** of patients admitted, discharged or transferred from ED within 6 hours during Quarter one.

## Improved Access to Elective Surgery

**Target:** 1,889 elective surgeries in 2015/16

**Figure 2: Elective surgical discharges delivered by the West Coast DHB<sup>3</sup>**



**480** elective surgical cases were delivered to Coasters in the year to date September 2015, representing **92.8%** of our year-to-date target delivery.<sup>4</sup>

At 37 discharges short, it is not anticipated that we will have any difficulties meeting our overall electives health target volumes by year-end.

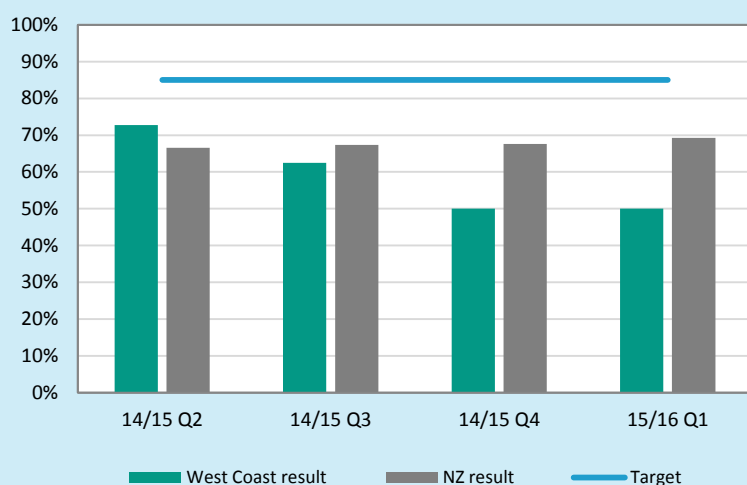
<sup>3</sup> Excludes cardiology and dental procedures. Progress is graphed cumulatively.

<sup>4</sup> Coding delays have meant this result is preliminary. More recent results show 487 discharges were complete as at the end of September 2014, reflecting 94.2% of target.

## Faster Cancer Treatment

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

**Figure 3: Percentage of West Coasters with a high suspicion of cancer receiving their first treatment or other management within 62 days<sup>5</sup>**



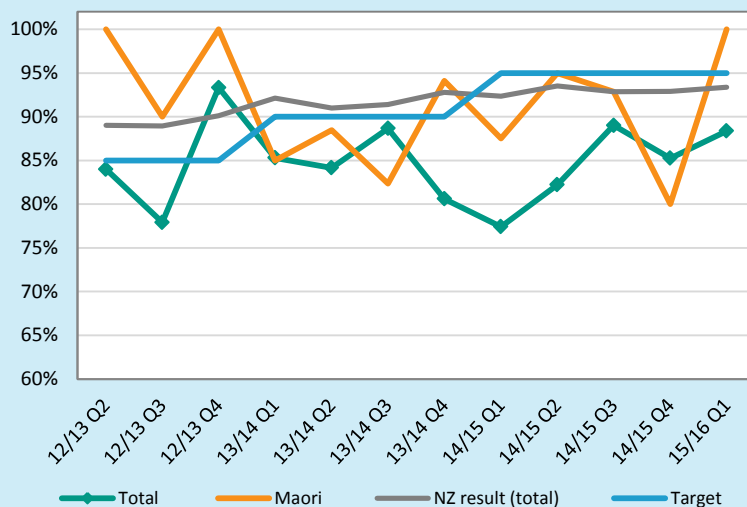
Performance against the health target has remained the same this quarter with **50%** of patients receiving their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer. Small numbers are a challenge with the 50% result reflecting just four patients. All four were complex patients, exceeding the timeframe due to patient choice or clinical considerations. Audits into patient pathways have commenced.

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

## Increased Immunisation

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

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



Although we have not met the target, 88.4% of all 8-month-olds were fully immunised during Quarter 1. Strong results were achieved for Maori, Pacific, Asian (100%) and New Zealand European (96%).

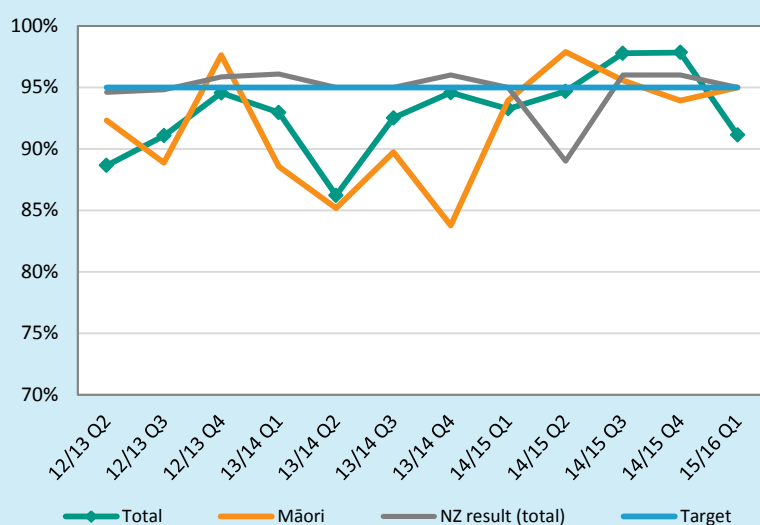
Opt-off & declines decreased this quarter at a combined total of 10.5%—which is reflected in our improved results. With just one child missed due being on holiday, 99% of the reachable (consenting) population were immunised this quarter.

<sup>5</sup> This measure does not include instances in which a patient chooses to wait for treatment or there are clinical reasons for delay.

## Better Help for Smokers to Quit: *Secondary*

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

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



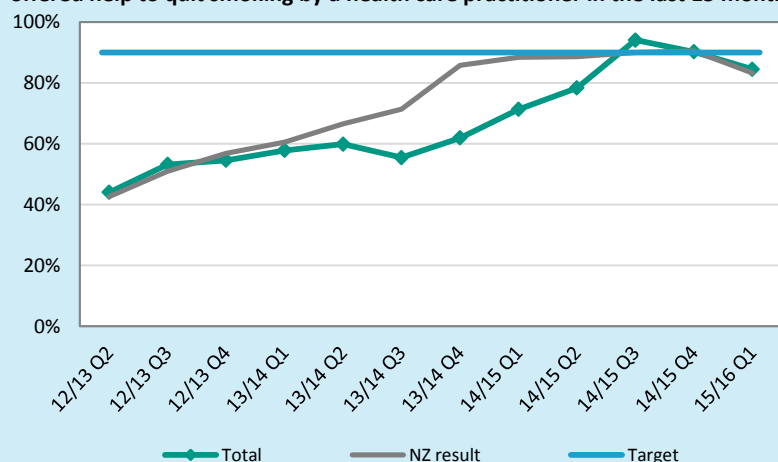
In Quarter 1, West Coast DHB staff provided **91.1%**<sup>6</sup> of hospitalised smokers with smoking cessation advice and support—missing target. This is disappointing in light of our stable performance in the previous two quarters as well as the first two months of Quarter 1.

Best practice initiatives continue, however the effects of small numbers remain challenging—missing target by just eleven smokers. The Smokefree Services Coordinator investigates each missed smoker.

## Better Help for Smokers to Quit: *Primary*

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

**Figure 6: Percentage of PHO enrolled population who smoke that have been offered help to quit smoking by a health care practitioner in the last 15 months**



West Coast health practitioners have reported giving **4,744** smokers cessation advice in the 15 months ending September 2015. This represents **84.5%** of smokers enrolled with the PHO, against our 90% target.

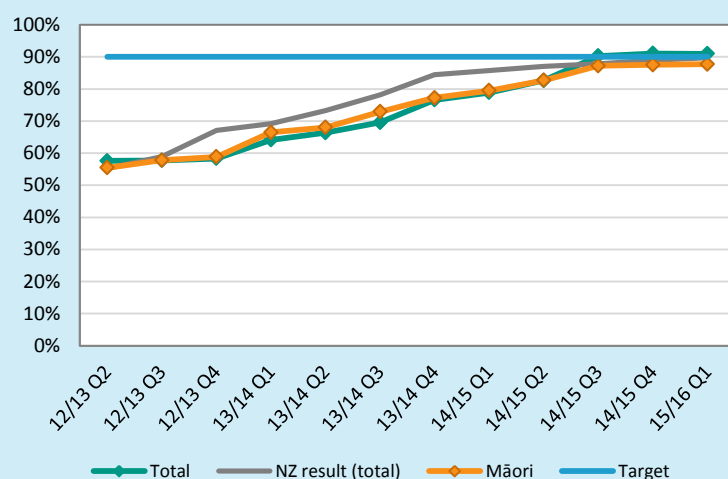
After meeting target in Quarter 4, results have decreased below target this quarter. This was expected following a national definition change. The target's focus is now not only on smokers expected to present to general practice, but the West Coast population as a whole. The timeframe of this measure has also changed from 12 months to 15 months—further widening its scope.

<sup>6</sup> Results may vary slightly from those reported due to coding processes. Reflects result as at time of reporting to MoH.

## More Heart & Diabetes Checks

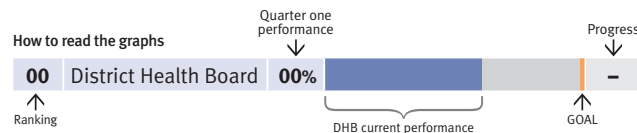
**Target:** 90% of the eligible enrolled population have had a CVD risk assessment in the last five years

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



West Coast general practices have maintained coverage this quarter, with **91%** of the eligible enrolled West Coast population having had a cardiovascular risk assessment (CVDRA) in the last 5 years. We are pleased to continue to meet the target.

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



### Shorter stays in Emergency Departments

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

	Quarter one performance (%)	Change from previous quarter
1 West Coast	100	▲
2 South Canterbury	96	▼
3 Nelson Marlborough	95	—
4 Whanganui	95	—
5 Canterbury	95	—
6 Tairāwhiti	95	—
7 Counties Manukau	95	—
8 Taranaki	94	▼
9 Wairarapa	94	—
10 Bay of Plenty	94	—
11 MidCentral	93	▼
12 Waitemata	93	▼
13 Auckland	93	—
14 Northland	93	—
15 Hawke's Bay	92	▼
16 Southern	90	▼
17 Lakes	90	—
18 Waikato	89	▼
19 Capital & Coast	86	▼
20 Hutt Valley	86	▼
All DHBs	92	▼

95%

This target definition changed to provide more consistent recognition of surgical delivery.



### Improved access to elective surgery

The target is an increase in the volume of elective surgery by at least 4000 discharges per year. DHBs planned to deliver 47,878 discharges for the year to date, and have delivered 1,852 more. The new revised target definition includes elective and arranged in-patient surgical discharges, regardless of whether they are discharged from a surgical or non-surgical specialty (excluding maternity).

	Quarter one performance (%)	Progress against plan (discharges)
1 Northland	125	▲
2 Tairāwhiti	125	▲
3 Whanganui	123	▲
4 Waikato	119	▲
5 Taranaki	115	▲
6 Bay of Plenty	109	▲
7 Southern	107	▲
8 Hutt Valley	105	▲
9 Lakes	102	▲
10 Waitemata	101	▲
11 Nelson Marlborough	101	▲
12 Wairarapa	101	▲
13 Hawke's Bay	101	▲
14 Capital & Coast	99	▼
15 Counties Manukau	99	▼
16 South Canterbury	98	▼
17 MidCentral	98	▼
18 Canterbury	97	▼
19 Auckland	93	▼
20 West Coast	93	▼
All DHBs	104	▲

100%



### Faster cancer treatment

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

	Quarter one performance (%)	Change from previous quarter
1 Wairarapa	84	▲
2 MidCentral	82	▲
3 Hawke's Bay	79	▲
4 Lakes	78	▲
5 Capital & Coast	77	▼
6 Bay of Plenty	75	—
7 Waitemata	74	▼
8 Canterbury	72	▼
9 Counties Manukau	70	▲
10 Taranaki	70	▲
11 Northland	69	▲
12 Nelson Marlborough	69	▲
13 Southern	67	—
14 Auckland	66	▲
15 Hutt Valley	65	▲
16 South Canterbury	63	—
17 Waikato	57	—
18 West Coast	50	—
19 Tairāwhiti	48	▼
20 Whanganui	44	▼
All DHBs	69	▲

85%



### Increased Immunisation

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

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

95%

This target has a new definition shifting the focus to the entire enrolled population of people who smoke and not only those seen in primary care.



### Better help for smokers to quit

The target is 90 percent of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months. From quarter one the hospital target is now only reported on the Ministry's website, along with the maternity target results [www.health.govt.nz/healthtargets](http://www.health.govt.nz/healthtargets)

\* As the target definition has changed, there is no comparison to previous results.

	Quarter one performance (%)	Change from previous quarter*
1 Nelson Marlborough	91	NA
2 Tairāwhiti	90	NA
3 Counties Manukau	87	NA
4 MidCentral	87	NA
5 Whanganui	87	NA
6 Northland	86	NA
7 Auckland	85	NA
8 Waitemata	85	NA
9 Taranaki	85	NA
10 Lakes	85	NA
11 West Coast	84	NA
12 Waikato	84	NA
13 South Canterbury	84	NA
14 Canterbury	83	NA
15 Hawke's Bay	81	NA
16 Capital & Coast	79	NA
17 Hutt Valley	79	NA
18 Southern	78	NA
19 Wairarapa	78	NA
20 Bay of Plenty	68	NA
All DHBs	83	NA

90%



### More heart and diabetes checks

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

	Quarter one performance (%)	Change from previous quarter
1 Auckland	92	—
2 Counties Manukau	92	—
3 Whanganui	92	▲
4 Taranaki	92	—
5 Northland	91	—
6 West Coast	91	—
7 Waikato	91	—
8 Waitemata	91	—
9 Nelson Marlborough	90	▲
10 Hawke's Bay	90	—
11 Wairarapa	90	—
12 Tairāwhiti	90	—
13 MidCentral	90	▲
14 Capital & Coast	89	—
15 Hutt Valley	89	—
16 Bay of Plenty	89	—
17 South Canterbury	89	—
18 Canterbury	86	▲
19 Southern	85	▲
20 Lakes	84	▼
All DHBs	90	—

90%

# COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE – REVISED TERMS OF REFERENCE



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

**SOURCE:** Board Secretariat

**DATE:** 3 December 2015

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.

The purpose of this report is to allow the Committee the opportunity to review its current Terms of Reference and to recommend any changes to the Board for formal ratification.

## 2. RECOMMENDATION

That the Committee:

- i. Reviews the current Terms of Reference and provides feedback; and
- ii. Recommends to the Board that they formally adopt the revised Terms of Reference for the Community & Public Health and Disability Support Advisory Committee.

## 3. SUMMARY

The current Terms of Reference for the Community & Public Health and Disability Support Advisory Committee were adopted by the Board in 2010.

Attached as Appendix 1 are the draft revised Terms of Reference for the Committee showing the proposed amendments as tracked changes.

These are placed before the Committee to allow it to review the content of its Terms of Reference and provide feedback and a recommendation to the Board for the formal adoption of the revised terms of reference.

## 4. APPENDICES

Appendix 1: Revised Terms of Reference Community & Public Health and Disability Support Advisory Committee (tracked changes)

Report prepared by: Kay Jenkins, Board Secretariat



# COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE – REVISED TERMS OF REFERENCE



## INTRODUCTION

The Community and Public Health Advisory Committee and the Disability Support Advisory Committee are Statutory Committees of the Board of the West Coast District Health Board established in terms of Sections 34 and 35 of the New Zealand Public Health and Disability Act 2000 (the Act). These Terms of Reference are supplementary to the provisions of the Act, Schedule 4 to the Act and the Standing Orders of the West Coast District Health Board.

The West Coast District Health Board has determined that the same body of persons shall comprise both Committees and that the meetings shall be combined into one meeting. The membership of the joint committee shall include some members with a specific interest or knowledge of Disabilities and some with a specific interest or knowledge in Community and Public Health. For ease of reference the Committee shall be referred to as the “Community and Public Health and Disability Support Advisory Committee.”

These Terms of Reference will apply from 11 December 2015 to 30 April 2017 at which time they will be reviewed by the newly elected Board of the West Coast District Health Board who will also review the membership of the Committee.

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## FUNCTIONS

The Community and Public Health and Disability Support Advisory Committee has specific aims and functions prescribed within the NZ Health and Disability Act 2000 (Schedule 4, Clauses 2&3). These apply to the roles of the two separate advisory Committees, which form the joint Committee and exist in addition to these terms of reference. A summary of these functions and aims is set out below.

*“The functions of the Community and Public Health and Disability Support Advisory Committee, with respect to Community and Public Health, are to provide advice and recommendations to the Board of the West Coast District Health Board on:*

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- 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

*The functions of the Community and Public Health and Disability Support Advisory Committee, with respect to Disability Support, are to provide advice and recommendations to the Board of the West Coast District Health Board on:*

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- 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 this advice is to ~~assist~~ensure the disability support services that the West Coast District Health Board provides or funds, along with the policies it adopts, ~~to~~ promotes the inclusion and participation in society, and maximises the independence of people with disabilities within the resident population of the West Coast District Health Board. This advice should not be inconsistent with the New Zealand Disability Strategy.

The Committee will effect these functions by:

- Reviewing the Health Needs Assessment and making appropriate recommendations to the Board.

- Reviewing the ~~draft~~District Annual Plan ~~and District Strategic Plan~~ and making appropriate recommendations to the Board.
- Reviewing information regarding environmental and demographic changes within which the West Coast District Health Board is working.
- Identifying Key Priority Actions from the ~~District~~ Annual Plan and ~~other~~ Strategic Plans to monitor progress. (Management will report on key deliverables and measurable achievements associated with these Key Priority Actions).
- Where there are issues raised in other Board Committees, such as the Hospital Advisory Committee, that signal a risk to the health of our community or affect the health or disability support needs of the resident population that may be more appropriately considered by Community and Public Health Advisory Committee & Disability Support Advisory Committee, then updates may be presented to Community and Public Health Advisory Committee & Disability Support Advisory Committee on the issue and potential work programmes as it relates to the ~~District~~ Annual Plan.
- Ultimately the Committee will develop a clear set of community outcomes that reflect the West Coast District Health Board priority needs of our population which could then be reported on and monitored.
- Monitoring, reporting and making appropriate recommendations to the Board on those issues that fall within its terms of reference arising from; referrals from other Committees, matters delegated to it by the Board and from direct reporting to it. To facilitate this, Management will provide exception reporting to the Committee to measure against financial and operational issues. (Responsibility for the monitoring of individual contracts rests with management).
- Reviewing and evaluating summary information from internal and external audits on those areas which relate to community and public health and disability contracts and operational issues and monitoring progress made by management in implementing any recommendations arising from those audits.
- Providing advice to the Board on the priorities for funding that maximise the overall health gain for the population that the Committee serves, as prescribed in the Boards accountability documents.

## KEY PROCESSES

- The Board approves the Annual Plan, associated Regional Plans and any individual strategies developed to meet the health and disability needs of ~~our~~the West Coast population.
- 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~~ approved Strategic Plans and the Disability Support Action Plan of the West Coast District Health Board.
- Any ~~paper report~~ or piece of work being presented to the ~~e~~Committee should identify how it links to the Annual Plan (the annual workplan of the West Coast District Health Board).
- Any update on progress with implementation must identify the risks or barriers to the delivery of the strategies.

## ACCOUNTABILITY

The Community and Public Health and Disability Support Advisory Committee is a Statutory Committee of the Board and as such its members are accountable to the Board and will report regularly to the Board.

- Members of the Community and Public Health and Disability Support Advisory Committee are to carry out an assessment role but are not to be advocates of any one health sector group. They are to act in an impartial and objective evidence based manner (where evidence is available) for the overall aims of the Committee.

- Legislative requirements for dealing with conflicts of interest will apply to all Community and Public Health and Disability Support Advisory Committee members, and members will abide by the West Coast District Health Board's External Communications Policy and Procedure and Standing Orders.
- The Committee Chair will annually during each Board term review the performance of the Community and Public and Disability Support Advisory Committee and members.

## LIMITS ON AUTHORITY

The Community and Public Health and Disability Support Advisory Committee must operate in accordance with directions from the Board and, unless the Board delegates specific decision making power to the Committee, it has no delegated authority except to make recommendations or provide advice to the Board.

- The Community and Public Health and Disability Support Advisory Committee provides advice to the Board by assessing and making recommendations on the reports and material submitted to it.
- The Community and Public Health and Disability Support Advisory Committee should refer any issues that fall within the Terms of Reference of the other Board committees to those committees.
- Requests by the members of the Community and Public Health and Disability Support Advisory Committee for work to be done by management or external advisors (from both within a meeting and external to it) should be made via the Committee Chair and directed to the Chief Executive or their delegate. Such requests should fall within the Annual Plan.
- There will be no alternates or proxy voting of Committee members.
- ~~All Community and Public Health and Disability Support Advisory Committee members must comply with the provisions of Schedule 4 of the Act relating in the main to:~~
  - ~~The term of members not exceeding three years~~
  - ~~A conflict of interest statement being required prior to nomination~~
  - ~~Remuneration~~
  - ~~Resignation, vacation and removal from office~~
- The management team of the West Coast District Health Board makes decisions about the funding of services within the Board approved parameters and delegations.

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## RELATIONSHIPS

The Community and Public Health and Disability Support Advisory Committee is to be cognisant of the work being undertaken by the other Committees of the West Coast District Health Board to ensure a cohesive approach to health and disability planning and delivery. and as such will be required to have effective relationships with:

- the Board
- the Clinical Board and Senior eClinical sStaff of the West Coast District Health Board
- other Statutory Committees of the West Coast District Health Board
- Tatau Pounamu Ki Te Tai o Poutini Manawhenua Advisory Group
- the community of the West Coast District Health Board
- The Consumer Council and eConsumer gGroups
- mManagement of the West Coast District Health Board.

This will also be achieved through the sharing of agendas which are available on the West Coast DHB website and the regular meetings of the Chairs of the Committees.

Management will provide the Community and Public Health and Disability Support Advisory Committee with updates on the work of other government agencies, funders or territorial local authorities that may affect the health status of the resident population of the West Coast District Health Board.

## TERM OF MEMBERSHIP

~~These Terms of Reference shall be reviewed in February 2011.~~

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~~The Act states that Statutory Committee members must not be appointed for a term exceeding three years. Although members are eligible for reappointment it is appropriate that membership is reviewed by newly elected Boards to consider the skills-mix of the committee and allow for a diverse and representative cross section of the community to have input into decision making.~~

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## MEMBERSHIP OF THE COMMITTEE

The Community and Public Health and Disability Support Advisory Committee will ordinarily comprise a mix of Board members and appropriate members selected from the Community up to a maximum of eleven members. The Board in selecting members will have regard to the need for the Committee to comprise an appropriate skill mix including people with special interests in community and public health and also in disability and Maori and Pacific health issues. However, the Board may appoint advisors to the Committee from time to time, for specific periods, to assist the work of that Committee.

Members of the Community and Public Health and Disability Support Advisory Committee will be appointed by the Board who will comply with the requirements of the Act.

The Chair of the Community and Public Health and Disability Support Advisory Committee will be a member of the Board and will be appointed by the Board, who may also appoint a Deputy Chair of the Committee. If not appointed as members of the Committee, the Chair and Deputy Chair of the Board are to be appointed as ex-officio members of the Community, Public Health and Disability Support Advisory Committee with speaking rights and voting rights.

~~Board members who are not members of the Committee will receive copies of agendas of all meetings and may attend meetings of the Committee with speaking rights for those meetings that they attend.~~

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The Chair, Deputy Chair and members of the Community and Public Health and Disability Support Advisory Committee shall continue in office for a period specified by the Board until such time as:

- The Chair, Deputy Chair or member resigns; or
- The Chair, Deputy Chair or member ceases to be a member of the Community and Public Health Advisory Committee or the Disability Support Advisory Committee in accordance with clause 9 of Schedule 4 of the Act; or
- The Chair, Deputy Chair or member is removed from that office by notice in writing from the Board ~~or~~
- ~~;- The Chair or Deputy Chair ceases to be a member of the Board.~~

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~~The Act states that Statutory Committee members must not be appointed for a term exceeding three years. Although members are eligible for re appointment it is appropriate that membership is reviewed by newly elected Boards to consider the skills mix of the Committee and allow for a diverse and representative cross section of the community to have input into the Committee's deliberations~~

- All Hospital Advisory Committee members must comply with the provisions of Schedule 4 of the Act relating in the main to:
  - The appointment term of members.
  - A conflict of interest statement being required prior to nomination.
  - Remuneration and
  - Resignation, vacation and removal from office.

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## MEETINGS

The Community and Public Health and Disability Support Advisory Committee will meet regularly as determined by the Board with the frequency and timing taking into account the workload of the Committee.

- Subject to the exceptions outlined in the Act, the date and time of the Community and Public Health and Disability Support Advisory Committee meetings shall be publicly notified and be open to the public. The agenda, any reports to be considered by the Committee and the minutes of the Committee meeting will be made available to the public as required under the Act.
- Meetings shall be held in accordance with Schedule 4 of the Act and with the West Coast District Health Board's Standing Orders, adopted by the Board in May 2001 (and as amended from time to time).
- In addition to formal meetings, Committee members may be invited to attend workshops or fora for briefing and information sharing.

## REPORTING FROM MANAGEMENT

- Management will provide exception reporting to the Community and Public Health and Disability Support Advisory Committee to measure against performance indicators and key milestones as identified by the Committee.
- Management will also provide the Community and Public Health and Disability Support Advisory Committee with updates on the work of other government agencies or territorial local authorities that may affect the health status of the resident population of the West Coast District Health Board.
- Management will provide such reports and information as necessary to enable the statutory committees to fulfil their statutory obligations.

## MANAGEMENT SUPPORT

- In accordance with best practice, and the delineation between governance and management, key support for the Community and Public Health and Disability Support Advisory Committee will be provided by the General Manager, Planning and Funding as required. The General Manager will be involved in the preparation of agendas, reports and minutes of the Committee in liaison with the Chair of the Committee.
- In practice, attendance at the part or whole of the meetings by management and other support staff should be determined by the Chair based on items on the agenda.
- The Community and Public Health and Disability Support Advisory Committee will also be supported by Community and Public Health staff and by internal secretarial, clinical support, hospital, planning and funding and financial management staff as required.
- The Board may appoint advisors to the Community and Public Health and Disability Support Advisory Committee from time to time, for specific periods, to assist the work of that committee. The

committee may also, through management, request input from advisors to assist with their work. ~~Such advisors may be sourced internally using internal resources or at management's discretion out-sourced from external consultants in which case the West Coast District Health Board policies on probity and tendering will be followed.~~

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## REMUNERATION OF COMMITTEE MEMBERS

In accordance with ~~Ministerial direction and board resolutions~~ Cabinet Guidelines, members of the Community and Public Health and Disability Support Advisory Committee will be remunerated for attendance at meetings at the rate of \$250 per meeting up to a maximum of ten meetings, with a total maximum payment of \$2,500 per annum ~~(\$2,500)~~. The Committee Chair will be remunerated for attendance at meetings at the rate of \$312.50 per meeting, again up to a maximum of ten meetings, with a total maximum payment of \$3,125 per ~~annum~~ year ~~(\$3,125)~~. Ex-officio members are not remunerated.

These payments are made for attendance at public meetings and do not include workshops.

- Any officer or elected representative of an organisation who attends committee meetings which their organisation would expect their officer or elected representative to attend as a normal part of their duties, and who is paid by them for that attendance, should not receive remuneration.
- The Fees Framework for Crown Bodies includes the underlying principle that any employees of Crown Bodies should not receive remuneration for attendance at Committee meetings whilst being paid by their employer.
- Reasonable attendance expenses (i.e.: reasonable travel-related costs) for Committee members may be paid. Members should adhere to the West Coast District Health Board's travel and reimbursement policies.

Adopted by the West Coast District Health Board – ~~28<sup>th</sup> July 2014~~ 11 December 2015.

**WEST COAST DISTRICT HEALTH BOARD MEETING**  
**to be held at St John Waterwalk Road, Greymouth**  
**on Friday 6 November 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**
  - 25 September 2015
3. **Carried Forward/Action List Items**

**REPORTS**

**10.20am**

- |   |  |                   |
|---|--|-------------------|
| 4. <b>Chair's Update</b><br>(Verbal Update)       | Peter Ballantyne<br><i>Chairman</i>  | 10.20am – 10.30am |
| 5. <b>Chief Executive's Update</b>                | David Meates<br><i>Chief Executive</i>                                       | 10.30am – 10.50am |
| 6. <b>Clinical Leader's Update</b>                | Karyn Bousfield<br><i>Director of Nursing &amp; Midwifery</i>                | 10.50am – 11.00am |
| 7. <b>Wellbeing, Health and Safety Update</b>     | Michael Frampton<br><i>Programme Director</i>                                | 11.00am – 11.10am |
| 8. <b>Finance Report</b>                          | Justine White<br><i>General Manager, Finance</i>                             | 11.10am – 11.20am |
| 9. <b>2015/16 Annual Plan Update</b>              | Phil Wheble<br><i>Team Leader, Planning &amp; Funding</i>                    | 11.20am – 11.30am |
| 10. <b>Report from Committee Meetings</b>         |  |                   |
| - CPH&DSAC<br>22 October 2015                     | Elinor Stratford<br><i>Chair, CPH&amp;DSA Committee</i>                      | 11.30pm - 11.40am |
| - Hospital Advisory Committee<br>22 October 2015  | Kevin Brown<br><i>Deputy Chair, Hospital Advisory Committee</i>              | 11.40am – 11.50am |
| - Tatau Pounamu Advisory Group<br>22 October 2015 | Elinor Stratford<br><i>Board Representative Tatau Pounamu Advisory Group</i> | 11.50am – 12noon  |
| 11. <b>Resolution to Exclude the Public</b>       | Board Secretariat  | 12noon            |

**INFORMATION ITEMS**

- West Coast DHB Complaints Procedure
- 2015 Meeting Schedule
- 2016 Meeting Schedule
- 

**ESTIMATED FINISH TIME**

**12noon**

**NEXT MEETING**

Friday 11 December 2015



# COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE 22 OCTOBER 2015



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

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

**DATE:** 6 November 2015

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

This report is provided to the West Coast DHB Board as an interim update on the Community & Public Health & Disability Support Advisory Committee (CPH&DSAC) meeting of 22 October 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 – 22 October 2015.



### **3. SUMMARY**

#### **ITEMS OF INTEREST FOR THE BOARD**

##### **a) COMMUNITY AND PUBLIC HEALTH UPDATE**

This report was provided to the Committee with updates as follows:

##### **Stoptober**

The West Coast Tobacco Free Coalition is supporting Stoptober again this year. This is the second time that this nationwide stop smoking challenge has been held in New Zealand. Stoptober is coordinated by Action on Smoking and Health (ASH) staff in Auckland who coordinate national media (including social media) and supply resources for promoting Stoptober in the community. Stoptober and cessation options were also displayed around the DHB.

##### **Aukati KaiPaipa**

Our new Aukati KaiPaipa (AKP) practitioner has started delivering weekly clinics in Westport based in the Poutini Waioara office. Community & Public Health staff have again supported the latest Poutini Waioara/West Coast PHO Spirometry clinic in Westport in September. Community & Public Health are involved in the planning for similar clinics in Greymouth and Westland District in the coming months.

The Committee noted that the West Coast had responded to an ROI advertised by the Ministry of Health regarding smoking cessation in conjunction with the alliance. The Ministry have now withdrawn this and it has been re-issued. This proposed the kind of integration we are already undertaking with Providers.

##### **Kaumātua Wellbeing Hui**

Regular Kaumātua Wellbeing hui have been scheduled and planned through to February 2016 with Poutini Waioara, West Coast PHO, West Coast DHB, Westland Medical Centre and kaumatua. These are based on the health needs and issues identified by the Kaumātua. Participants in Poutini Waioara's Hauora Pai programme have also been invited to these hui. October's hui included a kōrero with Work and Income staff as well as WCDHB staff regarding travel assistance. Upcoming hui include a focus on falls prevention, arthritis/gout, mental wellbeing and pre-diabetes/diabetes awareness.

##### **Appetite for Life Franz Josef**

Community & Public Health recently delivered an Appetite for Life course for the first time in Franz Josef. It was delivered as part of the 100 day challenge, which started in July as an initiative to get South Westland active. Participants commented that the information delivered on nutrition complimented their increase in activity well. Participants travelled from Hari Hari and Fox Glacier to attend the course.

##### **Greymouth High School Canteen Revamp**

Community & Public Health have been working with Greymouth High School to improve the food offered for sale at the canteen. Initially there was a high incidence of high fat, high sugar and high salt foods and this was worked through with the canteen manager who has led the changes. The school has eliminated or downsized most of these options while still having some treat food available. There are now more healthy choices available such as wraps, bread rolls, fresh fruit, yoghurt and muesli cups and homemade muffins. Feedback from staff and students has been positive.

##### **Sugar Sweetened Beverages**

As at 30 September all sugar-sweetened beverages (SSB) are no longer being sold on West Coast DHB premises. This change was advertised with high profile communication via the intranet, posters as well as information for staff at point of sale. The review of the rest of the West Coast

DHB's Food and Beverage policy will continue over the coming months and align with work that is happening nationally in this space.

The Overall Food and Beverage Policy will be presented to this Committee prior to going to the Board

### **Legionella Health Promotion**

Community & Public Health are currently working on a promotion to raise awareness of Legionnaire's disease, and West Coasters are being urged to follow some simple steps in order to avoid getting this serious illness linked to gardening.

### **Mental Health Awareness Week**

Community & Public Health is continuing to support Mental Health Awareness Week throughout the month of October. This has included a spread regarding Wellbeing in The Messenger, the distribution of 'Give' resources to public in Westport and community groups in Fox Glacier and Franz Joseph. Community & Public Health staff have also delivered taster sessions on Mindfulness and Tai Chi in Greymouth.

### **Mindfulness in Schools Programme**

Community & Public Health in partnership with Buller REAP has started piloting the Mindful Aotearoa (Mental Health Foundation) Mindfulness in Schools Programme in two West Coast schools this term: Westport North and Reefton Area School. This eight week pilot follows school principals, teachers, Social Workers in Schools and Public Health Nurses on the West Coast identifying anxiety and emotional difficulties as a wellbeing priority for primary aged students.

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 99.6% of patients admitted, discharged or transferred from Grey Base ED within six hours during August 2015. An impressive 95.5% were seen within just four hours.

### **Key Issues & Associated Remedies**

- Following the achievement of the year-end targets for the 2014/15 year, West Coast DHB has not met target in August, delivering B4 School Checks to 5% of the total eligible population and 2% of the high deprivation population against the 15% target. Results were affected by staff sick leave and a catch-up plan is already in place.
- The West Coast DHB missed the **improved access to elective surgery health target** for the year to date to August 2015 by just four discharges, representing 99% of target. It is not anticipated that we will have any difficulties meeting our overall Electives Health Target volumes by year-end.

### **Upcoming Points of Interest**

- **Older Persons' Health**  
Planning and Funding and HealthCert have embarked on a quality improvement exercise with Granger House and Kowhai Manor after a HealthCert inspection.

The Committee noted that Allen Bryant has now opened a wing of their Rest Home so the residents being housed in Hannan Ward have now moved back there. The facilities are expected to be completed by the end of December which will allow residents still living in the Community and other Rest Homes to return there.

The report was noted.

**c) ALLIANCE UPDATE**

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

- The Alliance Leadership Team
- Mental Health Workstream
- Health of Older Persons
- Grey/Westland & Buller Family Health Services (IFHS)
- Healthy West Coast
- Child and Youth and
- Pharmacy

Discussion took place regarding funding issues that perhaps cause lesser desirable actions to be followed. Management are looking at this so that funding does not drive the care of the patient. This is an Alliance based approach.

The report was noted.

**d) GENERAL BUSINESS**

Kathleen Gavigan – General Manager Buller gave a brief update on items of interest from Buller. She spoke regarding an initiative to increase access for Maori which has been very successful. Feedback from non-Maori nurses show they have found the interaction to be valuable.

She also commented that the Kawatiri Birthing Unit is going from strength to strength, with the unit working more as a women's health centre with other clinic's basing themselves in the unit. Feedback from the public has been good.

Discussion took place around the length of time stroke sufferers are waiting for their drivers licences to be re-instated and the effect it is having on their independence and confidence. It is also understood that some are taking a risk and driving before they have been re-tested.

The Chair provided the Committee with a website address for the Disability Services Provider Forum which she had updated them on at the last meeting ([www.health.govt.nz](http://www.health.govt.nz) and then look for 'provider forums'). The DIAS and NASC RFP's for the review process have been completed and interviews have taken place, to date the successful RFP has not been announced.

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 22 October 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**

*10 September 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*

**6. Planning & Funding Update**

Phil Wheble  
*Team Leader, Planning & Funding*

*9.20am - 9.40am*

**7. Alliance Update**

Phil Wheble  
*Team Leader, Planning & Funding*

*9.40am - 9.50am*

**8. General Business**

Elinor Stratford  
*Chair*

*9.50am – 10.00am*

## ESTIMATED FINISH TIME

**10.00am**

## INFORMATION ITEMS

- Board Agenda – 25 September 2015
- Chair's Report to last Board meeting
- Committee Work Plan 2015
- West Coast DHB 2015 Meeting Schedule
- West Coast DHB 2016 Meeting Schedule

## NEXT MEETING

**Date of Next Meeting:** Thursday 3 December 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 Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items
<b>STANDARD REPORTS</b>	Health Target Q1 Report  Planning & Funding Update  Community & Public Health Update  Alliance Update	Health Target Q2 Report  Maori Health Plan Update  Planning & Funding Update  Community & Public Health Update  Alliance Update	  Planning & Funding Update  Community & Public Health Update  Alliance Update	Health Target Q3 Report  Maori Health Plan Update  Planning & Funding Update  Community & Public Health Update  Alliance Update	  Planning & Funding Update  Community & Public Health Update  Alliance Update	Health Target Q4 Report  Maori Health Plan Update  Planning & Funding Update  Community & Public Health Update  Alliance Update	  Planning & Funding Update  Community & Public Health Update  Alliance Update	Health Target Q1 Report  Maori Health Plan Update  Planning & Funding Update  Community & Public Health Update  Alliance Update
<b>PRESENTATIONS</b>		As required	Victim Support		As required	As required		As required
<b>PLANNED ITEMS</b>		West Coast Public Health Annual Plan		Suicide Prevention Update				Suicide Prevention update  Healthy Food Environment Policy 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	Disability Action Plan Update
<b>INFORMATION ITEMS</b>	Latest Board Agenda Chair's Report to Board from last meeting  Committee Work Plan  2015 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting  Committee Work Plan  2015 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting  Committee Work Plan  C&PH 6 Monthly report to MoH  2015 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting  Committee Work Plan  2015 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting  Committee Work Plan  2015 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting  Committee Work Plan  2015 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting  Committee Work Plan  2015 Schedule of Meetings  2016 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting  Committee Work Plan  2016 Schedule of Meetings

## WEST COAST DHB – MEETING SCHEDULE

### JANUARY – DECEMBER 2016

DATE	MEETING	TIME	VENUE
Thursday 28 January 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 28 January 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 28 January 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 12 February 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 10 March 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 10 March 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 10 March 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 1 April 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 28 April 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 28 April 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 28 April 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 13 May 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 9 June 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 9 June 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 9 June 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 24 June 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 28 July 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 28 July 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 28 July 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 12 August 2016	BOARD	10.15am	St Johns Waterwalk Rd, Greymouth
Thursday 8 September 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 8 September 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 8 September 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 23 September 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 27 October 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 27 October 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 27 October 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 4 November 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 1 December 2016	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 1 December 2016	HAC	11.00am	Boardroom, Corporate Office
Thursday 1 December 2016	QFARC	1.30pm	Boardroom, Corporate Office
Friday 9 December 2016	BOARD	10.15am	St John, Waterwalk Rd, Greymouth

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