

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



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

**Thursday 28 January 2016
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 28 January 2016 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

3 December 2015

3. Carried Forward/ Action Items

REPORTS/PRESENTATIONS

9.10am

4. Community and Public Health Update

Claire Robertson
Team Leader, Community and Public Health

9.10am - 9.20am

5. Planning & Funding Update

Phil Wheble
Team Leader, Planning & Funding

9.20am – 9.30am

6. Alliance Update

Phil Wheble
Team Leader, Planning & Funding

9.30am – 9.40am

7. 2016 Committee Workplan

Board Secretariat

9.40am – 9.50am

8. General Business

Elinor Stratford
Chair

9.50am – 10.00am

PRESENTATIONS IN CONJUNCTION WITH HOSPITAL ADVISORY COMMITTEE

Child & Youth Health Presentation

Wayne Turp
Project Specialist, Planning & Funding

10.00am - 10.30am

Mana Tamariki Programme Presentation

Moya Beech-Harrison
General Manager, Poutini Waioara

10.30am - 11.00am

ESTIMATED FINISH TIME

11.00am

INFORMATION ITEMS

- Board Agenda – 11 December 2015
- Chair's Report to last Board Meeting
- CPH six monthly report to Ministry of Health
- West Coast DHB 2016 Meeting Schedule
- Revised Time Line – Disability Action Plan

NEXT MEETING

Date of Next Meeting: Thursday 10 March 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
CHAIR Elinor Stratford (Board Member)	<ul style="list-style-type: none"> • Clinical Governance Committee, West Coast Primary Health Organisation • Committee Member, Active West Coast • Chairperson, West Coast Sub-branch - Canterbury Neonatal Trust • Committee Member, Abbeyfield Greymouth Incorporated • Trustee, Canterbury Neonatal Trust • Elected Member, Arthritis New Zealand, Southern Regional Liaison Group • President of the New Zealand Federation of Disability Information Centres
DEPUTY CHAIR John Vaile (Board Member)	<ul style="list-style-type: none"> • Director, Vaile Hardware Limited • Member of Community Patrols New Zealand
Lynnette Beirne	<ul style="list-style-type: none"> • Patron of the West Coast Stroke Group Incorporated • Member South Island Regional Stroke Foundation Advisory Committee • Partner in Chez Beirne (provider of catering and home stay services for the West Coast DHB and West Coast Primary Health Organisation) • Contract for the Café and Catering at Tai Poutini • Daughter employed as nurse for West Coast DHB • Member of West Coast DHB Consumer Council • Consumer Representative on WCDHB Falls Coalition Committee • Consumer Representative on WCDHB Stroke Coalition Committee
Cheryl Brunton	<ul style="list-style-type: none"> • Medical Officer of Health for West Coast - employed by Community and Public Health, Canterbury District Health Board • Senior Lecturer in Public Health - Christchurch School of Medicine and Health Sciences (University of Otago) • Member - Public Health Association of New Zealand • Member - Association of Salaried Medical Specialists • Member - West Coast Primary Health Organisation Clinical Governance Committee • Member – National Influenza Specialist Group • Member, Alliance Leadership Team, West Coast Better Sooner More Convenient Implementation • Member – DISC Trust

Michelle Lomax (Board Member)	<ul style="list-style-type: none"> • Autism New Zealand – Member • West Coast Community Trust – Trustee • Buller High School Board of Trustees – Chair • St John Youth Leader • New Zealand School Trustees Association – Member of Marlborough/Nelson/West Coast Regional Executive • Employee - Damien O'Connor's Electorate Office
Jenny McGill	<ul style="list-style-type: none"> • Husband employed by West Coast DHB • Member, Parents Centre • Peer Support – Mum4Mum
Joseph Mason	<ul style="list-style-type: none"> • Representative of Te Runanga o Kati Wae Wae Arahura • Employee Community and Public Health, Canterbury DHB
Mary Molloy	<ul style="list-style-type: none"> • Spokesperson for Farmers Against 1080 • Executive Member - Ban 1080 Political Party • Director, Molloy Farms South Westland Ltd • Trustee, L.B. & M.E. Molloy Family Trust • Executive Member, Wildlands Biodiversity Management Group Inc. • Chair of the West Coast Community Trust
Peter Ballantyne Ex-officio (Board Chair)	<ul style="list-style-type: none"> • Member, Quality, Finance, Audit and Risk Committee, Canterbury DHB • Retired Partner, Deloitte • Member of Council, University of Canterbury • Trust Board Member, Bishop Julius Hall of Residence • Spouse, Canterbury DHB employee (Ophthalmology Department) • Niece, Juliette Reese, Coordinator/Administrator Medical Training Programmes, West Coast District Health Board
Joseph Thomas Ex-officio (Board Deputy Chair)	<ul style="list-style-type: none"> • Ngati Mutunga o Wharekauri Asset Holding Company Limited – Chair • Motuhara Fisheries Limited – Director • Ngati Mutunga o Wharekauri Iwi Trust – Trustee and Member • New Zealand Institute of Management Inc – Member (Associate Fellow) • New Zealand Institute of Chartered Accountants – C A, Member • Te Kawhai Tumata – Committee Member

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, 3 December 2015 commencing at 9.00am

PRESENT

Elinor Stratford (Chairperson); Cheryl Brunton; Michele Lomax, Jenny McGill; Mary Molloy; John Vaile; and Peter Ballantyne (ex-officio).

APOLOGIES

Apologies were received and accepted from Joe Mason and Lynette Beirne.

EXECUTIVE SUPPORT

Mark Newsome (General Manager, Grey/Westland); 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

There were no additions or alterations to the Interest Register.

Declarations of Interest for Items on Today's Agenda

There were no interests declared for items on today's agenda.

Perceived Conflicts of Interest

There were no perceived conflicts of interest.

2. MINUTES OF THE PREVIOUS MEETING

Resolution (6/15)

(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 22 October 2015 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION ITEMS

The Carried Forward/Action Items were noted.

4. DISABILITY ACTION PLAN UPDATE

Kathy O'Neill, Team Leader, Planning & Funding, provided the Committee with an update on progress with the West Coast Disability Action Plan. She advised that the plan has been completely rewritten in response to feedback received during consultation. This will now go

through the appropriate approval process and come to the January or March Committee meeting.

Some of the main changes include:

- The addition to the vision that people can live to their full potential;
- The addition of - Improve Health Literacy and implementing an affirmative action plan to increase the number of people with a disability who are employed by the West Coast DHB;
- Combining the use of “Plain Language” into “Provide Accessible Information and Communication”;
- Change of the scope from just child and youth, to integrate services for people with disabilities of all ages with more emphasis on cross government work;
- Change of the scope of accessibility of facilities to include services and facilities; and
- The promotion of the Health and Wellbeing and inclusion of People of all ages and abilities now includes addressing stigma and discrimination.

In addition a position statement has been drafted and priority actions have been identified and whilst the plan is not yet approved some aspects of the plan are already progressing.

A timetable for reporting back in 2016 was tabled and this will continue to be a regular report to the Committee. The Committee noted that whilst this is a 10 year plan, it is a working document and it is intended to revise the strategy each year to ensure it is appropriate going forward.

The update was noted.

5. COMMUNITY & PUBLIC HEALTH UPDATE

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

Health Promoting Schools

On 16 November Community & Public Health 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.

Appetite for Life Hokitika

Community & Public Health 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.

Early Childhood Nutrition

Community & Public Health has been continuing work with Early Childhood Centres to support the development of healthy kai policies. Recently they 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. They also provided some resources with healthy lunch ideas for parents to take home. They are now looking at running a parent question and answer session in the near future, which has worked well in the past.

Alcohol Licensing

Community & Public Health 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.

Smoke-free Enforcement

Community & Public Health's newly appointed Smokefree Enforcement Officer attended Smoke-free Enforcement Officers Training in Wellington on 20th and 21st 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, Community & Public Health 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.

The report was noted.

6. HEALTHY FOOD ENVIRONMENT – VERBAL UPDATE

Claire Robertson, Team Leader, Community & Public Health, provided an update to the Committee regarding Healthy Food Environment.

The Committee noted that this year the West Coast DHB commenced work on a local policy around Health Food Environment and as part of the healthy eating policy, sugary beverages have been already removed from cafeterias within the DHB. There is now movement nationally to address this and a National Working Group has been formed. The Group includes all DHBs, St John and the Ministry of Health.

The Auckland DHB already has policies in place around the Healthy Food Environment and this is going to be used to develop the national policy.

It was acknowledged that in his letter to DHBs the Minister asked that this policy be put in place by the end of December 2015 however this has now been extended to 30 June 2016.

The update was noted.

7. MAORI HEALTH UPDATE

Gary Coghlan, General Manager, Maori Health, presented this report. He highlighted the following points:

Primary Smokefree Health Target

Aukati Kai Paipa has worked with 126 clients with a 38.3% validated abstinence rate over 3 months. The Aukati Kai Paipa cessation advisor is working more closely with practices and Poutini Waioara which is resulting in increased referrals to this service.

Spirometry Clinics have been held in Westport and Karamea testing all Maori patients with a known diagnosis of COPD. These clinics will now be extended to Greymouth.

Understanding 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.

Key findings are:

- 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.

The second stage of this project 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 12th 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 work stream work plans 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.

The update was noted

8. 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 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.

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.

The Committee noted that the Allen Bryant facility is now fully operational again.

The report was noted.

9. 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
- Health of Older Persons
- Grey/Westland & Buller Family Health Services (IFHS)
- Healthy West Coast
- Child and Youth and
- Pharmacy

The Committee noted that planning for 2016/17 is underway with work streams planning to have their draft plans ready by the end of January 2016.

Discussion took place regarding the trial to enable a supported discharge response in Buller. The learnings from this will be used to implement the model Coast wide.

The report was noted.

10. HEALTH TARGET RESULTS

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.

The report was noted.

11. SUICIDE PREVENTION PALN – VERBAL UPDATE

Cheryl Brunton, Interim Chair of the Suicide Prevention Governance Group, provide the Committee with an update on work being undertaken in this area.

The Committee noted that implementation of the suicide prevention and post-vention plan which has been approved by the Ministry of Health is now taking place.

The Governance Group met yesterday and noted that all planned activities are on target. The Committee also noted that a more comprehensive report will be available around the middle of 2016.

12. REVISED COMMITTEE TERMS OF REFERENCE

The Committee discussed the revised Terms of Reference and recommended them to the Board for approval.

Resolution (7/15)

(Moved Mary Molloy/seconded Jenny McGill – carried)

That the Committee

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

INFORMATION ITEMS

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

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

Confirmed as a true and correct record:

Elinor Stratford, Chair

Date

CARRIED FORWARD/ACTION ITEMS



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

COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE CARRIED FORWARD/ACTION ITEMS AS AT 28 JANUARY 2016

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
1.	10 September 2015	West Coast Disability Action Plan	Update on progress to be provided to Committee	Paper now scheduled for 10 March 2016. Updated time line included in information items of today's agenda.
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	Update Scheduled for June/July 2016
4.	22 October 2015	Health Food Environments Policy	Policy Paper	Paper scheduled for early part of 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: 28 January 2016

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)

January 2016

Health Promoting Schools (HPS)

During late November and early December 2015 the HPS School Community Health and Wellbeing Review Tool was completed with seven schools across the West Coast. Two of these schools are new or have requested a return to HPS involvement. The review tool is a useful way for schools to provide evidence of self-review and progress in terms of health and wellbeing in their school community. The discussions held with principals and staff were robust, and planning for HPS involvement in 2016 central to these discussions. It is positive to see schools valuing and being committed to the health and education partnership.

Teacher Led Innovation Fund. In 2015 nine local schools were successful in their application to MoE's teacher led innovation fund. The purpose of this is fund to support teachers to develop ways to improve learning, particularly for Maori, Pasifika, those that have special learning education needs, and other minority students. HPS is involved in this kaupapa, with three of the nine schools being HPS schools.

Community Nutrition

CPH has recently met with some key contacts in Westport and have will be running an Appetite for Life course with the Number "37" clients starting in February. We are also developing some strategies to streamline our referral process and the overall experience of Appetite for Life.

CPH has been continuing work with Early Childhood Centres to support the development of healthy kai policies. Recently we visited Kids First, in Franz Josef. This was a valuable visit, with six parents and one teacher attending the healthy eating workshop. It is encouraging to see that the centre is proactive in ensuring healthy kai is available. Since opening, there has been a "no packets" approach and encourages healthy beverages by ensuring each child has a drink bottle filled up with water available at all times.

MoH Tobacco Realignment

Following the submission of a Registration of Interest, Community & Public Health were successful in the next stage of the MoH Tobacco Realignment – Regional/Local Stop Smoking Services process. This process follows the announcement that the Aukati Kaipapa service will no longer be funded past 30 June 2016. CPH has been invited to submit a Request for Proposal (RFP). A working group representing a number of local organisations and knowledge with smoking cessation and Maori health are currently working on the RFP to propose a smoking cessation model they believe will work best on the West Coast.

Healthy Food and Beverage Environments Policy

Over the last six-months, DHBs and the MoH have been working together to strengthen DHB Healthy Food & Beverage guidelines and attempt national alignment across the sector. This has included the development and agreement of high level principles, under which individual DHBs detailed policies will be developed. The principles are based substantially on the new *Eating and*

Activity Guidelines for New Zealand Adults. WCDHB EMT endorsed a principles based document on the 23 December 2015 and work will continue on the detailed policy, with the expectation that this will be completed by 30 June 2015.

Alcohol Licensing

CPH briefed a group of students at Tai Poutini Poly Technic in Greymouth. A presentation has been developed by CPH that focuses on the responsibilities of a Duty Manager including:

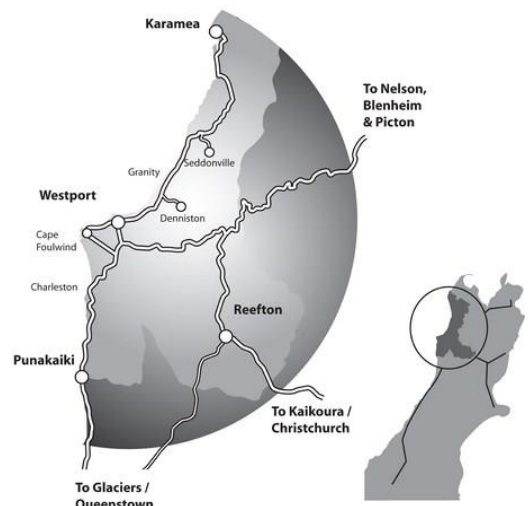
- The provision of free water, non alcohol drinks and low alcohol drinks
- The provision of safe alternative transport options
- Denying intoxicated people entry into licences premises and not allowing people to become intoxicated on a licensed premise.
- The provision of substantial food items available at all times of the licence
- Denying service to any person under the age of 18 and requesting identification from any person that looks under 25 years of age
- The keeping of a 'log book' and suggestions of information to be recorded in the log book
- Ethical issues e.g. what would they do if a young vulnerable looking intoxicated person arrives at their licensed premises alone.

CPH attended a Grey District Council meeting and made submissions on behalf of the Medical Officer of Health regarding the implementation of a Local Alcohol Policy in Grey District. The submissions were well received by Council and CPH has been asked to gather further evidence on the harm caused to the community relating to the Sale and Supply of Alcohol Act 2012 'default national maximum trading hours' 8.00am until 4.00am the following day.

In January CPH conducted monitoring at the Kumara Races, Kumara Racecourse Westland District and licensed premises in Westland District and Grey District within a 50km radius of Kumara Racecourse.

Buller Community Profile

A number of interviews have been held with local health and social service providers in the Buller to gather information for the Buller Community Profile. There has been a very positive response from all of those involved so far and some very valuable information gathered. Pete Howard, the Community Development Facilitator based at Buller REAP and Karen Hamilton, Tessa Hunter and Sue Neilson from Community & Public Health are involved with the interview process. The aim is to have the bulk of the interviews completed by the end of February.



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

SOURCE: Planning & Funding

DATE: 28 January 2016

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 99.5% 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.
- All patients were compliant against the maximum 120 days' wait time target for First Specialist Assessment (ESPI 2) and First Specialist Assessment to surgical treatment (ESPI 5) in November. Preliminary results for December are showing three patients non-compliant against ESPI 5.

✗ Key Issues & Associated Remedies

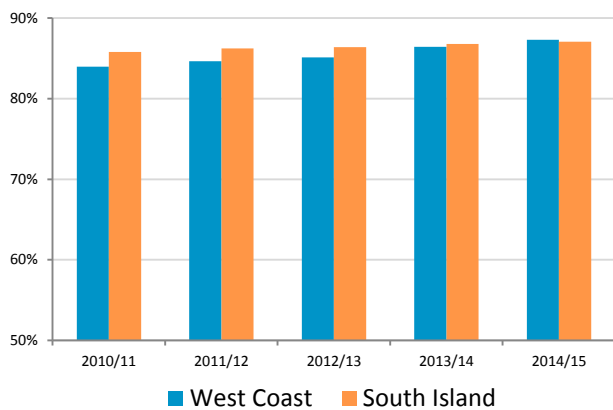
- West Coast DHB has not met target in December, delivering **B4 School Checks** to 27% of the total eligible population and 25% of the high deprivation population against the 45% target. Results were affected by staff sick leave and a catch-up plan is already in place.
- The West Coast DHB missed the **improved access to elective surgery health target** for the year to date to November 2015 by 22 discharges, representing 97% of target. It is not anticipated that we will have any difficulties meeting our overall Electives Health Target volumes by year-end.
- 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.

Report prepared by: Planning & Funding

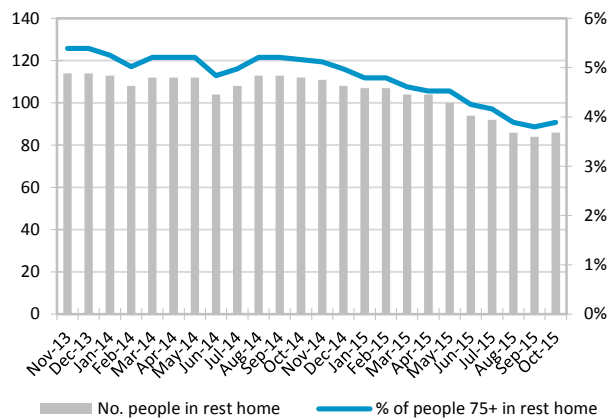
Report approved for release by: Carolyn Gullery, General Manager, Planning & Funding

Older Persons' Health

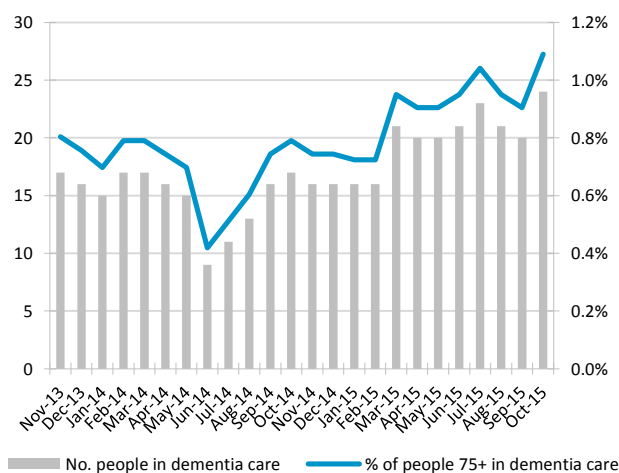
% of people 75+ living in their own homes



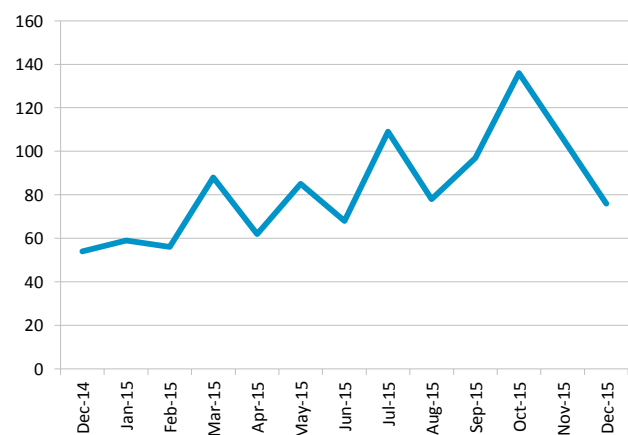
% of people aged 75+ admitted in Rest Home level care



% of people aged 75+ in Specialist Dementia Care



Number of interRAI assessments completed



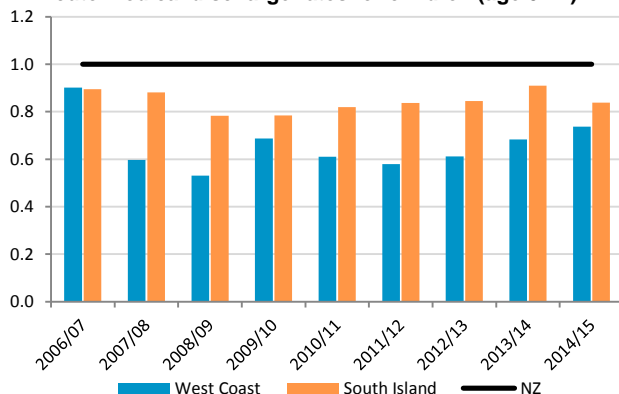
Achievements / Issues of Note

The temporary Manager ceased work at Granger House and Kowhai Manor in November, with the new Facility Manager commencing her one year fixed term. This Manager is working with the team to build on the progress the staff have already made and to report to the Ministry of Health and the DHB on progress against HealthCert's Inspection findings.

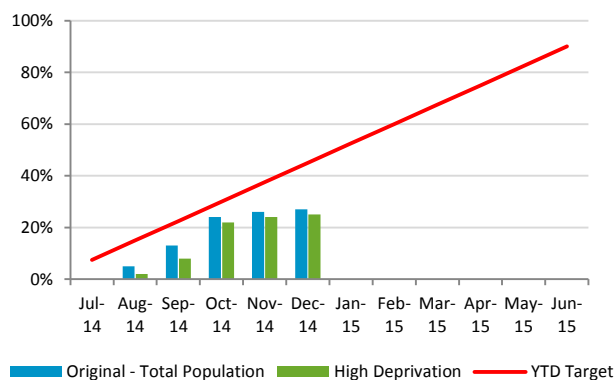
A December 2015 ARC (aged residential care) provider teleconference examined the accessibility of GP and Allied Health services for ARC residents and provided education about when to help residents complete ACC claim forms. GP and Allied Health services are key supports to ARC, and ARC providers are required to ensure appropriate GP and Allied Health input.

Child, Youth & Maternity

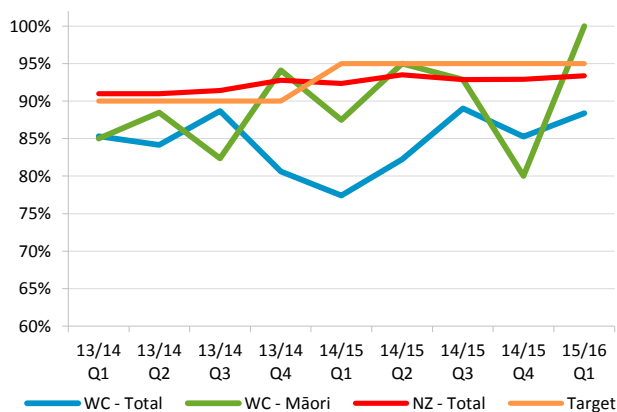
Acute medical discharge rates for children (age 0-14)



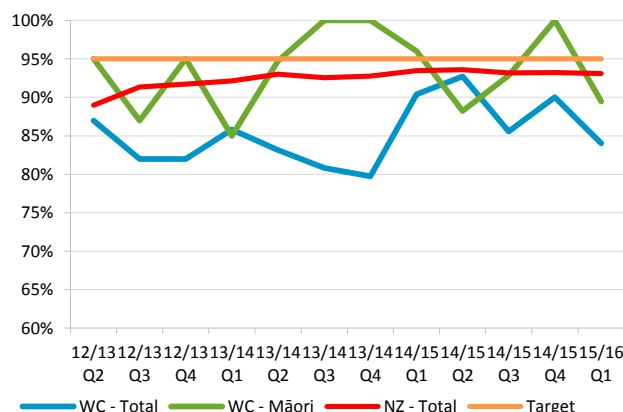
B4 School Check coverage



Immunisation HT: Eight-month-olds fully immunised



Two-year-olds fully immunised



Achievements / Issues of Note

Immunisation: As previously reported, West Coast DHB increased immunisation coverage in Quarter 1, vaccinating 88.4% of our eligible population. Opt-off & declines decreased at a combined total of 10.5%--which is reflected in our improved results. With just one child missed due to being on holiday, 99% of the reachable (consenting) population were immunised in Quarter 1.

B4 School Check coverage: West Coast DHB has delivered B4 School Checks to 27% of the total eligible population and 25% of the high deprivation population against the 38% year-to-date target. Coverage was again affected by staff sick leave and a catch-up plan is in place including training a second clinician to complete the Vision and Hearing components of the check. The new B4SC Coordinator commenced in November.

Mental Health

	0-19 Years			20-64 Years			65+		
Mental Health Provider Arm	Client seen	(%)	Cumm %	Client seen	(%)	Cumm %	Client seen	(%)	Cumm %
≤3 weeks	144	67.3%	67.3%	232	92.4%	92.4%	37	94.9%	94.9%
3-8 weeks	59	27.6%	94.9%	15	6.0%	98.4%	0	0.0%	94.9%
>8 weeks	11	5.1%		4	1.6%		2	5.1%	
Total	214	100.0%		251	100.0%		39	100.0%	
Provider Arm & NGO (AOD)	Client seen	(%)	Cumm %	Client seen	(%)	Cumm %	Client seen	(%)	Cumm %
≤3 weeks	17	70.8%	70.8%	69	59.0%	59.0%	5	100.0%	100.0%
3-8 weeks	5	20.8%	91.7%	35	29.9%	88.9%	0	0.0%	100.0%
>8 weeks	2	8.3%		13	11.1%		0	0.0%	
Total	24	100.0%		117	100.0%		5	100.0%	

Orange = within 5% of target

Green = target met

Red = Target not met

3 week target: 80%

8 week target: 95%

		3W Q3	3W Q4	3W Q1	3W Q2	Change	8W Q3	8W Q4	8W Q1	8W Q2	Change
% of people referred for non-urgent mental health services seen within 3 and within 8 weeks	Age 0-19	59.1	62.8	67.5	67.3	▼-0.2	81.4	88.1	93.5	94.9	▲ 1.4
	Age 20-64	91.1	90.7	91.5	92.4	▲ 0.9	95.5	96.6	97.2	98.4	▲ 1.2
	Age 65+	95.0	92.6	96.9	94.9	▼-2	100	96.3	96.9	94.9	▼-2
	Total	75.5	77.9	81	81	▼-0.9	88.8	92.6	95.5	96.6	▲ 1.1
% of people referred for non-urgent addictions services seen within 3 and within 8 weeks	Age 0-19	71.4	78.9	68	70.8	▲ 2.8	78.6	84.2	88	91.7	▲ 3.7
	Age 20-64	76.0	73.2	68.7	59	▼-9.7	98	97.9	97.9	88.9	▼-9
	Age 65+	50	100	100	100	—	100	100	100	100	—
	Total	75.0	74.8	69.9	62.3	▼-7.6	95.7	95.8	94.7	89.7	▼-5

Achievements / Issues of Note

Wait time data indicates there are anomalies in the NGO reporting; ie very small numbers engaged, but longer than 3 weeks for the first appointment. This is being investigated with the NGO and may reflect reporting errors. The provider arm AOD wait times are a result of lower staffing while recruitment occurs.

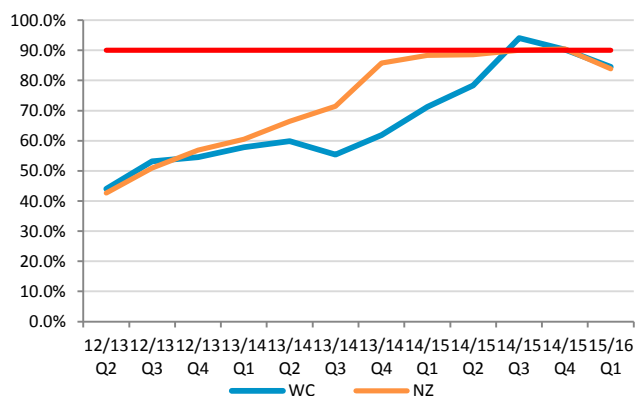
An additional resource has been allocated for youth primary mental health services to ensure there is adequate capacity to meet demand. Providing timely and effective brief intervention is a key part of reducing the development of enduring mental health conditions for young people and adults.

NGO services are continuing to explore collaborative ways of working to maximise their impact across the Coast and support people to stay well and contribute to their communities.

Primary Care & Long-Term Conditions

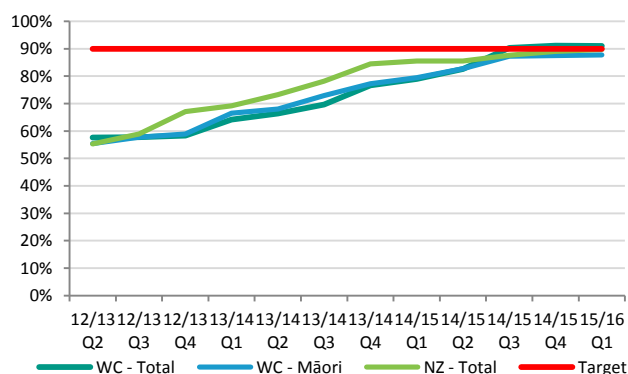
Primary Smokefree Health Target:

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



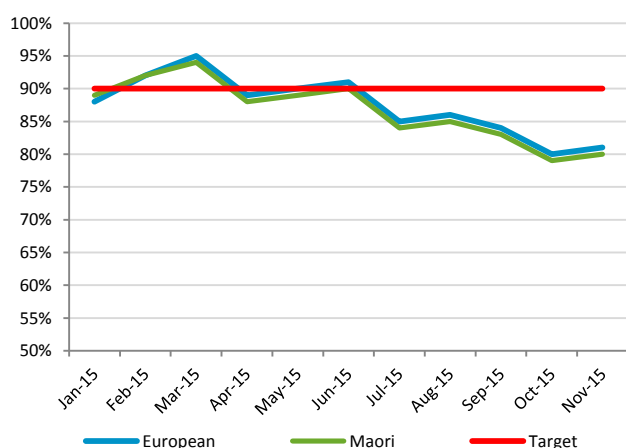
More Heart and Diabetes Checks Health Target:

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



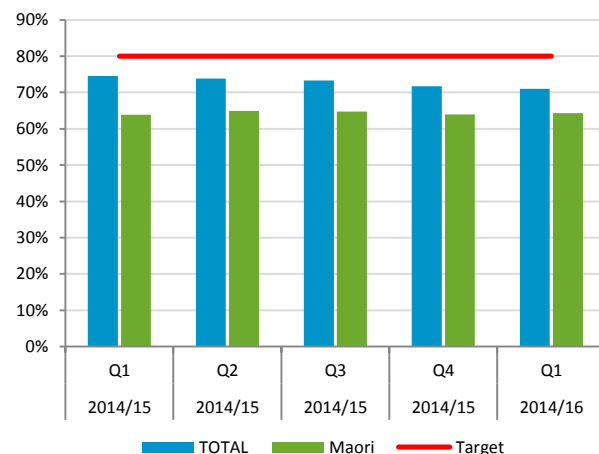
Primary Smokefree Karo data:

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

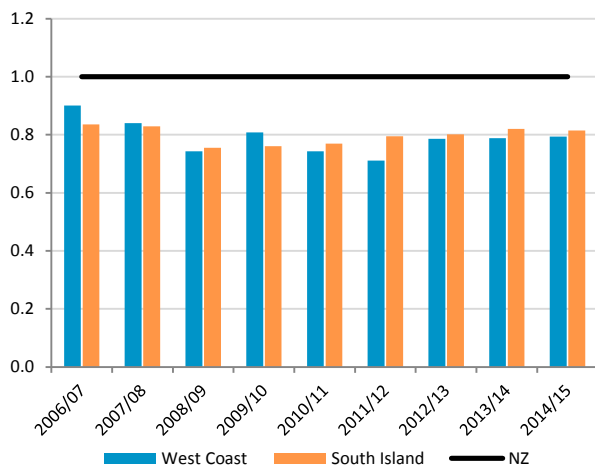
Primary care better help for smoker's health target: As previously reported, performance against the primary care better help for smokers to quit health target has decreased in Quarter 1. West Coast health practitioners have reported giving 4,744 smokers cessation advice in the 15 months ending September 2015. This represents 84.5% of smokers enrolled with the PHO, against our 90% target. Indications from our internal reporting show similar results can be expected in Quarter 2.

CVD health target: As previously report West Coast general practices achieved the CVD health target for Quarter 1, with 91% of the eligible enrolled West Coast population having had a cardiovascular risk assessment (CVDRA) in the last 5 years.

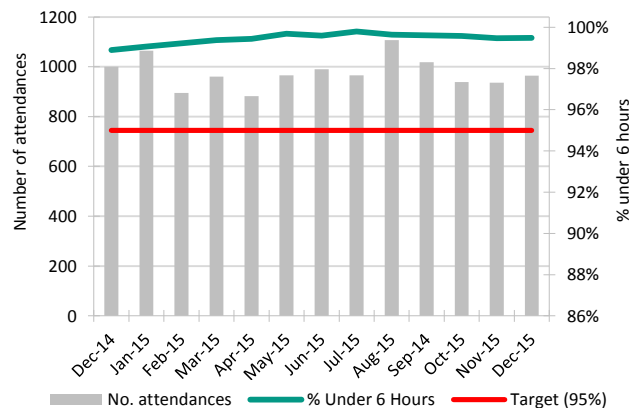
Diabetes Management: As reported previously, performance against achieving good management of diabetes decreased during the rolling twelve months to September 2015. Among those who had their annual review, 64% of the estimated diabetic population had satisfactory or better management of their diabetes against the 80% target. Maori results also decreased at 51%. This is measured by the clinical indicator of HbA1c ≤ 64 mmols/mol.

Secondary Care & System Integration

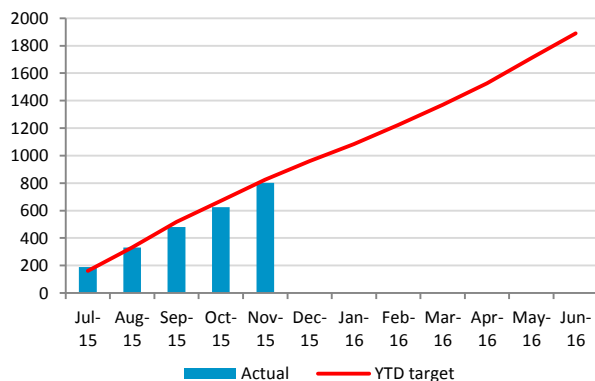
Acute Medical Discharge Rate



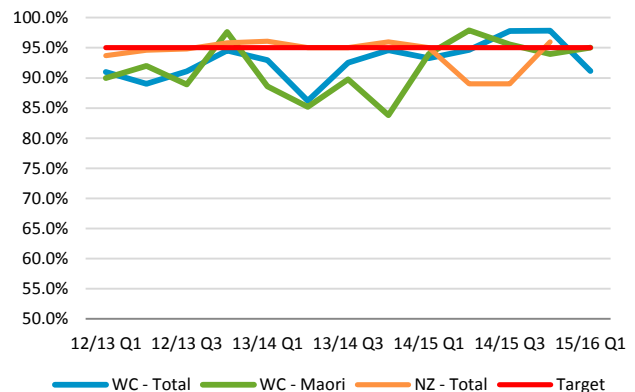
**Emergency Department (ED):
Attendances & <6 Hours Health Target**



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 continued to achieve impressive results with 99.5% 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: As previously reported West Coast DHB staff provided 91.1% of hospitalised smokers with smoking cessation advice and support in Quarter 1—missing the target by just eleven smokers. This follows stable performance in previous quarters as well as the first two months of Quarter 1.

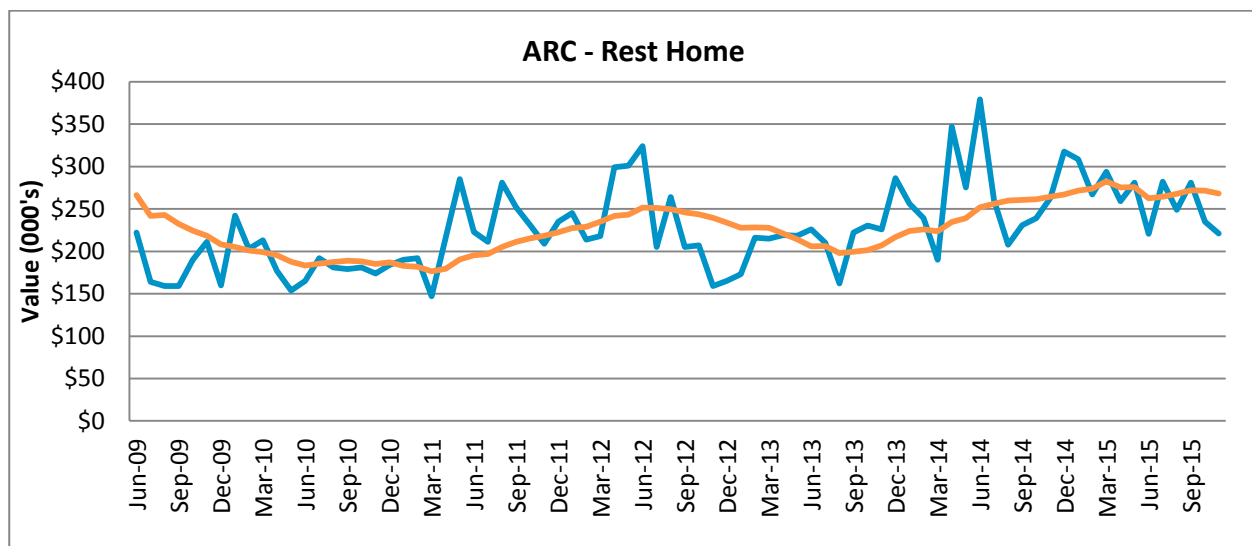
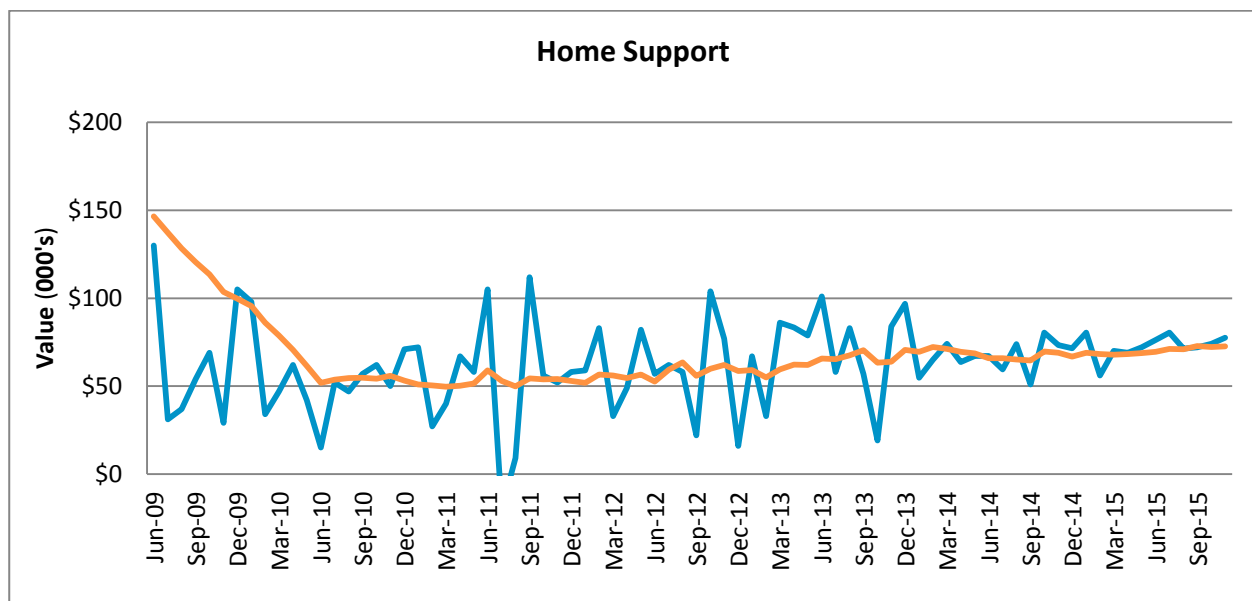
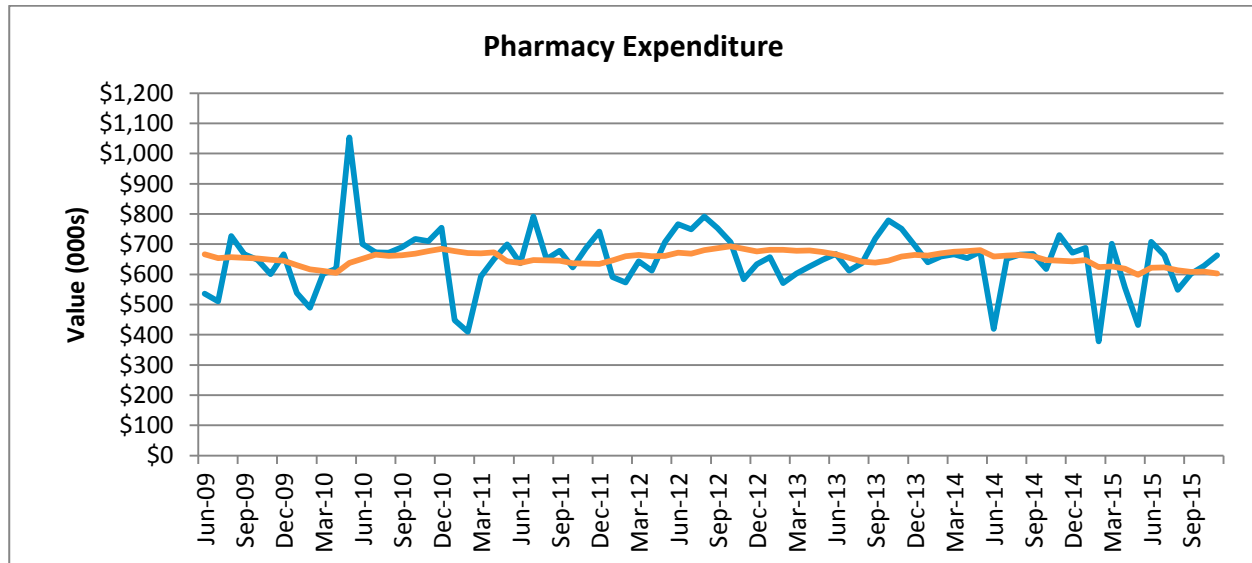
Electives health target: 802 elective surgical cases were delivered to West Coasters in the year to date November 2015, representing 97% of our year-to-date target delivery. While 22 discharges short of our year-to-date target, it is not anticipated there will be any difficulty achieving our year-end target of 1889 discharges.

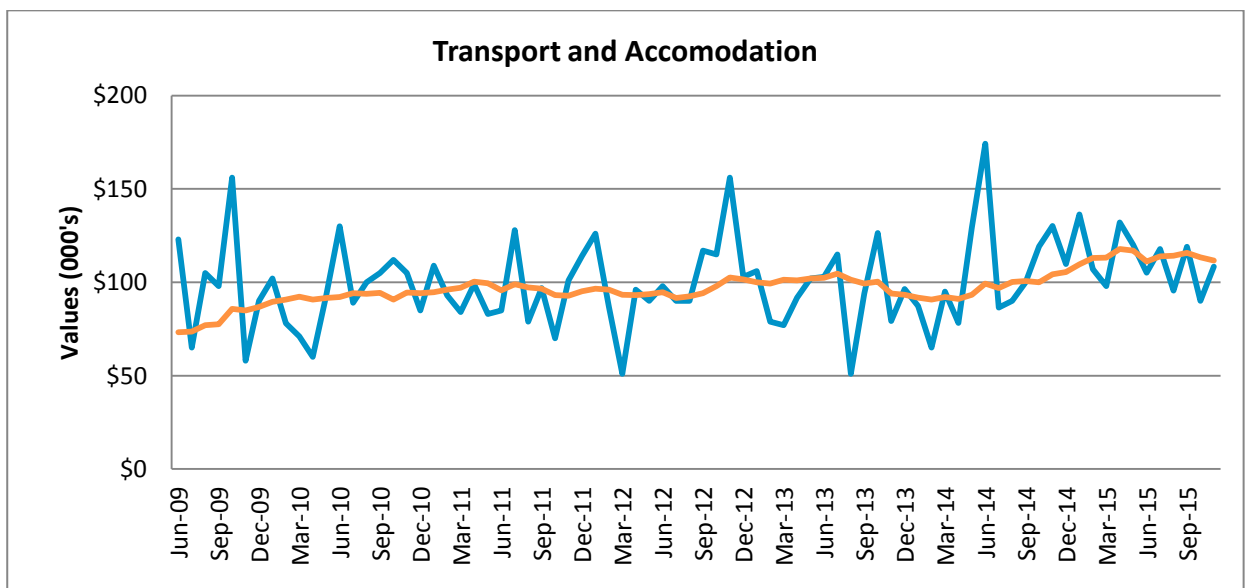
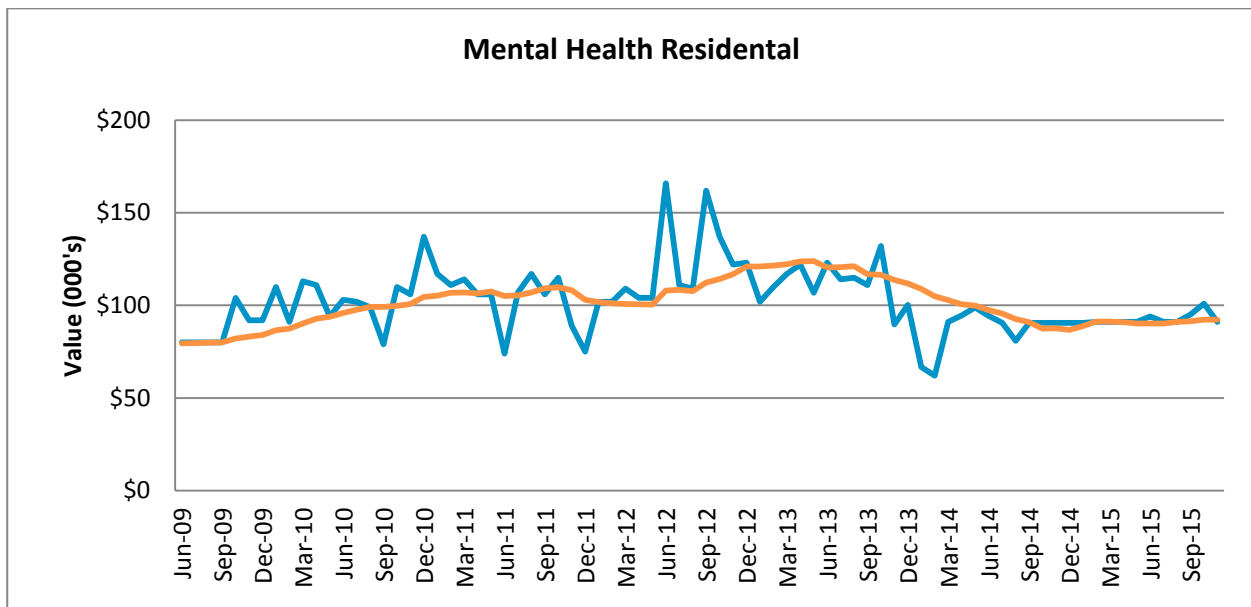
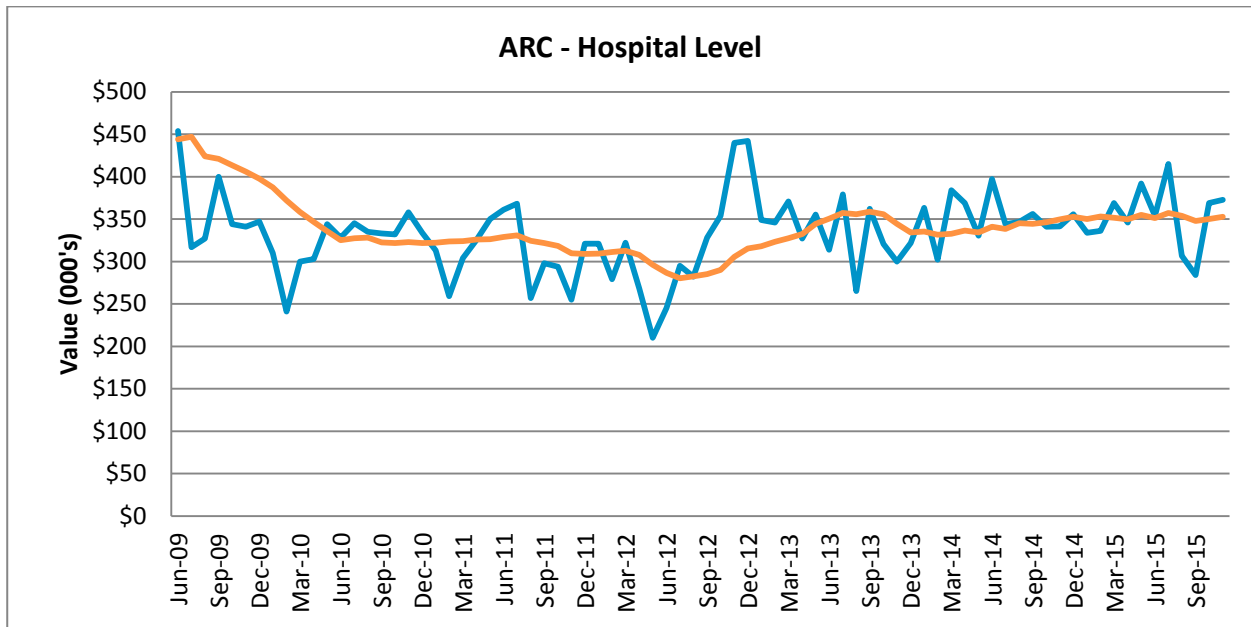
ESPI compliance: All patients were compliant against the maximum 120 days' wait time target for First Specialist Assessment (ESPI 2) and First Specialist Assessment to surgical treatment (ESPI 5) in November. Preliminary results for December are showing three patients non-compliant against ESPI 5, due to late coding. We anticipate being compliant again for December.

Financials

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

— Expenditure Trend — Rolling average





Planning and Funding Division
Month Ended November 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						
37	31	-6	-20%	✗	Dental-school and adolescent	146	154	8	5%	✓	369
24	26	3	10%	✓	Maternity	148	132	-16	-12%	✗	316
0	1	1	100%	✓	Pregnancy & Parent	0	3	3	100%	✓	8
0	3	3	100%	✓	Sexual Health	0	14	14	100%	✓	33
1	4	3	74%	✓	General Medical Subsidy	14	21	7	35%	✓	50
528	513	-15	-3%	✗	Primary Practice Capitation	2,563	2,563	0	0%	✓	6,152
91	91	0	0%	✓	Primary Health Care Strategy	455	456	1	0%	✓	1,093
86	87	2	2%	✓	Rural Bonus	438	437	-1	0%	✗	1,049
4	5	1	29%	✓	Child and Youth	21	25	4	16%	✓	59
4	13	9	72%	✓	Immunisation	34	63	29	45%	✓	151
4	5	1	20%	✓	Maori Service Development	19	24	5	20%	✓	57
42	52	10	20%	✓	Whanua Ora Services	209	261	52	20%	✓	626
16	18	2	12%	✓	Palliative Care	36	90	53	60%	✓	215
0	6	6	100%	✓	Community Based Allied Health	35	32	-3	-10%	✗	76
9	12	3	27%	✓	Chronic Disease	44	60	16	27%	✓	144
40	53	14	26%	✓	Minor Expenses	215	266	51	19%	✓	639
883	920	37	4%	✓		4,375	4,598	223	5%	✓	11,036
					Referred Services						
25	23	-2	-9%	✗	Laboratory	152	116	-36	-31%	✗	279
663	663	0	0%	✓	Pharmaceuticals	3,105	3,317	211	6%	✓	7,960
688	687	-2	0%	✗		3,257	3,433	176	5%	✓	8,239
					Secondary Care						
227	263	36	14%	✓	Inpatients	1,140	1,313	174	13%	✓	3,152
120	126	6	5%	✓	Radiology services	581	629	48	8%	✓	1,510
108	114	5	5%	✓	Travel & Accommodation	531	568	36	6%	✓	1,362
1,358	1,375	17	1%	✓	IDF Payments Personal Health	7,107	6,876	-231	-3%	✗	16,502
1,813	1,877	64	3%	✓		9,359	9,386	27	0%	✓	22,526
3,384	3,483	99	3%	✓	Primary & Secondary Care Total	16,991	17,417	426	2%	✓	41,801
					Public Health						
21	25	4	14%	✓	Nutrition & Physical Activity	110	123	12	10%	✓	294
0	0	0		✓	Public Health Infrastructure	0	0	0		✓	0
11	11	0	-3%	✗	Tobacco control	56	54	-2	-3%	✗	129
0	0	0		✓	Screening programmes	0	0	0		✓	0
32	35	3	9%	✓	Public Health Total	166	176	11	6%	✓	423
					Mental Health						
3	6	2	40%	✓	Dual Diagnosis A&D	9	28	19	67%	✓	66
0	2	2	100%	✓	Eating Disorders	0	10	10	100%	✓	23
20	20	0	0%	✓	Child & Youth Mental Health Services	100	100	0	0%	✓	240
18	5	-13	-254%	✗	Mental Health Work force	45	25	-20	-81%	✗	60
61	61	0	0%	✓	Day Activity & Rehab	304	304	0	0%	✓	729
11	11	0	0%	✗	Advocacy Consumer	53	53	0	0%	✓	128
81	81	0	0%	✓	Other Home Based Residential Support	404	404	0	0%	✓	970
11	11	0	0%	✓	Advocacy Family	55	55	0	0%	✓	132
10	10	0	0%	✓	Community Residential Beds	63	49	-14	-29%	✗	117
0	0	0		✓	Minor Expenses	0	0	0		✓	0
65	65	0	0%	✓	IDF Payments Mental Health	323	323	0	0%	✗	776
279	270	-9	-3%	✗		1,356	1,351	-6	0%	✗	3,242
					Older Persons Health						
0	9	9	100%	✓	Information and Advisory	0	47	47	100%	✓	114
0	0	0	100%	✓	Needs Assessment	0	1	1	100%	✓	1
78	70	-8	-11%	✗	Home Based Support	376	349	-27	-8%	✗	837
11	8	-3	-34%	✗	Caregiver Support	28	40	12	31%	✓	96
221	281	60	21%	✓	Residential Care-Rest Homes	1,268	1,404	136	10%	✓	3,370
35	5	-31	-658%	✗	Residential Care-Community	57	23	-34	-146%	✗	56
373	360	-13	-4%	✗	Residential Care-Hospital	1,747	1,799	52	3%	✓	4,318
	0	0		✓	Ageing in place	0	0	0		✓	0
11	0	-11		✗	Day programmes	48	0	-48		✗	0
13	15	2	15%	✓	Respite Care	48	75	27	36%	✓	180
1	1	0	0%	✓	Community Health	6	6	0	0%	✓	15
17	1	-16	-1184%	✗	Minor Disability Support Expenditure	18	7	-11	-167%	✗	16
91	91	0	0%	✗	IDF Payments-DSS	454	454	0	0%	✓	1,090
851	841	-12	-1%	✗		4,049	4,205	156	4%	✓	10,092
1,129	1,111	-20	-2%	✗	Mental Health & OPH Total	5,406	5,555	150	3%	✓	13,333
4,546	4,630	84	2%	✓	Total Expenditure	22,562	23,149	587	3%	✓	55,558

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

SOURCE: Planning & Funding
Alliance Leadership Team

DATE: 28 January 2016

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Committee;

- i. Notes the Alliance Update.

3. SUMMARY

Progress of Note:

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 to develop focus areas for Maori health. This will then become part of the ALT planning package for workstreams. First drafts of workstream plans for the 16/17 year will be reviewed by the ALT in late January.

Health of Older Persons

- To identify how Coast wound care expertise is shared and areas for improvement, wound care process mapping sessions with ARC, HBS and District Nursing were held during Quarter 2.
- A working group was formed in Q2 to bring key clinicians from the CCCN, Psychiatric Older Persons Health Services and Palliative Care together to plan for further improvements.

Grey/Westland & Buller Family Health Services (IFHS)

- Significant work has been undertaken to look at improving the communication of information from secondary care to primary care. This has included leveraging on existing

tools such as Health Connect South (HCS) as well as process improvements in the way we work. This work will continue through 2016.

- Work is ongoing to develop regular reporting identifying the distance travelled by our communities for the purposes of specialist appointments. This will be used as a tool to identify and communicate opportunities for greater use of telehealth across the Coast.

The promotion of Poutini Waiora services within the Buller region has been successful, developing a more coordinated approach to health care for the Buller Maori population. This has now led to similar clinics being held in Greymouth and Hokitika.

Healthy West Coast

- Work continues to develop a WCDHB Nutrition Policy in line with DHBs nationally. The first stage of this, the removal of sugar-sweetened beverages from sale in DHB owned premises, has been completed.
- Plunket have been confirmed as the new provider of Pregnancy and Parenting Education for the West Coast. The team are working with local educators to establish systems for centralised registration of classes as well as developing a flexible model to allow increase engagement with target groups (young, Maori and high deprivation).

Child and Youth

- Work continues to promote the benefits of registering with a Lead Maternity Carer early in pregnancy. HealthPathways information for GPs and Primary Care is being reviewed and further promotion through pharmacies and supermarkets (where pregnancy test kits are purchased) is planned.
- The Youth Health Action Group has begun to work with Westland District Council on the development of it's Youth Development Strategy.

Pharmacy

- Pharmacist to General Practice Programme: Current activity and lessons learnt for each pharmacy have been discussed as a group. Time commitment continues to be limiting. Pharmacies are seeking to shift the focus of activity from the quality of prescribing to monitoring of treatment and being part of the treatment decision process. This will involve more frequent participation in the CCCN and linking the pharmacy long term conditions service to structured long term conditions management by general practice and DHB services.
- A further cultural competency programme will be developed and tailored for pharmacy to be delivered at individual pharmacies.

Report prepared by:

Jenni Stephenson, Planning & Funding

Report approved for release by:

Stella Ward, Chair, Alliance Leadership Team

WORKPLAN FOR CPH&DSAC 2016 – BASED ON WEST COAST DHB PRIORITY PLAN (*WORKING DOCUMENT*)

	28 January	10 March	28 April	9 June	28 July	8 September	27 October	1 December
STANDING ITEMS	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items
STANDARD REPORTS	Planning & Funding Update Community & Public Health Update Alliance Update	Health Target Q2 Report Maori Health Plan Update Planning & Funding Update Community & Public Health Update Alliance Update	Planning & Funding Update Community & Public Health Update Alliance Update	Health Target Q3 Report Maori Health Plan Update Planning & Funding Update Community & Public Health Update Alliance Update	Planning & Funding Update Community & Public Health Update Alliance Update	Health Target Q4 Report Maori Health Plan Update Planning & Funding Update Community & Public Health Update Alliance Update	Planning & Funding Update Community & Public Health Update Alliance Update	Health Target Q1 Report Maori Health Plan Update Planning & Funding Update Community & Public Health Update Alliance Update
PRESENTATIONS	Mana Tamariki Programme Child & Youth Health							
PLANNED ITEMS		West Coast Public Health Annual Plan						
GOVERNANCE AND SECRETARIAT	2016 Work Plan							
DSAC Reporting	As available	Disability Actin Plan	As available	As available	As available	As available	As available	As available
INFORMATION ITEMS	Latest Board Agenda Chair's Report to Board from last meeting C&PH 6 Monthly report to MoH (Jan – July 2015) 2016 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2016 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2016 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan C&PH 6 Monthly report to MoH (July – Dec 2015) 2016 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2016 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2016 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2016 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan C&PH 6 Monthly report to MoH (Jan – July 2016) 2017 Schedule of Meetings

WEST COAST DISTRICT HEALTH BOARD MEETING
to be held at St John, Waterwalk Road, Greymouth
on Friday 11 December 2015 commencing at 10.15am

KARAKIA	10.15am
ADMINISTRATION	10.15am

Apologies

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

REPORTS	10.20am
----------------	----------------

- | | | | |
|-----|---|---|-------------------|
| 4. | Chair's Update
(Verbal Update) | Peter Ballantyne
<i>Chairman</i> | 10.20am – 10.30am |
| 5. | Chief Executive's Update | David Meates
<i>Chief Executive</i> | 10.30am – 10.45am |
| 6. | Clinical Leader's Update | Karyn Bousfield
<i>Director of Nursing & Midwifery</i> | 10.45am – 10.55am |
| 7. | Wellbeing, Health & Safety Update | Michael Frampton
<i>Programme Director</i> | |
| 8. | Finance Report | Justine White
<i>General Manager, Finance</i> | 10.55am – 11.05pm |
| 9. | Revised Terms of Reference – Community
& Public Health & Disability Support
Advisory Committee
<i>(Any feedback from the CPH&DSAC Committee
will be provided at the meeting)</i> | <i>Board Secretariat</i> | 11.05pm – 11.15pm |
| 10. | Revised Terms of Reference – Hospital
Advisory Committee
<i>(Any feedback from the Hospital Advisory
Committee will be provided at the meeting)</i> | <i>Board Secretariat</i> | 11.15am – 11.25am |
| 11. | Revised Terms of Reference – Quality,
Finance, Audit & Risk Committee
<i>(Any feedback from the QFARC Committee will be
provided at the meeting)</i> | <i>Board Secretariat</i> | 11.25am – 11.35am |
| 12. | Memorandum of Understanding with
Tatau Pounamu | Michael Frampton
<i>Programme Director</i> | 11.35am – 11.45am |

13. **Reports from Committee Meetings**

- CPH&DSAC
3 December 2015
(Late paper due to timing of meetings)
- Hospital Advisory Committee
3 December 2015
(Late paper due to timing of meetings)

Elinor Stratford 11.45am - 11.55am
Chair, CPH&DSAC Committee

Sharon Pugh 11.55am – 12.05pm
Chair, Hospital Advisory Committee

14. **Resolution to Exclude the Public**

Board Secretariat 12.05pm

INFORMATION ITEMS

- 2016 Meeting Schedule

ESTIMATED FINISH TIME

12.05pm

NEXT MEETING

Friday 12 February 2016

COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE 2 DECEMBER 2015



TO: Chair and Members
West Coast District Health Board

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

DATE: 11 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 provided to the West Coast DHB Board as an interim update on the Community & Public Health & Disability Support Advisory Committee (CPH&DSAC) meeting of 3 December 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 – 3 December 2015.

3. **SUMMARY**

ITEMS OF INTEREST FOR THE BOARD

a) WEST COAST DISABILITY ACTION PLAN UPDATE

Kathy O'Neill, Team Leader, Planning & Funding, provided the Committee with an update on progress with the West Coast Disability Action Plan. She advised that the plan has been completely rewritten in response to feedback received during consultation. This will now go through the appropriate approval process and come to the January Committee meeting.

Some of the main changes include:

- The addition to the vision that people can live to their full potential;
- The addition of - Improve Health Literacy and implementing an affirmative action plan to increase the number of people with a disability who are employed by the West Coast DHB;
- Combining the use of "Plain Language" into "Provide Accessible Information and Communication";
- Change of the scope from just child and youth, to integrate services for people with disabilities of all ages with more emphasis on cross government work;
- Change of the scope of accessibility of facilities to include services and facilities; and
- The promotion of the Health and Wellbeing and inclusion of People of all ages and abilities now includes addressing stigma and discrimination.

In addition a position statement has been drafted and priority actions have been identified and whilst the plan is not yet approved some aspects of the plan are already progressing.

A timetable for reporting back in 2016 was tabled and this will continue to be a regular report to the Committee. The Committee noted that whilst this is a 10 year plan, it is a working document and it is intended to revise the strategy each year to ensure it is appropriate going forward.

The update was noted.

b) COMMUNITY AND PUBLIC HEALTH UPDATE

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

Health Promoting Schools

On 16 November Community & Public Health 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.

Appetite for Life Hokitika

Community & Public Health 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.

Early Childhood Nutrition

Community & Public Health has been continuing work with Early Childhood Centres to support the development of healthy kai policies. Recently they 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. They also provided some resources with healthy lunch ideas for parents to take home. They are now looking at running a parent question and answer session in the near future, which has worked well in the past.

Alcohol Licensing

Community & Public Health 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.

Smoke-free Enforcement

Community & Public Health's newly appointed Smokefree Enforcement Officer attended Smoke-free Enforcement Officers Training in Wellington on 20th and 21st 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, Community & Public Health 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.

The report was noted.

c) HEALTHY FOOD ENVIRONMENT – VERBAL UPDATE

Claire Robertson, Team Leader, Community & Public Health, provided an update to the Committee regarding Healthy Food Environment.

The Committee noted that this year the West Coast DHB commenced work on a local policy around Healthy Food Environment and as part of the healthy eating policy, sugary beverages have been already removed from cafeterias within the DHB. There is now movement nationally to address this and a National Working Group has been formed. The Group includes all DHBs, St John and the Ministry of Health.

The Auckland DHB already has policies in place around the Healthy Food Environment and this is going to be used to develop the national policy.

It was acknowledged that in his letter to DHBs the Minister asked that this policy be put in place by the end of December 2015 however this has now been extended to 30 June 2016.

The update was noted.

d) MAORI HEALTH PLAN UPDATE

Gary Coghlan, General Manager, Maori Health, presented this report. He highlighted the following points:

Primary Smokefree Health Target

Aukati Kai Paipa has worked with 126 clients with a 38.3% validated abstinence rate over 3 months. The Aukati Kai Paipa cessation advisor is working more closely with practices and Poutini Waioara which is resulting in increased referrals to this service.

Spirometry Clinics have been held in Westport and Karamea testing all Maori patients with a known diagnosis of COPD. These clinics will now be extended to Greymouth.

Understanding 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.

Key findings are:

- 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.

The second stage of this project 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 12th 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 work stream work plans 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.

The update was noted

e) 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 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.

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.

The Committee noted that the Allen Bryant facility is now fully operational again.

The report was noted.

f) ALLIANCE UPDATE

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

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

The Committee noted that planning for 2016/17 is underway with work streams planning to have their draft plans ready by the end of January 2016.

Discussion took place regarding the trial to enable a supported discharge response in Buller. The learnings from this will be used to implement the model Coast wide.

The report was noted.

g) HEALTH TARGET REPORT Q1

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.

The report was noted.

h) SUICIDE PREVENTION PLAN – VERBAL UPDATE

Cheryl Brunton, Interim Chair of the Suicide Prevention Governance Group, provide the Committee with an update on work being undertaken in this area.

The Committee noted that implementation of the suicide prevention and post-vention plan which has been approved by the Ministry of Health is now taking place.

The Governance Group met yesterday and noted that all planned activities are on target. The Committee also noted that a more comprehensive report will be available around the middle of 2016.

i) REVISED TERMS OF REFERENCE

The revised Terms of Reference are included on today's Board Agenda

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

Canterbury

District Health Board

Te Poari Hauora o Waitaha

Community and Public Health

(A Division of Canterbury District Health Board)

Contract: Public Health Services

Contract Number: 343773/02 & 343773/03

Provider Number: 242815

PHU End of Year Report

1 July 2014 – 30 June 2015

COMMUNITY AND PUBLIC HEALTH WEST COAST

HEALTH ASSESSMENT AND SURVEILLANCE

“understanding health status, health determinants and disease distribution”

	Short Term Outcomes (the results that we’re working towards)	Short Term Outcome Indicators (how we’ll monitor progress towards the results)	Activities (what we’ll do to get the result)	Reporting on performance measures (key measures of quantity or quality of activities)
Health assessment	Robust population health information available for planning health and community services	Availability of information for planning	Monitor, analyse and report on key health determinants, including: alcohol related harm smoking status (e.g. from ASH Year 10 data and 2014 Census and WCPHO reports). Develop health status reports and health needs analyses for specific populations as required. Develop disease-specific reports for conditions of concern, eg Pertussis. Contribute to related work of partner organisations, eg WCPHO and WCDHB through	Number and accessibility of reports. Formal/informal feedback. The Medical Officer of Health supplied a report prepared by CPH’s Information Team on Smoking Prevalence in the West Coast District Health Board Region to members of Healthy West Coast and the West Coast Tobacco Free Coalition. Smoking-related data from the New Zealand Census, the Ministry of Health, National Maternity Collection and the Year 10 Snapshot Survey (Action on Smoking in Health) were used. This report supported the development of the three year West Coast Tobacco Control Plan. Quality of working relationship. CPH continues to be a key partner of the Healthy West Coast/Public Health workstream within the West Coast Alliance. The Medical Officer of Health chairs this group and is also a member of the West

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Reporting on performance measures (key measures of quantity or quality of activities)
			the Healthy West Coast Workstream.	<p>Coast Alliance Leadership team. There is a strong alliance philosophy and will amongst all members of the HWC workstream to strengthen public health initiatives and wellbeing outcomes in the West Coast community.</p> <p>No of meetings and records of meetings and outcomes (including joint planning processes and sharing of population health information).</p> <p>The Healthy West Coast workstream met six weekly to monitor progress against its joint public health workplan for 2014-15. All partners contribute to the planning as well as the delivery of the outcomes. Population health information and statistics are shared to ensure we are addressing appropriate measures.</p> <p>A joint plan for 2015-16 has also been developed.</p> <p>CPH provided feedback to Canterbury West Coast Sports Trust's Kiwi Sport Regional Partnership Funding Community Consultation Process 2015/16 – 2018 Investment Plan.</p> <p>CPH attended monthly Falls Prevention Coalition meetings and have contributed to the development of the Falls Prevention Strategy. The coalition has successfully campaigned for a 1FTE Allied Health Falls Prevention and Supported Discharge position which has been recently advertised.</p> <p>CPH staff work alongside WCPHO and WCDHB staff on tobacco control initiatives through the West Coast Tobacco Free Coalition. Membership also includes other NGOs and community organisations such as the Cancer Society.</p>
	Improved public understanding of health determinants	Availability of information to public	Disseminate information in existing and dedicated reports (eg WCDHB Quality Accounts, WCDHB website, WCDHB	<p>Number and nature of media reports.</p> <p>Monthly articles on health and wellbeing topics were published in the 'Ask a Professional' section of The Messenger throughout the year (12 in total). Topics covered included:</p>

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Reporting on performance measures (key measures of quantity or quality of activities)
			Community Report, print, broadcast and social media).	<ul style="list-style-type: none"> - Smokefree - Health Promoting Schools - Keeping Well Over the Christmas Period - Influenza - Mental Health Awareness Week – Keep Learning - Youth Week – We are the Future - Healthy Eating <p>The West Coast Tobacco Free Coalition submits regular media releases to West Coast newspapers for example articles relating to 'Stoptober,' Smokefree workplaces and Smokefree May.</p> <p>CPH also contributed to the WCDHB Quality Accounts again this year, including the section related to reduction of alcohol related harm.</p>
Surveillance	Prompt identification and analysis of emerging disease trends, clusters and outbreaks	Timeliness and effectiveness of reports for identifying trends and outbreaks of concern	<p>Review, analyse and report on communicable diseases data, including via web applications and written reports (eg Public Health Information Quarterly, weekly reports on notifiable diseases and influenza –May to September).</p> <p>Produce disease-specific reports for communicable diseases of concern, eg Pertussis, other diseases causing outbreaks</p> <p>Review, analyse and report on other disease data (eg alcohol-</p>	<p>Number and accessibility of reports. Formal/informal feedback</p> <p>WC HPOs participate in the weekly CPH-wide communicable disease surveillance group meeting and are supplied with updated protocols, weekly and monthly reports on notifiable diseases from CPH's Surveillance Co-ordinator. Episurv is used to record all cases and outbreaks.</p> <p>Mailout of Public Health Information Quarterly done each quarter to all primary care practices, PHNs, RNSs, Immunisation Coordinator & Infection Control Nurse Specialist at WCDHB.</p> <p>Number and accessibility of reports. Formal/informal feedback</p>

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Reporting on performance measures (key measures of quantity or quality of activities)
			related harm, and diseases relevant to West Coast context). Contribute to the development of a SI Rheumatic fever register.	<p>This year WC HPOs and the MOH have reported on a <i>Haemophilus influenzae</i>, type b outbreak, two Norovirus outbreaks in institutions and a Cryptosporidium cluster.</p> <p>All outbreaks have been raised and reported in EpiSurv.</p> <p>Number and accessibility of reports.</p> <p>Formal/informal feedback.</p> <p>As mentioned above, the Medical Officer of Health supplied a report regarding Smoking Prevalence in the West Coast District Health Board Region.</p> <p>Work has also been undertaken by CPH's Information Team to develop a set of Alcohol Harm Indicators for the WCDHB as part of a South Island Project. The first iteration of these indicators will be used to help update the Medical Officer of Health reports to the three district councils to inform their LAPs (only one of the three, Buller has progressed as far as a draft LAP to date).</p>

Highlights:

- Falls Prevention Coalition (in which CPH were heavily involved) successfully campaigned for a 1FTE Allied Health Falls Prevention and Supported Discharge position.

Issues/Challenges/risks and actions taken:

- Working with a community (Gloriavale) that does not immunise, to minimise the risk of transmission of vaccine preventable disease continues to be a challenge. During this reporting period, two cases of invasive HiB disease in children from this community were notified and enhanced surveillance has been put in place with WCDHB primary care practices and ED.

PUBLIC HEALTH CAPACITY DEVELOPMENT

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

	Short Term Outcomes (the results that we’re working towards)	Short Term Outcome Indicators (how we’ll monitor progress towards the results)	Activities (what we’ll do to get the result)	Reporting on performance measures (key measures of quantity or quality of activities)
Public health information systems	Public health information accessible to public health, partner organisations and the public	Availability and accessibility of public health information	Review and maintain public health information systems (common file structure; databases; intranet, extranet and public websites, including Healthscape, SIPHAN, Health Pathways, HIIRC, NIR; Community Health Information). Contribute to development and implementation of national, regional and local public health information systems, including West Coast STI Surveillance System.	<p>Level of utilisation. Completeness and currency of information. Nature and effectiveness of systems, including degree of integration.</p> <p>The Information Centre is kept well-resourced with public health information accessible to the public and partner organisations.</p> <p>Updated CHIC books were distributed every quarter to West Coast community organisations regarding the availability of resources.</p> <p>In the year ending June 2015, 104,383 resources, including pamphlets and posters, were sent to GPs, schools and community organisations. Resources are approved through CPH’s Resource Approval Panel, to ensure the information is accurate and up-to-date. The panel includes CPH West Coast membership.</p> <p>A presentation was delivered to West REAP and West Coast Early Childhood Educators in April 2015 on resources available through the resource centre and how these can be accessed within their community.</p> <p>Staff continue to record their work in HealthScape.</p> <p>During this reporting period work has continued on a quality improvement project with Grey Hospital to improve standard and quality of data on alcohol-related presentations to ED. As part of the</p>

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Reporting on performance measures (key measures of quantity or quality of activities)
				South Island ED Alcohol Project, CPH met with Dr Paul Quigley to discuss current ED processes and data capture, as well as recommendations of how our systems could be refined. This work will continue and will support our monitoring in alcohol-related harm and individual screening and interventions within ED.
Partnerships with iwi, hapū, whānau and Māori	Effective partnerships with iwi, hapū, whānau and Māori	Joint processes and initiatives	Take a whānau ora approach to working with local iwi, hapū, whānau and Māori around -health information and analysis -proposals and policies with health implications -health determinants and outcomes. Implement CPH Māori Health Plan.	No. of initiatives supported. Formal/informal feedback. Progress against plan. CPH staff were invited to the official opening of Te Runanga o Ngati Waewae's whare tupuna at Arahura Marae. CPH's Health Protection staff have developed a relationship with the Arahura Marae and will be working with them to improve their currently non-compliant water supply. Some work was carried out prior to the opening of the whare tupuna to ensure attendees at the celebration were supplied with safe drinking water. Two CPH West Coast Health Promoters have whakapapa links back to local Runanga which has enabled our organisational links to be strengthened. CPH now report six weekly to the WCDHB Manawhenua Advisory Committee, Tatau Pounamu. The relationship with Poutini Waiora and WCDHB Māori Health Unit continues to strengthen. Regular meetings are held at leadership and operational levels as well as a reciprocal open door policy. Through Healthy West Coast (Public Health workstream), joint planning takes place ensuring Poutini Waiora, the WCDHB Māori Health Plan and the WCDHB Public Health Plan align and Māori Health outcomes are prioritised. Outcomes against these plans are measured 6-weekly.

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Reporting on performance measures (key measures of quantity or quality of activities)
				A joint Māori Smoking Cessation plan has also been developed to more effectively target Māori who smoke, promote quit attempts and increase access to a cessation service. This plan includes actions to improve collaboration between AKP and the primary care setting as well as maintaining the training and competencies of other Māori health workers in providing smokefree advice. CPH, WCPHO, Poutini Waioara and the WCDHB have all signed up to this join plan.
Partnerships with Pacific and other ethnic leaders and communities	Effective partnerships with Pacific and other ethnic communities	Joint processes and initiatives	Work with local Pacific and other ethnic leaders and communities around -health information and analysis -proposals and policies with health implications -health determinants and outcomes. Contribute to WCDHB ethnic specific plans as appropriate.	No. of initiatives supported. Formal/informal feedback. CPH provided assistance to New Coasters to support community connectivity and ease isolation. CPH attended two 'Welcome Lunches' to support settling-in. CPH also supports the New Gardeners Group in Hokitika and Greymouth which connects new and long-term residents through a shared interest in growing gardening knowledge and skills. Monthly meetings have been held which include seed and seedling swaps, garden visits, guest speaker on subjects such as bee keeping, what to do with weeds, how to combat garden invaders. A number of friendships have developed as a result of these meetings.
Human resources	A highly skilled public health workforce	Workforce Development Plans Record of training opportunities (Training calendar)	Implement the CPH Workforce Development Plan, including promoting a focus on specific competencies and contributing to SI workforce development and national networks. Explore/facilitate training for CPH staff in the Treaty, inequalities, Health in All Policies, Te Reo, Hauora Māori, and undergraduate and postgraduate study in public	Training participation and feedback (for public health, other health sector and non-health staff). CPH West Coast staff and staff from WCPHO & WCDHB completed Broadly Speaking training. Recent staff changes mean other staff will be offered training in the next financial year. Formal/informal feedback. Extent of training recorded and evaluated. Progress has been made to deliver introductory level Te Reo Māori sessions to CPH Greymouth staff. 2 x staff members are engaged in community-based Te Reo classes.

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Reporting on performance measures (key measures of quantity or quality of activities)
			health as appropriate to staff development needs.	<p>1x staff member attended a Māori Health Symposium in Christchurch.</p> <p>1x staff member attained Treaty of Waitangi training in Christchurch.</p> <p>1x staff member was accepted into the Flourishing Fellowship</p> <p>1x staff member was accepted into the Mental Health Foundation – Pause, Breathe, Smile facilitators workshop</p> <p>All training is recorded in Workforce Development Database and evaluations completed by staff members.</p>
Research, evaluation, economic analysis	Information available on priority public health issues and effectiveness of public health interventions	Research / evaluation reports and publications	<p>Support public health research and evaluation, eg research into impacts of mine closures with a particular focus on improving Māori health and reducing health disparities.</p> <p>Media releases about items of interest including Year 10 ASH data, alcohol trends, etc.</p> <p>Pursue conference presentations and peer-reviewed publication where appropriate.</p>	<p>Number and accessibility of reports. Formal/informal feedback.</p> <p>A literature review on job losses in small communities has been provided to the Māori development SEED Project, under contract to Te Putahitanga, currently running in the Buller District.</p> <p>CPH also provided the above report and other information/resources to the Buller Interagency special meeting called in response to job losses at Stockton mine.</p> <p>CPH provided information for the Buller Mayor to take to a meeting with the Minister of Social Development about challenges facing social and community organisations on the West Coast.</p> <p>CPH staff attended forums in Greymouth and Westport on 'Life After Coal'. Staff also attended a West Coast Sustainability Forum which included discussion on economic diversity, climate change and the implications of TPPA.</p> <p>CPH provided information to the Grey District Council as part of their scoping of the effects of an annual motorcycling event to inform the Economic Development Strategy.</p>

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				<p>CPH also assisted the Council with community consultation regarding the Greymouth CBD Renewal Plan which is also part of the Economic Development Strategy.</p> <p>Number and impact of media reports. Media releases have been regularly forwarded to the various newspapers of the West Coast on tobacco and alcohol-related topics. On average two of the five newspapers will print each item.</p> <p>Number and impact of presentations and publications. One staff member had a presentation on the 'Secret Shopper' pilot – An approach to assessing youth friendliness of health services accepted for the Youth Collaborative 6th Annual Hui.</p>
Planning and advising on public health programmes	Population health interventions are based on best available evidence and advice	Planning advice / reports	Develop reports and advice for health and non-health organisations to support robust public health interventions, with a focus on improving Māori health and reducing health disparities, including evidence reviews, needs assessments, GIS analysis. Contribute to national, regional and local public health infrastructure and supports, including Public Health Association, Health Promotion Forum, South Island Public Health Partnership, National Public Health Clinical Network, National Health Promoting Schools Group, New Zealand College of Public Health	<p>Number and accessibility of reports. Formal/informal feedback. CPH facilitated and hosted eight meetings of the West Coast Tobacco Free Coalition. These meetings are supported by those working in tobacco control on the West Coast and are attended by up to 15 people, including the WCDHB and NGOs. WCTFC made written and oral submissions to the three District Councils regarding Smokefree issues such as outdoor dining areas. The Coalition has an annual plan and has supported WERO challenge, Stoptober, World Smokefree Day/Smokefree May.</p> <p>CPH facilitated and hosted nine Active West Coast meetings to support liaison between organisations and agencies involved in health and social services. AWC also made submissions to the four local territorial annual Long Term plans, the Grey District TAB and Gaming Venue Policy which required re-consultation, Westland District Council Local Approved Product Policy, West Coast Regional Land Transport Plan & Regional Public Transport Plan.</p> <p>CPH made submissions to all four West Coast councils' Long Term Plans included support for the further development of Smokefree</p>

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			Medicine, Healthy West Coast Workstream, PASHANZ, West Coast Tobacco Free Coalition, Active West Coast, WCDHB Child & Youth Health Workstream and West Coast Immunisation Advisory Group.	<p>environments and Local Alcohol Policies, Youth Development Strategies, continued provision of supported housing for older residents, support for upgrades of water supplies and wastewater systems, requests for continued investment in footpath and cycle facilities and support for the continuation of the Total Mobility scheme.</p> <p>AWC also provided a letter of support for a community and recreation centre for Westland.</p> <p>CPH made a presentation to the Buller Interagency Forum outlining AWC and its activities.</p> <p>CPH continues to be part of the Child & Youth workstream under the West Coast Alliance. CPH are facilitating the Youth Health Action Group within this structure and working with all partners to successfully implement the Youth Health Plan.</p> <p>CPH continues to be involved in the WCDHB Suicide Prevention Governance Group (the Medical Officer of Health is a member and current interim Chair) and Suicide Action Group (CPH Health Promoter is a member). During this reporting period the WCDHB Suicide Prevention and Postvention Plan 2015-2017 was developed.</p> <p>Extent and impact of contribution.</p> <p>CPH provided a case-study and information based on the lessons learnt from the development of the Coastal Pathway to ANA's 'Promoting Physical Activity at the Local Government Level' 2015 document.</p>
Quality management	A continuous improvement culture and robust quality systems for all public health work	Quality improvement plan and reports Accreditation results	Develop, implement and maintain the quality improvement plans including Internal Audit Plan and	<p>Plans approved and progress reported , eg review of policies and procedures.</p> <p>Progress against improvements and recommendation log.</p> <p>Progress towards quality programme.</p> <p>As per Christchurch office</p>

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			provision of information, training and support to staff. Present annual quality report to CPH Divisional Leadership Team (DLT). Contribute to the WCDHB organisation-wide quality programme. Maintain IANZ accreditation of drinking water unit.	Accreditation maintained. West Coast drinking water work is undertaken by South Island Drinking Water Assessment Unit (SIDWAU). A WC HPO is currently studying to be a fully accredited Drinking Water Assessor and is undertaking drinking water work as part of the IANZ accredited SIDWAU administered system.
	Effective regional delivery of public health core functions	Reports of South Island Public Health Partnership	Contribute to management and work groups as per <i>South Island Public Health Partnership Plan 2012-15</i> : SI Public Health Analysts Network SI Alcohol Workgroup SI Workforce Development Plan Issues-specific work groups e.g. Sustainability, Tobacco, Communicable diseases protocols Management group	Progress against plans. Partnership evaluation. Maintained membership on the South Island Alcohol workstream and attends weekly teleconference meetings. See above regarding the Quality Improvement programme on ED data and alcohol related presentations.

Highlights:

- CPH's work with the Youth Health Action Group is progressing the West Coast Youth Health Plan. The success of the 'Secret Shopper' pilot of health services has resulted in positive changes to local West Coast primary care services in making them more 'youth-friendly'.

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<ul style="list-style-type: none"> Fifty participants Coast-wide took part in Youth Friendliness training provided by Sue Bagshaw and the project was presented at the Youth Collaborative 6th Annual Hui. 				

HEALTH PROMOTION

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

	Short Term Outcomes (the results that we’re working towards)	Short Term Outcome Indicators (how we’ll monitor progress towards the results)	Activities (what we’ll do to get the result)	Reporting on performance measures (key measures of quantity or quality of activities)
Policy	Policies and practices within and beyond the health sector that will improve health, improve Māori health, and reduce disparities	New and reviewed strategies, plans and policies reflect health priorities	<p>Develop and make available resources to support health impact assessment (HIA) and a “health in all policies” (HiAP) approach</p> <p>Support health and non-health sector staff with appropriate tools and customised advice to support a HiAP approach, eg the IRPG (Integrated Recovery Planning Guide), Te Pae Mahutonga, HPSTED etc.</p> <p>Ensure these tools are available to all partner agencies and support their implementation.</p> <p>Support settings (workplaces, sports clubs, schools) to develop policies which support health.</p> <p>Engage with and co-ordinate efforts of key external</p>	<p>Record of contributions and their impact.</p> <p>CPH partnered with Westland District Council to run a Social Impact Assessment to inform Council’s Class 4 Gambling Review. This resulted in the adoption of a more restrictive policy following public consultation.</p> <p>Record of contributions and their impact.</p> <p>Training opportunities, participation, and feedback.</p> <p>Staff attended the Health in All Policies workshop held in Christchurch.</p> <p>Record of contributions.</p> <p>Formal/informal feedback</p> <p>In partnership with the Heart Foundation, CPH is supporting Grey High School with the development of a Nutrition Policy.</p> <p>CPH are supporting the WCDHB in the review of their Healthy Eating Policy. This is aligned with the review of the CDHB policy. Once the policy</p>

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			<p>agencies, including local iwi, to identify and support HiAP opportunities, including relevant Ministry of Education initiatives, housing, community resilience & wellbeing in response to mine closures.</p> <p>Develop joint work plans with a range of stakeholders.</p> <p>Support and coordinate development of WCDHB and regional position statements and submissions on public health issues.</p>	<p>is developed, there is agreement that it will be adopted by all the partners in the Healthy West Coast governance group (i.e. it will be a whole of system policy, not just a DHB policy).</p> <p>CPH are also exploring the development of a WCDHB Alcohol Policy.</p> <p>Formal/ informal feedback, including evaluation of joint work plans.</p> <p>Number and impact of position statements and submissions.</p> <p>CPH made submissions on all four TLA Draft Long Term Plans with a focus on improvements to water supplies, wastewater and solid waste, as well as support for LAPs and increasing Smokefree environments owned by Councils. CPH also submitted to the West Coast Regional Council's draft Regional Policy Statement Review.</p>
Social environments, media	Communities educated and aware of health issues and healthy choices and behaviours	Communications Plan, record of campaigns and information delivered	<p>Develop and implement CPH public health communications plan.</p> <p>Deliver relevant and timely public health information and campaigns (including World Smokefree Day, Mental Health Awareness Week, National Heart Week. Matariki, Waitangi Day and Ask the Professional columns in the Messenger).</p>	<p>Progress against plan.</p> <p>CPH has developed a positive relationship with the WCDHB Communications Advisor. CPH regularly contributes items for the quarterly WCDHB Report to the Community.</p> <p>Six weekly reports are provided to WCDHB CPHAC/DSAC and Tatau Pounamu, as well as contributions to the CEO Board Report to highlight local public health issues. This often results in wider media coverage of reported issues.</p> <p>CPH assisted a Buller community agency we have been working with to write an article outlining their achievements. This has been sent to the WCDHB communications officer for publication in the Community newsletter.</p> <p>West Coast Tobacco Free Coalition promoted Smokefree lifestyles during Smokefree May and for World Smokefree Day. Smokefree resource packs were distributed to 15 early childhood centres and kohanga reo.</p>

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				<p>8 smokefree displays at various locations around the Coast during Smokefree May.</p> <p>No .and type of public health messaging distributed. Evaluation of reach and impact of individual campaigns.</p> <p>CPH presented to the Uniting Church Women's Fellowship, A Church Synod and the Grey Cardiac Club on healthy aging, falls prevention and the benefits of staying active in older age.</p> <p>CPH linked the Grey District Council with the Grey Cardiac Club so members could supply face-to- face feedback regarding footpath quality in their local area.</p> <p>CPH worked with the Blue Light committee to change the food provided at an event to a more healthy option.</p> <p>Mental Health Awareness Week was celebrated on the West Coast with a raft of taster sessions and activities promoting the theme of 'Keep Learning'. These were developed by CPH in association with various local agencies and participated in by small groups of individuals over the week.</p> <p>CPH provided free healthy kai options at the Grey District Youth Trust's Buskers Festival and also a Grey Economic Development community event.</p> <p>CPH supported a Women's only aquatic night run through the Grey District Council by offering healthy kai, promoting Appetite for Life, and alcohol-free mocktails. Sixty women participated in this session – many were first time visitors to the aquatic centre.</p>
Education settings	ECECs, schools and tertiary settings that support healthy choices and behaviours	Education settings evaluation reports	Develop and support health promoting schools initiatives reflecting national strategic direction and guided by the draft service specification 2013/14.	<p>Number of Schools engaged and with action plans developed. Number of schools engaged in the stages of HPS inquiry 8 Information entered into National HPS Database as required. 8 Number of completed evaluations using the template set out in the National HPS framework.</p>

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			<p>Support school initiatives that meet health and wellbeing needs identified by the school such as promoting student voice, healthy lifestyles and environments, emotional and mental wellbeing, improved attendance, hygiene, and whānau engagement</p> <p>Work with young people to encourage healthy choices e.g. Smokefree, alternatives to alcohol.</p> <p>Support schools with information about alcohol and sexual health especially prior to the school balls being held.</p> <p>Continue to develop the Good Memories No Regrets campaign, raising awareness of safe sex and safe drinking.</p>	<p>Completed the Health and Wellbeing Review tool for 7/8 schools November 2014.</p> <p>Electronic and hard copy distribution of HPS magazine. HPS magazine distributed to schools</p> <p>HPS provided \$500 grants to priority schools for projects which will promote healthy lifestyles, emotional and mental wellbeing and whānau engagement.</p> <p>Record of presentations.</p> <ul style="list-style-type: none"> ▪ Delivered a workshop to Westland High School around wellbeing pathways in the school community. ▪ Five ways to wellbeing workshop delivered to Westland High School staff. ▪ Presentation to Principals' Association regarding Sexuality Education in Primary Schools. ▪ Two presentations delivered to school and Karoro Learning around Health Promotion as a career. <p>Outcomes entered into Healthscape. HPS interactions with schools recorded in Healthscape.</p> <p>Supporting a Health class at Grey High School to run a project around positive sexuality.</p> <p>Good Memories No Regrets posters continue to be used at appropriate events.</p> <p>Wellbeing Day run at Tai Poutini Polytechnic again involving blood pressure and blood sugar tests, sexual health information, and various wellbeing stalls. The theme was the 5 ways to wellbeing. CPH provided healthy food tasting and recipes to promote healthy eating on a budget to students. Around 60 students participated and it built on the success of last year.</p>

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				Alongside West REAP and the Heart Foundation CPH coordinated the delivery of three ECE Nutrition Workshops – two in Greymouth and one in Hokitika.
Workplaces	Workplaces that support healthy choices and behaviours	Workplace initiatives and evaluation reports	Work with priority workplaces to develop health promoting workplaces. Work with workplaces to encourage smoking cessation among staff.	No. of workplaces engaged. Outcomes of workplaces initiatives. Number of referrals. Number of quit attempts. Holcim Cement Works in Westport supported with alcohol resources and information. CPH created and distributed information to workplaces and other networks on the benefits of cycling to celebrate Bikewise Week. Over 300 'Welcome to Franz Josef/Fox Glacier' packs were made up and distributed to businesses in the Glacier communities with assistance from the Community Development workers in those areas (September 2014). The packs contained information about the local community as well as health information about safe drinking, safe sex, health eating, being active, and quitting smoking. CPH has worked with the WCPHO and Community Corrections to develop and deliver a six part health promotion programme aimed at improving the health and wellbeing of people service community sentences. This programme is currently being evaluated.
Marae and Other Māori Settings	Marae and other Māori settings that support healthy choices and behaviours	Marae other Māori settings' initiatives and evaluation reports	Work in a whānau ora approach with Māori in settings to support healthy choices and make healthy lifestyle changes. Settings include: Kohanga Reo, Marae and Poutini Waiora.	No. of Māori settings worked with. No. of initiatives supported and evaluated ie: Appetite for Life, Auahi Kore, alcohol harm reduction. CPH assisted with and supported the delivery of Māori events including: <ul style="list-style-type: none"> ▪ Kapa Haka competition (500 people) ▪ Waka Ama competition ▪ Kaumatua Pamper Day at Marae (20 people) ▪ Te Putahitanga Launch (100 people)

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				<ul style="list-style-type: none"> Opening of Arahua Marae (1000s) Te Matatini (1000s) <p>CPH has also provided support and resource to the following: 3 x Te Putahitanga Māori community development sessions in Buller</p> <p>Kia Ora Hauora powhiri and delivery of sessions on AKP, career opportunities and development, and health promotion and determinants of health.</p> <p>CPH coordinated the delivery of a Kaumatua Wellbeing hui at Arahura Marea. One of the main objectives of the day was to empower the kaumatua as health promoters in their whānau and community, as well as future health areas of interest. Both Kati Wae wae and Ngati Maakawhio (30 in total) attended. 12 kaumatua received their flu vaccinations. CPH, Poutini Waiora, WCDHB, WCPHO and Westland Medical Centre were all involved.</p> <p>CPH delivered Cooking Skills to Life Skills course with six people involved in Māori community mental health.</p> <p>CPH staff are currently working with Poutini Waiora to assist them to develop and implement a wellbeing project, Hauora Pai, with their clients, focused on physical activity and nutrition.</p>
Other community settings	Other community settings that support healthy choices and behaviours	Setting initiatives and evaluation reports	Work with event organisers and other community groups to develop health promoting settings e.g. Waitangi Day, Relay for Life, Waka Ama Festival, Kapa Haka festival. Support active transport through advocacy and membership on the WC Regional Transport Committee, West Coast Road	<p>No of events supported</p> <p>Evaluation findings.</p> <p>As mentioned above, CPH staff supported Aquatic Centre staff to run a Ladies' Night at the Grey District Aquatic Centre. 60+ women attended. Many had never been inside the aquatic centre before. Demand for future events of a similar nature.</p> <p>The West Coast Tobacco Free Coalition attended Relay for Life and promoted Smokefree Lifestyles.</p> <p>Meetings attended and opportunities of change recorded.</p>

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			<p>Safety Committee. Support initiatives such as Bikewise, bike to work day and walk to work day.</p> <p>Identify ways of working with early childhood centres to promote Smokefree lifestyles.</p>	<p>CPH continues to provide public health input into the West Coast Road Safety Committee. Three meetings have been attended with continued advocacy for active transport, in particular for improvements to the Taramakau road/rail bridge which makes up a part of the Westland Wilderness Trail. Safety improvements are planned to be completed by the end of 2015.</p>
Community capacity	Communities able to address health issues of importance to them	Changes achieved by community partnerships	<p>Support communities to address priority issues, including community engagement initiatives and development of sound health promotion projects, eg community resilience & wellbeing in response to mine closures, supporting delivery of the Prime Minister's Youth Mental Health initiative.</p> <p>Encourage community members to participate in submission-making process.</p>	<p>Record of new networks established or linked into. No. of initiatives supported and evaluated. No. of groups engaged.</p> <p>As mentioned above, CPH works with New Coasters Settling In agency to link new comers with the community through a focus on growing food. Monthly Gardening meetings have included seed and seedling swaps, visits to local gardens, guest speakers, sessions on weeds and beekeeping. CPH is collaborating with New Coasters to develop a visual resource/ diary around gardening.</p> <p>As part of the WCDHB Suicide Prevention Action Group, CPH staff helped assign 115 QPR suicide awareness online training licenses to our community, focusing on rural areas and workers. The South Westland area was a particular focus because of a geographical cluster of suicides there. Work was carried out with the Hari Hari Community Association, Federated Farmers, the Rural Support Trust, Westland Milk Products and local vets to raise awareness. Approximately half of the QPR licenses went to these kinds of agencies and individuals. Ongoing work is in following up these online licenses with face-to face training and promoting local services and contact people. This will take place in the next reporting year.</p> <p>CPH staff supported a Suicide Awareness cycle trip along the Coast, attending and presenting at events in both Reefton and Hokitika. These</p>

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				<p>were attended by about 100 people. Other events in Fox Glacier and Haast were supported with appropriate information and resources.</p> <p>CPH continue to facilitate the Youth Health Action Group. The Secret Shopper project was a success and fed into 3 sessions on youth-friendly training run by Sue Bagshaw, which was attended by 50 people. A CPH staff member presented at The Collaborative youth hui about the Secret Shopping project.</p> <p>CPH is working with a small community group in Runanga to enhance their community and provide a safe physical activity space for children. CPH provided socio-economic Census data to the group for the community development project and provided a letter of support for the restoration of the Runanga Miners' Hall.</p> <p>No. of submissions made.</p> <p>CPH informed a local high school, business and the WCDHB about an activity that was withdrawn from the draft WC Regional Transport Plan that could affect road safety in their area. As a result, all three submitted and the activity has been included as a high priority.</p>
Individual skills	People with skills to enable healthy choices and behaviours	<p>ABC coverage in primary and secondary care.</p> <p>Smoking quit rates</p> <p>Evaluation of other initiatives</p>	<p>Maintain ABC coverage in primary and secondary care including quit card, hospital cessation service and Coast Quit.</p> <p>Deliver Aukati Kai Paipa as per the MoH contract.</p> <p>Develop and deliver other lifestyle intervention support (eg Appetite for Life, Green Prescription, fall prevention programmes, breastfeeding</p>	<p>Sustained quit attempt rates.</p> <p>MoH targets met.</p> <p>This intervention was supported by the practices and the WCPHO. This initiative was successful in increasing Māori participation in cessation programmes and will be rolled out to further medical centres in the next reporting period.</p> <p>AKP contract specifications met.</p> <p>AKP contract met.</p> <p>Numbers of interventions made and evaluated.</p> <p>There were 7 Appetite for Life courses delivered on the West Coast this year. There were three courses held in Greymouth, two in Westport, one in Reefton and one in Hokitika. All participants provided positive</p>

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			<p>support, cooking programmes).</p> <p>Support mental wellbeing initiatives. Support delivery of the Prime Minister's Youth Mental Health initiative. Deliver safe sexual health training and resources to priority groups.</p>	<p>feedback and statements on their evaluation forms. Two Cooking Skills for Life Skills courses were run this year: one in Hokitika, and one in Greymouth. These were really well received as they are tailored to the participants and their needs.</p> <p>Number of participants. Overall, Appetite for Life reached 57 people in the last year. 21/57 were 51 years or older. The majority of participants were NZ Europeans, with 10 participants identifying as NZ Māori. Cooking skills for life skills courses were delivered to 13 people overall.</p> <p>Community linkages engaged with – e.g. Homebuilders, Salvation Army. Appetite for Life was run through PACT, Karoro Learning and Māori Mental Health for three of the courses. Cooking Skills for Life Skills was also run with Māori mental health. Te Whare Atawhai (Higher learning needs centre at Westland High School) was included in cooking skills.</p> <p>CPH supports the delivery of Tai Chi Falls Prevention community classes in six areas across the West Coast. Three instructors attended training to update their skills. CPH is currently scoping other community volunteers to train.</p> <p>CPH have an ongoing relationship with Lifehack and keep engaged in a local Lifehack project in Westport. A staff member has just been accepted onto their Flourishing Fellowship, a 3 month programme to develop wellbeing promotion in communities and specifically with young people, and using technology.</p> <p>CPH continue to support schools with sexuality education, in particular parent's consultation meetings. We also presented to the Principals' Association to hear about their needs in response to a number of concerns from primary schools regarding sexuality education.</p> <p>Awareness of Five Ways to Wellbeing. No. training sessions delivered.</p>

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				<p>We continue to promote the Five Ways to Wellbeing at various events and have recently been requested to run sessions at Westland Milk Products, Westland District Council and Tai Poutini Polytechnic around the '5 ways'.</p> <p>CPH has completed a six session Health Promotion project with Community Corrections participants and some staff. The topics covered included nutrition, cooking x 2, responsible alcohol use, being Smokefree and PHO services. The project is in the process of being evaluated. Community corrections numbers varied between 8-14 participants per session.</p> <p>Level of access to services. No. training sessions delivered</p> <p>Family Planning ran two sessions with teachers, PHNs and youth workers on sexuality education.</p>
Healthcare settings	Hospitals and community healthcare settings that support healthy choices and behaviours	Healthcare initiatives and evaluation reports	Work with hospital and community healthcare providers to develop health promoting settings (eg promoting active transport, Smokefree and healthy food availability).	<p>No of initiatives supported recorded and evaluated.</p> <p>CPH is working with the WCDHB to develop a new healthy eating policy. Once the policy is developed, the partners in Healthy West Coast have all agreed that they will also adopt the policy.</p>

Highlights:

- Mindfulness in Schools – CPH are working with MHF, BullerREAP and Homebuilders to bring the Pause, Breathe, Smile programme to West Coast schools in response to concerns from schools about students starting school with anxiety. A CPH staff member is undergoing training to become a facilitator and we will be piloting the programme in 2 schools in the next year.
- CPH are involved in the Girls of Concern working group to promote this valuable piece of research within our communities to raise awareness and action around the wellbeing of young women on the Coast.
- A staff member has just been accepted onto Lifehack's Flourishing Fellowship, a 3 month programme to develop wellbeing promotion in communities and specifically with young people, and using technology.

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- The HPS facilitator has been a member of two schools' Positive Behaviour for Learning Leadership Teams. This provides opportunities to become part of the school community and promote health and wellbeing with the school philosophy.
- The recent kaumatua wellbeing hui was extremely well received and CPH has been requested to assist with facilitation of future hui on other health topics at Arahura and Bruce Bay marae.

Issues/Challenges/risks and actions taken:

- Preliminary planning meetings have been held with WestREAP to plan a project to highlight 'Inspiring People' as per the Grey District Economic Development Strategy, however due to time constraints this has not developed into a formal project.
- There has been an increase in demand for Appetite for Life/Community Nutrition across the West Coast, this has been identified and escalated to the Healthy West Coast workstream to look at a system wide solution to the increased demand.
- Nutrition information that doesn't align with MOH guidelines is being provided to the community via social media and community physical activity and private group nutrition classes. CPH has become aware of this through questions being asked at Appetite for Life sessions and through links to the Blue Light programme run by the Police. CPH has taken steps to counter the information and work with the information source. However, this has had little impact. As the source is a private individual with a business it is very hard to challenge the information; the Facebook page reaches and engages with a large number of people and the individual is seen by the public as a nutritionist but the information provided is not evidence-based.
- Good Memories No Regrets evaluation has not been completed as yet. Only one focus group has taken place so far and more are needed for meaningful data.
- Significant community wellbeing issues as a result of job losses in the Buller– CPH involved in Buller Interagency Action Group and will undertake work to help develop a community health profile, needs assessment and gaps analysis in collaboration with CPH's Information Team, Buller Health Service and community organisations.

Other comments (including suggestions to the Ministry):

- A number of community wellbeing agencies have closed or reduced their hours over the last year, however, community need has not reduced. Schools are indicating the need to address anxiety, two large workplaces have identified workplace wellbeing as a growing issue and feedback from a community wellbeing agency indicates that more people are coming to them asking for services they don't currently provide.

HEALTH PROTECTION

“protecting communities against public health hazards”

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Reporting on performance measures (key measures of quantity or quality of activities)
Communicable disease control	Reduced incidence of notifiable diseases Reduced incidence of influenza	Notifiable diseases and influenza rates and trends Outbreak rates and trends	Investigate cases and contacts as per protocols and Communicable Disease Control Manual 2012, including timely identification and investigation of notifiable diseases and outbreaks. Quality data entry in EpiSurv in a timely manner. Investigate outbreaks as outlined in the Outbreak Response Procedure and ESR guidelines Contribute to the development of shared South Island protocols. Provide public information and advice, including promoting immunisation and hand	Disease rates (as compared with previous years). Disease rates are similar to previous years. In the past 12 months some 130 cases have been notified. Most disease rates are compatible with previous years. Of concern is the incidence of <i>Haemophilus influenzae</i> , type b invasive disease (Hib) in a local unvaccinated community. Two cases occurred recently and we were able to persuade community leaders to allow the immediate families of the cases to consider antibiotic prophylaxis. Both families and two health workers from the community chose to receive prophylaxis. This has not occurred previously. We continue to work on our relationship with this community but this community continues to choose not to vaccinate their children. There were some 60 Campylobacter notifications with untreated drinking water, dairy farming and lifestyle being common risk factors. Data quality as outlined in the ESR Annual Data Quality Report. Statistics as outlined in the ESR Annual Data Quality Report and Annual Outbreak Report. Case reports completed for all cases. EpiSurv is maintained and investigations are followed up. Health Protection staff liaise with GP practices, PHNs, hospitals and laboratories to complete case reports as

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			<p>hygiene and condom distribution.</p> <p>Work with priority settings and communities to increase immunisation and improve infection control.</p> <p>Provide vaccinator and programme authorisations as per Medicines Regulations</p> <p>Contribute to development and implementation of SI Rheumatic Fever Prevention</p>	<p>well as referring the case to a PHN (for vaccine preventable diseases) and telephoning the case directly in the first instance.</p> <p>We have not received the Data Quality report from ESR to comment fully on Communicable Disease rates for 2014-15 but we have updated our procedures as result of previous reports.</p> <p>Outbreaks controlled.</p> <p>Progress against Outbreak Debrief Report action points.</p> <p>All outbreaks that the West Coast received were investigated following guidelines of ESR and CPH or under guidance of the Medical Officer of Health.</p> <p>Number and impact of shared protocols.</p> <p>Protocols are worked through CPH in Christchurch to reflect West Coast needs. HPOs follow CPH-wide protocols which are developed through internal communicable disease surveillance meetings and use Ministry of Health protocols and guidance. Christchurch represents the West Coast for SI Matters.</p> <p>Protocols made up and sent to Infection Control Nurse, all PHNs & RNs on the West Coast, Communicable Disease Protocols folder. Update as required.</p> <p>Number of media releases and promotional opportunities undertaken.</p> <p>15,432 condom packs sent out to West Coast community groups, GP practices, Tai Poutini, Karoro Learning centre.</p> <p>Records of (intra WCDHB and interagency) meetings attended/settings worked with.</p> <p>Impact of contribution as evidenced by meeting minutes.</p> <p>Documented numbers of authorised vaccinator & programme applications and approvals.</p> <p>Completed by Christchurch office.</p> <p>Vaccinator authorisations for WC: 8</p>

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Reporting on performance measures (key measures of quantity or quality of activities)
			Plan (reported through SI Public Health Partnership via CD protocols group).	Programme approvals for WC: 40 Progress against Plan. Plan is in place. One case in this reporting year.
Drinking water quality	Improved water quality and protection measures in community drinking water supplies	% of minor, medium and large community supplies complying with DWS % of minor, medium and large community supplies with approved and implemented Water Safety Plans.	Support local authorities to maintain catchment protection Review and prioritise all community supplies and work with prioritised communities and TLAs and regional bodies to improve water quality. Carry out functions and duties of a DWA as defined under the Health Act. Undertake Annual Survey Ensure water carriers are registered. Respond to high-risk transgressions.	Record of interactions with suppliers concerning their legislative obligations (in SIDWAU filing system). All records of interactions including notifications of transgression under the Drinking Water Standards New Zealand 2005(Revised 2008) (DWSNZ) or incidents related to registered water supplies were in the first instance raised as an event in CPH's HealthScape database via the SIDWAU administration and then investigated and reported on. This year there were major issues with Franz Josef water supply being affected by an on-going drought event and having to rely for a time on tankered water and there are still on-going transgressions on the Punakaiki water supply. We have had several weather event related incidents including source intake structures being destroyed on the Waimangaroa water supply as well as some power outages and temporary equipment failures on other supplies. DWA activities completed within legislative time frames. All requests for DWA work were carried out within legislative timeframes. This year revised WSPs were received and approved for Nelson Creek, Granity and Little Wanganui Water Supplies. WSP implementation visits were carried out for Greymouth, Ross, Harihari, Kumara, Franz Josef and Fox Glacier and all were deemed to be compliant. Annual survey data delivered by required date. The data from the annual survey for all (23) Council managed community water supplies, 3 TLAS, Buller DC (9 CWSs), Grey DC (5 CWSs)a and Westland DC (9 CWSs) as well as 12 private networked

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				<p>community supplies was all gathered and delivered to MoH via WINZ6 by the required date. Additionally data from 12 specified self-supplies was inputted into WINZ 6.</p> <p>Record of registration.</p> <p>Registration changes to include new sources and name changes were made for 10 registered water supplies to keep the records up to date and sent through on the prescribed form to ESR to update the WINZ 7 database. No public health gradings were carried out as there were no requests to do so.</p> <p>Record of responses and outcomes.</p> <p>Records of all DWA work are kept on Healthscape and all correspondence is stored in the SIDWAU filing system. All reports sent out are peer reviewed through the SIDWAU auditing process.</p>
Sewage	Less disease caused by human contact with sewage	Sewage-related outbreaks Environmental contamination events	<p>Work with councils to promote and ensure safe sewage disposal.</p> <p>Work with councils to manage risks of unplanned contamination events.</p> <p>Liaise with councils to provide public advice on safe sewage disposal, sewage overflows, and waterways contamination.</p>	<p>Record of external meetings attended and agreed actions.</p> <p>Record of contribution.</p> <p>One meeting with WDC about the WWTP of Haast, Fox Glacier and Franz. Some concerns with the resource consents and discharge conditions.</p> <p>Westland District council are currently seeking to change consent conditions for their oxidation ponds at Haast, Fox Glacier and Franz. The Regional Council are working with council and keep us informed as interested parties.</p> <p>Record of contribution.</p> <p>WC HPOs attend the Community Liaison Group Meetings for the recently commissioned Waste Water Treatment Plant (WWTP) (Biological Trickling Filter).</p>
Recreational water	Less disease caused by contamination of beach, river and lake water	Waterborne disease outbreaks	Agree recreational water protocols with councils	<p>Agreed protocol in place.</p> <p>The West Coast Regional Council (WCRC) maintains a monitoring procedure and programme for high use recreational water locations on</p>

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		Beach and river water gradings	annually and monitor implementation. Work with councils to provide public information and advice, including health warnings and media releases.	the West Coast. They are monitored monthly and we are in the consultation group. The sites are compliant most of the time with weather events including floods being the main issue. There is no pattern of degradation noted. Number of media releases produced in relation to RW including micro quality and algal bloom events. There were no algal bloom events discovered or notified this year on the West Coast. No requests were made for formal advice from either the WCRC or external enquirers.
Housing	Less disease caused by inadequate housing	Housing quality improvements	Work with national, local and community organisations to ensure warm and dry housing, especially for vulnerable groups (including identification and referral of vulnerable households).	Actions and/or outcomes from key housing stakeholder meetings/interactions reflect public health input. CPH has promoted the WCDHB Warm Homes project to community networks. CPH submitted to the three local district councils supporting their provision of pensioner housing and to the Regional Council regarding continued provision of the insulation targeted rate project in the Reefton area.
Resource management	Regional and local council resource management practices and decisions reflect health priorities	Evaluation of council decisions, implementation and enforcement Air quality monitoring results	Work with councils to ensure health issues are identified and considered in RMA processes. Assess and submit on consent applications. Work with stakeholders to identify and address potential health issues	Record of external meetings attended and agreed actions. Number of applications assessed (scoped)/reviewed. Record of formal advice given. We receive and review a weekly list of resource consents from the WCRC and we also note any publicly notified consent from the local newspapers. We are working on networks at each of the WC Councils' compliance and planning teams and have attended events on amendments to the RMA. Due to economic circumstances there is currently little development on the West Coast. Previously consented residential and commercial subdivisions are only very slowly being built on. Planning staff numbers in local councils are falling. All Resource Consents under the RMA process that we have submitted on are recorded in the CPH Healthscape database and all correspondence saved in the CFS.

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Reporting on performance measures (key measures of quantity or quality of activities)
				<p>Number of submissions made.</p> <p>Number of hearings where evidence presented.</p> <p>Number of decisions reviewed.</p> <ul style="list-style-type: none"> - 12 scoped - 2 submissions made - None to hearing. Both were withdrawn. <p>This year we made no formal written submission on any resource consent applications.</p> <p>No hearings were attended this year although we did attend a pre-hearing meeting with the applicant and Westland District Council officers which resulted in a satisfactory outcome as all our suggested conditions were adopted.</p> <p>No decisions were reviewed.</p>
Hazardous substances	Public protected from exposure to hazardous substances	Reports of public exposure	<p>Work with councils and other agencies to reduce public exposure to hazardous substances, including responding to hazardous substance emergencies and complaints.</p> <p>Conduct investigations where required.</p> <p>Provide public information and advice.</p> <p>Process applications for application of vertebrate toxic agents under HSNO legislation.</p> <p>Conduct field audits of VTA activity where appropriate.</p>	<p>Record of external (including HSTLC) meetings attended and agreed actions.</p> <p>Record of formal advice given.</p> <p>No HSTLC meetings have occurred on the West Coast. CPH have made attempts with other stakeholders to hold meetings.</p> <p>Number and outcome of investigations.</p> <p>Record of advice given, including website utilisation.</p> <p>Māori Health is considered in all the applications and ensured that the appropriate iwi/hapu are consulted with appropriately.</p> <p>Number of VTA applications processed.</p> <p>In the past 12 months HPOs have received and issued some 32 VTA permissions including 10 with an aerial component. The Model Permit Conditions set out in the MoH document 'Issuing Permissions for the Use of Vertebrate Toxic Agents (VTAs): Guidelines for Public Health Units' provide a basis for all permissions that have been issued.</p>

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				<p>Number and outcome of audits.</p> <p>Of the permissions with an aerial component 8 were audited on the day of the operation and in the days prior to and following the operation additional signage checks were carried out. Compliance was satisfactory overall with only minor non-compliance in respect to signage identified.</p>
Early childhood education centres	Health hazards reduced in ECECs	Compliance with ECC Regulations, including infection control and lead exposure	<p>Visit, assess and provide advice to ECECs.</p> <p>Work with councils to ensure appropriate placement of new ECECs.</p>	<p>Number of ECECs assessed in terms of meeting requirements of ECC 1998/ 2008 Regulations.</p> <p>In the past 12 months HPOs have received two requests from Ministry of Education for inspections of early childhood centres and reported on these.</p> <p>Number of meetings held with MoE and TAs.</p> <p>Email discussions with MoE have occurred. There have been no meetings with TAs at this stage.</p>
Emergency preparedness	WC districts prepared for emergencies impacting on public health	Effective emergency responses as required	<p>Develop and maintain emergency plans.</p> <p>Deliver CIMS in Health training to new staff and refresher training to established personnel.</p> <p>Participate in Public Health exercise with Public Health South and Nelson/Marlborough Public Health.</p> <p>Contribute to the development of an integrated South Island Public Health Business Continuity Plan.</p>	<p>Emergency plans are current.</p> <p>On-call coverage is maintained by the 2 HPOs with back-up and MOH support provided by the Christchurch office. On call staff are the first contacts for an afterhours emergency.</p> <p>Record of training.</p> <p>On-call HPOs and all CPH West Coast staff received Ministry of Health CIMS in Health and Health EMIS Training.</p> <p>Performance against exercise performance measures.</p> <p>No exercise held in this reporting period. Exercise with a pandemic scenario involving CPH, WCDHB and local councils is planned for late July 2015.</p> <p>Progress towards plan completion, implementation.</p> <p>CPH WC HPO provided support to Westland District Council's EHO in dealing with recent major flood event in Hokitika. This enabled house inspections to be carried out promptly and environmental health</p>

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				issues to be identified and remedied. CPH's input received positive comments at the incident debrief.
Sustainability	Greater understanding of and action on sustainability	Evidence of increased awareness and development of sustainable approaches within our DHBs and partner organisations.	Raise awareness regarding sustainability and climate disruption, including both adaptation and mitigation strategies.	Evidence of activity to improve understanding of sustainability and to promote sustainable practices. All draft Long Term Council Plans discussed sustainability and climate change effects. CPH submissions supported and promoted sustainability activities and climate change preparedness and mitigation.
Tobacco	Reduced tobacco sales, especially to minors Reduced exposure to second-hand smoke	Retailer display compliance at inspection. Retailer compliance during controlled purchase operations. Number and nature of workplace complaints.	Respond to public complaints. Complete education visit/compliance check prior to CPO/complaint. Inspect retailers and licensed premises for compliance in response to complaints. Conduct controlled purchase operations. Provide public and retailer information and advice	% complaints responded to within 5 days. 100% % of retailers inspected. All premises were inspected prior to any CPO being undertaken. This is in accordance with the Smokefree Enforcement Manual. % of licensed premises inspected. 86% of retailers visited. Number of CPOs conducted. 3 CPOs conducted. CPO compliance. Record of advice, information given. Two sales of tobacco – both were repeat offenders, staff were fined and fines have been paid. Warning letters were sent to shop owners, reminding them of their staff training obligations.
Alcohol	Less alcohol-related harm	ED presentations Police data (violence, road traffic crashes)	Set up ED alcohol data collection system. Monitor licensed premises.	Progress towards establishing system. Number of licensed premises monitored. 25 licensed premises monitored. Number of licence applications processed and percentage processed within 15 working days.

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		Retailer compliance during controlled purchase operations	<p>Inquire into all on- , off-, club, and special licence applications and provide Medical Officer of Health reports to DLC where necessary.</p> <p>Conduct controlled purchase operations.</p> <p>Contribute to training of Duty Managers</p> <p>Work with Police and DLC to support community alcohol initiatives, eg alcohol accords.</p> <p>Support councils' implementation of Local Alcohol Policies (LAP's).</p> <p>Work with event organisers, eg for Wildfoods Festival, to encourage development of Event Management Plans.</p> <p>Work with SI Public Health Partnership to facilitate the development of DHB Alcohol Harm Reduction Strategies with associated outcomes frameworks and indicators.</p>	<p>197 license applications processed and 100% processed within 15 days.</p> <p>Number of CPOs conducted. One</p> <p>Number of premises visited during CPO. 24</p> <p>CPO compliance. 1/24 sold; 96% compliance</p> <p>Record of contribution.</p> <p>Attended 5 duty managers course to provide the MOH perspective to students.</p> <p>Record of meetings attended and agreed actions.</p> <p>CPH has attended all regional tri-agency meetings and is supporting the development of an interagency accord to formalise local arrangements under s295 of the Sale and Supply of Alcohol Act 2012.</p> <p>Health impacts of Local Alcohol Policies.</p> <p>Implementation of draft Local Alcohol Policies has been delayed by all three District Councils. Police and Health are keen to re-start the process.</p> <p>Record of meetings, number of plans in place.</p> <p>CPH staff worked with Wildfoods organisers to help develop their event management plan for the 2015 event. There was a new event organiser for Wildfoods this year with a greater emphasis on food rather than alcohol. Alcohol-related harm at and subsequent to the event was reduced compared to previous years.</p> <p>Progress against workplan.</p> <p>CPH continues to advocate for the development of a WCDHB Alcohol Harm Reduction Strategy. WCDHB capacity to advance the development of this strategy is limited though the work carried out by CPH's Information Team to develop a standard set of alcohol harm indicators for SI DHBs will be shared with WCDHB and HWC partners.</p>

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				CPH has also begun work on developing a draft alcohol policy for the WCDHB.
Other psychoactive substances	Improved compliance with Psychoactive Substances Act 2013	Retailer compliance during controlled purchase operations	Work with police and other agencies to undertake regulatory activities in line with the Psychoactive Substances Act 2013 and Regulations	Number of licensed retail premises assessed for compliance. Number of premises visited during Controlled Purchase Operations. CPO compliance. No licensed retail premises.
Other	Public protected from other health hazards	Evidence of harm to public	Undertake other regulatory health protection work using a risk-based approach, including six-monthly inspections of solaria as per May 2012 request.	Record of external meetings attended and agreed actions. Record of formal advice given. Number of documents reviewed. Number of decisions reviewed. Any other regulatory work requested and undertaken by HPOs is all recorded in CPHs Healthscape database and all correspondence saved in CFS. In the first instance all reference is made to the MoH Environmental Health Manual and appropriate advice given. WC HPOs attend CPH's Risk management Committee and contribute review of organisation-wide protocols and procedures.

Highlights:

- The lowering of the Blood Alcohol limit for drivers on December 1 2014 gave us the opportunity to work with Police on check points prior to Christmas. This was a good awareness raising exercise for the public and allowed us to build even stronger relationships with Police.
- This law change also encouraged licensed premises to stock lower alcohol products
- There has been a new Liquor Licensing inspector employed in Westland which has allowed us to work more closely together and have shared goals. This is a significant improvement over the situation with the previous inspectors.
- The intoxication levels at the Hokitika Wildfoods Festival were lower than in previous years and the emphasis on alcohol at the festival was lessened.
- The Greymouth District Licensing Committee has upheld both of our oppositions to off licenses.

Issues/Challenges/risks and actions taken:

- The level of training for members of the District Licensing Committees (DLC) is mixed with some members not appearing to understand the role of the committee. Our regional interagency group comprising the Police, licensing inspectors and MOH have invited members and chairs of the DLC to meet us and discuss our roles.

PREVENTIVE INTERVENTIONS

“population programmes delivered to individuals”

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Reporting on performance measures (key measures of quantity or quality of activities)
Immunisation	Increased immunisation coverage, especially for priority groups	Immunisation rates	Immunisation coordination - work strategically to improve immunisation coverage especially for tamariki and rangatahi. Immunisation promotion eg Pertussis vaccination among frontline healthcare workers, immunisation within ECECs and schools. Immunisation delivery.	<p>Record of initiatives. Formal/informal feedback. Flu season started late this year and was not fully underway until mid-April. Flu 65+ practices have campaigned hard this season. The 2014/2015 funded flu vaccination season runs until 31 July 2015.</p> <p>Record of promotion initiatives and outcomes. Media coverage via the Messenger, radio, WC DHB CEO bulletin, health promotion displays, resources to practices.</p> <p>Record of delivery initiatives and outcomes. Practices deliver immunisation via childhood schedule and refer to Outreach Immunisation Service those overdue/not responding. Immunisation Co-ordinator is working closely with practices to capture as many as possible through primary care for timely immunisations. Encouraging practices to uptake B coding and book appointments with parents for immunisation beginning on time at 6 weeks of age. PHO Performance as at 31st March 2015 (Q3): Target 90%</p> <ul style="list-style-type: none"> Age Appropriate Vaccinations - 8mth Olds – Total Population 92.22% an increase from 86.05% last quarter Age Appropriate Vaccinations - 8mth Olds - High Need 92.00% similar results as 92.59% last quarter <p>2 year old target 95%</p>

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Indicators (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Reporting on performance measures (key measures of quantity or quality of activities)
				<ul style="list-style-type: none"> Age Appropriate Vaccinations – 2yr olds – Total Population 86.14% Age Appropriate Vaccinations – 2yr olds – High Need 91.67%
Lifestyle interventions	Systematic identification of and response to risk factors	Completeness of practice and hospital information on smoking, alcohol intake, and physical activity	<p>Work with the Maternity Quality and Safety Programme to enhance coverage and effectiveness of Smokefree ABC interventions with pregnant women who smoke. Implement the ABC Smoking Cessation Strategy in primary care and the community.</p> <p>Meet the smokefree health target.</p> <p>Meet PPP smoking targets, including smoking status documentation and delivery of brief advice and cessation support to smokers.</p> <p>Deliver Coast Quit smoking cessation initiatives.</p>	<p>Record of progress</p> <p>ABC training provided for LMCs, via “Innovate Smokefree” (formerly “Smoke Change”) from Christchurch. Continued participation in MQSP working party.</p> <p>The Coast Quit smoking cessation programme continues to be provided by all practices and health clinics, and 3 of the 4 community pharmacies, on the Coast. Outcomes match those expected for this type of intervention.</p> <p>Smokefree Pregnancy Incentive Programme (SPIP) data summary to end of Q4: 12 clients on programme at some point between December 2014 and June 2015; 6 on programme at the end of June.</p> <p>Planning underway for “Little Lungs” smokefree initiative to support smokefree homes and cars – based on the model initiated by Public Health South & Well South Primary Health Network.</p> <p>Number of practices provided with ABC training.</p> <p>4 practices, DHB staff and departments.</p> <p>Quarterly primary health targets bulletin sent to practices.</p> <p>Health Target Quarterly Report</p> <p>PHO Performance as at 31st March 2015 (Q3):</p> <p>Target 90%</p> <ul style="list-style-type: none"> Smoking Status Ever Recorded – Total Population 95.90% Smoking Status Ever Recorded – High Need 96.55% Brief Advice and/or Cessation Support/Referral provided to patients seen in last 12 months: Total Population 94.04% an increase from 78.34% last quarter.

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				<p>Brief Advice and/or Cessation Support/Referral provided to patients seen in last 12 months: High Need 94.88% an increase from 79.06% last quarter.</p> <p>PPP Quarterly Reports. Quarterly report to WCDHB Smokefree manager, including enrolments in cessation programmes.</p> <p>Coast Quit - quit rate (clients remaining abstinent 3 months after enrolling in the programme) for Q3 months was 32% for 138 'intention to treat' patients; 40% quit rate for 111 contacted clients.</p> <p>The DHB Smoking Cessation service had 260 clients enrolled during the six-month period Jul-Dec 14.</p>
Screening and early detection	Early detection of cancer	Coverage rates for cervical and breast cancer screening	<p>Participate in Cervical Screening Strategic and Working Groups to develop regional strategies to increase uptake.</p> <p>Maintain current levels of uptake of breast screening through a planned approach.</p>	<p>Record of strategies and outcomes. Practices refer non-responding Māori patients to Māori provider employed by DHB.</p> <p>PHO Performance as at 31st March 2015 (Q3): Target 80%</p> <ul style="list-style-type: none"> ▪ Cervical Cancer Screening Coverage Total Population 82.83 % ▪ Cervical Cancer Screening Coverage High Need 79.14%
	Early detection of diabetes and cardiovascular disease	Coverage of diabetes and CVD screening programmes	Promote CVD risk assessments and diabetes screening in primary care settings and the community to increase uptake.	<p>Quarterly report on utilisation. Numbers, age group, ethnicity and conditions identified.</p> <p>PHO Performance as at 31st March 2015 (Q3): Target 90%</p> <ul style="list-style-type: none"> ▪ CVD Risk Assessment - Total Population 90.30% an increase from 82.65% last quarter ▪ CVD Risk Assessment - High Need 90.43% another increase from 85.55% last quarter

Highlights:

- Reaching the Smokefree Primary Care Health Target of 90% for the first time during Quarter 3, with a result of 94.04%.

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.

REVISED TIME LINE – Disability Action Plan

Deliverable	10 March	9 June	28 July	8 Sept	1 Dec
Strategic Disability Action Plan document	Final draft full plan	Published version			Any proposed changes to Strategy for 2017
Initial project plans	List of priority projects	Initial project plans			Any new projects for 2017
Project updates to DSAC		Project update focus on <ul style="list-style-type: none"> West Coast Disability Population Profile 	Project update focus on <ul style="list-style-type: none"> Implementation of the Communication Plan 	Project update focus on <ul style="list-style-type: none"> Disability Awareness for staff 	Project update focus on <ul style="list-style-type: none"> WCDHB as an Employer of people with disabilities.