West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING

Thursday 10 March 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

AGENDA

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

COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
To be held in the Board Room, Corporate Office, Greymouth Hospital
Thursday 10 March 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**
   28 January 2016

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**	Philip Wheble *Team Leader, Planning & Funding*	*9.20am – 9.30am*
6.	**Alliance Update**	Philip Wheble *Team Leader, Planning & Funding*	*9.30am – 9.40am*
7.	**Health Target Report – Q2 2015/16**	Philip Wheble *Team Leader, Planning & Funding*	*9.40am – 9.50am*
8.	**Maori Health Plan Update**	Kylie Parkin *Acting General Manager, Maori Health*	*9.50am – 10.00am*
9.	**West Coast DHB Disability Action Plan**	Kathy O'Neill *Disability Lead, Planning & Funding*	*10.00am – 10.20am*
10.	**Draft West Coast Public Health Annual Plan 2016/17**	Cheryl Brunton & Claire Robertson *Community & Public Health*	*10.20am – 10.35am*
11.	**General Business**	Elinor Stratford *Chair*	*10.35am - 10.40am*

ESTIMATED FINISH TIME — 10.40am

INFORMATION ITEMS

- **Board Agenda – 12 February 2016**
- **Chair's Report to last Board Meeting**
- **2016 Committee Work Plan (Working Document)**
- **West Coast DHB 2016 Meeting Schedule**

NEXT MEETING

Date of Next Meeting: Thursday 28 April 2016

KARAKIA

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

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)**	• 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 • Member, Arthritis New Zealand, Southern Regional Liaison Group • President of the New Zealand Federation of Disability Information Centres
DEPUTY CHAIR John Vaile **(Board Member)**	• Director, Vaile Hardware Limited • Member of Community Patrols New Zealand
Lynnette Beirne	• 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
Cheryl Brunton	• 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)**	• 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 • Te Ha Kawatiri – Coordinator

Jenny McGill	• Husband employed by West Coast DHB • Member, Parents Centre • Peer Support – Mum4Mum
Joseph Mason	• Representative of Te Runanga o Kati Wae Wae Arahura • Employee Community and Public Health, Canterbury DHB
Mary Molloy	• 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)**	• 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 • Niece, Juliette Reese, Coordinator/Administrator Medical Training Programmes, West Coast District Health Board
Joseph Thomas Ex-officio **(Board Deputy Chair)**	• 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

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

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, 28 January 2016 commencing at 9.00am

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

APOLOGIES
An apology was received and accepted from Joseph Thomas (ex-officio).

EXECUTIVE SUPPORT
Mark Newsome (General Manager, Grey/Westland); Philip Wheble (Team Leader, Planning & Funding); Karyn Bousfield (Director of Nursing & Maternity); Kathleen Gavigan (General Manager, Buller); and Kay Jenkins (Minutes).

WELCOME
Joe Mason opened the meeting with a Karakia.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register
Lynette Beirne advised that she is no longer a member of the West Coast DHB Stoke Coalition Stroke Committee.

Peter Ballantyne advised that his spouse is no longer employed by the Canterbury DHB.

Michelle Lomax asked that "Autism New Zealand member" be removed and asked that "Te Ha Kawatiri – coordinator" be added.

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 1/16)
(Moved: JohnVaile; Seconded: Jenny McGill - carried)

"That the minutes of the meeting of the Community and Public Health and Disability Support Advisory Committee held on 3 December 2015 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION ITEMS

Breastfeeding Strategy is to be added to the Carried forward list.

The Carried Forward/Action Items were noted.

4. COMMUNITY & PUBLIC HEALTH UPDATE

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

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.

In 2015 nine local schools were successful in their application to Ministry of Education'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.

Community Nutrition
Community & Public Health have recently met with some key contacts in Westport and will be running an Appetite for Life course commencing in February.

They have also been continuing work with Early Childhood Centres to support the development of healthy kai policies. They recently visited "Kids First", in Franz Josef. This was a valuable visit, with six parents and one teacher attending the healthy eating workshop.

Ministry of Health 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 Kaipaipa service will no longer be funded past 30 June 2016. Community & Public Health 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. West Coast DHB 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
A presentation has been developed by Community & Public Health that focuses on the responsibilities of a Duty Manager including:

- The provision of free water, non-alcoholic 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.

Community & Public Health 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 Community & Public Health 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 Community & Public Health 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.

The report was noted.

5. PLANNING & FUNDING UPDATE

Philip 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 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.

The Committee discussed the low figures provided for the B4 School checks and were advised that management are currently looking at ways to make this a more robust service.

Discussion took place regarding Well Child checks and further information regarding this will be provided at the next meeting.

Concern was expressed regarding the wait times for Mental Health for 0 – 19 years and Management undertook to provide some further information around this.

The report was noted.

6. ALLIANCE UPDATE

Philip 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:

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

Mr Wheble advised that the Annual Planning process has commenced with the work plans being reviewed. These work plans make up many of the activities described in the Annual Plan.

The Committee noted that the Alliance Leadership Team met during November to begin discussions about focus areas for 2016/17 Annual Planning. At this meeting the five top priorities remain as for the 2015/16 year:

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.

The Committee also noted that 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 work streams. First drafts of work stream plans for the 16/17 year will be reviewed by the ALT later this month.

The report was noted.

7. 2016 COMMITTEE WORK PLAN

The Committee discussed the draft 2016 work plan and noted that this is a working document. Any suggestions for additions to this are to be forwarded to the Chair or Board Secretariat.

8. GENERAL BUSINESS

The Chair informed the Committee that the Disability Information Advisory Services (DIAS) review has commenced and will be undertaken by Sapere. This review will now also include the review of Needs Assessment & Services Coordination (NASC) so the services can be looked at in a collaborative way.

INFORMATION ITEMS

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

PRESENTATIONS

The meeting ended with two presentations to both the Community & Public Health & Disability Support Advisory Committee and the Hospital Advisory Committee:

1. Mana Tamariki Programme — Moya Beech-Harrison, General Manager, Poutini Waiora
2. Child & Youth Health — Wayne Turp, Project Specialist, Planning & Funding

There being no further business the meeting concluded at 11.45am.

Confirmed as a true and correct record:

_____ _____

Elinor Stratford, Chair Date

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 10 MARCH 2016

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
1.	29 January 2016	West Coast Disability Action Plan	Update on progress to be provided to Committee	On today's Agenda
2.	3 December 2015	Water Quality	On-going updates to be provided to the Committee	As required
3.	29 January 2016	Suicide Prevention Plan Update	Progress against Work Plan	Update Scheduled for June/July 2016
4.	3 December 2015	Healthy Food Environments Policy	Policy Paper	Paper scheduled for early part of 2016.
5.	28 January 2016	Breastfeeding Priority Plan	Update to be provided	April or June Meeting

PRESENTATIONS FOR CONSIDERATION

TOPIC	STATUS
Child & Youth Health	Presented 29 January 2016
Mana Tamariki Programme	Presented 29 January 2016
Green Prescriptions	
Consumer Council	
Transport (including transalpine)	
Elder Law Conference	
Vulnerable Children	

COMMUNITY AND PUBLIC HEALTH UPDATE

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

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

SOURCE: **Community and Public Health**

DATE: **10 March 2016**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

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.

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 WEST COAST DHB CPHAC/DSAC
COMMUNITY AND PUBLIC HEALTH (CPH)

March 2016

Community Nutrition

An Appetite for Life course has now started in Westport at Number 37 (community house) and Community and Public Health staff recently met with a practice nurse in Reefton about providing a course there in the near future. There is a steady flow of referrals to Appetite for Life coming in from Hokitika and Greymouth as well. We are developing strategies to streamline our referral process and to enhance the overall experience of Appetite for Life.

Community and Public Health has been continuing work with six Early Childhood Centres to support the development of healthy kai policies and to provide support to teachers and parents around children's nutrition. The early childhood setting will be a strong focus of our work in nutrition over the next year.

Alcohol Licensing

Community and Public Health's alcohol licensing staff continue to report on alcohol licence applications. One application of particular note was opposed by the Medical Officer of Health during February. This was an application for a new off-licence store in Hokitika, a town which already has one off-licence for every 423 people. Should this application be granted, it would mean that there would be one off-licence for every 371 people in Hokitika. The comparable ratio for Greymouth is one off-licence for every 1154 people and for Westport it is one for every 1009. Increased density of alcohol outlets has been shown to correlate with increased alcohol harm and the Westland District already has the highest rates of several types of alcohol-related harm of all West Coast districts. This application will go to a hearing of the Westland District Licensing Committee late next month.

Community and Public Health staff have met with the Hokitika Wildfoods Festival Coordinator to discuss the event on 12 March 2016. This year there will again be a live band performance at the Festival grounds on Saturday evening. CPH staff, along with Police and the Westland Licensing Inspector will be monitoring at the Festival and during the evening.

Kaumātua Wellbeing Hui

Community and Public Health have been working with our partners to organise kaumātua wellbeing hui for 2016 at Arahura marae. These hui encourage and support kaumātua as whanau health promoters. Kaumātua have identified their areas of interest for the upcoming hui.

The first hui will be an influenza vaccination clinic on the 23rd March supported by the Westland Medical Centre, Poutini Waiora and the West Coast PHO. Westland Pharmacy staff will also be in attendance to talk about medications, blister packs, and how to access funding for certain medications.

The next hui will on the 6th April and will be on Alzheimer's and Dementia. This hui is will be supported by Anne Marie Reynolds, West Coast field worker from Alzheimers Canterbury, Robyn Naish, Dementia Educator and Dr Michele Dhanak from the Complex Clinical Care Network, as well as staff of Poutini Waiora and the West Coast PHO.

Smoke-free Enforcement

Community and Public Health conducted a tobacco Controlled Purchase Operation in the Buller and Grey Districts over a two day period in February with the help of a 15 year old volunteer, the Christchurch Smoke-free Officer and a Ministry of Health representative. Shops were visited in Westport, Carters Beach, Reefton, Ikamatua, Ahaura, Moana, Blackball and Greymouth. We are pleased to report that no sales were made to the volunteer.

Relay For Life

Members of the West Coast Tobacco Free Coalition attended the Cancer Society's Relay for Life held at the Greymouth High School grounds from 10am - 11pm on Saturday 20th February. There were twelve teams taking part this year. We had a smokefree gazebo with information and resources to support people wanting to quit smoking or to continue to live smokefree. We were also promoting smokefree cars. Three people made appointments with the Smoking Cessation Counsellor during the day and there were other positive discussions about quitting smoking.

Ministry of Health Tobacco Realignment

A Request for Proposal (RFP), as part of the Ministry of Health Tobacco Realignment – Regional/Local Stop Smoking Services process was submitted to the Ministry in mid-February by Community and Public Health. The proposal was developed through the West Coast Alliance structure, under the auspices of the Healthy West Coast Governance Group. A working group supported the development of the proposal which included key stakeholders from the areas of smokefree, Māori health and mental health. The process provided the West Coast health system with an opportunity to develop and propose a service that:

1. Is a culturally appropriate and suitably skilled stop smoking programme providing evidence-based medication and face-to-face, flexible behavioural support to Māori and other priority population groups; and
2. Allows a means of improving recruitment and engagement of 'hard to reach'/'hard to engage' people who want to stop smoking within these priority population groups.

Community and Public Health is expecting to hear the outcome of the RFP later in March, with the current Aukati Kaipaipa contract finishing 30 June 2016.

PLANNING & FUNDING UPDATE

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

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

SOURCE: **Planning & Funding**

DATE: **10 March 2016**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

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 99.7% of patients admitted, discharged or transferred from Grey Base ED within six hours during January 2016. An impressive 96% were seen within just four hours.
- West Coast DHB was 19 discharges ahead of our year-to-date progress target toward delivering 1,889 elective and arranged purchase unit code (PUC) discharges in the 2015/16 financial year.
- CCCN staff ensured 95% of people over 65 years receiving long term home based supports had an InterRAI assessment and an appropriate restorative care plan, meeting the target.

✘ Key Issues & Associated Remedies

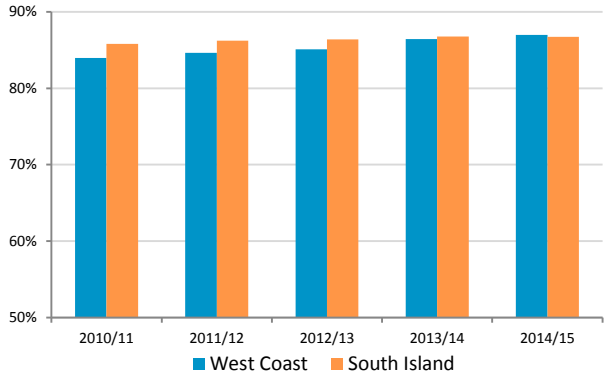
- Four neurology patients are showing as non-compliant against the maximum 120 days' wait time target for First Specialist Assessment (ESPI 2) in December. Two Orthopaedics patients are showing as non-compliant against their first specialist assessment to surgical treatment (ESPI 5) in December. All patients have either since been seen, referred to their GP or now have an appointment.
- West Coast DHB has delivered B4 School Checks to 30% of the total eligible population and 27% of the high deprivation population against the 53% year-to-date target. There were no B4 School check clinics in January as these have proved to have very high DNA rates previously. The B4 Schools team has planned clinics for the remainder of the year and are confident in their ability to achieve the year-end target.
- West Coast health practitioners have reported giving 4,315 smokers cessation advice in the 15 months ending December 2015. This represents 84.8% of smokers enrolled with the PHO, against our 90% target. We are disappointed to see the monthly Karo data trend continue downward. All best practices continue.

Report prepared by: Planning & Funding

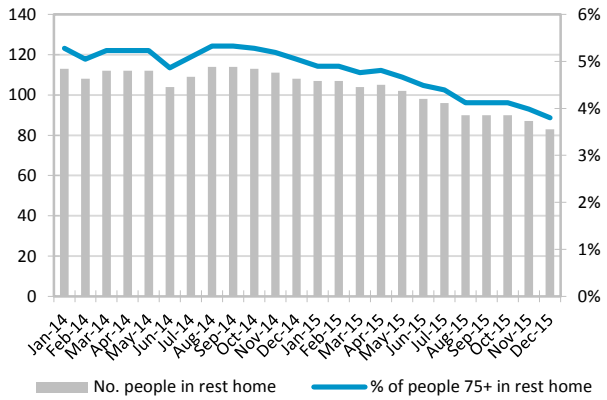
Report approved for release by: Carolyn Gullery, General Manager, Planning & Funding

Health of Older Persons

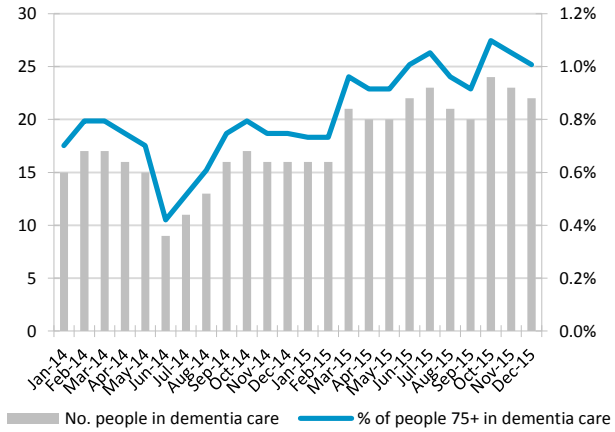
% of people 75+ living in their own homes



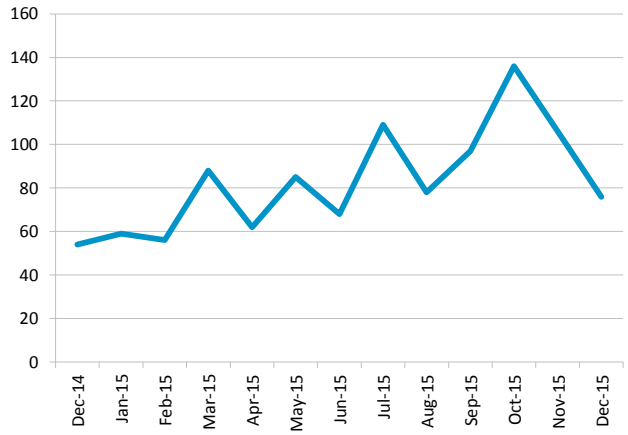
% of people aged 75+ admitted in Rest Home level care



% of people aged 75+ in Specialist Dementia Care



Number of interRAI assessments completed

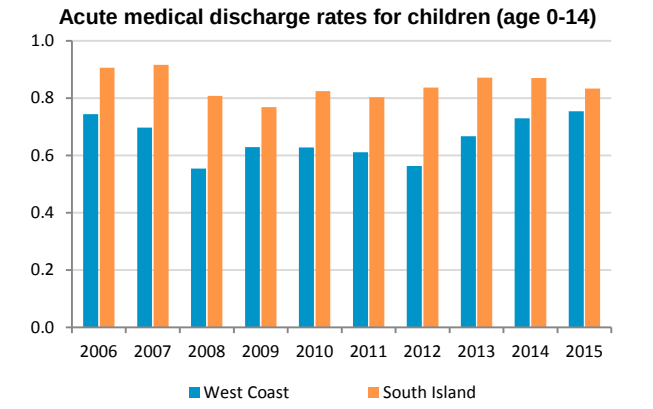


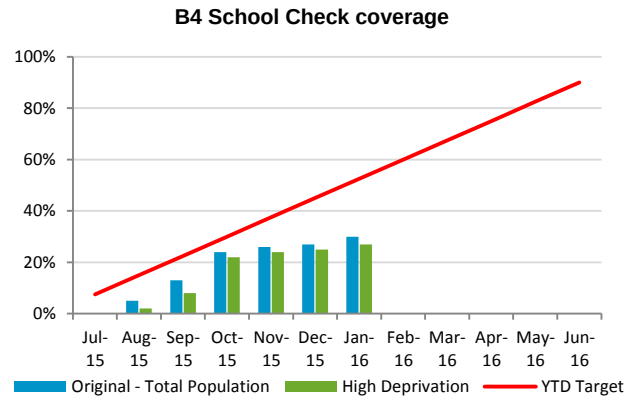
Achievements / Issues of Note

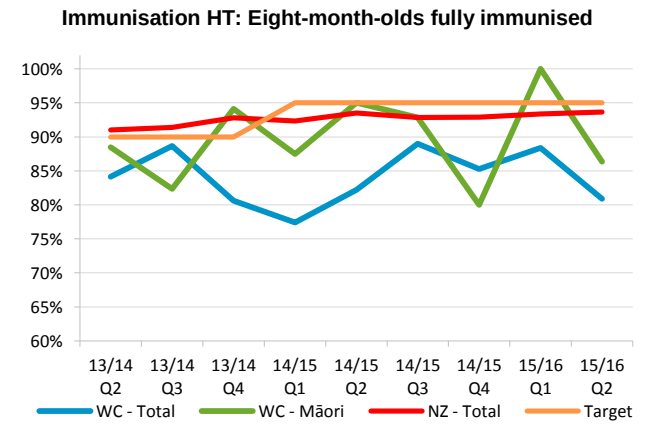
Key stakeholders across older person's health on the West Coast took part in the Ministry health of older people strategy workshop in Greymouth. West Coast stakeholders enjoyed the opportunity to take part in this national strategy development.

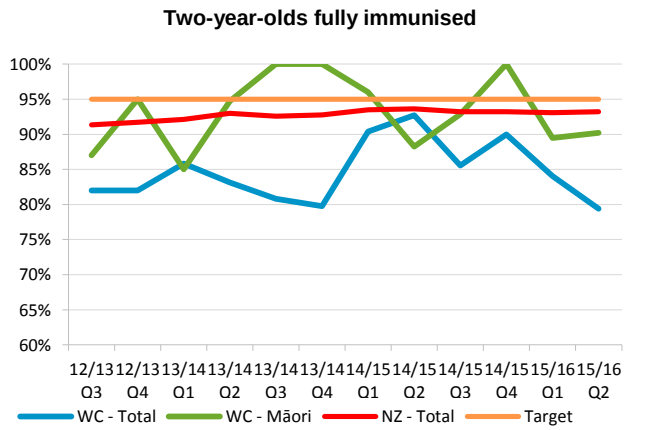
CCCN staff ensured 95% of people over 65 years receiving long term home based supports had an InterRAI assessment and an appropriate restorative care plan, meeting the target.

Child, Youth & Maternity









Achievements / Issues of Note

Immunisation: While the DHB has not met the increased immunisation health target, we are pleased to have vaccinated 99% of the eligible consenting population with only one child missed. Opt-off & declines increased this quarter at a combined total of 18%, which is reflected in our reduced results and made meeting target impossible this quarter. The single missed child has since been immunised.

B4 School Check coverage: West Coast DHB has delivered B4 School Checks to 30% of the total eligible population and 27% of the high deprivation population against the 53% year-to-date target. There were no B4 School check clinics in January as these have proved to have very high DNA rates previously. The B4 Schools team have planned clinics for the remainder of the year and are confident in their ability to achieve the year-end target.

Mental Health

Achievements / Issues of Note

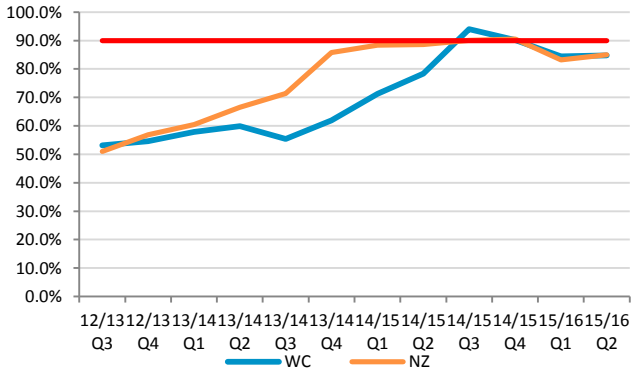
The recommendations from the mental health review are being progressed in specialist mental health services by the newly appointed project manager and a recently established Steering Group.

We are currently unable to report against some key mental health measures. West Coast DHB has been experiencing significant issues with our Mental Health Platform which affects our local system and all uploads into the national PRIMED data set. The report we have been providing comes from that national data set which we now understand is only reporting on partial information and therefore does not reflect the current situation in an accurate manner.

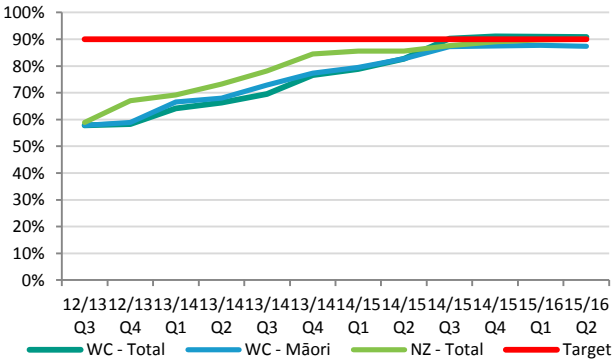
We are currently working on submitting missing data extracts and anticipate being able to retrospectively report once all extracts have been uploaded.

Primary Care & Long-Term Conditions

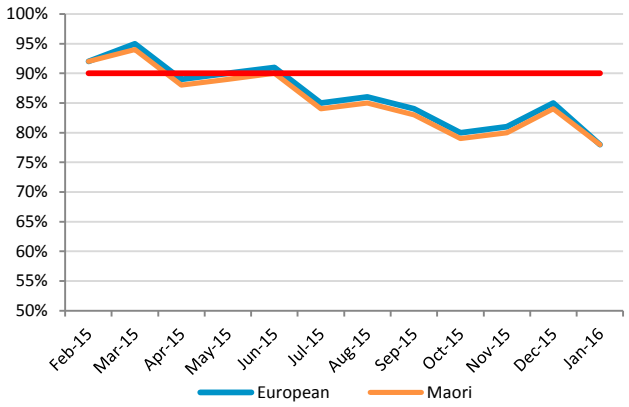
Primary Smokefree Health Target:
% of PHO enrolled population who smoke that have been offered help to quit smoking by a health care practitioner in the last 15 months



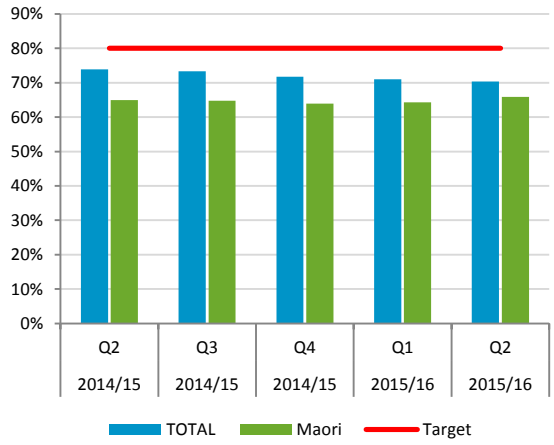
More Heart and Diabetes Checks Health Target:
% of eligible PHO population having had a CVD risk assessment in the last 5 years



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

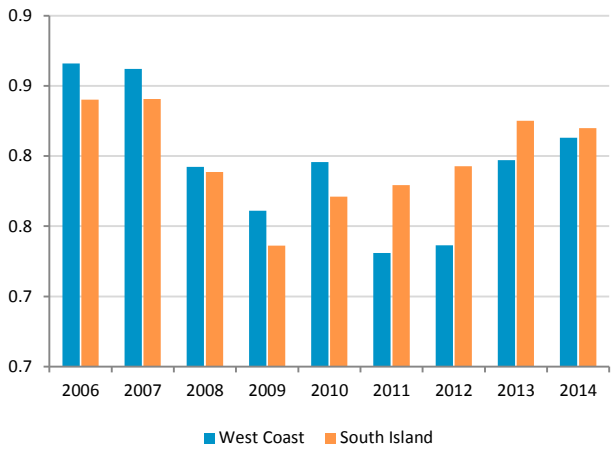
Primary care better help for smoker's health target: West Coast health practitioners have reported giving 4,315 smokers cessation advice in the 15 months ending December 2015. This represents 84.8% of smokers enrolled with the PHO, against our 90% target. We are disappointed to see the monthly Karo data trend continue downward. All best practices continue including; the Smokefree Services Coordinator (SSC) meeting with practices; widespread use of regular performance data; ongoing training and practice support; and, reminder, prompting and IT tools such as TXT2Remind are all in use.

CVD health target: West Coast general practices have maintained performance, achieving the CVD health target for Quarter 2 with 91% of the eligible enrolled West Coast population having had a cardiovascular risk assessment (CVDRA) in the last 5 years.

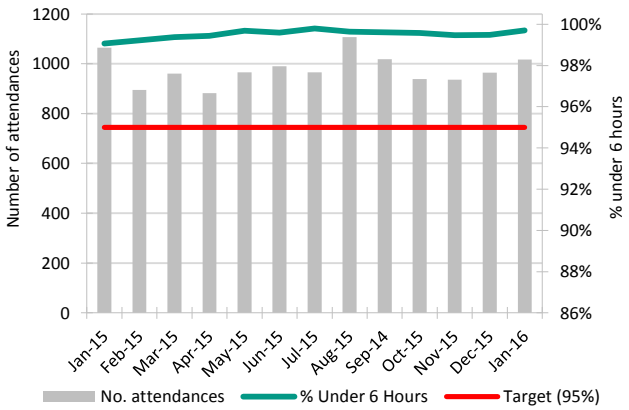
Diabetes Management: Performance against achieving good management of diabetes decreased slightly during the rolling twelve months to December 2015. Among the Ministry estimated number of diabetics on the West Coast, 60.5% had satisfactory or better management of their diabetes against the 80% target. When looking at the number of those who had their annual diabetes review, rather than the estimated population, 70.4% had satisfactory or better management of their diabetes. This is measured by the clinical indicator of HbA1c $\leq$64mmols/mol.

Secondary Care & System Integration

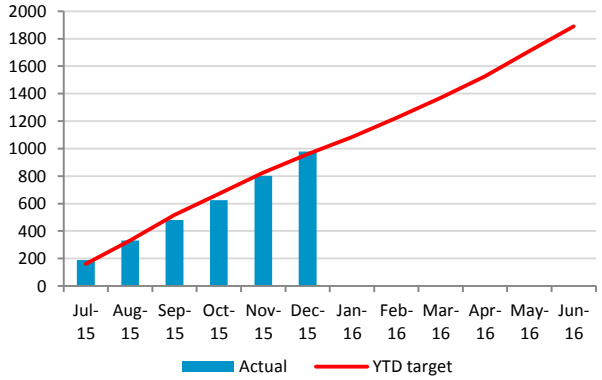
Acute Medical Discharge Rate



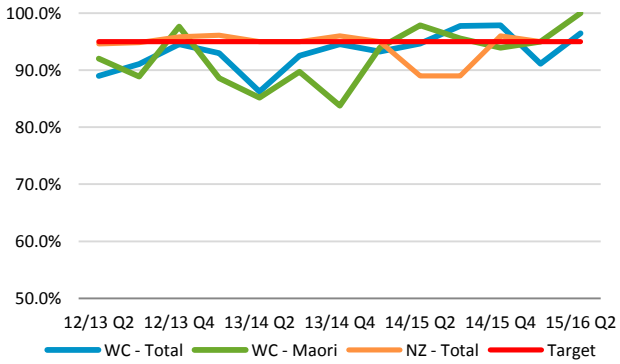
Emergency Department (ED): Attendances & <6 Hours Health Target



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 99.7% of patients admitted, discharged or transferred from Grey Base ED within six hours during January 2016. An impressive 96% were seen within just four hours.

Secondary care better help for smokers to quit health target: During Quarter 2, West Coast DHB staff provided 96.4% of hospitalised smokers with smoking cessation advice and support, meeting target. Best practice initiatives continue, however the effects of small numbers remain challenging. The Smokefree Services Coordinator continues to investigate every missed smoker.

Electives health target: 978 elective surgical cases were delivered to West Coasters in the year-to-date December 2015, representing 102% of our year-to-date target delivery. We are pleased to have exceeded target again following four months of being slightly short. It is not anticipated there will be any difficulty achieving our year-end target of 1889 discharges.

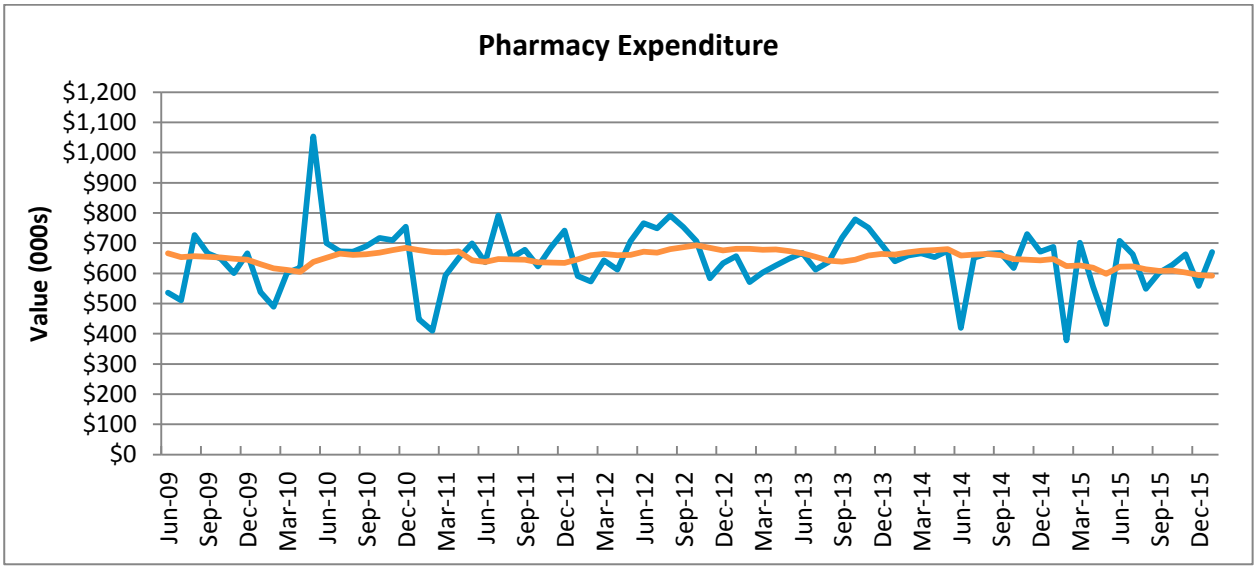
ESPI compliance: Four Neurology patients are showing as non-compliant against the maximum 120 days' wait time target for First Specialist Assessment (ESPI 2) in December.

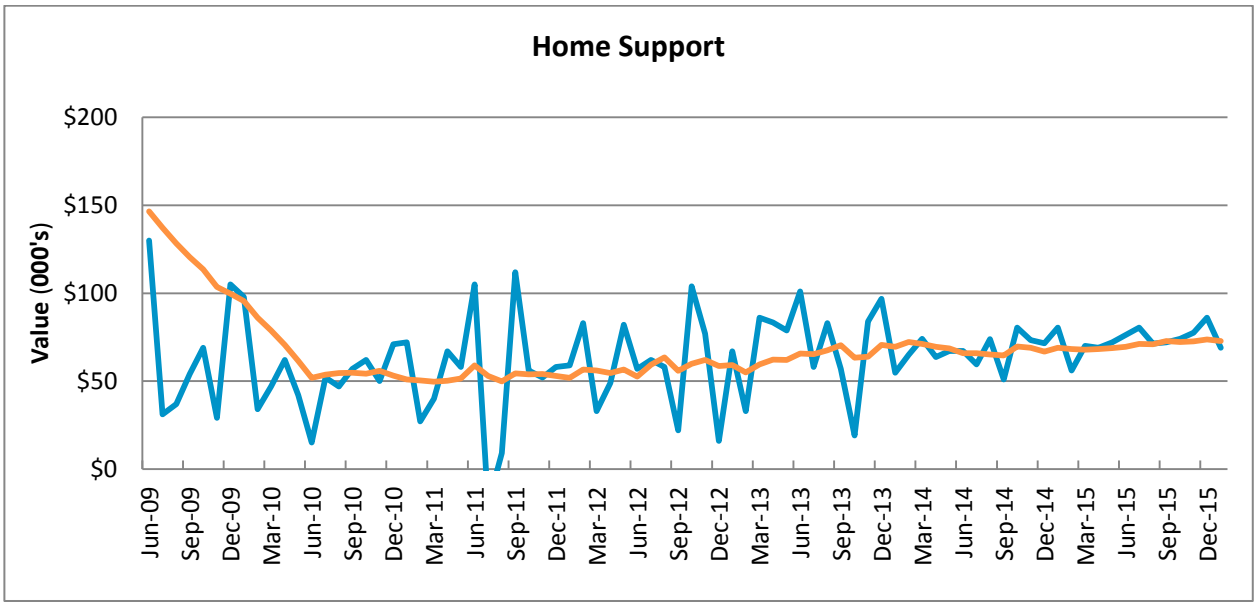
Two Orthopaedics patients are showing as non-compliant against their first specialist assessment to surgical treatment (ESPI 5) in December.

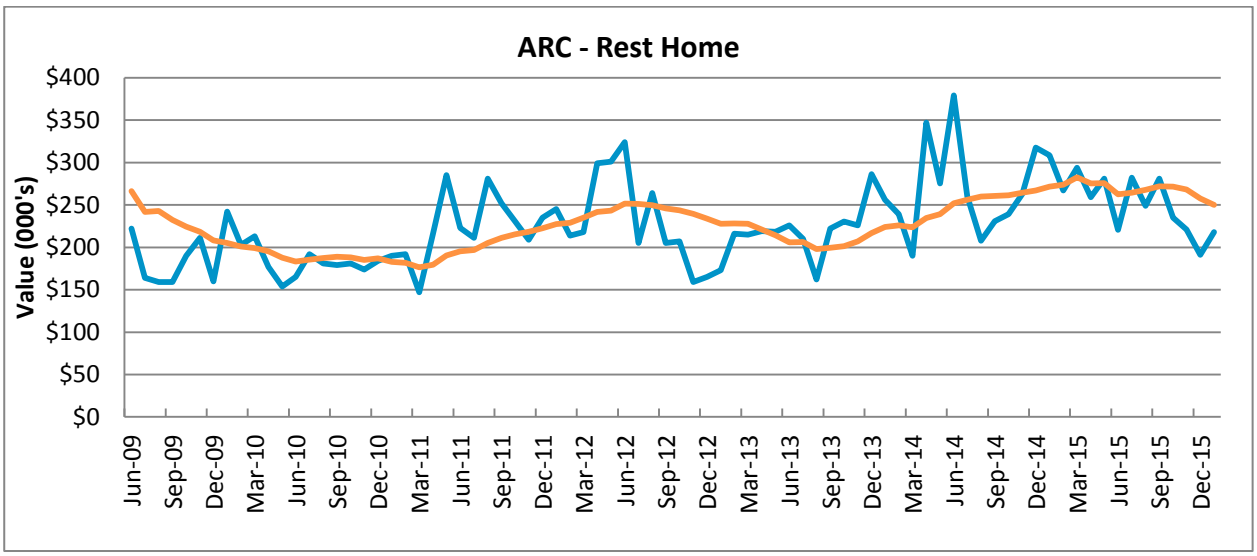
All patients have since been either seen, referred to their GP or now have an appointment.

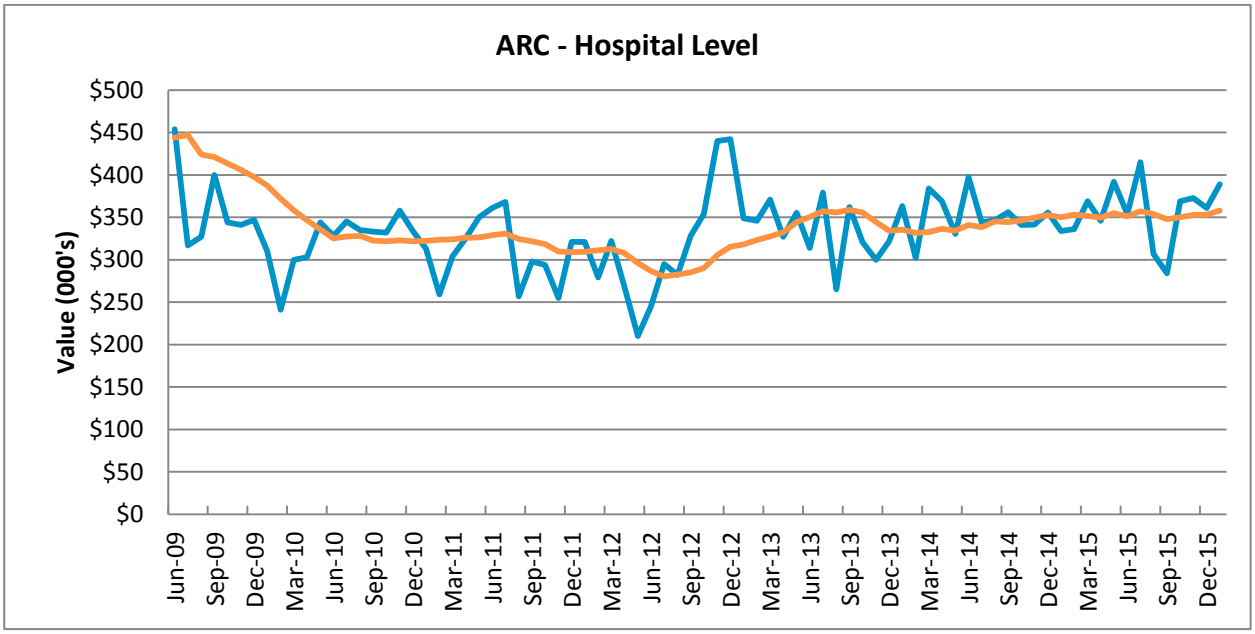
Financials

The following graphs are presented to show expenditure trends over time:
— Expenditure Trend — Rolling average








ARC - Hospital Level
Value (000's)
$500
$450
$400
$350
$300
$250
$200
$150
$100
$50
$0
Jun-09
Sep-09
Dec-09
Mar-10
Jun-10
Sep-10
Dec-10
Mar-11
Jun-11
Sep-11
Dec-11
Mar-12
Jun-12
Sep-12
Dec-12
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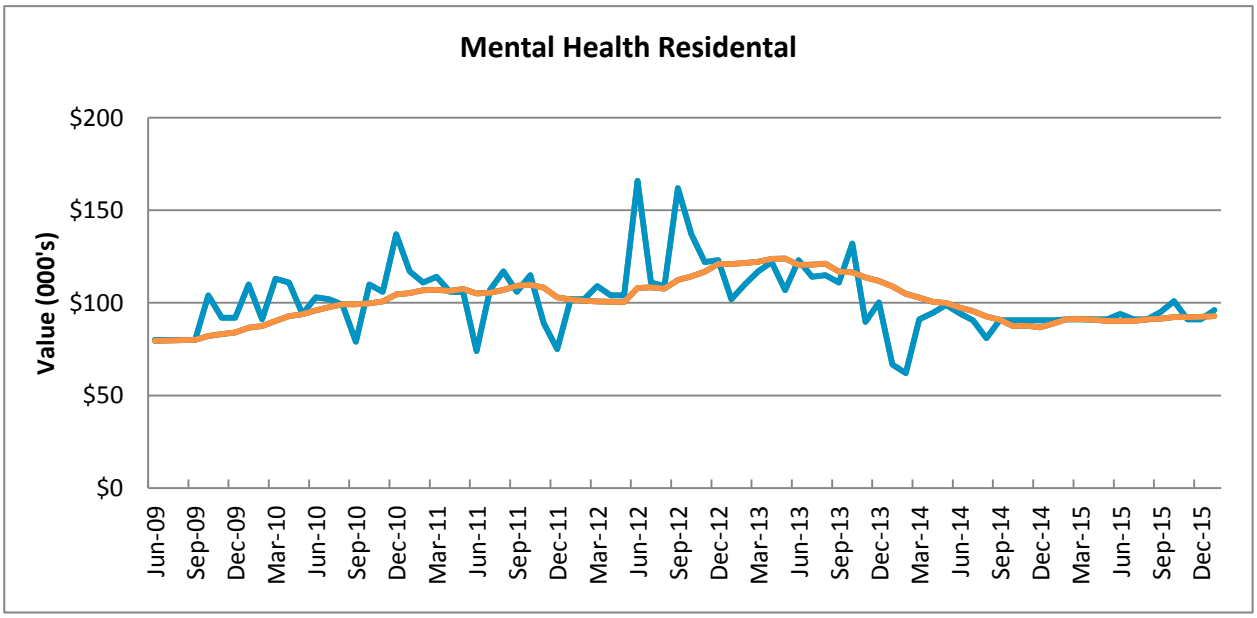
Dec-14
Mar-15
Jun-15
Sep-15
Dec-15


Mental Health Residental
Value (000's)
$200
$150
$100
$50
$0
Jun-09
Sep-09
Dec-09
Mar-10
Jun-10
Sep-10
Dec-10
Mar-11
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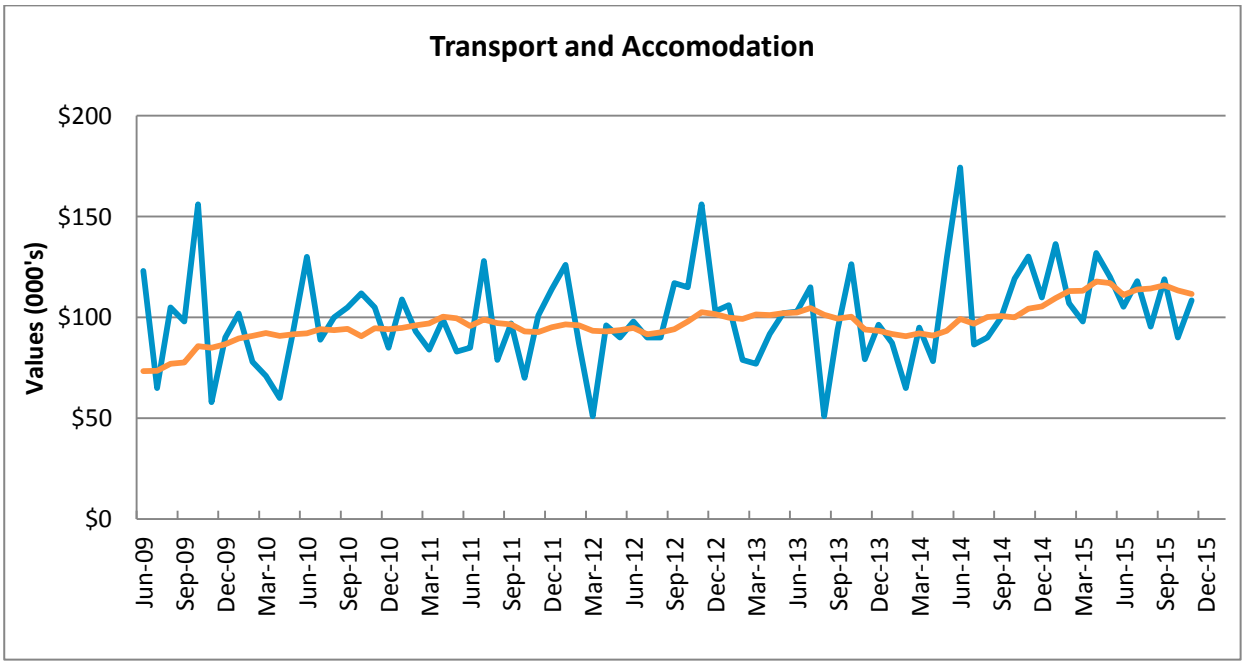
Transport and Accomodation
Values (000's)
$200
$150
$100
$50
$0
Jun-09
Sep-09
Dec-09
Mar-10
Jun-10
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Mar-11
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Dec-15

Planning and Funding Division

Month Ended January 2016

Current Month					SERVICES	Year to Date					2015/16
Actual	Budget	Variance				Actual	Budget	Variance			Annual Budget
$000	$000	$000	%			$000	$000	$000	%		$000
					Primary Care						
16	31	15	49%	✓	Dental-school and adolescent	182	215	33	15%	✓	369
26	26	0	1%	✓	Maternity	198	184	-13	-7%	✗	316
3	1	-2	-370%	✗	Pregnancy & Parent	3	4	1	33%	✓	8
0	3	3	100%	✓	Sexual Health	0	19	19	100%	✓	33
1	4	3	65%	✓	General Medical Subsidy	17	29	12	43%	✓	50
508	513	5	1%	✓	Primary Practice Capitation	3,620	3,589	-31	-1%	✗	6,152
91	91	0	0%	✓	Primary Health Care Strategy	637	638	1	0%	✓	1,093
87	87	0	0%	✓	Rural Bonus	612	612	0	0%	✓	1,049
7	5	-2	-43%	✗	Child and Youth	31	34	3	9%	✓	59
-9	13	21	170%	✓	Immunisation	33	88	55	62%	✓	151
6	5	-1	-27%	✗	Maori Service Development	29	33	4	14%	✓	57
54	52	-2	-4%	✗	Whanau Ora Services	254	365	111	30%	✓	626
14	18	4	23%	✓	Palliative Care	67	125	59	47%	✓	215
10	6	-4	-58%	✗	Community Based Allied Health	53	44	-9	-19%	✗	76
9	12	3	27%	✓	Chronic Disease	61	84	22	27%	✓	144
72	53	-19	-35%	✗	Minor Expenses	329	373	44	12%	✓	639
895	**920**	**25**	**3%**	✓		**6,126**	**6,438**	**312**	**5%**	✓	11,036
					Referred Services						
26	23	-3	-12%	✗	Laboratory	202	163	-40	-24%	✗	279
671	663	-8	-1%	✗	Pharmaceuticals	4,334	4,643	309	7%	✓	7,960
697	**687**	**-10**	**-2%**	✗		**4,537**	**4,806**	**270**	**6%**	✓	8,239
					Secondary Care						
237	263	26	10%	✓	Inpatients	1,594	1,839	245	13%	✓	3,152
124	126	1	1%	✓	Radiolgy services	866	881	14	2%	✓	1,510
106	114	8	7%	✓	Travel & Accommodation	757	795	37	5%	✓	1,362
1,445	1,375	-70	-5%	✗	IDF Payments Personal Health	9,726	9,626	-100	-1%	✗	16,502
1,912	**1,877**	**-35**	**-2%**	✗		**12,943**	**13,140**	**197**	**2%**	✓	22,526
3,504	**3,483**	**-20**	**-1%**	✗	**Primary & Secondary Care Total**	**23,605**	**24,384**	**779**	**3%**	✓	**41,801**
					Public Health						
21	25	4	14%	✓	Nutrition & Physical Activity	152	172	19	11%	✓	294
0	0	0		✓	Public Health Infrastructure	0	0	0		✓	0
11	11	0	-3%	✗	Tobacco control	78	75	-3	-4%	✗	129
0	0	0		✓	Screening programmes	0	0	0		✓	0
32	**35**	**3**	**9%**	✓	**Public Health Total**	**230**	**247**	**17**	**7%**	✓	**423**
					Mental Health						
7	6	-2	-28%	✗	Dual Diagnosis A&D	19	39	19	50%	✓	66
0	2	2	100%	✓	Eating Disorders	0	13	13	100%	✓	23
20	20	0	0%	✓	Child & Youth Mental Health Services	140	140	0	0%	✓	240
26	5	-21	-410%	✗	Mental Health Work force	102	35	-67	-192%	✗	60
61	61	0	0%	✓	Day Activity & Rehab	425	425	0	0%	✓	729
11	11	0	0%	✓	Advocacy Consumer	74	75	0	0%	✓	128
81	81	0	0%	✓	Other Home Based Residential Support	566	566	0	0%	✓	970
11	11	0	0%	✓	Advocacy Family	77	77	0	0%	✗	132
15	10	-6	-58%	✗	Community Residential Beds	88	68	-20	-29%	✗	117
0	0	0		✓	Minor Expenses	0	0	0		✓	0
65	65	0	0%	✓	IDF Payments Mental Health	453	453	0	0%	✗	776
296	**270**	**-26**	**-10%**	✗		**1,945**	**1,891**	**-54**	**-3%**	✗	3,242
					Older Persons Health						
0	9	9	100%	✓	Information and Advisory	0	66	66	100%	✓	114
0	0	0	100%	✓	Needs Assessment	0	1	1	100%	✓	1
69	70	0	0%	✓	Home Based Support	531	488	-43	-9%	✗	837
11	8	-3	-32%	✗	Caregiver Support	44	56	12	21%	✓	96
218	281	63	22%	✓	Residential Care-Rest Homes	1,676	1,966	290	15%	✓	3,370
9	5	-5	-102%	✗	Residential Care-Community	79	32	-46	-142%	✗	56
389	360	-29	-8%	✗	Residential Care-Hospital	2,497	2,519	21	1%	✓	4,318
	0	0		✓	Ageing in place	0	0	0		✓	0
11	0	-11		✗	Day programmes	69	0	-69		✗	0
7	15	8	56%	✓	Respite Care	77	105	28	27%	✓	180
1	1	0	0%	✓	Community Health	9	9	0	0%	✓	15
6	1	-4	-335%	✗	Minor Disability Support Expenditure	32	9	-22	-243%	✗	16
91	91	0	0%	✓	IDF Payments-DSS	636	636	0	0%	✗	1,090
811	**841**	**28**	**3%**	✓		**5,650**	**5,887**	**237**	**4%**	✓	10,092
1,107	**1,111**	**2**	**0%**	✓	**Mental Health & OPH Total**	**7,595**	**7,778**	**182**	**2%**	✓	**13,333**
4,643	**4,630**	**-13**	**0%**	✗	**Total Expenditure**	**31,431**	**32,409**	**978**	**3%**	✓	**55,558**

ALLIANCE UPDATE

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

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

DATE: **10 March 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 (ALT)

Over the last few months the Alliance workstreams have been developing the draft workplans for the coming financial year. These were received by ALT and while they were showing connections to the 5 key themes overall, there was still some further work to develop the plans. The ALT also acknowledged the large amount of work to be undertaken. The worksteams have been provided with individual feedback from ALT on their draft workplans and are working to provide a final draft to ALT early March.

Other matters discussed at ALT was recommending allocating resource to drive the development of our alcohol harm reduction policy and acknowledging that the DHB has been struggling to recruit to the falls prevention role.

Health of Older Persons

- Continuing to work with Allied Health and district nursing to identify and enable a supported discharge response for people over 65 years across the West Coast.
- Working with Coasters and Access to implement the national IBT (in-between travel) requirements.

Grey/Westland & Buller Family Health Services (IFHS)

- In Greymouth both High Street Medical and RAGP (Rural Academic General Practice) have extended hours once a week each to provide greater primary care access in Grey.
- Other work underway includes looking at opportunities to move minor plastics work currently conducted by our specialist team into primary care.

Healthy West Coast (HWC)

- A submission has been made to the RFP for Local Stop Smoking Services by CPH (Community & Public Health), on behalf of HWC and ALT. An outcome is expected by late March and will provide certainty on direction for local cessation services and the Māori Cessation Plan in particular.
- Green Prescription is expanding its group service provision with a new "Be Active" programme starting in Hokitika in May. Group programmes continue to be available in Grey and Buller.

Child and Youth

- The new Kawatiri provider contract has been confirmed.
- CAMHS, PACT and the PHO Mental Health team are working closely to triage new referrals for Mental Health support and ensure young people are directed to the most appropriate service.
- A workshop has been held to bring together the workforce providing Well Child Tamariki Ora services to review progress and next steps towards a fully integrated West Coast Well Child Service

Pharmacy

- Buller Pharmacy has agreed on a plan to participate in practice meetings to build relationships with practice staff. This should enable prescribing quality issues to be addressed. Involvement in individual patient management can be phased in later, including participation in the CCCN.

Report prepared by: Jenni Stephenson, Planning & Funding

Report approved for release by: Stella Ward, Chair, Alliance Leadership Team

HEALTH TARGET REPORT - QUARTER 2

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

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

SOURCE: **Planning & Funding**

DATE: **10 March 2016**

Report Status – For: **Decision** ☐ **Noting** ☑ **Information** ☐

1. ORIGIN OF THE REPORT

The purpose of this report is to present the committee with West Coast's progress against the national health targets for Quarter 2 (October-December 2015). The attached report provides a detailed account of the results and the work underway for each health target.

DHB performance against the health targets is published each quarter in newspapers and on the Ministry and DHB websites. The Quarter 2 health target league table is attached as an Appendix.

2. RECOMMENDATION

That the Committee:

i. notes the West Coast's performance against the health targets; and
ii. notes that this information will also be provided to the Board.

3. SUMMARY

In Quarter 2, the West Coast has:

- Achieved the **ED health target**, with **99.6%** 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 **102%** of the year-to-date improved access to **elective surgery health target**, exceeding target by 19 discharges.
- Achieved the **better help for smokers to quit (secondary) health target**, with **96.4%** of hospitalised smokers receiving help and advice to quit.
- 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 was weaker in the following areas:

- Performance improved significantly against the **faster cancer treatment health target** at **71.4%,** reflecting just two noncompliant patients**.** Both noncompliant patients exceeded the wait time due to clinical or other justifiable reasons. Work is ongoing and all non-compliant cases are investigated.
- Performance against the **increased immunisation health target** continues to be challenging due to small numbers and high opt-off and declines. With just one child missing the timeframe, 80.9% of the eligible population and **99%** of the consenting population were vaccinated.
- Coverage improved but once again missed the **better help for smokers to quit (primary) health target**, as expected in the second quarter following a national definition change. In Quarter 2, **84.8%** of (PHO enrolled) smokers received help and advice to quit.

6. APPENDICES

Appendix 1: National Health Target Performance Summary
Appendix 2: National Health Targets Q2 Results

Report prepared by: Libby Doran, Planning & Funding
Report approved by: Carolyn Gullery, GM Planning & Funding

National Health Targets Performance Summary

Quarter 2 2015/16 *(October-December 2015)*

Target Overview

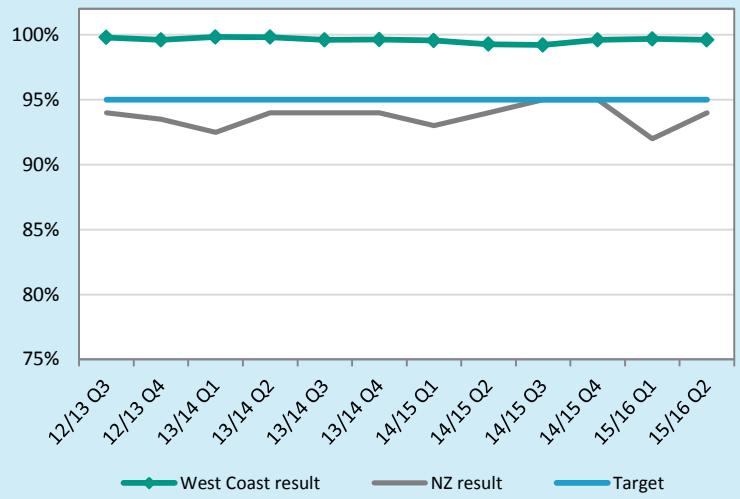
Target	Q3 *14/15*	Q4 14/15	Q1 15/16	**Q2 15/16**	Target	Status	Pg
Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours	99.4%	99.7%	99.7%	99.6%	95%	✓	2
Improved Access to Elective Surgery West Coast's volume of elective surgery[1]	1,288 *YTD*	1721	480	978	959 YTD	✓	2
Faster Cancer Treatment Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	62.5%	50%	50%	71.4%	85%	✗	3
Increased Immunisation Eight-month-olds fully immunised	89.0%	85.3%	88.4%	80.9%	95%	✗	3
Better Help for Smokers to Quit **Hospitalised** smokers receiving help and advice to quit[1]	97.6%	97.8%	91.1%	96.4%	95%	✓	4
Better Help for Smokers to Quit Smokers offered help to quit smoking by a **primary care** health care practitioner in the last 15 months	94%	90.2%	84.5%	84.8%	90%	✗	4
More Heart and Diabetes Checks Eligible enrolled adult population having had a CVD risk assessment in the last 5 years	90.3%	91.1%	91%	90.8%	90%	✓	5

[1] *Results may vary due to coding processes. Reflects result as at time of reporting to MoH.*

Shorter Stays in Emergency Departments

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

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



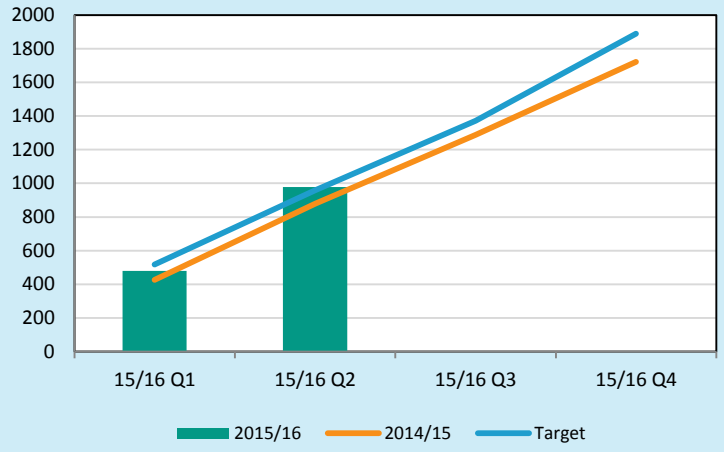
✔

The West Coast continues to achieve the ED health target, with **99.6%** of patients admitted, discharged or transferred from ED within 6 hours during Quarter 2.

Improved Access to Elective Surgery

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

Figure 2: Elective surgical discharges delivered by the West Coast DHB[2]



✔

978 elective surgical cases were delivered to Coasters in the year to date December 2015, representing **102%** of our year-to-date target delivery.

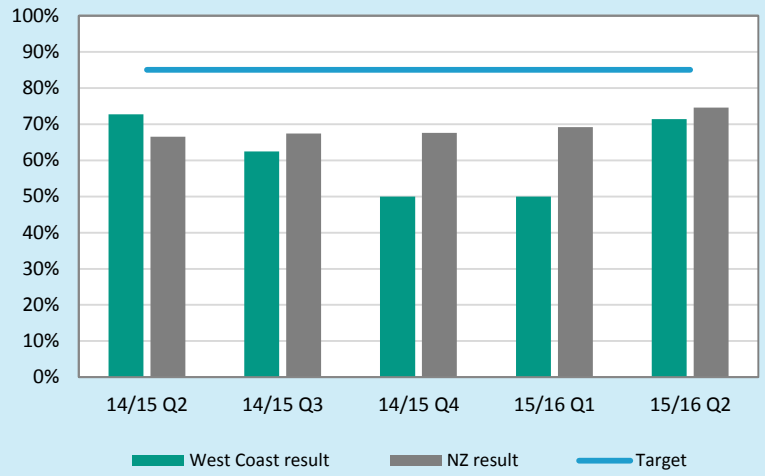
We are pleased to have met target and expect to meet our overall electives health target volumes by year-end.

[2] *Excludes cardiology and dental procedures. Progress is graphed cumulatively.*

Faster Cancer Treatment

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

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



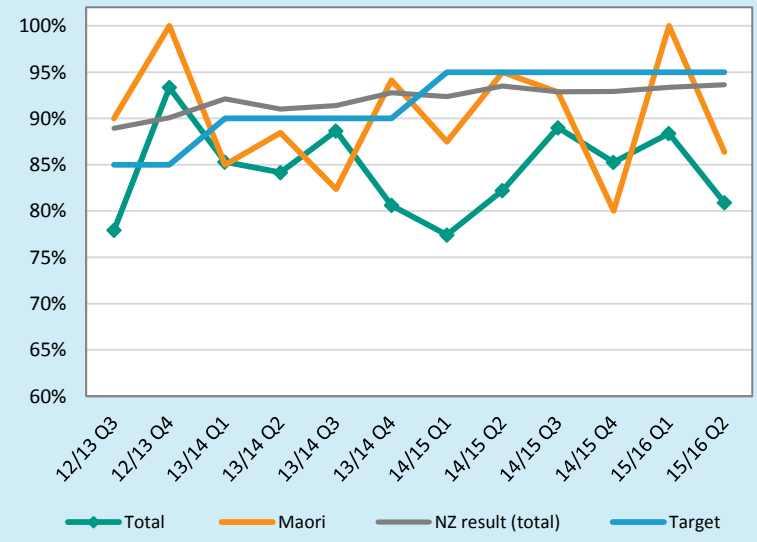
Performance against the health target has increased this quarter with **71.4%** of patients receiving their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer. Small numbers are a challenge with this result reflecting just two out of seven patients noncompliant. Both were complex patients, exceeding the timeframe in part due clinical considerations and comorbidities. Audits into patient pathways have taken place.

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

Increased Immunisation

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

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



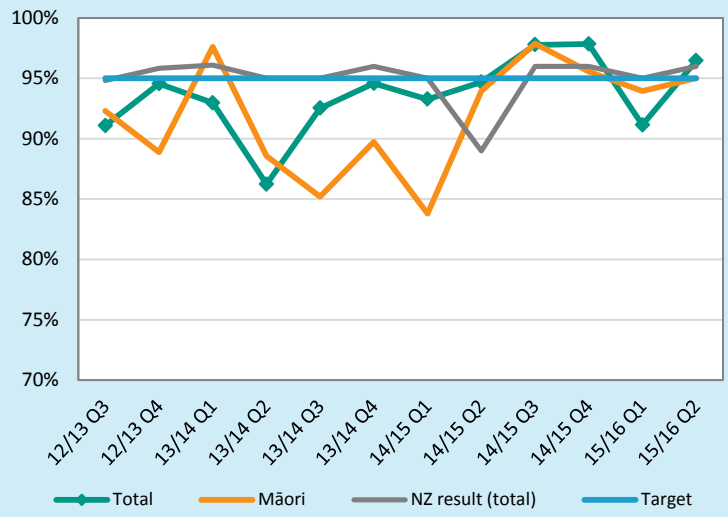
Although we have not met target, just one child was missed this quarter. During Quarter 2, 80.9% of all 8-month-olds were fully immunised. Strong results were achieved for Pacific, Asian (100%) and New Zealand European (98%).

Opt-off & declines increased this quarter at a combined total of 18%—which is reflected in our reduced results. With just one child missing the timeframe (who has since been immunised), 99% of the reachable (consenting) population were immunised this quarter.

Better Help for Smokers to Quit: *Secondary*

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

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



✓

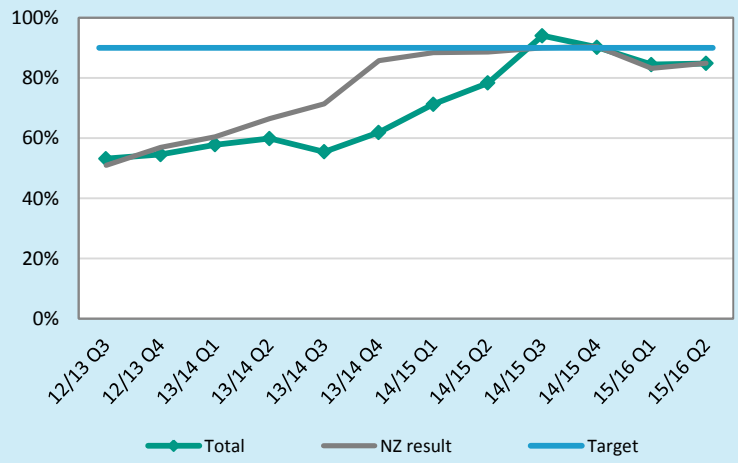
In Quarter 2, West Coast DHB staff provided **96.4%**[3] of hospitalised smokers with smoking cessation advice and support–meeting target against both the total and Māori population.

All best practice initiatives continue, however the effects of small numbers remain challenging. The Smokefree Services Coordinator investigates each missed smoker.

Better Help for Smokers to Quit: *Primary*

Target: 90% of smokers in the community receive advice to quit

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



✗

West Coast health practitioners have reported giving **4,315** smokers cessation advice in the 15 months ending December 2015. This represents **84.8%** of smokers enrolled with the PHO, against our 90% target.

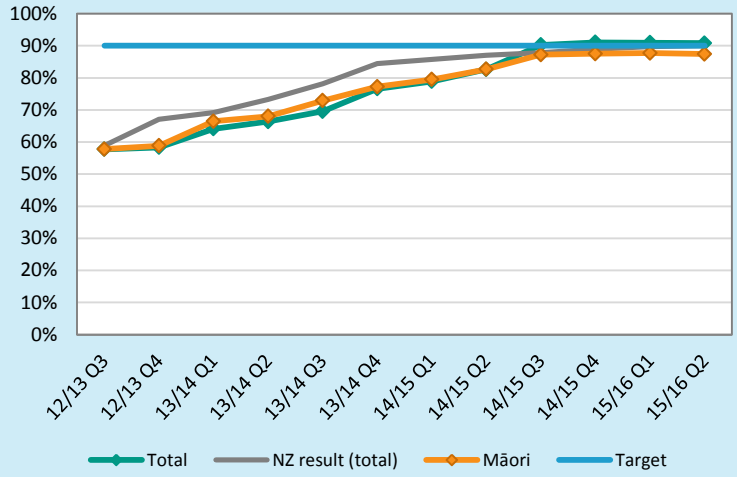
We have not met target, as expected, in the second quarter following a national definition change. The target's focus is now not only on smokers expected to present to general practice, but the West Coast population as a whole. The timeframe of this measure has also changed from 12months to 15months—further widening its scope. The single practice below target has catch-up plans in place and all best practice initiatives continue.

[3] *Results may vary due to coding processes. Reflects result as at time of reporting to MoH.*

More Heart & Diabetes Checks

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

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



✔

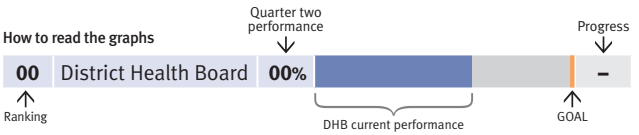
West Coast general practices have maintained coverage this quarter, with **90.8%** of the eligible enrolled West Coast population having had a cardiovascular risk assessment (CVDRA) in the last 5 years. We are pleased to continue to meet the target.

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

My District Health Board

2015/16 QUARTER TWO (OCTOBER–DECEMBER 2015) RESULTS

How to read the graphs



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

MINISTRY OF HEALTH
MANATŪ HAUORA

Shorter stays in Emergency Departments

Shorter stays in Emergency Departments

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

		Quarter two performance (%)	Change from previous quarter
1	West Coast	100	–
2	Nelson Marlborough	97	▲
3	Taranaki	96	▲
4	Tairawhiti	96	▲
5	Whanganui	96	–
6	South Canterbury	96	–
7	Counties Manukau	95	–
8	Waitemata	95	▲
9	Auckland	95	▲
10	Southern	95	▲
11	Canterbury	95	–
12	MidCentral	94	▲
13	Bay of Plenty	94	–
14	Wairarapa	94	–
15	Hawke's Bay	93	–
16	Waikato	92	▲
17	Northland	92	–
18	Hutt Valley	91	▲
19	Capital & Coast	90	▲
20	Lakes	90	–
	All DHBs	94	▲

95%

Improved access to Elective Surgery

Improved access to elective surgery

The target is an increase in the volume of elective surgery by an average of 4000 discharges per year. DHBs planned to deliver 93,980 discharges for the year to date, and have delivered 4,890 more. The new revised target definition includes elective and arranged in-patient surgical discharges, regardless of whether they are discharged from a surgical or non-surgical specialty (excluding maternity).

		Quarter two performance (%)	Progress against plan (discharges)
1	Northland	125	▲
2	Waikato	120	▲
3	Tairawhiti	118	▲
4	Whanganui	116	▲
5	Taranaki	113	▲
6	Bay of Plenty	107	▲
7	Southern	107	▲
8	Hutt Valley	106	▲
9	Capital & Coast	104	▲
10	Lakes	103	▲
11	Counties Manukau	103	▲
12	West Coast	102	▲
13	Nelson Marlborough	102	▲
14	South Canterbury	101	▲
15	MidCentral	101	▲
16	Waitemata	101	▲
17	Hawke's Bay	100	▲
18	Canterbury	98	▼
19	Auckland	98	▼
20	Wairarapa	98	▼
	All DHBs	105	▲

100%

Faster Cancer Treatment

Faster cancer treatment

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

		Quarter two performance (%)	Change from previous quarter
1	Nelson Marlborough	84	▲
2	MidCentral	83	–
3	Capital & Coast	81	▲
4	Hawke's Bay	78	–
5	Canterbury	77	▲
6	Southern	77	▲
7	Bay of Plenty	76	▲
8	Hutt Valley	76	▲
9	Wairarapa	75	▼
10	Northland	75	▲
11	South Canterbury	74	▲
12	Taranaki	74	▲
13	Counties Manukau	72	▲
14	West Coast	71	▲
15	Auckland	70	▲
16	Waitemata	68	▼
17	Waikato	68	▲
18	Tairawhiti	66	▲
19	Whanganui	60	▲
20	Lakes	56	▼
	All DHBs	75	▲

85%

Increased Immunisation

Increased Immunisation

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

		Quarter two performance (%)	Change from previous quarter
1	MidCentral	96	–
2	Canterbury	96	–
3	Wairarapa	95	–
4	Capital & Coast	95	–
5	Waitemata	95	▲
6	Lakes	95	▲
7	Counties Manukau	95	–
8	Southern	94	–
9	Tairawhiti	94	–
10	Auckland	94	▼
11	Hutt Valley	93	–
12	Hawke's Bay	93	▼
13	Waikato	92	▲
14	Nelson Marlborough	92	▲
15	South Canterbury	92	–
16	Taranaki	91	–
17	Whanganui	90	▼
18	Northland	90	▲
19	Bay of Plenty	89	▼
20	West Coast	81	▼
	All DHBs	94	–

95%

Better help for Smokers to Quit

Better help for smokers to quit

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

		Quarter two performance (%)	Change from previous quarter
1	Nelson Marlborough	92	–
2	Tairawhiti	89	–
3	MidCentral	89	▲
4	Waitemata	88	▲
5	Northland	88	▲
6	Counties Manukau	88	–
7	Waikato	88	▲
8	Southern	87	▲
9	South Canterbury	87	▲
10	Auckland	86	–
11	Taranaki	85	–
12	Canterbury	85	▲
13	West Coast	85	–
14	Whanganui	84	▼
15	Wairarapa	84	▲
16	Lakes	82	▼
17	Capital & Coast	82	▲
18	Hutt Valley	79	–
19	Hawke's Bay	75	▼
20	Bay of Plenty	71	▲
	All DHBs	85	▲

90%

More Heart and Diabetes Checks

More heart and diabetes checks

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

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

90%

This information should be read in conjunction with the details on the website www.health.govt.nz/healthtargets

Health target results are sourced from individual DHB reports, national collections systems and information provided by primary care organisations.

New Zealand Government

MAORI HEALTH PLAN UPDATE

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

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

SOURCE: **General Manager, Maori Health**

DATE: **10 March 2016**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

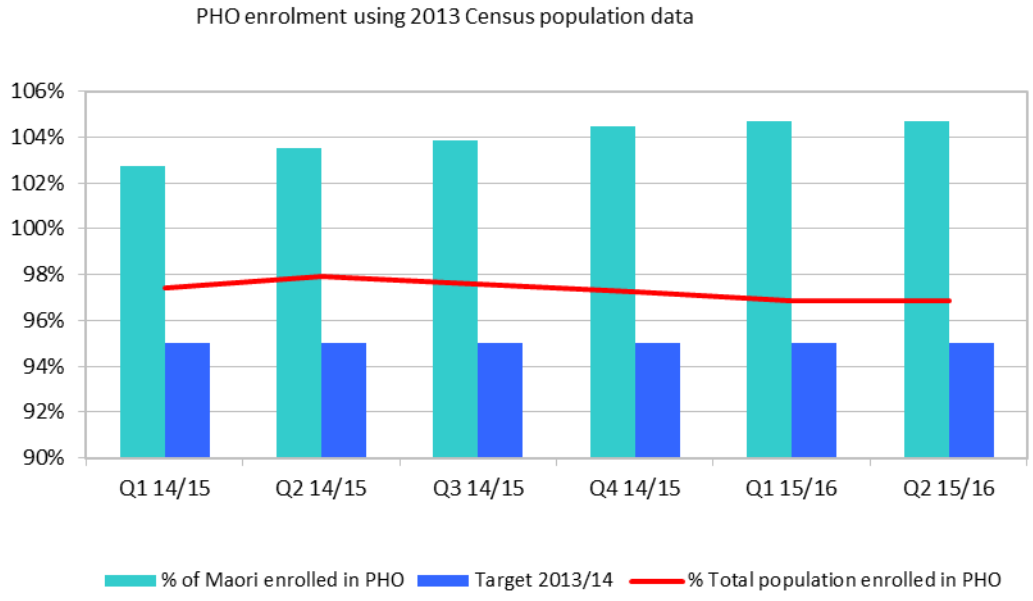
That the Community & Public Health & Disability Support Advisory Committee:

i. notes the Maori Health Plan Update; and
ii. refers this update to the Board for noting.

Maori Health Quarterly Report – Q2, 2015/16

Access to care

Percentage of Maori enrolled in the PHO



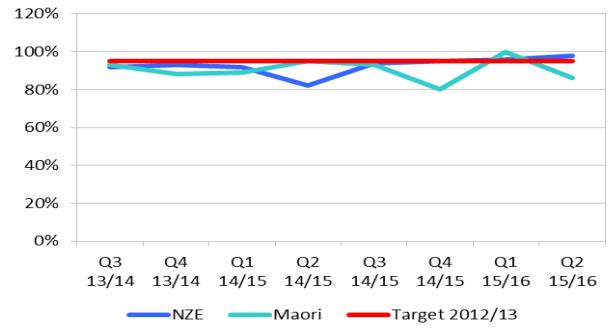
ACHIEVEMENTS/ISSUES OF NOTE

Enrolment in PHO: Using the 2013 population census figures 104% of Maori were enrolled with the PHO as at 30 December 2015. 3319 Maori were enrolled in quarter 1 compared to 3312 in quarter 3 an increase of 07 and an increase from 3205 (107) from end of June 2014.

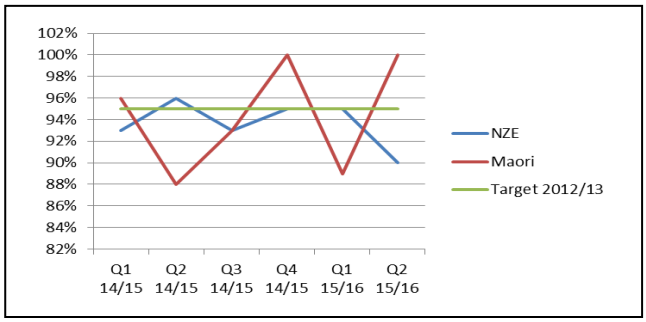
The Census data shows total Maori population is 3171.

Child, Youth and Maternity

NEW Immunisation HT: Eight-month-olds fully immunised



Immunisation: Two-year-olds fully immunised

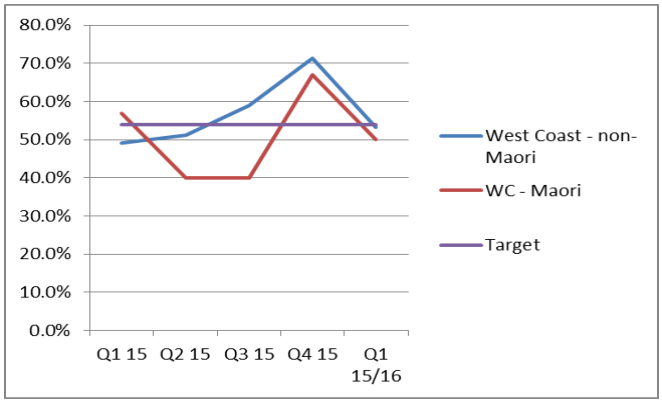


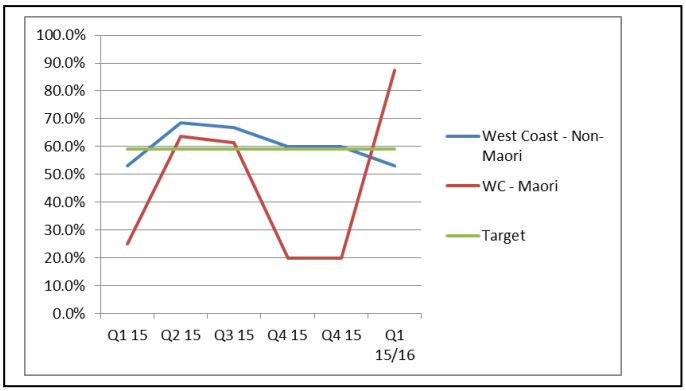
Eight-month-old immunisation: 86% of Maori babies have been immunised on time at 8 months of age in quarter 2 - 19 babies out of 22 eligible for this quarter. This is compared 98% of non-Maori babies – 44 out of 45 eligible babies fully immunised at the 8 months milestone.

Two-year-old immunisation: 100% of Maori 2 year olds have been immunised on time in Quarter 2 – 19 from 19 eligible babies. This is compared to 90% NZ European babies - 46 from 51 eligible babies.

Excellent results for Maori with 100% of 2 year olds immunised on time in Quarter 2.

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





Breastfeeding Support: At the end of Quarter 1 Maori are still 11% away from reaching the 6 week target of 68% and 4% from achieving the 3 monthly target of 54% for exclusive breastfeeding rates. On the positive side we have jumped from the bottom of the country to the top with 87% of Maori babies receiving some breastmilk at 6 months of age compared to 69% non-Maori.

The community lactation consultancy and breastfeeding advocates continue to be in contact with all new-born's Mums through the Newborn enrolment process. Of 60 new born enrolment service contacts, 13 required further follow-up for lactation support. There have been 58 new and return advocacy clients, including 9 Maori and 49 other.

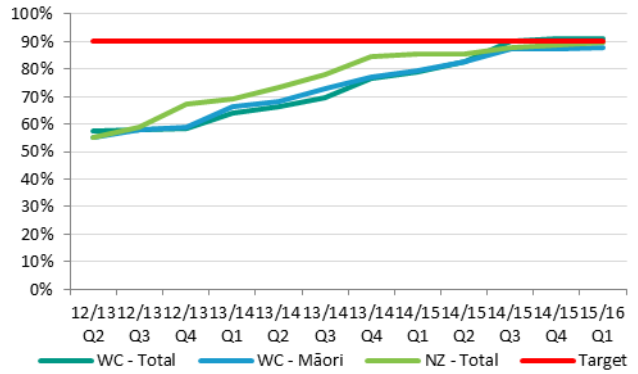
Progress has been made with the Mum4Mum course for Maori with a number showing interest in attending the 9 wee programme. The first course is scheduled for the end of February and will be held in Greymouth. The Mum4Mums visit the maternity ward daily to offer any support for Mum's with breastfeeding and are available for ongoing support and advice when they are back home.

MINISTRY BREASTFEEDING TARGET

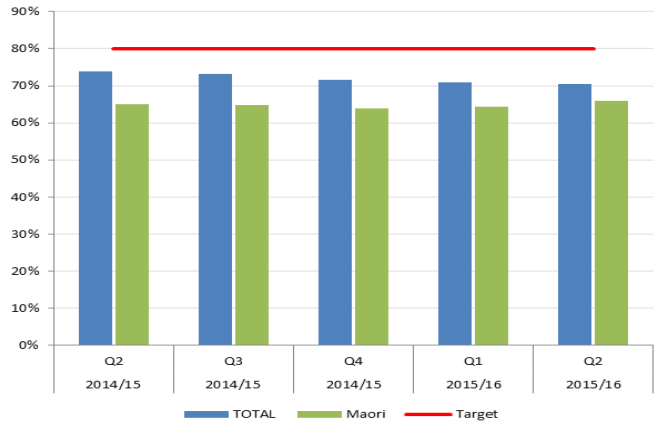
TARGET	MAORI	NON MAORI
68 % 6 weeks	57	73
54 % 3 months	50	53
59 % 6 months	87	69

More Heart & Diabetes checks

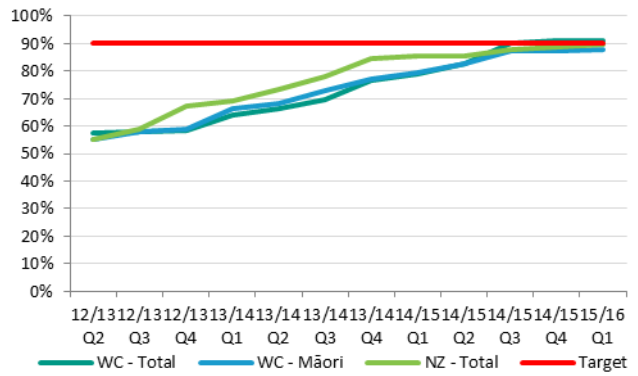
Diabetes Annual Review: % of people estimated to have diabetes who have had an annual check during the year



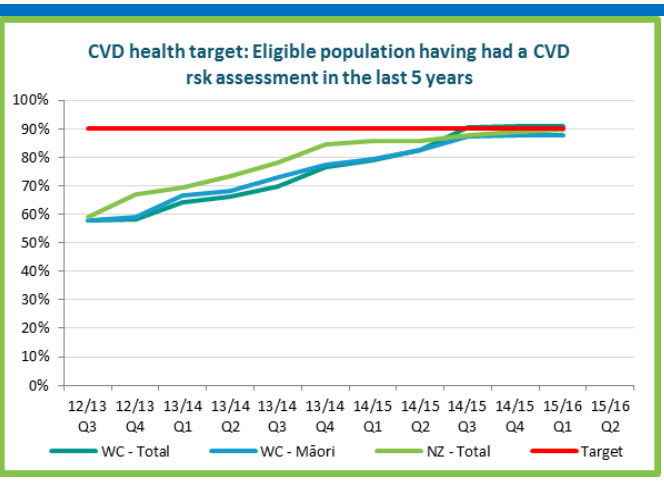
Diabetes Good Management: % of people who have HBA1c levels at or below 8.0 when assessed at their annual check



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



CVD health target: Eligible population having had a CVD rsk assessment in the last 5 years



Diabetes

Maori still continue to show a good rate of access to Diabetes Annual Reviews. 37 Maori have participated in a Diabetes Annual Review year to date at the end of quarter 2 which is an increase of 10 from last quarter. 87% of Maori with diabetes have had Retinal Exams, again a 10% increase on last quarter and 70% show HBA1c levels at or below 80, 74% are non-smokers and 61% are on statins. **:** As reported previously, performance against achieving good management of diabetes decreased during the rolling twelve months to December 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 30%. This is measured by the clinical indicator of HbA1c ≤64mmols/mol.

CVD Health Target

West Coast general practices have maintained coverage this quarter, with 90% of the eligible enrolled West Coast population having had a cardiovascular risk assessment (CVDRA) in the last 5 years. Maori make up 10% of CVRAs this quarter a jump from 5.7% in the last quarter. By comparison, Maori make up 10% (1034) of the eligible cohort for CVRA on the West Coast. (The eligible age range for Maori is male 35-74 years and for female 45-74 years). 88% of those eligible have been screened: this includes 85% of eligible males and 91% of eligible females.

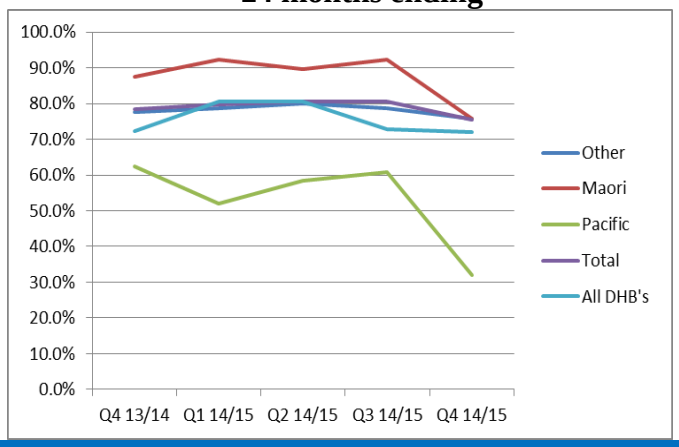
The smoking profile for CVRAs completed this quarter for Maori is 51% not smoking compared with other ethnicities screened not smoking 80%.

Green Prescription: Quarter 2 data shows from 122 referrals to the Green Prescription programme in the Grey/Westland district 10 were for Maori, 30 total referrals were made in the Buller district with 7 (30%) being for Maori a pleasing increase of 6.. The major group of conditions this quarter is people with elevated body mass index (BMI), followed by depression/anxiety and cardiovascular disease.

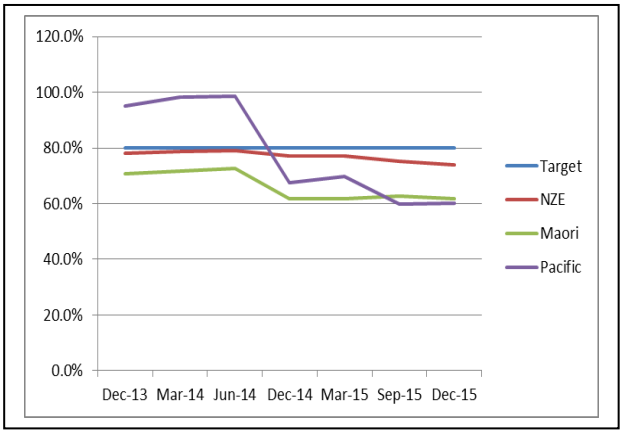
Long Term Condition Management (LTC): 236 Maori are enrolled in the Long Term Conditions programme as at December 30 2015 which remains the same as in quarter 1, Maori enrolments makes up 6.3% of all enrolment in the LTC programme. The target is 7.6%. For comparison Maori make up 6.3% of the enrolled population at the primary practices aged 45 years and above.

Cancer

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



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



ACHIEVEMENTS/ISSUES OF NOTE

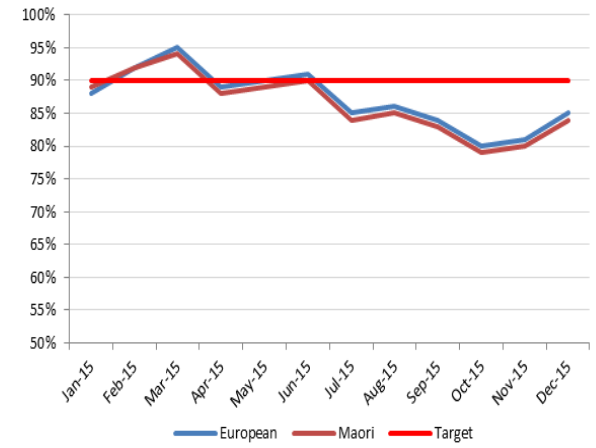
Breast Cancer Screening: Approximate 75..3% of NZE women aged 45-69 age-groups on the West Coast have undergone breast screening for the period ending September 2015. The coverage for eligible Maori women has dropped to 74.6 however still continues to be higher compared to all other DHBs and is above target.

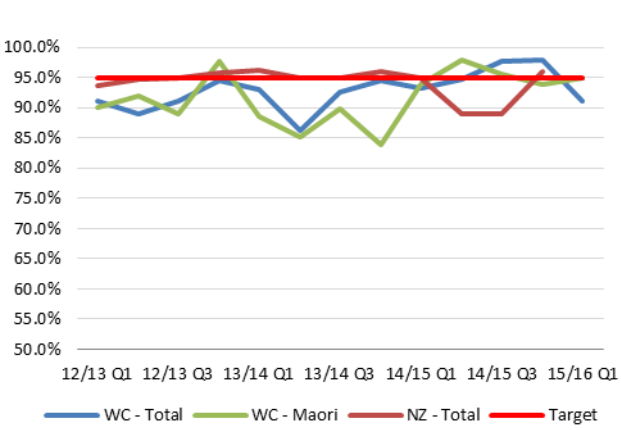
Cervical cancer screening: At the end of December 2015, the preliminary three year coverage result for cervical screening on the West Coast non-Maori was 61.7%. The result for Pacific women was 60.2 and for New Zealand European is 74%.

Table 1: NCSP coverage (%) in the three years ending 31 December 2015 by ethnicity, women aged 25–69 years, West Coast District Health Board

Ethnicity	Population	Women screened in last 3 years	3-year coverage	Additional screens to reach 80% target*
Māori	847	523	61.7%	155
Pacific	75	45	60.2%	15
Asian	343	182	53.1%	92
European/Other	7,439	5,506	74.0%	446
Total	**8,704**	**6,256**	**71.9%**	**707**

SMOKING CESSATION





ACHIEVEMENTS/ISSUES OF NOTE

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

As at Dec 2015 85% of Maori who are enrolled in primary care have been provided with advice and help to quit compared to 84% non-Maori. The target is 90%. Of those Maori who have been in hospital 95% have been provided with advice and help to quit compared to 90% non-Maori.

ACCESS TO CESSATION SERVICES

Aukati Kai Paipa: 56 referrals have been made to the service YTD with 32 self referrals, 18 from hospital services and 6 from other workplaces. 54 are currently enrolled on the programme with 29 Maori and 22 non-Maori, 1 Chinese and 1 other. 2 of these are hapu. Validated abstinence at 4 weeks is 19 (29%) and validated abstinence at 3 months is 19 (29%)

PHO Coast Quit Programme: For the quarter Sept to Dec 2015 .9.4% (10) Maori accessed the Coastquit cessation service. There have been 28 (12%) Maori access the Coast quit year to date from July 1 2015.

Spirometry Clinics for Maori

During this quarter the WCPHO and Poutini Waiora continued with the joint project to provide screening spirometry tests for all consenting Maori smokers and ex-smokers 45+ years old. This was extended to Greymouth and Hokitika in December of this quarter. Spirometry clinics will continue to be a focus with a high number of Maori still eligible for these clinics and the Kaupapa Maori Nurses will continue to work in partnership with the DHB Nurse Specialists, AKP and the PHO to deliver more clinics over the next year. The challenge now is to continue follow up, support and monitor those who require it as a result of engagement into other services such as Green Prescription, Smoking Cessation, and Long Term Conditions etc.

There were 4 clinics held this quarter with a total of 35 people attending. 32 Maori and 3 other, 74% female (26) and 26% male (9). There were 14 current smokers all given brief advice to quit, with 6 being provided with cessation support to quit. Other interventions provided were: 2 referrals for cervical screens, 2 referrals for breast screening and 3 CVRA's. 4 people were referred for GP follow up and 4 tetanus vaccination appointments made.

The Maori Health Action Plan

The Maori Health Action Plan first draft is currently being developed and will follow the same format as the other plans under development as part of the planning cycle. The National priorities remain very similar to last year with an Asthma indicator being added and all three CVD indicators removed. The oral health target now sits under the regional priorities and has been increased to 95% of pre schoolers enrolled in the community dental service.

The expectations are largely focused on child and youth health and prevention services with breastfeeding, smoking, screening rates, immunisation and oral health indicators continuing to have prominence in the Plan.

The development of the Maori Health Action Plan will be led by the General Manager and Portfolio Manager for Maori Health, in conjunction with the PHO and Poutini Waiora. The final Plan will also be completed with advice and input from Tatau Pounamu who has had a planning session to identify local priorities. These priorities are Oral health, healthy environments with a focus on nutrition and physical activity and targeted smoking cessation. It was also agreed that there will be a continued focus on a targeted approach to improve Maori engagement across all Long Term Conditions clinical programmes.

Maori Mental Health Services

Since June 2015, the manager has undertaken a review of the Maori Mental health service to assess its ability to deliver appropriate cultural support to tangata whaiora and their whānau, and to the wider mental health services across the rohe. A fuller report will be provided at a later date , specifically outlining issues of concern but more importantly identifying service development needs to ensure that the improvement of Health Outcomes for the Māori population within Te Tai O Poutini have been achieved through service quality and responsiveness.

To this aim Maori Mental Health has undertaken to:

- implement a referral form for services to enable MMH to track and monitor all referrals to the service
- Currently reviewing the Service Provision Framework (SPF) Including all documentation relevant to the service for alignment with the broader MH services
- Reviewing documentation against Health and Disability Quality standards.
- Developing relationships with Primary Mental Health services/organisations to ensure that through collaboration the ability to access MMH services is increased

MMH has also regretfully accepted the resignation of Richard Wallace as the Kaumātua for not only MMH but for the West Coast DHB, and wish him well in his future endeavours. This does however create a position that will need to be filled and we will work with Tatau Pounamu and the GM Maori Health to address this.

Improving Maori Cancer Outcomes – Faster Cancer Treatment

Aim: Improving equity along the cancer pathway, for all patients across the South Island, and support the 62-day FCT target by promoting and facilitating early and consistent engagement of Maori with cancer services.

The next phase of this initiative will be to extend the Nelson Marlborough Cancer Pathway project to other South Island DHBs. The Southern Cancer Network will be the lead agency for this piece of work and will link very closely with the NMDHB and each of the South Island DHBs who are participating. SCN have started the contracting process and aim to have someone in place to begin this work by early March.

The West Coast DHB are well placed to be the first DHB for this to occur as a next step to a series of hui late last year where the final report from NMDHB was presented to several audiences. We are in close contact with the Southern Cancer Network and NMDHB and are well prepared for this initiative to start.

There will be a period of extensive consultation on the West Coast to identify the most appropriate processes to follow and to gain agreement on how we identify and engage with key stakeholders – consumers, providers and networks with the aim of mapping the pathway and identifying issues for Maori that contribute to delays in accessing treatment with resulting inequity in outcomes.

Poutini Waiora

The Kaihautu of Poutini Waiora has resigned and the Board are now in the process of recruiting to this position. Moya Beech-Harrison has been in the role of Kaihautu for almost a year and has contributed a great deal during her time, she will leave the organisation and its staff well positioned and supported to continue with the work. A lot has been achieved in integrating the Maori Health teams into the practices and delivering clinics in community settings in collaboration with our health partners. Moya has committed to staying on as Kaihautu until a suitable person is in place.

Report Approved for Release by: Kylie Parkin, Acting General Manager, Maori Health

WEST COAST DHB STRATEGIC DISABILITY ACTION PLAN

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

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

SOURCE: **Planning & Funding**

DATE: **10 March 2016**

Report Status – For: *Decision* ☑ *Noting* ☐ *Information* ☐

1. ORIGIN OF THE REPORT

In February 2015 the Executive Management Team, this Committee and the Board approved the draft of the Strategic Disability Action Plan for wider consultation with people with disabilities, their family/whānau and other key stakeholders such as providers of disability services.

The West Coast DHB Strategic Disability Action Plan was developed as a parallel process with the Canterbury DHB Strategic Disability Action Plan as the West Coast CPHAC/DSAC members wanted the strategy to be consistent with the transalpine approach in that the higher level objectives should be the same at the strategic level. As anticipated some differences do occur in the priorities actions which reflect the different health and disability systems that exist within each district.

In addition Canterbury DHB DSAC recommended the inclusion of a Position Statement to form a part of the overall Disability Strategy and this has been included as a component of the West Coast DHB's plan.

2. RECOMMENDATIONS:

The Committee recommends that the Board that it:

i. approves the Strategic Disability Action Plan with Priority Actions for 2016/17; and
ii. approves the proposed governance structure and implementation of the Priority Actions;

3. SUMMARY

The current draft of the West Coast DHB Strategic Disability Action Plan has been developed during a pre-consultation phase and the approved draft was used as the vehicle for feedback on the objectives and the identification of the Priority Actions for 2016/17. The current draft has the amendments identified as a result of feedback received during consultation with people with disabilities, family/whānau and other key supports including disability providers. The purpose of this paper is to present to DSAC the amended Strategic Disability Action Plan with the proposed Priority Actions for 2016/17 for approval.

The Strategic Disability Action Plan includes the following:

- Introduction of the plan including the definition of disability used.
- Position Statement which CPHAC/DSAC recommended as forming part of the plan
- Governance Structure
- Strategic Disability Action Plan which includes the vision statement, alignment of the strategic areas of focus with the New Zealand Disability Action Plan 2014 -2018 and objectives which are each identified as meeting the objectives of the New Zealand Disability Strategy 2001

- Priority Actions 2016/17 identified following feedback
- A summary of feedback received

4. DISCUSSION

Development of the Strategic Disability Action Plan

An initial draft of the Strategic Disability Action Plan was developed in late 2014 using the United Nations (UN) Convention on the Rights of Persons with Disabilities definition of disability, which New Zealand ratified in 2007. This definition describes disability as resulting 'from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others' (UN General Assembly 2007). This definition distinguishes the impairment or health condition (e.g. paraplegia) from the restrictions on participation in society (e.g. unemployment due to discriminatory recruitment practices). These restrictions are not an inevitable consequence of the impairment; they are a result of unfair and avoidable barriers which results in many of the differences in health status between people with a disability and people without a disability.

Development of the draft Strategic Disability Action Plan included the review of core New Zealand Disability documents:

- New Zealand Disability Strategy 2001,
- New Zealand Disability Action Plan 2014 -18.
- Whaia Te Ao Marama: The Maori Disability Action Plan for Disability Support Service 2012 – 2017
- Faiva Ora National Pasifika Disability Plan 2014 -16
- Second Report of Independent Monitoring Mechanism of the Convention of the Rights of Disabilities, Published August 2014

In response to feedback and to be inclusive of national developments core New Zealand documents now also include:

- New Zealand Disability Action Plan 2014 -18. Updated December 2015
- He Korowai Oranga, Māori Health Strategy 2014 -2018
- Ala Mo'ui: Pathwway to Pacific Health and Wellbeing 2014-18
- United Nations Convention on the Rights of People with Disabilities (ratified by New Zealand 2007)
- United Nations Convention on the Rights of the Child (ratified by New Zealand 2008)
- Human Rights Act 1993

The strategic objectives contained in the current draft West Coast DHB's Strategic Disability Action Plan are consistent with the strategic focus areas of the New Zealand Disability Action Plan 2014 -18, Safety and Autonomy, Wellbeing, Self Determination, Community and Representation. It is also specified in the plan which objective of the New Zealand Disability Strategy 2001 would be met by achieving the stated goal, (identified by the number at the end of each goal).

Alignment with the West Coast DHB's vision and prioritisation principles was also incorporated into the development of the draft. The key objective being that the Strategic Disability Action Plan should complement and enhance existing organisational systems and processes focused on transforming and improving the health system. The ultimate goal is that the Strategic Disability Action Plan becomes the Health System Strategic Disability Action Plan. This has been discussed with the Alliance Leadership Team and it was recommended that the plan be presented to Alliance Leadership Team following

approval by the DHB Board. The Alliance Leadership Team recommend that this would be the overarching Strategic Action Plan but specific actions addressing the priorities for people with disabilities would be in Work Stream and the Service Level Alliance work plans and not separate priority actions as currently included in the West Coast DHB's Strategic Disability Action Plan.

Consultation Process

The purpose of consultation was to ensure development of the plan is consistent with the New Zealand Disability Strategy 2001 which identifies the inclusion of people with disabilities participation at all levels of organisations. In the disability community this has become the mantra "nothing about us, without us".

The 6 month phase of consultation commenced with 3 forums in Westport, Hokitika and Greymouth, face to face meetings, attendance at existing meetings and forums across the health and disability sector, circulation of the plan electronically to disability providers some of whom forwarded to their network of people with disabilities. Some disability providers also arranged special meetings with their service users and families to hear about the draft strategy and provide input.

While the feedback is rich and there was diverse engagement with people with disabilities and the people and services that support them, there needs to continue to be a focus on building on this initial phase. Feedback was overwhelmingly positive about the DHB's commitment to develop a strategic disability action plan however many individuals and disability providers expressed some scepticism about the 'how' of achieving the objectives of the strategy. The setting up of a communication plan to build on this initial engagement is vital to the successful implementation of the Strategic Disability Action Plan.

More detail about the Consultation is provided as part of the Strategic Disability Action Plan documentation attached with the briefing paper

Feedback and Recommended Amendments to Draft DHB Strategic Disability Action Plan

All feedback received to date, both written and verbal, has endorsed the vision and objectives of the Action Plan with some recommended amendments. The respondents stated that the principles of the New Zealand Disability Strategy 2001 of participation, partnership and protection of rights of people with disabilities were present throughout the document. Respondents unanimously commended the DHB on the development of a Disability Strategy the process undertaken to seek the opinions of people with disabilities their family/whanau and other key stakeholders on the Action Plan and the priorities for action over the next 2 years. The consultation process has resulted in a number of recommendations on how the Draft DHB Strategic Disability Action Plan can be strengthened in both language and the broadening of the scope of some of stated goals. These are summarised in Appendix 3 of the plan, attached with this briefing paper

Feedback on the Process of Developing and Implementing the Plan

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

There was concern that those individuals who don't belong to any specific disability groups did not have the opportunity to comment. Those within the disability sector recognise that reaching people with disabilities is one of the significant challenges within the sector, as they are often an invisible part of the community due to the very barriers this plan is developed to address. Further planning and ongoing engagement on how to reach this group is required

It is also recommended that a process for amending the Strategic Disability Action Plan should be put in place to ensure opportunities for improving the plan or priorities for action that have not currently emerged, can be added at a later date. This process has been built into the plan with an annual

evaluation of progress against the priority actions, on –going engagement with people with disabilities and their supports on the emerging issues for them being received via the communication plan and at a minimum an annual refresh of the priority actions and any amendment to the overall strategy that would occur via EMT and CPH&DSAC.

5. CONCLUSION

The current draft of the Strategic Disability Action Plan and Priority Actions was presented for review by the West Coast DHB Consumer Council at their meeting on 22 February 2016. The Consumer Council commended the changes made to the plan as a result of consultation. They are also wanting to receive regular feedback on the plan. If the proposed governance structure is approved the Consumer Council recommended a robust process for consumer and family membership on the Disability Steering Group.

All parts of the Strategic Disability Action Plan have been considered by the Executive Management Team with no feedback to date.

While the Priority Actions 2016/17 are primarily identified in response to feedback, the prioritisation for 2016 have been targeted as implementation of these priorities will establish the foundation for future work to achieve the stated strategic objectives. For example:

- establishing the governance structure
- understanding the population
- setting up a robust communication plan
- engaging in cross government work

6. NEXT STEPS

Estimated Timeframe	
10 March 2016	CPH&DSAC endorsement sought
1 April 2016	Board approval sought
	Once full approval achieved implementation occurs commencing with the establishment of the Disability Steering Group

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 CPH&DSAC		Project update focus on • West Coast Disability Population Profile	Project update focus on • Implementation of the Communication Plan	Project update focus on • Disability Awareness for staff	Project update focus on • WCDHB as an Employer of people with disabilities.

Report prepared by: Kathy O'Neill, Disability Lead , Planning & Funding

Report approved by: Carolyn Gullery, GM Planning & Funding

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

Introduction to the West Coast DHB Strategic Disability Action Plan 2015 - 2025

In 2015 the West Coast DHB Executive Management Team and Board approved the development of a West Coast DHB Strategic Disability Action Plan for 2015 – 2025. The draft document approved for wider consultation has been developed in line with the New Zealand Disability Strategy 2001 and the United Nations Convention on the Rights of People with Disability which New Zealand ratified in 2007. People with disabilities, their family/whānau, disability service providers and Disabled People Organisations who are recognized by the New Zealand Office of Disability Issues as representing the collective voice of people with disabilities, have received and been invited to provide feedback on the draft Strategic Disability Action Plan and have been asked for their input into setting the priority actions for 2016 - 2017. Feedback was received via attendance at face to face meetings, forums and network meetings, and through written feedback. This feedback has been incorporated into the plan.

Development of the draft Strategic Disability Action Plan included the review and incorporation of the key elements of core New Zealand Disability documents: These included:

- New Zealand Disability Strategy 2001,
- New Zealand Disability Action Plan 2014 -18.
- New Zealand Disability Action Plan 2014 -18. Update December 2015
- Whaia Te Ao Marama: The Māori Disability Action Plan for Disability Support Service 2012 – 2017
- He Korowai Oranga, Māori Health Strategy 2014 -2018
- Faiva Ora National Pasifika Disability Plan 2014 -16
- Ala Mo'ui: Pathwway to Pacific Health and Wellbeing 2014-18
- United Nations Convention on the Rights of People with Disabilities (ratified by New Zealand 2007)
- Second Report of Independent Monitoring Mechanism of the Convention of the Rights of Disabilities, Published August 2014
- United Nations Convention on the Rights of the Child (ratified by New Zealand 2008)
- Human Rights Act 1993

The importance of the United Nations Convention on the Rights of Persons with Disability was a consistent message from people with disabilities and their supports. These guiding principles are copied here to highlight their importance and incorporation in the development of the plan.

Guiding principles of the Convention

There are eight guiding principles that underlie the Convention:

1. Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons
2. Non-discrimination
3. Full and effective participation and inclusion in society
4. Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity
5. Equality of opportunity
6. Accessibility
7. Equality between men and women

8. Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities

The definition of disability used to identify the scope and focus of the strategy and plan is the definition of the United Nations Convention on the Rights of People with Disability. This definition describes disability as resulting 'from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others' (UN General Assembly 2007). This definition distinguishes the impairment or health condition (e.g. paraplegia) from the restrictions on participation in society (e.g. unemployment due to discriminatory recruitment practices). These restrictions are not an inevitable consequence of the impairment; they are a result of unfair and avoidable barriers which results in many of the differences in health status between people with a disability and people without a disability. Using this definition the plan is applicable to **all** people with disabilities regardless of age or the type of impairment.

The principles of partnership, participation and protection have been central to the development of the strategic objectives and priority actions. These principles are consistent with the Treaty of Waitangi and demonstrate the West Coast DHB's commitment to working with Māori as our treaty partners. This is critical as Māori have higher rates of disability and poorer health outcomes than for non-Māori. While there is a specific objective to achieve equitable outcomes for Māori within the Strategic Disability Action Plan each of the identified priority actions will have identified actions that are inclusive and culturally appropriate for Māori.

Following feedback on the draft West Coast DHB Strategic Disability Action Plan it was identified that while all aspects are important and should be progressed if opportunities present, the priority actions for 2016/17 are in the following areas:

- Promote and provide communication methods that improve access and engagement with people with disabilities
- Develop and implement an affirmative action plan focused on increasing the numbers of people with disabilities being employed and supported in their role within the West Coast DHB.
- Work to achieve equitable outcomes for Māori.
- Work with Pacifica people, their families and Pacifica providers to improve engagement and achieve the outcomes identified in Ala Mo'ui: Pathwway to Pacific Health and Wellbeing 2014-18
- Increase West Coast DHB staff disability awareness, knowledge and skills
- Integrated and co-ordinated approaches between cross government services and local providers for all people of all ages and abilities.

The priority actions for 2016 -2017 are the focus areas for achieving the stated in West Coast DHB Strategic Disability Action Plan for 2015 – 2025. Each priority action has an identified health outcome. It is intended that the priority actions do not duplicate the current work occurring across the health system within already established alliances and wherever appropriate the alliances will continue to design new and changed systems and services with the needs of people with disabilities at the fore. However the West Coast DHB Strategic Disability Action Plan does have specific priority actions that are currently not being progressed in existing alliances or divisions of the West Coast DHB. Therefore an initial focus is targeted at establishing an effective and sustainable governance and implementation structure with the forming of a Disability Steering Group and the identification of disability champions across the West Coast DHB. Baseline and ongoing measures are also being identified and will be used as the measures of success of achieving the stated objectives. It is envisaged that the West Coast DHB Strategic Disability Action Plan will be endorsed by the alliances

and become a core document whose objectives are progressed across the health and disability system.

Included with the Strategic Disability Action Plan is a West Coast DHB position statement which addresses the critical issues related to human and civil rights, treatment, and services and programs for people with disabilities and their family/ whānau. This statement is to inform our population and other districts on the prevailing organizational view on these key issues for people with disabilities.

Progress on achieving the stated objectives and priority actions will be reported back to the disability community in a range of forms including forums, electronic and written communication quarterly and this is identified in the Priority Actions 2016- 2017. The West Coast DHB Strategic Disability Action Plan for 2015 – 2025 will be refreshed at least annually and the Priority Actions will be developed and amended as necessary to ensure the West Coast DHB continues to strengthen its engagement and inclusion of disabled people in the transformation of the health system.

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

Appendix 1

Position Statement

Promoting the Health and Wellbeing of People with Disabilities

Purpose

This position statement summarises the commitment of the West Coast District Health Board to actions aimed at improving the lives of people with disabilities in the West Coast region. It will be used in making governance, planning & funding, and operational decisions. The West Coast DHB's Disability Action Plan reflects this position statement and provides the details of its implementation.

Key points

The West Coast DHB recognises that a significant proportion of the New Zealand population experience impairments, which may result in disability and disadvantage. In addition, the population is aging, which is associated with increasing impairment. Accessibility and inclusion are rights to be protected. They are also catalysts for new ideas and innovation that can lead to better services and outcomes for all.

The West Coast DHB can influence the extent to which our direct and contracted services, staff and facilities work to promote the health and wellbeing of people with disabilities who may be patients, clients, consumers, families & whānau, visitors, or employees of the West Coast DHB.

The West Coast DHB can also influence decision-makers outside the health sector to take into account the implications of their decisions on the lives of people with disabilities.

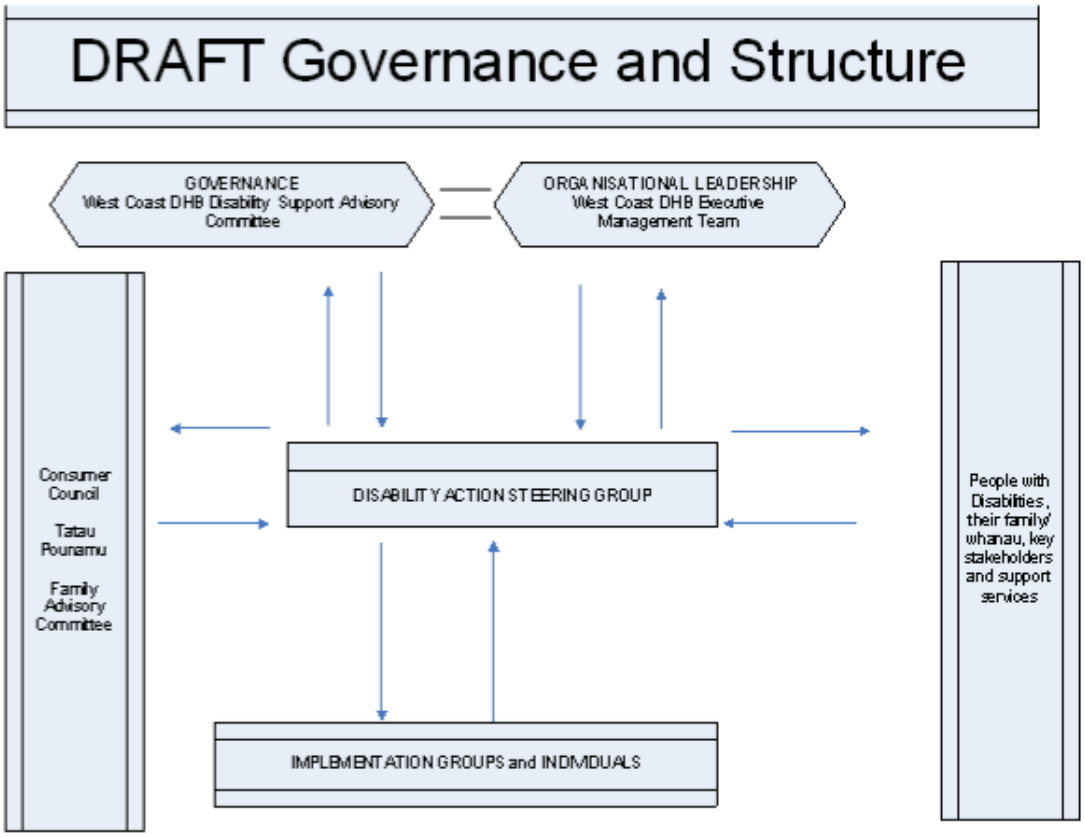
The West Coast DHB makes the following commitments to people with disabilities, their families & whānau, to:

1) Collect their feedback about the services we deliver
2) Understand their perspectives and needs
3) Uphold the rights of people with disabilities and counter stigma and discrimination
4) Deliver appropriate specialist, general and public health services, in a way that suits
5) Equip and upskill staff to meet their needs.

The West Coast DHB will also incorporate the perspectives and needs of people with disabilities when we:

1) Contract other organisations to deliver services
2) Employ people with disabilities
3) Design and build our facilities
4) Monitor and report on how well we are doing, and plan for improvements
5) Partner with our communities to improve population health and well being.

Appendix 2
West Coast DHB Strategic Disability Action Plan Governance Structure



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

Appendix 3 Terms of Reference: West Coast DHB Steering Group

West Coast District Health Board Te Poari Hauora a Rohe o Tai Poutini	TERMS OF REFERENCE West Coast DHB Disability Steering Group

Scope	The Disability Steering Group will include all services of the West Coast DHB when identifying and implementing priority actions included in the Strategic Disability Steering Plan 2015 - 2017
Purpose	The Disability Steering Group will drive activity that will achieve the West Coast DHB vision that West Coast people (including those with disabilities) will experience a responsive and inclusive health system that supports them to be live lives to their full potential and be safe and well in their homes and communities. The Disability Steering Group will influence behaviours, system and process design across the health system, to enable this vision and to improve the outcomes for this population.
Objectives	• Oversee the development, implementation and evaluation of the West Coast DHB Steering Plan which incorporates all the key objectives of the New Zealand Disability Steering Plan 2014 – 2019 • Facilitate linkages and information sharing to decision makers within clinical, operational and professional groups of the West Coast DHB and to the Workstreams of the West Coast Clinical Network, to ensure a disability focus is incorporated. • Develop strategies that develop and support the workforce to be competent and responsive to the needs of people with disabilities
Principles	Definition: The United Nations (UN) Convention on the Rights of Persons with Disabilities, which New Zealand ratified in 2007, describes disability as resulting 'from the interactions between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others' (UN General Assembly 2007). The Disability Steering Group will undertake to address and remove these barriers. The key principle to achieve this is to facilitating and supporting the self determination of people who experience disability by ensuring their active participation in the design of the health system and its services.
Accountability	The Disability Steering Group is accountable to the Executive Management Team and will report quarterly to them The Disability Steering group is endorsed by the Disability Support Advisory Committee and will report quarterly

Membership	Disability Lead, Planning and Funding Community and Public Health Clinical Lead Primary Care West Coast Alliance Human Resources Quality and Patient Safety Business Development Unit Consumer Advisor Family Advisor Operations Manager Communication Learning and Development Māori Advisor Pacific Advisor Other staff and consumer representatives will be co-opted as required. Continuity of membership is important. Members will send a delegate in their absence
Chairperson	TBC
Quorum	50% membership
Meetings	Monthly (10 per year)
Agenda	Approved by the chair and circulated 1 week prior to the scheduled meeting date
Minutes	Minutes will be circulated within 5 working days following the meeting
	The Disability Steering Group is accountable to the Executive Management Team and will report quarterly to them The Disability Steering group is endorsed by the Disability Support Advisory Committee and will report quarterly

Appendix 4

Consultation Process and Summary of Feedback

The consultation process on the West Coast has consisted of the following:

- a series of 3 forums in Greymouth, Hokitika and Westport in collaboration with the New Zealand Federation of Disability Centres
- consumer feedback as part of established groups or part of the disability providers accountability structure
- kaumatua feedback via Poutini Waiora
- West Coast DHB Advisory Groups
- West Coast Health and Disability Providers (individual meetings and written feedback)
- Canterbury and New Zealand providers who have branches or affiliations on the West Coast including Disabled Peoples Organisations.
- Health system alliances
- Front page of West Coast DHB Website

Feedback was requested in two parts, firstly on the Strategic Disability Action Plan which identifies the objectives of the West Coast DHB for a 10 year period from 2015 -2015. Feedback was also sought on the priority areas for action that would achieve improved outcomes for people with disabilities in a limited number of areas. While all objectives are important to progress feedback also identified that actions needed to be focused on a limited number of the 15 objectives in order for progress to occur.

1. Feedback on the draft Strategic Disability Action Plan

The respondents were unanimously positive of the development of a West Coast DHB Strategic Action Plan. The initial draft was complimented on being linked to key national documents especially the New Zealand Disability Strategy 2001 and the New Zealand Disability Action Plan 2014 -2018. However while the objectives were generally agreed to cover the key areas important to people with disabilities and their family/ whanau, the draft did not often use language that communicated the key principles of inclusion, partnership and the promotion of wellbeing. Specific feedback sought to have the inclusion of statements that people with disabilities 'live lifes to their full potential' and the countering of stigma and discrimination.

Respondents also found some of the wording ambiguous and at times full of jargon, while this has been amended wherever practical the recommendation was that there be a plain language version available in word format. A plain language version of the draft was created and it is intended that the final version will be made available in plain language and in word format so that it is readable by those using communication devices.

Specific feedback about each of the objectives in the Strategic Action Plan has been amended in response to feedback. In summary this is as follows:

- each priority action needs to be culturally appropriate for Maori.
- addition to the draft of a new objective about improving of health literacy
- the addition of objectives that are inclusive of all ages especially older people

- amendment to the wording of Offer Appropriate Treatment, to be stating what will be offered rather than what should be eliminated such as the use of seclusion and restraint
- that access is not just about building and facilities but is also about attitudes and responsiveness of people and services.
- That the plan speaks more about working with people with disabilities and their family/whanau

It was questioned by respondents about how the plans success would be measured and how this would be feedback to the people of the West Coast. Evaluation and communication back to the disability community has been included in the Priority Actions.

There was also concern expressed that the Strategic Action Plan had too many objectives to progress simultaneously. Therefore priority actions were recommended to be in only 4 -5 areas in order to ensure progress was made.

2. <u>The Key Themes and Opportunities for Priority Action 2016 -2017</u>

a. An integrated and co-ordinated response to meet needs

- there was lack of co-ordination between health and disability services that has been exasperated by the loss of services based on the West Coast in recent years
- variable responses between government agencies that relies on individuals rather than robust systems and processes
- examples of delays in getting people the equipment or housing modifications they required, this was raised in reference to the aging population
- a lack of services particularly in remote areas particularly for children and young people with complex needs

b. Accessibility of buildings and facilities

- People wanted increased engagement suggestions included providing regular updates in the form of a newsletter, written in formats that are accessible for people with disabilities.
- Identifying and promoting the process for people with disabilities to provide feedback and input when accessibility is impacted e.g. parking, after hour's security.
- Designing above code – having experts audit and make recommendations at key stages of the design and fit out of new buildings and rebuilds e.g. Barrier Free, Dementia Friendly.
- Accessibility is more than just design of buildings and must include all aspects of service delivery, including processes, procedures and attitudes that enable timely access and inclusion.

c. Promoting Disability Awareness

- Have a robust education and training programme focused on growing staff knowledge and skills about the engaging and supporting people with disabilities and their family/whānau. This training needed to be at all levels of the organisation not just health professionals and should include those in training.

- Develop a network of Disability Champions at a service level in the West Coast DHB these people will be the conduit for disseminating disability related information and resources available to staff when working with people with disabilities.

d. Communication

- The use of plain language, easy read and different formats e.g. large print is promoted and expanded for all forms of health information available across the health system.
- Different formats are used when disseminating information to the West Coast population so that it is readable by communication devices
- Health Passport is a mechanism where people with disabilities individual needs are specified. Identify within the growing suite of information technologies the best way this information is included and available when people with disabilities are accessing any part of the health system e.g. Health One
- The Patient Portal is being developed, within this development ensure that the tool will be in a format that meets the needs of people with disabilities.

e. West Coast DHB as an employer

People and Capability has targeted work in the following areas:

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

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

WEST COAST DHB Disability Strategic Action Plan 2015 – 2025

VISION: The West Coast DHB's disability strategic vision is of a society that highly values lives and continually enhances the full participation of people with disabilities. Through this strategic vision, the West Coast DHB will ensure that all people with disabilities experience a responsive and inclusive health and disability system that supports them to reach their full potential by providing equitable access to services that focus on keeping people safe and well in their homes and communities.

The New Zealand Disability Action Plan 2014 -2018 Strategic Focus				
Safety and Autonomy	**Wellbeing**	**Self Determination**	**Community**	**Representation**
I am safe in my home, community and work environment. I feel safe to speak up or complain and I am heard. Those assisting me (professionals and others) have high awareness and I do not experience abuse or neglect.	I feel dignity and cultural identity through a balance of family/community, mental, physical and spiritual wellbeing.	I make my decisions myself based on my aspirations. I have access to information and support so that my decisions are informed.	I feel respected for my views and my contribution is received on an equal basis with others.	Disabled Peoples Organisations (DPO) represent collective issues that have meaning for me (based on lived experience) in a way that has influence and impact.
West Coast DHB Strategic Focus				
People with disabilities and their family/whānau/carers are listened to carefully by health professionals and their opinions are valued and respected. Individuals are included in plans that may affect them and they are encouraged to make suggestions or voice any concerns by highly aware staff.	The wellbeing of people with disabilities is improved and protected by recognising the importance of their cultural identity. Health practitioners understand the contribution of the social determinants of health.	People with disabilities, contribute to their own health outcomes as they and their family/whānau receive the information and support which enables them to participate and influence at all levels of society.	People with disabilities experience equal workplace opportunities. The health system supports access, equity and inclusion for those living with impairments, their family/whānau, carers and staff.	The collective issues that emerge from people with disabilities lived experience of the health system are actively sought and used to influence the current and future West Coast health system.

The West Coast DHB will

Safety and Autonomy

1. INTEGRATE SERVICES FOR PEOPLE WITH A DISABILITY OF ALL AGES

Work with people with disabilities and their family/whānau/carers to identify opportunities for achieving an integrated and co-ordinated approach between cross government services and local providers so that Infants/children and youth with impairments and that adults with a disability including those with age related conditions, can live lifes to their full potential .

2. IMPROVE HEALTH LITERACY

Improve access to health information in a form that works for them, this includes access to their personal health information. Support is provided when required so that the individual/family/whānau can use information to manage their own health, share in decision making, provide informed consent, and make choices and decisions that are right for them and their family/whānau

3. OFFER APPROPRIATE TREATMENT

Offer interventions with individuals and their family/whānau which are evidence based best practise such as restorative, recovery focused approaches

4. MONITOR QUALITY

Develop and use a range of new and existing quality measures for specific groups and services the West Coast DHB provide for people with disabilities and develop systems and processes to respond to unmet need e.g. consumer survey (6, 10,13,14)

Wellbeing

5. MEASURE AND PROGRESS

Develop measures and identify data sources that will provide baseline information about people with disabilities who are accessing the health system. Using the Health System Outcomes Framework for each strategic goal, use data analysis to understand the population and evaluate progress towards improving health outcomes for people with disabilities (1, 8,13)

6. IMPROVE ACCESS TO PERSONAL INFORMATION

Enable people with disabilities to have increased autonomy in making decisions that relate to their **own** health by developing processes that enhances communication e.g. access to their medical records through patient portals. People with disabilities will be given support to do this if they are unable to do this on their own

7. WORK TOWARDS EQUITABLE OUTCOMES FOR MĀORI

Work with, Maori people with a disability, whānau and the Kaupapa Māori providers to progress the aspirations of Maori people as specified in He Korowai Oranga, Maori Health Strategy for Maori people live with impairments. (11,13,15)

8. IMPLEMENT PASIFIKA DISABILITY PLAN

Work with Pasifika people, their families and Pasifika providers to action the Ministry of Health National Pasifika Disability Plan 2014 -2016 which identifies nine specific objectives for Pasifika people with a disability and 'Ala Mo'ui: Pathwway to Pacific Health and Wellbeing 2014-18 which is aimed at improving culturally appropriate service provision with emphasis on improved access to Primary Care.
(12,13,15)

9. DEVELOP BETTER APPROACHES FOR REFUGEE, MIGRANT AND CULTURALLY AND LIGUISTICALLY DIVERSE GROUPS

Work with people with disabilities and their families who are from different refugee, migrant and other culturally and linguistically diverse groups to identify and implement responsive processes and practices. This includes information being appropriately translated and an awareness by staff of how disability is viewed from different cultural perspectives. (9,13)

Self Determination

10. PROVIDE ACCESSIBLE INFORMATION AND COMMUNICATION

Promote and provide communication methods that improve access and engagement with people with disabilities e.g. use of plain language and easy read, ensuring all

computer systems, websites are fully accessible to those who use adaptive technology, expand the use of sign language (1)

11. DEVELOP LEADERSHIP OF PEOPLE WITH DISABILITES WHO HAVE A ROLE IN THE HEALTH SYSTEM
Identify and support opportunities for leadership development and training for people with disabilities within the health system. This includes further development of peer support as a model of care for people with long term conditions (5)

Community

12. BE AN EQUAL OPPORTUNITY EMPLOYER
Develop and implement an affirmative action plan focused on increasing the numbers of people with disabilities being employed and supported in their role within the West Coast DHB. (4)
Develop and implement an appropriate quality tool for current employees who identify as having a disability, that can inform and identify opportunities to improve staff wellbeing. (2, 4, 10)

13. INCREASE STAFF DISABILTIY AWARENESS, KNOWLEDGE AND SKILLS
Develop and implement orientation and training packages that enhances disability awareness of all staff, in partnership with the disability sector e.g. people with disabilities, their family/whānau/carers, disability training providers and disability services(1)

14. SERVICES AND FACILITIES ARE DESIGNED AND BUILT TO BE FULLY ACCESSIBLE
Services and facilities will be developed and reviewed in consultation with people with disabilities and full accessibility will be enhanced when these two components work together to ensure people with disabilities experience an inclusive health system that is built to deliver waiora/healthy environments (6)

Representation

15. IMPLEMENT THE PLAN IN PARTNERSHIP
Work with the West Coast DHB Consumer Council to ensure a network of disability focused consumer groups who are empowered to actively engage with health service providers and be partners in health service improvement and re-design. This network will support the implementation and evaluation of the West Coast DHB Disability Action (1)

16. PROMOTE THE HEALTH, WELLBEING AND INCLUSION OF PEOPLE OF ALL AGES AND ABILITIES
Actively, promote and influence at all levels of society, to address stigma and discrimination, increase universal design for public spaces, and advocate for a full inclusive society . (1,4,13)

WEST COAST DHB PRIORITY ACTIONS 2016 -2017

KEY

Will be progressed in 2016/17 as a priority.
Will be progressed as opportunities emerge.

SAFETY AND AUTONOMY			
OBJECTIVE	**PRIORITY ACTIONS**	**OUTCOME**	**LEAD RESPONSIBILITY**
INTEGRATE SERVICES FOR PEOPLE WITH A DISABILITY OF ALL AGES Work with people with disabilities and their family/whānau/carers to identify opportunities for achieving an integrated and co-ordinated approach between cross government services and local providers so that Infants/children and youth with impairments and adults with a disability including those in related to age related conditions, can life lives to their full potential .	1.1 Map the pathway for people with disabilities and long term chronic health conditions (LT-CHC) to available services, and work with DSS and the Needs Assessment and Service Co-ordination Services to improve processes as people transition between health and disability services. 1.2 Where gaps in service provision are identified explore opportunities with the key stakeholders to identify opportunities and actions that can be progressed. 1.2 Address the gap in service provision for respite for 0-19 year olds with complex needs and for those living in remote rural communities. 1.3 The agreed pathways across funders and service providers will be placed on Heath Pathway.	Increased planned care and decreased acute care Decreased wait times Decreased Institutionalisation Rates	Planning and Funding Child and Youth Work Stream
IMPROVE HEALTH LITERACY Improve access to health information in a form that works for people with disabilities, this includes access to their personal health information, support is provided when required so that the individual/family/whānau can use information to manage their own health, share in decision making, provide informed consent, and make choices and decisions that are right for them and their family/whānau	2.1 People will better understand their health status through the development of the electronic patient portal in collaboration with people with disabilities and relevant experts to ensure that when the electronic patient portal is implemented it is accessible to people with disabilities, including those that use communication devices. 2.2 Carry out a stocktake of what other DHB's are planning or have implemented to enable specific needs of the individual being available to health services staff e.g. Disability Alert button on front page of the electronic patient record 2.3 With the involvement of people with disabilities and their family/whānau explore the potential for Health One as the electronic shared record between primary and secondary care, as the right repository for information that people with disabilities want communicated about how best to support them when they are accessing a health or disability service. Evaluate the potential effectiveness of this with the disability community	Improved environments support health and wellbeing Increased planned care and decreased acute care	Planning and Funding/Primary Care

OFFER APPROPRIATE TREATMENT Offer interventions with individuals and their family/whānau which are evidence based best practise and that these restorative, recovery focused approaches will result in people living lifes to their full potential.	3.1 Explore opportunities with the assessment to achieve a timely response for people with disabilities and their families/whanau who require • Aids to daily living • Housing modifications • Driving assessments	Improved environments support health and wellbeing	
MONITOR QUALITY Develop and use a range of new and existing quality measures for specific groups and services the West Coast DHB provide for people with disabilities and develop systems and processes to respond to unmet need e.g. consumer survey	4.1 1 Trail the use of feedback at the time of treatment within an identified service and explore whether this can include asking people if they have a long term impairment 4.2 Ensure people with disabilities and their family/whanau know about and understand the West Coast DHB complaints and compliments process by describing the process in easy read language and this is placed alongside existing signage within wards and reception areas.	No wasted resource (Right care, in the right place, at the right time, delivered by the right person)	Quality and Patient Safety
WELLBEING			
MEASURE AND PROGRESS Develop measures and identify data sources that will provide baseline information about people with disabilities who are accessing the health system. Using the Health System Outcomes Framework for each strategic goal, use data analysis to understand the population and evaluate progress towards improving health outcomes for people with disabilities (1, 8,13)	5.1 The disability population will be identified by developing an inventory of available data and potential data sources that can be used to better understand those with disability who access the health system 5.2 Additional data collection required to inform further service development and measures of success will be identified and systems for data collection will be developed. (These processes are inclusive of the actions specified for Maori and Pasifika in 7.1 and 8.1 of this plan)		Planning and Funding
IMPROVE ACCESS TO PERSONAL INFORMATION Enable people with disabilities to have increased autonomy in making decisions that relate to their **own** health by developing processes that enhances communication e.g. access to their medical records through patient portals. People with disabilities will be given support to do this if they are unable to do this on their own	6.1 The process for identifying the solution for patient portal in Primary Care includes how the needs of people with disabilities will be addressed.		
WORK TOWARDS EQUITABLE OUTCOMES FOR MĀORI Work with, Maori people with a disability whānau and the Kaupapa Māori provider to progress the aspirations of Maori people as specified in apply He Korowai Oranga, Maori Health Strategy.	7.1 Develop high quality ethnicity data sets by having processes in place that enables all data collected and collated specifically captures information specific to the Maori population with a disability 7.2 All the priority actions of this plan are to include culturally appropriate actions for Maori with a disability and their whānau and that this promotes and supports whānau ora and rangitiritanga.	Delayed/avoided burden of disease and long term conditions	
IMPLEMENT PASIFIKA DISABILITY PLAN Work with Pasifika people, their families and Pasifika providers to action the Ministry of Health National Pasifika Disability Plan 2014 -2016 which identifies nine specific	8.1 Develop high quality ethnicity data sets by having processes in place that enables all data collected and collated specifically captures information specific to the Pasifika population with a disability	Delayed/avoided burden of disease and long term conditions	

objectives for Pasifika people with a disability and 'Ala Mo'ui: Pathwway to Pacific Health and Wellbeing 2014-18 which are aimed at improving culturally appropriate service provision with emphasis on improved access to Primary Care.	9.2 Strengthen the culturally appropriate service responses by engaging with the Canterbury DHB, as one of the target DHB's who are working to implement the four priority areas of 'Ala Mo'ui.		
DEVELOP BETTER APPROACHES FOR REFUGEE, MIGRANT AND CULTURALLY AND LIGUISTICALLY DIVERSE GROUPS Work with people with disabilities and their families who are from different refugee, migrant and other culturally and linguistically diverse groups to identify and implement responsive processes and practices. This includes information being appropriately translated and an awareness by staff of how disability is viewed from different cultural perspectives.	10.1 Have a combined approach with the Canterbury DHB to engage with Migrant Centre, CALD Co-ordinator Resettlement Service to explore opportunities for including the needs of CALD people with disabilities in the way we communicate. 10.2 Use the local West Coast networks to establish communication processes to disseminate health and disability related information and advice to CALD communities e.g. Chinese Newspaper.	Delayed/avoided burden of disease and long term conditions	
SELF DETERMINATION			
PROVIDE ACCESSIBLE INFORMATION AND COMMUNICATION Promote and provide communication methods that improve access and engagement with people with disabilities e.g. use of plain language and easy read, ensuring all computer systems, websites are fully accessible to those who use adaptive technology, expand the use of sign language	11.1 Engage with West Coast DHB Communications to review the West Coast DHB website to identify any parts of the website which are not fully accessible for people who use communication devices. 11.2 Build on the partnership with the disability sector by having the Disability strategy and a version of this Action Plan made available in Easy Read language. 11.3 Work with West Coast DHB Communications to identify which key communications that already exist can be used to communicate with the network of disability organisations and key contacts. E.g. Quality Accounts 11.4 Undertake a stocktake within Divisions aimed at identifying where people with lived experience are providing peer support to service users and recommend areas of further development. 11.5 Quality and Patient Safety to develop a West Coast DHB policy on the use of sign language and access to interpreters.	Improved environments support health and wellbeing	Communications Quality and Patient Safety
DEVELOP LEADERSHIP OF PEOPLE WITH DISABILITES WHO HAVE A ROLE IN THE HEALTH SYSTEM Identify and support opportunities for leadership development and training for people with disabilities within the health system. This includes further development of peer support as a model of care for people with long term conditions	12.1 Engage Workforce Development training providers from the Disability sector to identify opportunities to support people with disabilities and their family/whanau who are providing a voice for people with disabilities within the health system, this will include exploring options for appropriate leadership training.	Improved environments support health and wellbeing	
COMMUNITY			
BE AN EQUAL OPPORTUNITY EMPLOYER Develop and implement an affirmative action plan focused on increasing the numbers of people with disabilities being employed and supported in their role within the West Coast DHB. Develop and implement an appropriate quality tool for current employees who identify as having a disability, that can inform and identify opportunities to improve staff	13.1 Quality and Patient Safety will explore how to use the Staff Wellbeing Survey to ask staff how the West Coast DHB can continuously improve its support of people with disabilities who are employed in the West Coast DHB 13.2 Develop and implement an affirmative action plan that will result in more people with disabilities being employed by the West Coast DHB	Improved environments supports health and wellbeing (Understanding health status and determinants)	People and Capability

wellbeing.			
INCREASE STAFF DISABILTIY AWARENESS, KNOWLEDGE AND SKILLS Develop and implement orientation and training packages that enhances disability awareness of all staff, in partnership with the disability sector e.g. people with disabilities, their family/whānau/carers, disability training providers and disability services	14.1 Through the West Coast DHB organisational structure, identify Disability Champions across Departments, with the purpose that these Champions will form a network that will disseminate disability related information and resources and will be a key part of implementing the priority actions. 14.2 Work with the Learning and Development Unit and Professional Leaders to identify relevant education programmes that are already developed and offered by disability focused workforce development organisations e.g. Te Pou. 14.3 Work with Learning and Development to ensure the eLearning tool being developed by Canterbury DHB, is appropriate for the West Coast DHB and that this is placed on the HealthLearn website and promoted to staff. 14.4 That training packages are developed and implemented in partnership with Maori people with disabilities and their whānau, to ensure cultural competency is inclusive of any training delivered.	Delayed/avoided burden of disease and long term conditions (Access to improved Care)	Learning and Development
SERVICES AND FACILITIES ARE DESIGNED AND BUILT TO BE FULLY ACCESSIBLE Services and facilities will be developed and reviewed in consultation with people with disabilities and full accessibility will be enhanced when these two components work together to ensure people with disabilities experience an inclusive health system	15.1 Site Redevelopment and Communications will work together to develop a communication plan for the Disability Community to receive regular updates on the development of West Coast DHB facilities. This will be in formats that are user friendly for those with disabilities. 15.2 The communication plan will include information on how people with disabilities and their family/whanau can provide feedback and input when they have or potentially will experience barriers to access. 15.3 The West Coast DHB will engage experts at key stages of the design, build and fit out of the building or rebuild of facilities, e,g, Barrier Free and Dementia Friendly	Delayed/avoided burden of disease and long term conditions (Community capacity enhanced, access to care improved)	
REPRESENTATION			
IMPLEMENT THE PLAN IN PARTNERSHIP Work with the West Coast DHB Consumer Council to ensure a network of disability focused consumer groups who are empowered to actively engage with health service providers and be partners in health service improvement and re-design. This network will support the implementation and evaluation of the West Coast DHB Disability Action	15.1 Establish a Disability Steering Group that has members who identify as having a disability, members of the disability community including providers of disability services and leaders from across the health system who can provide leadership in the implementation of the plan. 15.2 A Communication Plan is developed and actioned, and this includes regular engagement with the disability sector including people with disabilities, their family/whanau and Disabled Peoples Organisations 15.3 Monitoring progress against the priority actions will be undertaken quarterly and communicated to the sector as a key part of the communication plan. 15.4 The priority actions will be refreshed annually within the health system and the disability sector		
PROMOTE THE HEALTH, WELLBEING AND INCLUSION OF PEOPLE OF ALL AGES AND ABILITIES Actively, promote and influence at all levels of society, to address stigma and discrimination, increase universal design for public spaces, and advocate for a fully inclusive society.	16.1 Community Public Health will continue to co-ordinate submissions on behalf of the West Coast DHB with submissions using the West Coast DHB Strategic Action plan as the underpinning principles 16.2In conjunction with Disabled Peoples Organisations, Disability Support Services, Ministry of Social Development and the Ministry of Education, set an annual seminar which presents new developments and initiatives for people with disabilities.		Community and Public Health

DRAFT WEST COAST DHB PUBLIC HEALTH ANNUAL PLAN 2016-17

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

SOURCE: **Community and Public Health**

DATE: **10 March 2016**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

The Public Health Annual Plan is generated as a Ministry of Health requirement.

2. RECOMMENDATION

That the Community and Public Health & Disability Support Advisory Committee recommend to the Board that it:

i. endorse the draft West Coast DHB Public Health Annual Plan, 2016-17

3. SUMMARY

The draft West Coast DHB Public Health Annual Plan 2016-17 is prepared as part of the Community and Public Health (C&PH) contract with the Ministry of Health. While primarily focused on the work of C&PH, the scope of the Plan includes other relevant DHB-funded activities. The Plan is structured around five core public health functions agreed by the Public Health Clinical Network.

4. DISCUSSION

This draft West Coast DHB Public Health Annual Plan has been prepared by C&PH, with contributions from the West Coast PHO and the West Coast DHB Planning and Funding division. The Plan is based on a template developed in 2012 by the South Island Public Health Services. The short-term outcomes and outcome indicators in the Plan are shared across the South Island. Other content is specific to each DHB.

The Plan covers relevant West Coast DHB-funded activities, in addition to those delivered by C&PH, and as such also includes the West Coast PHO and divisions of the West Coast DHB in the responsibilities column.

The Plan has two functions:

1. as an appendix to the West Coast DHB Annual Plan 2016-17; and
2. as the basis of the C&PH contract with the Ministry of Health.

5. CONCLUSION

We are seeking Board endorsement of the draft Plan, which will be presented to the Ministry of Health as a first draft by end March and final draft by end May.

6. APPENDICES

Appendix 1: Draft West Coast DHB Public Health Plan 2016-17

Report prepared by: Annabel Begg, Public Health Specialist, C&PH
Report approved for release by: Evon Currie, General Manager, C&PH

THE WEST COAST HEALTH SYSTEM
– supporting you to be well

West Coast District Health Board Public Health Plan 2016-17

Draft March 2016

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

CONTENTS

1. WEST COAST DISTRICT HEALTH BOARD'S PUBLIC HEALTH PLAN FOR 2016–17

- West Coast DHB aim: To provide a people-centred, single health system for the West Coast, that is integrated and visible.
- West Coast DHB values:

  Manaakitanga – caring for others

  Whakapapa – identity

  Integrity

  Respect

  Accountability

  Valuing people

  Fairness

  Whanaungatanga – family and relationships.
- This plan accompanies the West Coast DHB Annual Plan 2016-17 and has been endorsed by the Board of the West Coast DHB.
- It describes public health services provided or funded by the West Coast DHB and its Public Health Unit (PHU), Community and Public Health (CPH).
- It describes key relationships with other agencies.
- The plan is based on a South Island planning template utilising the Core Public Health Functions framework.

a. Our Public Health Service

- CPH (a division of the Canterbury DHB) provides public health services throughout the West Coast DHB region, as well as within Canterbury and South Canterbury. Public health services on the West Coast are also provided through the Planning and Funding (P&F) Division of the West Coast DHB and by the West Coast Primary Health Organisation (WCPHO) and Poutini Waiora. The plan focuses on the work of CPH, and also includes activities of P&F, the WCPHO and Poutini Waiora, but does not cover non-DHB funded public health providers, such as non-government organisations (NGOs).
- The West Coast DHB serves a population of 32,150 people (up by 2.6% from 31,330 at the 2006 Census), spread over a large area from Karamea in the north to Jackson's Bay in the south (and Otira in the east) - as such, it has the most sparse population of the 20 DHBs in New Zealand. The population is spread across three Territorial Authorities (TAs): Buller, Grey and Westland Districts.
- The West Coast population is slightly older than the rest of New Zealand, with a higher proportion of people aged over 65 (16.1% in 2013, which is up from 13.8% in 2006). This differs for the Māori population (more than one in ten West Coasters are Māori), which is younger overall. At the time of the 2013 Census, the West Coast population was more socioeconomically deprived than the total New Zealand population. For example, those in the most deprived groups (NZDep2013 deciles 6 – 10) made up 57% of the West Coast population, compared with less than 50% of the total New Zealand population.
- The work of this plan is guided by the following public health principles:
  a. focusing on the health of **communities** rather than individuals
  b. influencing **health determinants**
  c. prioritising improvements in **Māori health**
  d. reducing **health disparities**
  e. basing practice on the best available **evidence**
  f. building effective **partnerships** across the health sector and other sectors
  g. remaining **responsive** to new and emerging health threats.

b. Our Key Priorities

- The West Coast DHB vision is of:

  "An integrated West Coast health system that is clinically sustainable, financially viable and wraps care around the patient to help them stay well".

- In line with this vision - future health services on the West Coast will be:

  People-centred: Services will be focused on meeting people's needs and will value their time as an important resource. Services will minimise waiting times and avoid the need for people to attend services at multiple locations or times unless there are good clinical reasons to do so.

  Based on a single system: Services and providers will work in a mutually supportive way for the same purpose to support people to stay well. Resources will be flexible across services and across the system.

  Integrated: The most appropriate health professional will be available and able to provide care where and when it is needed. Services will be supported by timely information flow to support clinical decision-making at the point of care.

  Viable: The West Coast health system will achieve levels of efficiency and productivity that allow an appropriate range of services to be sustainably maintained in the long term. There will be a stable workforce of health professionals in place to provide these services.

c. Alignment with National and Regional Strategic Health Priorities

- This plan aligns with national and regional priorities and includes activities that support strategic health initiatives, including those set out in the refreshed NZ Health Strategy (when published), He Korowai Oranga (2014), and Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2014-18.
- The five South Island DHBs together form the South Island Alliance, which is committed to "a sustainable South Island health system focused on keeping people well and providing equitable and timely access to safe, effective, high-quality services, as close to people's homes as possible."[1]
- A set of high level regional outcomes have been developed by the Alliance, which includes the outcome "Improved environments to support health and wellbeing".
- The plan is aligned with and sits alongside the West Coast DHB Annual Plan and Statement of Intent 2016-17 and the West Coast DHB Māori Health Plan 2016-17. The plan contents reflect Government, Ministry of Health and West Coast DHB priorities. CPH activities are carried out under the public health service specifications as agreed by the Ministry of Health.
- The NZ Public Health and Disability Act lays out the responsibilities that DHBs have in ensuring Māori health gain as well as Māori participation in health services and decision-making. The West Coast DHB works in partnership with Māori to reduce inequalities and improve the health status of Māori.
- The South Island Public Health Partnership (SIPHP) is a collaboration of the three South Island PHUs – Nelson Marlborough Public Health Service (NMDHB), CPH, and Public Health South (Southern DHB). The partnership aims to facilitate the three PHUs working together – collaborating on leadership and sharing planning, resources and strategic work.

  South Island population health priorities for 2016/17 are:

  - Supporting and developing a Māori voice within the South Island Alliance
  - Increasing awareness of the key Māori public health issues in the South Island
  - Development of quality management systems
  - Increased awareness around environmental sustainability and the co-benefits of action in this area for population health
  - Active promotion of a Health in all Policies (HiAP) approach towards the environmental determinants influencing healthy weight, oral health, clean air, warm homes and alcohol harm reduction
  - Monitoring South Island rheumatic fever cases and supporting DHBs to have mechanisms in place to ensure the Rheumatic Fever Prevention and Management Plan is implemented as intended.

- CPH has statutory responsibilities under the Health Act 1956 that are conducted by Medical Officers of Health, Health Protection Officers, and those acting under delegation from the Ministry of Health.
- This plan also outlines how CPH will meet the statutory responsibilities of a PHU and its designated officers in the West Coast DHB, as specified by the Ministry of Health.

[1] South Island Regional Health Services Plan 2015-16.

- Reporting against this plan will meet the requirements of the Ministry of Health reporting schedule and 'Vital Few' reporting as outlined in the planning and reporting package for 2016-17.

d. A Renewed Focus

- The five core public health functions agreed by the Public Health Clinical Network[2] and included in the draft revised Ministry of Health Tier Two and Three Public Health Service Specifications are:
    1. Health assessment and surveillance
    2. Public health capacity development
    3. Health promotion
    4. Health protection
    5. Preventive interventions.
- This plan groups public health initiatives according to their primary public health function. However, the core public health functions are interconnected; core functions are rarely delivered individually. Effective public health service delivery generally combines strategies from several core functions to achieve public health outcomes in one or more public health issue or setting.
- The appendix outlines how public health strategies from a range of core functions are combined across the West Coast DHB to address priority health issues, and specifies targets for that work.

[2] Available at http://www.cph.co.nz/Files/CorePHFunctionsNZ.pdf

2. KEY RELATIONSHIPS

The Public Health work of the West Coast DHB involves partnership with many health and non-health agencies. Some key partners of CPH are listed below. Formal agreements are noted in parentheses.

Local authorities:
West Coast Regional Council
Buller District Council
Grey District Council
Westland District Council
District Licensing Committees

Government agencies:
Alcohol Regulatory and Licensing Authority
Department of Conservation
Department of Corrections
Department of Internal Affairs
Environmental Protection Authority
Environmental Science and Research
Health Promotion Agency
Ministry of Business, Innovation and Employment
Ministry of Education
Ministry for the Environment
Ministry of Health
Ministry of Primary Industries
New Zealand Fire Service
New Zealand Police
Worksafe

Māori/Iwi agencies:
Te Runanga o Ngati Waewae
Te Runanga o Maakaawhio
Poutini Waiora
Te Ha o Kawatiri

Education institutions:
Education Facilities and Settings
Tai Poutini Polytechnic
Karoro Learning Centre

West Coast DHB:
Clinical Board
Public Health Advisory Committee/Disability Support Advisory Committee
Falls Prevention Coalition
Immunisation Coordinator
Immunisation Advisory Group
Infection Control Nurse Specialist, Grey Hospital
Infection Prevention and Control Committee

Public Health Nurses
Rural Nurse Specialists
Suicide Prevention Governance Group
Suicide Prevention Action Group
Tatau Pounamu ki Te Tai o Poutini
West Coast Health Alliance

Non-government organisations/networks:
Action on Smoking and Health
Active West Coast
Alcohol Action NZ
Buller and Westland Sports Trusts
Buller REAP
Buller Interagency Forum
Cancer Society
Education West Coast
Family Planning Association
Heart Foundation
Healthy West Coast Governance Group (Terms of Reference, joint work plan)
Home Builders
Laboratories
Liaison on Alcohol and Drugs
Medical Centres
Mental Health Foundation
New Coasters
Plunket
Potikahua House
Smokefree South Island
Sport Canterbury West Coast
Te Rito network
The Hub/Nurturing the Future
West Coast Well Women's Centre
West Coast Tobacco Free Coalition
West Coast Primary Health Organisation
West Coast Youth Workers Collective
WestREAP
Westland Safe Communities

3. HEALTH ASSESSMENT AND SURVEILLANCE

"understanding health status, health determinants and disease distribution"

a. Strategies

- **Monitoring, analysing and reporting** on population health status, health determinants, disease distribution, and threats to health, with a particular focus on health disparities and the health of Māori.
- Detecting and investigating **disease clusters and outbreaks** (both communicable and non-communicable).

b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)	**Key performance measures**		
				Quantity	**Quality**	**Short Term Outcome Indicators** (how we'll monitor progress towards the results)
Health assessment	Robust population health information available for planning health and community services	Monitor, analyse and report on key health determinants, including: -alcohol-related harm -smoking status (e.g. from ASH Year 10 data, 2013 Census, and WCPHO reports).	CPH, P&F WCDHB and WCPHO	Number of reports.	Formal/informal feedback. Accessibility of reports, including web statistics.	Availability of information for planning
		Develop health status reports and health needs analyses for specific populations as required.	CPH	Number of reports	Accessibility of reports. Formal/informal feedback.	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Develop disease-specific reports for conditions of concern, e.g. Pertussis.	CPH	Number of reports.	Accessibility of reports. Formal/informal feedback	
		Contribute to Massey CPHR Environmental Health Indicator work around alcohol-related harm indicators.	CPH, SIPHP (Alcohol Workstream)		Timely response to queries Formal/informal feedback	
		Contribute to related work of partner organisations, e.g. WCPHO and WCDHB through the Healthy West Coast Workstream.	CPH, WCPHO and WCDHB	Number of meetings	Records of meetings and outcomes (including joint planning processes and sharing of population health information). Quality of working relationship	
	Improved public understanding of health determinants	Disseminate information in existing and dedicated reports (e.g. WCDHB Quality Accounts, WCDHB website, WCDHB Community Report, print, broadcast and social media, and in one-off reports).	CPH, WCDHB Communications Team and WCPHO	Number of media reports. 4 WCDHB Community Reports 1 Quality Accounts 10 Ask a Professional articles in the Messenger 6-weekly CPHAC/DSAC reports 6-weekly Tatau Pounamu reports	Impact of media reports	Availability of information to public
Surveillance	Prompt identification	Review (via EpiSurv and	CPH	Number of reports.	Accessibility of reports.	Timeliness and

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
	and analysis of emerging disease trends, clusters and outbreaks	other sources), analyse and report on communicable diseases data, including via web applications and written reports (e.g. PHI Quarterly, weekly reports on notifiable diseases and influenza – May to September).		4 PHI Quarterly Weekly surveillance reports	Formal/informal feedback	effectiveness of reports for identifying trends and outbreaks of concern
		Produce disease-specific reports for communicable diseases of concern, e.g. Pertussis, other diseases causing outbreaks.	CPH	Number of reports.	Accessibility of reports. Formal/informal feedback	
		Review, analyse and report on other disease and determinants data (e.g. alcohol-related harm, and diseases relevant to West Coast context) including via the Environmental Health Indicators.	CPH, P&F WCDHB	Number of reports. Record of progress.	Formal/informal feedback	
		Contribute to update of SI alcohol-related harm indicators.	CPH, SIPHP	A set of common indicators is produced annually for each SI DHB.	Formal/informal feedback	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Provide reports to P&F for MoH on SI rheumatic fever incidence.	CPH, SIPHP	Quarterly reports	Formal/informal feedback	

4. PUBLIC HEALTH CAPACITY DEVELOPMENT

"enhancing our system's capacity to improve population health"

a. Strategies

- Developing and maintaining public health **information systems**.
- Developing **partnerships** with iwi, hapū, whānau and Māori to improve Māori health.
- Developing partnerships with Pacific leaders and communities to improve Pacific health
- Developing **human resources** to ensure public health staff with the necessary competencies are available to carry out core public health functions.
- Conducting **research, evaluation and economic analysis** to support public health innovation and to evaluate the effectiveness of public health policies and programmes.
- **Planning, managing, and providing expert advice** on public health programmes across the full range of providers, including PHOs, Planning and Funding, Councils and NGOs.
- **Quality management** for public health, including monitoring and performance assessment.

b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)	**Key performance measures**		
				Quantity	**Quality**	**Short Term Outcome Indicators** (how we'll monitor progress towards the results)
Public health information systems	Public health information accessible to public health, partner organisations and the public	Review and maintain public health information systems (Common File Structure (CFS); databases; intranet, extranet and public websites, including Healthscape, SIPHAN, GIS	CPH, P&F WCDHB and WCPHO	Level of utilisation WC CFS restructure is implemented	Completeness and currency of information Operational systems and documentation in place Staff consistently record their work in Healthscape	Availability and accessibility of public health information

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		systems, Health Pathways, HIIRC, NIR, Community Health Information).				
		Contribute to development and implementation of national, regional and local public health information systems, including providing support to other PHUs that are adopting Healthscape.	CPH, WCPHO and WCDHB		Nature and effectiveness of systems, including degree of integration.	
Partnerships with iwi, hapū, whānau and Māori	Effective partnerships with iwi, hapū, whānau and Māori	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.	CPH	Number of initiatives supported.	Formal/informal feedback.	Joint approaches and initiatives
		Implement CPH Māori Health Plan.	CPH (DLT Māori Health Rōpū)	Progress against plan		

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		SI: Work with Māori GMs and Te Herenga Hauora, e.g. around shared communications.	CPH (GM and Māori Portfolio on SIPHP)		Record of interactions and outcomes	
Partnerships with Pacific and other ethnic leaders and communities	Effective partnerships with Pacific and other ethnic communities	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.	CPH	Number of initiatives supported. Meet with New Coasters network a minimum of four times per year.	Formal/informal feedback. Record actions and feedback in Healthscape.	Joint approaches and initiatives
		Contribute to WCDHB ethnic specific plans as appropriate.	CPH, P&F WCDHB and WCPHO	Progress towards plan development/implementation.		
Human resources	A highly skilled public health workforce	Implement the CPH Workforce Development Plan, including promoting a focus on specific competencies and contributing to SI workforce development and national networks.	CPH, SIPHP	Training participation (for public health, other health sector and non-health staff). Two Health Protection staff attend required Health Protection competency training to maintain designation.	Training feedback	% staff with appropriate or relevant public health qualifications
		Facilitate training for CPH staff in the Treaty, inequalities, HiAP, Te Reo,	CPH	Extent of training recorded.	Training evaluations. Formal/informal	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Hauora Māori, and undergraduate and postgraduate study in public health as appropriate to staff development needs.			feedback.	
		SI: Contribute to regional processes.	CPH	Record of contribution		
Research, evaluation, economic analysis	Information available on priority public health issues and effectiveness of public health interventions	Support public health research and evaluation with a particular focus on improving Māori health and reducing health disparities.	CPH	Number and accessibility of reports.	Formal/informal feedback	Research/evaluation reports and publications
		Share research (e.g. Buller Community Profile) with relevant agencies to assist in dealing with the impacts of job losses on the West Coast.	CPH	Number of times shared	Formal/informal feedback	
		Media releases about items of interest including Year 10 ASH data, alcohol trends, etc.	CPH	Number of media reports. Two media releases in West Coast newspapers on Year 10 ASH data	Impact of media reports.	
		Systematically identify opportunities for conference presentations	CPH	Number of presentations and publications.	Impact of presentations and publications.	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		and peer-reviewed publication where appropriate.				
Planning and advising on public health programmes	Population health interventions are based on best available evidence and advice	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.	CPH, P&F WCDHB and WCPHO, SIPHP	Number of reports.	Accessibility of reports. Formal/informal feedback	Planning advice/reports
		Contribute to national, regional and local public health infrastructure and supports, including Public Health Association, Health Promotion Forum, SIPHP, National Public Health Clinical Network, National HPS Group, New Zealand College of Public Health Medicine, Healthy West Coast Workstream, Promoters Advocating Sexual Health in Aotearoa NZ, West Coast Tobacco	CPH	Extent of contribution.	Impact of contribution.	

	Short Term Outcomes (the results that we're working towards)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)	**Key performance measures**		
				Quantity	**Quality**	**Short Term Outcome Indicators** (how we'll monitor progress towards the results)
		Free Coalition, Active West Coast, WCDHB Child & Youth Health Workstream and West Coast Immunisation Advisory Group, WCDHB Suicide Prevention Governance and Action Groups.				
Quality management	A continuous improvement culture and robust quality systems for all public health work	Review and deliver the quality improvement plan including: policy and procedure maintenance, on-call documents available and accessible electronically and off-site, internal audit plan and schedule progressed, and provision of information, training and support to staff.	CPH	Progress against plan, e.g. review of policies and procedures and internal audits		Quality improvement plan and reports Accreditation results
		Maintain CFS work plan. Complete all remaining CFS team and folder migrations	CPH	Number of CFS migrations	Internal audits completed as per audit schedule. CFS structure aligns with agreed work plan	
		Complete CFS team audits	CPH	Number of CFS folder audits	CFS audit improvements identified and implemented	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Present annual quality report to CPH DLT.	CPH	1 report annually	Progress against improvements and recommendation log.	
		Applications of Health Excellence for CPH	CPH		Health Excellence criteria self-assessed for CPH	
		Contribute to the WCDHB organisation-wide quality programme and Quality Accounts.	CPH	At least one contribution annually to WCDHB Quality Accounts	Progress towards quality programme.	
		Maintain IANZ accreditation of drinking water unit and plan to ensure sufficient accredited Drinking Water Assessors at all times.	CPH/SIDWAU	Number of accredited Drinking Water Assessors. One assessment annually.	Accreditation maintained. Quality Management System continuously improved	
		IANZ issued Corrective Action Requests (CARs) responded to within allocated timeframes	CPH, SIDWAU	CARs closed on time	Monthly unit admin meetings review progress of CAR log.	
	Effective regional delivery of public health core functions	Contribute as required to management and work groups as per SIPHP *Plan* 2015-18: -SI Alcohol workgroup -SI Smokefree 2025 network	CPH		Partnership evaluation. Progress against plan. Quality framework assessed for a potential common model for public health services	Reports of SIPHP

5. HEALTH PROMOTION

"enabling people to increase control over and improve their health"

a. Strategies

- Developing public and private sector **policies** beyond the health sector that will improve health, improve Māori health and reduce disparities.
- Creating physical, social and cultural **environments** supportive of health.
- Strengthening **communities' capacity** to address health issues of importance to them, and to mutually support their members in improving their health.
- Supporting **people to develop skills** that enable them to make healthy life choices and manage minor and chronic conditions for themselves and their families.
- Working in **partnership with other parts of the health sector** to support health promotion, prevention of disease, disability, injury, and rational use of health resources

b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)	**Key performance measures**		
				Quantity	**Quality**	**Short Term Outcome Indicators** (how we'll monitor progress towards the results)
Building Healthy Policy	Increased numbers of sustainable policies and practices that support health and wellbeing, improve Māori health, and reduce disparities	Develop and make available resources to support health impact assessment (HIA) and a "health in all policies" (HiAP) approach.	CPH (Policy)	Record of contributions.	Impact of contributions	New and reviewed strategies, plans and policies reflect health priorities
		Support health and non-health sector staff with appropriate tools and customised advice to	CPH (Policy)	Record of contributions.	Impact of contributions	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		support a HiAP approach, e.g. Te Pae Mahutonga, Health Promotion and Sustainability Through Environmental Design, Broadly Speaking training etc. Ensure these tools are available to all partner agencies and support their implementation.				
		Support settings (workplaces, sports clubs, schools) to develop policies which support health.	CPH	Training opportunities and participation.	Formal/informal feedback	
		Engage with and co-ordinate efforts of key external agencies, including local iwi, to identify and support HiAP opportunities, including relevant MoE initiatives, housing, community resilience and wellbeing in response to job losses.	CPH	Record of contributions.	Formal/informal feedback	
		Develop joint work plans with a range of stakeholders including:	CPH, WCDHB, WCPHO, Poutini Waiora	Measures as specified in nominated work plans	Formal/informal feedback, including evaluation of joint work	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		-Healthy West Coast Work plan -West Coast Tobacco free coalition work plan -WCDHB Māori Smoking Cessation work plan -WCDHB Youth Health Plan -WCDHB Suicide Prevention Plan			plans.	
		Support and coordinate development of WCDHB and regional position statements and submissions on public health issues.	CPH, SIPHP	Number of position statements and submissions	Impact of position statements and submissions	
Built Environments	Built environments promote health, and support healthy choices and behaviours	Encourage the development of well-designed built environments (including transport networks and public spaces) that are universally accessible and promote health.	CPH	Number of submissions	Impact of submissions	Evidence of public health contribution in key decisions
		Submissions on the four Councils' Long Term and Annual plans.	CPH		Number of recommendations Implemented into plans.	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
Creating supportive environments	Settings that support healthy choices and behaviours	Assist organisations and communities interested in gardening and growing food to achieve their goals.	CPH	Number supported Progress towards gardens noted.		Number and type of settings that embed a systems approach to improving health
		Advocate for environments that support active transport, play and community connectedness.	CPH	Number of submissions/workshops	Number of positive outcomes recorded.	
Education settings	ECECs, schools and tertiary settings that support healthy choices and behaviours	Develop and support HPS initiatives reflecting national strategic direction and guided by the service specification.	CPH, WCDHB PHNs	Number of schools engaged and with action plans developed.	Schools fully engaged to implement their action plan. Action plans conform to HPS specifications.	Education settings evaluation reports
		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	CPH	Number of schools engaged in the stages of HPS inquiry Number of completed evaluations using the template set out in the National HPS framework.	Information entered into National HPS Database as required.	
		Work with young people	CPH	Electronic and hard copy		

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		to encourage healthy choices e.g. Smokefree, alternatives to alcohol.		distribution of HPS magazine. Record of presentations.		
		Continue to utilise the Good Memories No Regrets campaign, raising awareness of safe sex and safe drinking.	CPH		Outcomes entered into Healthscape.	
Workplaces	Workplaces that support healthy choices and behaviours	Work with priority workplaces to develop health promoting workplaces.	CPH	Number of workplaces engaged.	Outcomes of workplaces initiatives.	Workplace initiatives and evaluation reports
		Work with workplaces to encourage smoking cessation among staff.	CPH and WCPHO	Number of referrals. Number of quit attempts.		
Marae and Other Māori Settings	Marae and other Māori settings that support healthy choices and behaviours	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.	CPH, WCPHO and Poutini Waiora	Number of Māori settings worked with. Record of initiatives	Evaluation findings	Marae other Māori settings' initiatives and evaluation reports
Other community settings	Other community settings that support healthy choices and	Work with event organisers and other community groups to develop health promoting	CPH, WCDHB, WCPHO and Poutini Waiora	Number of events supported	Evaluation findings.	Setting initiatives and evaluation reports

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
	behaviours	settings e.g. Waitangi Day, Relay for Life, Waka Ama Festival, Kapa Haka festival.				
		Support active transport through advocacy and membership on West Coast Road Safety Committee.	CPH, WCDHB	Meetings attended and opportunities of change recorded.		
		Identify ways of working with ECECs to promote health and wellbeing.	CPH, WCDHB and WCPHO	Number of initiatives recorded	Evaluation findings	
Community action	Effective community action initiatives	Support communities to address priority issues, including community engagement initiatives and development of sound health promotion projects, e.g. community resilience and wellbeing in response to job losses, supporting delivery of the Prime Minister's Youth Mental Health initiative, WCDHB Suicide Prevention Plan.	CPH, WCDHB and WCPHO	Record of new networks established or linked into. Number of initiatives supported and evaluated. Number of groups engaged.	Evaluation findings.	Changes achieved by community partnerships

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Encourage community members to participate in submission-making process including submissions on Alcohol Licence applications.	CPH	Number of submissions made.		
		Support the Putahitanga – funded Te Ha o Kawatiri project in the Buller District.	CPH		Evaluation of CPH input and support of project	
Develop personal skills	People with skills to enable healthy choices and behaviours Communities aware of health issues and healthy choices and behaviours	Enable the delivery of integrated smoking cessation services on the West Coast.	CPH, WCDHB, WCPHO and Poutini Waiora		Evaluation findings.	Smoking quit rates Evaluation of other initiatives
		Develop and deliver other lifestyle intervention support (e.g. Appetite for Life, Green Prescription, fall prevention programmes, breastfeeding support, cooking programmes).	CPH, WCDHB, WCPHO and Poutini Waiora	Numbers of interventions made and evaluated. Number of participants Community linkages engaged with – e.g. Homebuilders, Salvation Army.	Evaluation findings	

	Short Term Outcomes (the results that we're working towards)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)	**Key performance measures**		
				Quantity	**Quality**	**Short Term Outcome Indicators** (how we'll monitor progress towards the results)
		Support mental wellbeing initiatives. Support delivery of the Prime Minister's Youth Mental Health initiative and WCDHB Suicide Prevention Plan.	CPH, WCPHO (Primary Mental Health Team) and other WCDHB Teams/Services (e.g. Mental Health)		Level of access to services Awareness of Five Ways to Wellbeing	
		Deliver sexual health resources to priority groups and identify and facilitate training where appropriate.	CPH, Family Planning, WCDHB	Number of training sessions delivered	Formal/informal feedback	
		Develop and implement CPH public health communications strategies.	CPH	Progress against strategies		Communications Plan, record of campaigns and information delivered
		Deliver/support relevant and timely public health information and campaigns (including World Smokefree Day, Mental Health Awareness Week, National Heart Week, White Ribbon Day, the 'It's Not OK' campaign, Matariki, Waitangi Day and Ask a Professional columns in the	CPH, WCDHB, WCPHO and Poutini Waiora	Number and type of messaging	Evaluation of reach and impact of individual campaigns	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Messenger).				
Reorient health service	Preventative and population approaches support healthy choices and behaviours in healthcare settings	Maintain ABC coverage in primary and secondary care including quit card, hospital cessation service and Coast Quit.	WCDHB, WCPHO	Sustained quit attempt rates MoH targets met.		ABC coverage in primary and secondary care. Healthcare initiatives and evaluation reports
		Work with hospital and community healthcare providers to develop health promoting settings (e.g. promoting active transport, Smokefree, and West Coast Health System Healthy Food and Beverage Policy).	CPH, WCPHO,WCDHB and Poutini Waiora	Number of initiatives supported recorded and evaluated. New West Coast Health System Healthy Food and Beverage policy is fully implemented by end 2016.	Evaluation findings	
		SI: Promote a population health approach to tackling obesity with other parts of our DHB and via SI Service Level Alliances and workstreams.	CPH, WCPHO, WCDHB and Poutini Waiora	Record of progress		
		Develop WCDHB Alcohol Harm Reduction Strategy.	WCDHB, WCPHO and CPH	Alcohol Harm Reduction Strategy in place by end of 2016.		

	Short Term Outcomes (the results that we're working towards)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)	**Key performance measures**		
				Quantity	**Quality**	**Short Term Outcome Indicators** (how we'll monitor progress towards the results)
		Top three physical activity and nutrition priorities : -Work in partnership with stakeholders to improve and support opportunities for physical activity -Create supportive environments in ECEC and school communities -Deliver community nutrition & cooking programmes with vulnerable/high needs groups	CPH	Record of activity and outcomes Record of activity/progress Number of programmes and participants	Formal and informal feedback Formal and informal feedback Formal and informal feedback	

6. HEALTH PROTECTION

"protecting communities against public health hazards"

a. Strategies

- Developing and reviewing public health laws and regulations[3].
- Supporting, monitoring and enforcing compliance with legislation.
- Identifying, assessing, and reducing communicable disease risks, including management of people with communicable diseases and their contacts.
- Identifying, assessing and reducing environmental health risks, including biosecurity, air, food and water quality, sewage and waste disposal, and hazardous substances.
- Preparing for and responding to public health emergencies, including natural disasters, hazardous substances emergencies, bioterrorism, disease outbreaks and pandemics.

b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)	**Key performance measures**		
				Quantity	**Quality**	**Short Term Outcome Indicators** (how we'll monitor progress towards the results)
Communicable disease control	Reduced incidence of notifiable diseases Reduced incidence of influenza	Investigate cases and contacts as per protocols and Communicable Disease Control Manual 2012, including timely identification and investigation of notifiable diseases and outbreaks.	CPH, WCDHB (PHNs, RNSs and Infection Control Service)	Disease rates (as compared with previous years).		Notifiable diseases and influenza rates and trends Outbreak rates and trends

[3] Public health legislation covers a wide variety of issues, including communicable disease control, border health protection, food quality and safety, occupational health, air and drinking water quality, sewerage, drainage, waste disposal, hazardous substances control, control of alcohol, tobacco and other drugs, injury prevention, health information, screening programmes, and control of medicines, vaccines and health practitioners.

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Quality data entry in EpiSurv in a timely manner.	CPH	Statistics as outlined in the ESR Annual Data Quality Report and Annual Outbreak Report.	Data quality as outlined in the ESR Annual Data Quality Report.	
		Carry out internal audits of selected cases for adherence to protocols.	CPH	1 audit		
		Investigate outbreaks as outlined in the Outbreak Response Procedure and ESR guidelines.	CPH, WCDHB (PHNs, RNSs and Infection Control Service)	Progress against Outbreak Debrief Report action points.	Outbreaks controlled	
		Provide public information and advice, aimed at reducing incidence of communicable disease, including promoting immunisation, hand hygiene and condom distribution.	CPH, WCDHB Infection Control Committee, WCDHB Immunisation Advisory Group	Number of media releases and promotional opportunities undertaken.		
		Work with priority settings and communities to increase immunisation and improve infection control.	CPH	Records of (intra-WCDHB and interagency) meetings attended/settings worked with.	Impact of contribution as evidenced by meeting minutes.	
		Provide vaccinator and programme authorisations as per Medicines	CPH	Documented numbers of authorised vaccinator & programme applications		

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Regulations		and approvals.		
		Continue to implement of SI Rheumatic Fever Prevention Plan (reported through SIPHP).	SIPHP	Progress against Plan		
		Maintain the rheumatic fever register. Undertake six-monthly reviews of prophylaxis compliance in primary care.	CPH	Six-monthly review carried out and data provided to South Island Alliance and MoH.		
Drinking water quality	Optimised adequacy, safety and quality of drinking water on West Coast	Support local authorities to maintain catchment protection	CPH/SIDWAU	Record of interactions with suppliers concerning their legislative obligations (in SIDWAU filing system).		Numbers of supplies with approved and implemented Water Safety Plans
	Prevention of spread of disease to the public through reticulated water supplies	Review and prioritise all community supplies and work with prioritised communities and TAs and regional bodies to improve water quality.	CPH	Record of interactions with suppliers concerning their legislative obligations		
		Carry out functions and duties of a Drinking Water Assessor (DWA) as defined under the Health Act.	CPH		DWA activities completed within legislative time frames	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Undertake Annual Survey.	CPH		Annual survey data delivered by required date.	
		Carry out public health grading of drinking water supplies on request.	CPH		Gradings completed and entered on WINZ	
		Undertake water carrier registration where required.	CPH	Record of registration		
		Respond to transgressions and suspected water-borne disease outbreaks and cases.	CPH	Record of responses and outcomes		
Sewage	Reduced incidence and impact of environmental hazards from the treatment and disposal of sewage	Work with councils to promote and ensure safe sewage disposal, including making submissions on regional plans and policies, district plans and policies, resource consents.	CPH	Record of external meetings attended and agreed actions.		Sewage-related outbreaks Environmental contamination events
		Work with councils to manage risks of unplanned contamination events.	CPH	Record of contribution.		
		Liaise with councils to provide public advice on safe sewage disposal,	CPH	Record of contribution.		

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		sewage overflows, and waterways contamination.				
Recreational water	Reduced incidence and impact of environmental hazards associated with recreational water	Agree recreational water protocols with councils annually and monitor implementation.	CPH		Agreed protocol in place	Waterborne disease outbreaks Beach and river water monitoring results
		Work with councils to provide public information and advice, including health warnings and media releases.	CPH	Number of media releases produced in relation to RW including micro quality and algal bloom events.		
		Promote NZS5862 to Councils and pool managers to maintain or improve pool water quality during any investigations	CPH	Record of information on NZS5862 provided during investigations		
Housing	Less disease caused by inadequate housing	Work with national, local and community organisations to ensure warm and dry housing, especially for vulnerable groups (including identification and referral of vulnerable households).	CPH, WCDHB P&F and WCPHO		Actions and/or outcomes from key housing stakeholder meetings/interactions reflect public health input.	Housing quality improvements

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		(also see Air Quality, under Resource Management)				
Resource management	Public health issues are identified and addressed in decisions made on the sustainable management of natural and physical resources and social environments	Submit on local government policies and plans including policy statements, regional plans, district plans, long term plans, sanitary works infrastructure planning and resource consent applications to ensure public health aspects are considered.	CPH	Number of applications assessed (scoped) Number of submissions made. Number of hearings where submissions/evidence presented.	All submissions are peer-reviewed and follow CPH submission procedure	Evaluation of council decisions, implementation and enforcement. Air quality monitoring results
		Work with stakeholders to identify and address potential health issues	CPH	Record of external meetings attended and agreed actions. Record of formal advice given.		
Hazardous substances	Public protected from exposure to hazardous substances	Work with councils and other agencies to reduce public exposure to hazardous substances, including responding to hazardous substance emergencies and complaints. Encourage the development of a West	CPH	Progress towards development of HSCC Record of external (including HSCC) meetings attended and agreed actions. Record of formal advice given.		Reports of public exposure

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Coast Hazardous Substances Co-ordination Committee (HSCC)				
		Conduct investigations where required, including entry into Hazardous Substances Disease and Injury Reporting Tool (HSDIRT) and response to HSDIRT notifications.	CPH	Number of investigations.	Outcome of investigations.	
		Provide public information and advice.	CPH	Record of advice given, including website utilisation.		
		Process applications for application of VTAs under HSNO legislation.	CPH	Number of VTA applications processed.		
		Conduct field audits of VTA activity where appropriate.	CPH	Number of audits.	Outcome of audits	
Early childhood education centres	Reduced incidence and impact of health issues in ECECs	Visit, assess for pre-licensing and provide advice to ECECs.	CPH	Number of ECECs assessed in terms of meeting requirements of ECC 1998/2008 Regulations.		Compliance with ECC Regulations, including infection control and lead exposure
		Work with councils to ensure appropriate placement of new ECECs.	CPH	Number of meetings held with MoE and TAs.		

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
Emergency preparedness	WC districts prepared for emergencies impacting on public health	Review and maintain emergency plans.	CPH, WCDHB, WCPHO		Emergency plans are current.	Effective emergency responses as required
		Participate in emergency responses on an as-needed basis.	CPH		Debrief reports	
		Deliver MoH Emergency Management training to new staff and refresher training to established personnel (e.g. CIMS in Health, Health EMIS).	CPH	Record of training.	Evaluation of training	
		Participate in Public Health exercise with Public Health South and Nelson Marlborough Public Health Service, and the National Exercise Shakeout at a local group and district level.	CPH		Performance against exercise performance measures.	
		Complete CPH West Coast Business Continuity Plan and share with other PHUs.	CPH	Progress towards plan completion, implementation.	Feedback from other PHUs	
Sustainability	Greater understanding of and action on	Raise awareness regarding sustainability and climate	CPH, SIPHP Sustainability Workgroup		Evidence of activity to improve understanding of	Evidence of increased awareness and

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
	sustainability	disruption, including both adaptation and mitigation strategies.			sustainability and to promote sustainable practices	development of sustainable approaches within our DHBs and partner organisations.
		Submissions to Councils where appropriate.	CPH	Number of submissions.	Formal feedback received and recorded.	
Tobacco	Reduced tobacco sales, especially to minors Reduced exposure to second-hand smoke	Respond to public complaints.	CPH	Number of complaints	Complaints responded to within 5 days.	Retailer display compliance at inspection. Retailer compliance during CPOs. Number and nature of workplace complaints.
		Complete education visit/compliance check prior to CPO/complaint.	CPH	Number of visits/checks	% of retailers inspected.	
		Conduct CPOs.	CPH	Minimum of three CPOs conducted.	CPO compliance.	
		Provide public and retailer information and advice.	CPH	Record of advice, information given.		
Alcohol	Less alcohol-related harm	Support and continuously improve ED alcohol data collection system.	WCDHB, CPH	ED data reports available six-monthly	WCDHB has staff training in place to improve data quality	ED presentations Police data (violence, road traffic crashes) Retailer compliance during CPOs
		Monitor licensed	CPH	Number of licensed		

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		premises.		premises monitored.		
		Inquire into all on- , off-, club, and special licence applications and provide Medical Officer of Health reports to DLC where necessary.	CPH	Number of licence applications processed	Percentage processed within 15 working days.	
		Conduct CPOs.	CPH	Minimum of 5 CPOs conducted. Number of premises visited during CPO.	CPO compliance.	
		Contribute to training of Duty Managers	CPH	Record of contribution. Training courses held six-weekly		
		Work with Police and DLC to support community alcohol initiatives, e.g. alcohol accords.	CPH	Record of meetings attended and agreed actions.		
		Support councils' implementation of Local Alcohol Policies (LAPs).	CPH		Health impacts of LAPs.	
		Work with event organisers, e.g. for Wildfoods Festival, to encourage development of Event Management	CPH	Record of meetings, number of plans in place.		

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Plans.				
		Work with SIPHP to facilitate the development of DHB Alcohol Harm Reduction Strategies with associated outcomes frameworks and indicators.	CPH, SIPHP (Alcohol Workstream)	Progress against work plan.		
Other psychoactive substances	Improved compliance with Psychoactive Substances Act 2013	Work with Police and other agencies including CPH Canterbury staff to undertake regulatory activities in line with the Psychoactive Substances Act 2013 and Regulations.	CPH	Number of licensed retail premises assessed for compliance. Number of premises visited during CPOs.	CPO compliance	Retailer compliance during CPOs
Other	Public protected from other health hazards	Undertake other regulatory health protection work using a risk-based approach.	CPH	All regulatory health protection work documented in Healthscape	All regulatory health protection work carried out in accordance with Environmental Health Protection Manual	Evidence of harm to public

7. PREVENTIVE INTERVENTIONS

"population programmes delivered to individuals"

a. Strategies

- Developing, implementing and managing **primary prevention programmes** (targeting whole populations or groups of well people at risk of disease: e.g. immunisation programmes).
- Developing, implementing and managing population-based **secondary prevention programmes** (screening and early detection of disease: e.g. cancer screening).

b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	**Activities** (what we'll do to get the result)	**Responsibilities** (who will do it and when)	**Key performance measures**		
				Quantity	**Quality**	**Short Term Outcome Indicators** (how we'll monitor progress towards the results)
Immunisation	Increased immunisation coverage, especially for priority groups	Immunisation coordination - work strategically to improve immunisation coverage especially for tamariki and rangatahi.	CPH, WCDHB (P&F, PHNs, RNSs, WCDHB Immunisation Advisory Group) and WCPHO		Record of initiatives. Formal/informal feedback.	Immunisation rates
		Immunisation promotion e.g. Pertussis vaccination among frontline healthcare workers, immunisation within ECECs and schools.	CPH, WCDHB (Communications Team, PHNs and Outreach Co-ordinator), WCDHB Immunisation Advisory Group and WCPHO	Record of promotion initiatives	Record of outcomes	

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Immunisation delivery.	WCPHO, WCDHB (Outreach Co-ordinator, PHNs, RNSs)	Record of delivery initiatives and outcomes.	Record of outcomes	
Lifestyle interventions	Systematic identification of and response to risk factors	Work with the Maternity Quality and Safety Programme to enhance coverage and effectiveness of Smokefree ABC interventions with pregnant women who smoke.	WCDHB,WCPHO,CPH	Record of progress		Completeness of practice and hospital information on smoking, alcohol intake, and physical activity
		Continue to implement the ABC Smoking Cessation Strategy in primary care and the community.	WCDHB,WCPHO,CPH	Number of practices provided with ABC training.		
		Meet the smokefree health target.	WCPHO,WCDHB	Health Target Quarterly Report		
		Meet IPIF smoking targets, including smoking status documentation and delivery of brief advice and cessation support to smokers.	WCPHO,WCDHB	IPIF Quarterly Reports.		

	Short Term Outcomes (the results that we're working towards)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)	Key performance measures		
				Quantity	Quality	Short Term Outcome Indicators (how we'll monitor progress towards the results)
		Deliver Coast Quit smoking cessation initiatives.	WCPHO	Quarterly report to WCDHB Smokefree manager, including enrolments in cessation programmes.		
Screening and early detection	Early detection of cancer	Participate in Cervical Screening Strategic and Working Groups to develop regional strategies to increase uptake.	WCPHO, WCDHB, Poutini Waiora and CPH	Record of strategies	Record of outcomes	Coverage rates for cervical and breast cancer screening
		Maintain current levels of uptake of breast screening through a planned approach.	WCPHO, WCDHB, Poutini Waiora and CPH	Record of strategies	Record of outcomes	
	Early detection of diabetes and cardiovascular disease	Promote CVD risk assessments and diabetes screening in primary care settings and the community to increase uptake.	WCPHO,WCDHB	Quarterly report on utilisation. Numbers, age group, ethnicity and conditions identified.		Coverage of diabetes and CVD screening programmes

8. GLOSSARY/DEFINITIONS

ABC – Ask; Brief Advice; Cessation support. A memory aid approach to smoking cessation for health practitioners.

ASH – Action on Smoking and Health – A charity working to eliminate death and disease caused by tobacco.

CAR - Corrective Action Request

CIMS – Coordinated Incident Management System – The managed response to incidents within New Zealand amongst multiple agencies.

CFS - Common File Structure

CPH – Community and Public Health

CPHAC – Community and Public Health Advisory Committee

CPO – Controlled Purchase Operation

CVD – Cardiovascular Disease

DLC – District Licensing Committee

DLT – Divisional Leadership Team

DSAC – Disability Support Advisory Committee

DWA - Drinking Water Assessment

DWS – Drinking Water Standards

ECC – Early Childcare Centre

ECEC – Early Childhood Education Centre

ED – Emergency Department

EpiSurv – National notifiable disease surveillance database.

ESR – Environmental Science and Research

GIS – Geographical Information Systems

GP – General Practitioner

GM – General Manager

Health EMIS – Emergency Management Information System

Healthscape – The CPH database which records information about CPH activities, and relationships with other organisations.

Healthy West Coast Governance Group – a tripartite alliance of CPH, the WCDHB and WCPHO for joint planning and delivery of health promotion.

HIA – Health Impact Assessment – A systematic procedure to judge what potential (and sometimes unintended) effects a policy, plan, programme or project will have on a population and how those effects will be spread across that population.

HiAP – Health in All Policies

HIIRC – Health Improvement and Innovation Resource Centre. An online resource providing health information.

HPS – Health Promoting Schools

HSDIRT - Hazardous Substances Disease and Injury Reporting Tool

HSCC - Hazardous Substances Co-ordination Committee

HSNO – Hazardous Substances and New Organisms

IANZ – International Accreditation New Zealand

IPIF – Integrated Performance Incentive Framework

LAP – Local Alcohol Policy

MoE – Ministry of Education

MoH – Ministry of Health

NGO – Non-government Organisation

NIR – National Immunisation Register

NZDep2013 – New Zealand Deprivation Index (2013)

PHI – Public Health Information

PHN – Public Health Nurse

PHO – Primary Health Organisation

P&F – Planning and Funding

Pratique – The license given to a ship to enter a port which states that it is free from contagious disease.

Primary Care – Primary care is the level of a health services system that provides entry into the system for all new needs and problems, provides person-focused (not disease-oriented) care over time, provides care for all but very uncommon or unusual conditions, and coordinates or integrates care, regardless of where the care is delivered and who provides it. General practice and PHOs are a main stay of primary care, but not exclusively so as it also involves services such as midwifery, pharmacy, services that support positive behaviour change such as smoking cessation support programme, green prescription and so on and other roles that provide navigation, coordination, and education roles in community settings.

Quality Accounts – Reports provided by health providers on the quality of their services, presented in a similar way to financial accounts showing how an organisation has used its money.

RMA – Resource Management Act

RNS – Rural Nurse Specialist

RW – Recreational Water

SI – South Island

SIDWAU – South Island Drinking Water Assessment Unit

SIPHP - South Island Public Health Partnership

SIPHAN – South Island Public Health Analysis Network

Te Pae Mahutonga – A model for Māori Health Promotion. Te Pae Mahutonga is the Māori name given to the constellation of the Southern Cross: four stars with two stars as pointers.

TA – Territorial Authority

VTA – Vertebrate Toxic Agent

WC – West Coast

WCPHO – West Coast Public Health Organisation

WINZ – Water Information for New Zealand drinking water database

WCDHB – West Coast District Health Board

9. APPENDIX

West Coast Prevention/Early Detection and Intervention Targets 2016-2017

	Community		Primary Care		Secondary Care	
Tobacco						
Goal Increase the number of successful quit attempts and reduce smoking prevalence amongst the West Coast population. *To reduce the major risk factor of long-term conditions and inequalities in health outcomes, particularly for Māori and Pacific people, who have disproportionately higher smoking rates.*	Three CPOs carried out and appropriate enforcement action taken as necessary.	**CPH**	90% of PHO enrolled patients who smoke will be provided with advice and help to quit.	**WCPHO** **WCDHB**	95% of hospitalised smokers will be provided with advice and help to quit.	**WCPHO** **WCDHB**
	Increase in the number of Year 10 students who have never smoked (base 67%).	**CPH**	4 ABC training sessions are delivered in primary care.	**WCPHO** **WCDHB**	90% of women who identify as smokers at the time of registration with a midwife are provided with advice and support to quit.	**WCPHO** **WCDHB** **CPH**
		CPH	>500 people enrol with the Coast Quit smoking cessation programme	**WCPHO**		
Alcohol						
Goal Reduce the harm caused by alcohol. *To reduce a major risk factor of harm and long term conditions*	≥3 monitoring visits per year to high-risk premises	**CPH**				
	95% of duty managers trained complete the Host Responsibility course.	**CPH**				

	Community		Primary Care		Secondary Care	
	A West Coast DHB Alcohol Harm Reduction Strategy is developed.					**WCDHB** **WCPHO** **CPH**
Nutrition and Physical Activity						
Goal Empower people and communities to take positive action to improve health & wellbeing. *To support healthy eating and physical activity and reduce the risk factors of long-term conditions.*	≥5 community nutrition courses delivered	**CPH**	≥500 Green Prescription referrals (base 478) 75% of infants are fully or exclusively breastfed at 6 weeks. 65% of infants are receiving breast milk at 6 months. ≥100 lactation support and specialist advice consults in the community.	**WCPHO** **WCPHO** **WCDHB** **WCPHO**	95% of mothers are breastfeeding on hospital discharge.	**WCDHB**
Immunisation and Vaccine-Preventable Disease						
Government expectation 95% of 8 months olds will have their primary course of immunisation (6 weeks, 3 months and 5 months immunisation events) on time. **Goal** Decreased number of cases of vaccine-preventable diseases in the community.	Provide public information and advice, including promoting immunisation and hand hygiene.	**CPH**	95% of all West Coast children fully immunised at eight months.	**WCPHO** **WCDHB**	Identify immunisation status of children presenting at hospital and refer for immunisation if not up to date.	**WCDHB**
	Work with priority settings and communities to increase immunisation and improve infection control	**CPH**	95% of all West Coast children fully immunised at 2 years of age.	**WCPHO** **WCDHB**		
	All cases and contacts of vaccine preventable disease investigated per protocols All outbreaks of vaccine preventable disease investigated and control measures instituted as outlined in the Outbreak Response Procedure and ESR Guidelines.	**CPH** **CPH**	98% of newborns are enrolled with a PHO, GP and Well Child Tamariki Ora provider by 3 months of age.	**WCPHO** **WCDHB**		

AGENDA – PUBLIC

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

WEST COAST DISTRICT HEALTH BOARD MEETING
to be held at St John, Waterwalk Road, Greymouth
on Friday 12 February 2016 commencing at 10.15am

KARAKIA			
ADMINISTRATION			***10.15am***
	Apologies		
1.	**Interest Register**		
2.	**Confirmation of the Minutes of the Previous Meetings** • *11 December 2015*		
3.	**Carried Forward/Action List Items**		
REPORTS			***10.20am***
4.	**Chair's Update** **(Verbal Update)**	Peter Ballantyne *Chairman*	*10.20am – 10.30am*
5.	**Chief Executive's Update**	David Meates *Chief Executive*	*10.30am – 10.45am*
6.	**Clinical Leader's Update**	Karyn Bousfield *Director of Nursing & Midwifery* Stella Ward *Executive Director, Allied Health*	*10.45am – 10.55am*
7.	**Wellbeing, Health & Safety Update**	Michael Frampton *Programme Director*	*10.55am – 11.05pm*
8.	**Finance Report**	Justine White *General Manager, Finance*	*11.05pm – 11.15pm*
9.	**Clinical Board Presentation**	Stella Ward *Executive Director, Allied Health*	*11.15am – 11.35am*
10.	**Reports from Committee Meetings**		
	- CPH&DSAC *28 January 2016*	Elinor Stratford *Chair, CPH&DSA Committee*	*11.35am – 11.45am*
	- Hospital Advisory Committee *28 January 2016*	Sharon Pugh *Chair, Hospital Advisory Committee*	*11.45am – 11.55am*
11.	**Resolution to Exclude the Public**	*Board Secretariat*	*11.55am*

INFORMATION ITEMS

- 2016 Meeting Schedule

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ESTIMATED FINISH TIME ***11.55am***

NEXT MEETING

Friday 1 April 2016

COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE 28 JANUARY 2016

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

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

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

DATE: **12 February 2016**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as an interim update on the Community & Public Health & Disability Support Advisory Committee (CPH&DSAC) meeting of 28 January 2016.

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 – 28 January 2016.

3. SUMMARY

ITEMS OF INTEREST FOR THE BOARD

a) COMMUNITY AND PUBLIC HEALTH UPDATE

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

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.

In 2015 nine local schools were successful in their application to Ministry of Education'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.

Community Nutrition
Community & Public Health have recently met with some key contacts in Westport and will be running an Appetite for Life course commencing in February.

They have also been continuing work with Early Childhood Centres to support the development of healthy kai policies. They recently visited "Kids First", in Franz Josef. This was a valuable visit, with six parents and one teacher attending the healthy eating workshop.

Ministry of Health 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 Kaipaipa service will no longer be funded past 30 June 2016. Community & Public Health 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. West Coast DHB 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
A presentation has been developed by Community & Public Health 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.

Community & Public Health 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 Community & Public Health 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 Community & Public Health 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.

The report was noted.

b) PLANNING & FUNDING UPDATE

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

Key Achievements

- The West Coast 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.

The Committee discussed the low figures provided for the B4 School checks and were advised that management are currently looking at ways to make this a more robust service.

Discussion took place regarding Well Child checks and further information regarding this will be provided at the next meeting.

Concern was expressed regarding the wait times for Mental Health for 0 – 19 years and Management undertook to provide some further information around this.

The report was noted.

c) ALLIANCE UPDATE

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

Alliance Leadership Team

The Alliance Leadership Team met during November to begin discussions about focus areas for 2016/17 Annual Planning. 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 work streams. First drafts of work stream plans for the 16/17 year will be reviewed by the ALT in late January 2016

Health of Older Persons

- To identify how Coast wound care expertise is shared and areas for improvement, wound care process mapping sessions with Aged Residential Care, Home Based Support 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 co-ordinated 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 West Coast DHB 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 for 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.

The report was noted.

d) GENERAL BUSINESS

The Chair informed the Committee that the Disability Information Advisory Services (DIAS) review has commenced and will be undertaken by Sapere. This review will now also include the review of Needs Assessment & Services Coordination (NASC) so the services can be looked at in a collaborative way.

e) PRESENTATIONS

In conjunction with the Hospital Advisory Committee, the Committee received 2 presentations. The first presented by Moya Beech-Harrison, General Manager, Poutini Waiora, on the Mana Tamariki Programme and the second from Wayne Turp, Planning & Funding in Canterbury around Child and Youth Health.

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

AGENDA

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

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		
Mana Tamariki Programme Presentation	Moya Beech-Harrison *General Manager, Poutini Waiora*	*10.00am - 10.30am*
Child & Youth Health Presentation	Wayne Turp *Project Specialist, Planning & Funding*	*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

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 Action 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 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.