West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING

Thursday 9 June 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

COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
To be held in the Board Room, Corporate Office, Greymouth Hospital
Thursday 9 June 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 April 2016

3. **Carried Forward/ Action Items**

REPORTS/PRESENTATIONS — 9.10am

4.	**Disability Action Plan – Proposed Amendment to Governance Structure**	Kathy O'Neill *Service Development Manager, Planning & Funding*	*9.10am – 9.20am*
5.	**Community and Public Health Update**	Claire Robertson *Team Leader, Community and Public Health*	*9.20am - 9.30am*
6.	**Healthy Food and Drink Policy**	Claire Robertson *Team Leader, Community and Public Health*	*9.30am – 9.40am*
7.	**Planning & Funding Update**	Philip Wheble *Team Leader, Planning & Funding*	*9.40am – 9.50am*
8.	**Alliance Update**	Philip Wheble *Team Leader, Planning & Funding*	*9.50am – 10.00am*
9.	**Health Target Quarter 3 Update**	Philip Wheble *Team Leader, Planning & Funding*	*10.00am – 10.10am*
10.	**Maori Health Plan Update**	Gary Coghlan *General Manager, Maori Health*	*10.10am – 10.20am*
11.	**General Business**	Elinor Stratford *Chair*	*10.20am – 10.30am*

ESTIMATED FINISH TIME — 10.30am

INFORMATION ITEMS

- **Board Agenda – 13 May 2016**
- **Chair's Report to last Board Meeting**
- **2016 Committee Work Plan (Working Document)**
- **C&PH 6 Monthly report to MoH (July – December 2015)**
- **West Coast DHB 2016 Meeting Schedule**

NEXT MEETING

Date of Next Meeting: Thursday 28 July 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 • Daughter employed as nurse for West Coast DHB • Member of West Coast DHB Consumer Council • Consumer Representative on WCDHB Falls Coalition Committee • Consumer Representative on WCDHB Stroke Coalition Committee
Cheryl Brunton	• 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 • St John Youth Leader • Employee - Damien O'Connor's Electorate Office • Te Ha Kawatiri – Coordinator • Chair, West Coast/Tasman Labour Electorate Committee
Jenny McGill	• Husband employed by West Coast DHB • 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 • Chief Executive, Ngai Tahu Seafood

MINUTES

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 April 2016 commencing at 9.00am

PRESENT

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

APOLOGIES

Apologies were received and accepted from Lynette Beirne and John Vaile

EXECUTIVE SUPPORT

Mark Newsome (General Manager, Grey/Westland); Philip Wheble (Team Leader, Planning & Funding); 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
Jenny McGill advised that "Member, Parents Centre" be removed from her interests.

Lynette Beirne had advised that "Contract for the Café and Catering at Tai Poutini" and "Partner in Chez Beirne" be removed from her interests.

Declarations of Interest for Items on Today's Agenda
There were no interests declared for items on today's agenda.

Perceived Conflicts of Interest
There were no perceived conflicts of interest.

2. MINUTES OF THE PREVIOUS MEETING

Resolution (5/16)
(Moved: Mary Molloy; Seconded: Joe Mason - carried)

"That the minutes of the meeting of the Community and Public Health and Disability Support Advisory Committee held on 10 March 2016 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION ITEMS

The Carried Forward/Action Items were noted.

4. COMMUNITY & PUBLIC HEALTH UPDATE

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

AgFest
A Community and Public Health staff member worked with West Coast PHO staff and other health professionals at the Men's Health Tent at AgFest. There was a very pleasing response from men to having a health check including blood pressure and blood sugar. There were also a large number of West Coast farmers who received a free influenza vaccination. Information and support was also available about smoking cessation and mental wellbeing.

Franz Josef Flood Event
Community and Public Health were involved in the emergency response to recent Franz Josef flooding event, with a particular focus on potential public health issues arising from damage to the sewage ponds and diesel storage. Staff were also involved in working with staff from West Coast Regional Council and Westland District Council to ensure these issues are addressed in the recovery phase. Community and Public Health staff also attended a debrief with other agencies involved in the event.

Council Annual Plan Submissions
Community and Public Health staff are currently working on submissions to three West Coast Council Draft Annual Plans, and have already made a submission on the Grey District Council's draft plan. Community and Public Health has also facilitated the Active West Coast submission for the Greymouth District Council.

Alcohol Licensing
Two weeks prior to the Hokitika Wildfoods Festival Community and Public Health staff met separately with the operators of both the Beer Tent and the Wine Tent and briefed them on their responsibilities in respect to the Sale and Supply of Alcohol Act 2012, also prior to the opening briefed staff at each of the four licensed stalls on their responsibilities under the Act. Joint monitoring of the alcohol sales from licensed stalls was conducted by Community and Public Health licensing staff, the Police and Westland's liquor licensing inspector, both during the evening.

Community and Public Health arranged a meeting with the West Coast Fire Service Safety Officer and secured his involvement in the assessment of all West Coast liquor licence applications to ensure that all premises had an up to date approved evacuation plan.

Kaumātua Wellbeing Hui
The recent kaumātua wellbeing project hui was focused on Dementia and Alzheimer's, as this was of particular interest to the kaumātua involved. Alzheimers NZ and the West Coast DHB both presented at the hui, with over 30 kaumātua present.

DHB Healthy Food and Drink Policy
The final draft of the nationally aligned DHB Healthy Food and Drink Policy has been developed through the national DHB food and beverage environments network. The policy has been informed by the NZ Eating and Activity Guidelines (2015), National Heart Foundation guidelines for healthy cafeteria food and the Health Star Rating for packaged goods. The final document will be the minimum expectations for DHBs to meet, then the West Coast DHB will need to develop a West Coast DHB specific policy that is required to go through the local endorsement process by 30 June 2016.

Health Promoting Schools
Community and Public Health coordinated the delivery of the 'Accelerating Equity' interactive workshop for schools and school partners at Grey High School this week. This is a follow on from the introductory workshop held in November 2015. Over 40 participants (including rangatahi) attended the workshop with representation from schools Coast-wide and school partners such as Homebuilders and Poutini Waiora. Schools were able to share the changes they had made since the previous workshop and this workshop enabled them to build on this and start

designing specific actions around how to reduce inequity they have identified in their school community.

Discussion took place regarding the recent announcement that the fluoridation of drinking water will pass to the District Health Boards. The legislation is currently being developed and will come through this Committee to the Board for approval

Community and Public Health continue to look at council long term plans and submit on targeted areas in their annual plans. They also continue to look at the West Coast Regional Council plan and provide submissions where required

The report was noted.

5. PLANNING & FUNDING UPDATE

Philip Wheble, Team Leader, Planning & Funding presented this update. The 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 continued to achieve impressive results with 98.9% of patients admitted, discharged or transferred from Grey Base ED within six hours during March 2016. An impressive 93.4% were seen within just four hours.
- West Coast DHB was 59 discharges ahead of our year-to-date February progress to target toward delivering 1,889 elective and arranged purchase unit code (PUC) discharges in the 2015/16 financial year.

Key Issues & Associated Remedies

- One orthopaedic and two respiratory patients are showing as non-compliant against the maximum 120 days' wait time target for First Specialist Assessment (ESPI 2) in February. The orthopaedic patient has been seen and both respiratory patients are booked in the next clinic. One general surgery and four orthopaedics patients are showing as non-compliant against their first specialist assessment to surgical treatment (ESPI 5) in February. The Orthopaedic patients have been seen. The general surgery patient had their operation cancelled as the surgeon was unable to land due to weather; they are now rebooked.
- B4 school check results show 52% of our total eligible population and 41% of our high deprivation population have received their B4 School Check against our 68% year-to-date target for March 2016. 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.
- 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.

Discussion took place regarding development and implementation of a service that will provide additional support after discharge from hospital and for those that require restorative care to allow the elderly in the community to live well.

The report was noted.

6. ALLIANCE UPDATE

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

The following information was provided on progress made around the West Coast Alliance:

Alliance Leadership Team (ALT)
The Alliance Leadership Team reviewed the workplan for expanding the use of Telehealth across the West Coast and the accompanying reports demonstrating the percentage of patients having appointments via telehealth. The ALT noted the amount of work needed to get to this point.

The ALT reviewed the final drafts of the workstream workplans for 2016/17 Annual Planning. It was noted that the plans are very full and a there was a note of caution that the workstream be realistic in their expectations of themselves.

The ALT noted that nutrition and physical activity services are at risk due to reduced revenue from the Ministry of Health. The ALT are concerned about this risk in the context of the both National strategies and the South Island Alliance plans. Planning & Funding and the Alliance Support Group (ASG) have been tasked to look at how we can move resources within the health system to address this issue.

Health of Older Persons
- The CCCN has appointed a Falls Champion to deliver the falls programme in people's homes coast wide.

Grey/Westland & Buller Family Health Services (IFHS)
- A telehealth distance mapping report has been completed and the Alliance Leadership Team has provided feedback. The report will be provided monthly to support discussion about opportunities to use telehealth in our health system. The Grey|Westland workstream has also selected a group to progress actions around common processes between Grey practices as well as between the practices and other providers such as pharmacies.
- In Buller, Māori with Long term Conditions have been identified, with work underway to improve the LTCM of all enrolled patients who are LTC2.
- Poutini Waiora have developed an evaluation for the spirometry project and it is anticipated that this will be completed during April.
- With Buller Medical fully staffed, evening clinics are planned and additional health promotion and prevention activities are under consideration.

Healthy West Coast (HWC)
- The outcome of the submission made to the RFP for Local Stop Smoking Services by CPH (Community & Public Health), on behalf of HWC and ALT has again been delayed. This was expected by late March but MoH have advised this will now be more likely late April. The final decision will provide certainty on direction for local cessation services and the Māori Cessation Plan in particular.
- Notification from the Ministry of Health about reducing funding to the DHB for Nutrition and Physical Activity services has put these at risk. HWC will again re-prioritise services and work to maintain as much service provision as possible. However, a long term plan regarding how to continue to fund public health needs to be developed.

Child and Youth
- The PHO have launched their new youth west coast website to support youth mental health after consultation with young people and user testing.
- GoFlo (Hip Hop / Poetry) workshops have commenced across the coast with 11-17 year olds themed around solutions to the specific issues raised in the Girls of Concern report. Young participants are encouraged to write songs as a medium for expressing those ideas.

Pharmacy
- Market analysis for the Grey IFHC community pharmacy commercial arrangements has commenced.

- Buller Pharmacy participation in the local interdisciplinary team meetings has commenced.

Discussion took place regarding the use of Telehealth for those patients who would otherwise have to travel long distances to attend clinics. The committee was informed that Planning & Funding currently have a Project Specialist working on different uses of Telehealth.

The report was noted.

7. PRESENTATION – ALLIANCE WORK STREAMS: Healthy West Coast

Jenni Stephenson, Project Specialist & Alliance Programme Coordinator provided the Committee with a presentation on the Healthy West Coast Work Streams

The presentation reminded members of the role of the Alliance and the diagram below will refresh Board members memory around the structure:

The presentation went on to provide information around Healthy West Coast, its purpose, membership and priorities.

Discussion took place regarding the harm caused by the use of illegal drugs and how some of the work being undertaken to reduce the harm caused by alcohol could also apply to drug use.

Discussion also took place regarding the cut in funding for the side contract held by Community & Public Health with the Ministry of Health. The Committee noted that the DHB is consistently looking across the whole system and doing what is best for the community with the funding available.

The Chair thanked Jenni Stephenson for her presentation.

INFORMATION ITEMS

- Board Agenda – 1 April 2016
- Chair's Report to last Board meeting
- 2016 Committee Work Plan
- West Coast DHB 2016 Meeting Schedule

There being no further business the meeting concluded at 10.30am.

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 9 JUNE 2016

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
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 28 July 2016
4.	3 December 2015	Healthy Food Environments Policy	Policy Paper	On today's Agenda
5.	28 January 2016	Breastfeeding Plan Update	Update to be provided	Scheduled for 28 July 2016.

PRESENTATIONS FOR CONSIDERATION

TOPIC	STATUS
Child & Youth Health/ Vulnerable Children	Presented 29 January 2016
Mana Tamariki Programme	Presented 29 January 2016
Healthy West Coast	Presented 28 April 2016
Consumer Council	Scheduled for 8 September 2016
Transport (including transalpine)	
Elder Law Conference	

DISABILITY ACTION PLAN - PROPOSED AMENDMENT TO GOVERNANCE STRUCTURE

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 and Funding**

DATE: **9 June 2016**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

This paper is submitted for a recommendation to the Board from the Community and Public Health & Disability Support Advisory Committee regarding an amendment to the Disability Action Plans Governance Structure which was approved by the West Coast Board at their meeting on 1 April 2016.

2. RECOMMENDATION

That the Community and Public Health & Disability Support Advisory Committee recommends to the Board that, subject to the agreement of the Alliance Leadership Team, it:

i. Approves the proposed amendment to the Strategic Disability Action Plan Governance Structure which is to have the Alliance Leadership Team provide the overall governance of the plan, and
ii. Approves that the priority actions from the Strategic Disability Action Plan form part of the different work stream work plans; and
iii. Approves, where necessary, the Disability Lead from Planning and Funding working with West Coast DHB departments to implement priority actions that will not be progressed within the Workstream e.g. People and Capability, Communications etc; and
iv. Notes that progress on the implementation of the Strategic Disability Action Plan will continue to be reported to the Community and Public Health & Disability Support Advisory Committee.

3. SUMMARY

It is proposed that the Governance Structure for the implementation of the Strategic Disability Action Plan be amended to sit within the scope of the Alliance Leadership Team and the Workstreams. This would reduce duplication of processes and the burden of an additional governance structure that will draw on many of the same individuals across the health system.

4. DISCUSSION

The Governance Structure approved by the Community and Public Health & Disability Support Advisory Committee and the West Coast Board requires a separate Disability Steering Group be established to provide leadership and oversight of the implementation of the West Coast Strategic Disability Action Plan, approved on 1 April 2016.

When working to identify appropriate membership and how the proposed Disability Steering Group would align with the Alliance Leadership Team and the already established Working Groups, it was evident that these groups had members who would also be required to be involved

in the Disability Steering Group. Additionally there are a number of identified actions within the Strategic Disability Action Plan that could appropriately sit within the Workstreams Workplans.

An example of the appropriateness of this, is that the Child and Youth Workstream already has the identified actions from the Strategic Disability Action Plan for children and youth with disabilities as objectives with their 2016/17 Workplan. If approved this approach would be broadened for the other Work streams within the Alliance to include the priority actions within their workplans.

Initial discussions have taken place with the Director of Allied Health who is also the Chair of the Alliance Leadership Team and the Executive Sponsor of the Disability Strategy and whist a paper would need to be submitted to the Alliance Leadership Team there is agreement that the implementation of the Strategic Disability Action Plan would appropriately fit within the Alliance structure.

There are some objectives of the Strategic Disability Action Plan that will continue to be co-ordinated by the Disability Lead within Planning and Funding, in conjunction with the relevant departments e.g. Communications, People and Capability and Quality and Patient Safety. Therefore the overall accountability of the implementation of the Disability Action Plan will continue to be communicated to DSAC.

5. CONCLUSION

If approved by the Board a paper will be need to be submitted to the Alliance Leadership Team, for their agreement for them to include all the relevant objectives and priority actions of the Strategic Disability Action Plan within the scope of the Alliance Structure on the West Coast.

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

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

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: **9 June 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.

4. APPENDICES

Appendix 1: Community and Public Health Update

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

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

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

June 2016

Alcohol Licensing

CPH staff presented before the Westland District Licensing Committee (DLC) on 23 May in opposition to a proposed new off licence in Hokitika. The DLC chairman called the hearing to close at 5.00pm and agreed that closing submissions could be provided in writing by the applicant's lawyer and CPH's Senior Alcohol Licensing Officer (on behalf of the Medical Officer of Health). CPH's closing submission was lodged on 31st May and the applicant's closing submission is required to be with the DLC by 7th June. The DLC has reserved its decision on the application.

WCDHB Healthy Food and Drink Policy

Following feedback from key national and local stakeholders, the nationally aligned WCDHB Healthy Food and Drink Policy has been finalised. The policy has been informed by the NZ Eating and Activity Guidelines (2015), National Heart Foundation guidelines for healthy cafeteria food and the Health Star Rating for packaged goods. The local endorsement process has begun and includes a number of groups within the DHB.

Stop Smoking Services RFP

CPH has been identified as a preferred supplier for a new stop smoking service on the West Coast conditional upon negotiations. CPH and Healthy West Coast Governance Group partners met with Ministry representatives on Monday 30th May to discuss the proposed service which will deliver cessation support to identified priority groups: Maori, Pacific people, pregnant women and mental health clients. Negotiations with the Ministry over contract service specifications continue and we are aiming for a smooth transition to the new service from 1st July.

World Smokefree Day

Tuesday 31st May was World Smokefree Day. The theme this year was "It's about Whānau". Members of the West Coast Tobacco Free Coalition were promoting smokefree lives outside Mitre 10 in Greymouth on the day. The recent Budget announcement of 10% increases in the price of tobacco products each year for the next four years is also timely.

Nutrition Health Promotion

As part of our ongoing work with Early Childhood Education Centres, CPH were involved in the Teddy Bears Picnic held recently in Westport. This Saturday event was aimed at engaging families with children under five, whether or not they currently attend an Early Childhood Centre. The day had a strong emphasis on nutrition, oral health and healthy lunchboxes. CPH also ran an Early Childhood Nutrition workshop in Ross, with 12 parents and 18 children present. It was a great way to promote oral health in a rural community.

CPH have recently started our nutrition workshops for the Mana Tamariki Mokopuna project, working with Poutini Waiora. This is aimed at mothers with young children and we will be covering topics such as lunchbox ideas, breakfasts, quick healthy kai, supermarket shopping, and healthy eating when out and about. A Greymouth Appetite for Life course has started in Greymouth, with strong numbers (11) and participation each week.

Council Annual Plan Submissions

CPH have submitted on all four West Coast Council Annual Plans and are in the process of speaking to our submissions. Our submissions focussed on public health issues such as water, sewerage, emergency management, environments that encourage physical activity and support for implementing healthy homes initiatives.

Healthy Homes Project in Buller

CPH is a member of the Te Hā o Kawatiri Healthy Homes project which is currently developing a plan to improve housing quality in the Buller area. The project is initiating relationships with stakeholders including Community Energy Action in Christchurch, Te Puni Kokiri and other interested parties.

Safe Communities Westland

CPH is a member of the Westland Safer Community Council which is in the process of being accredited as a New Zealand Safe Community. The group have recently met with the accreditors and it is expected that sign off will occur in the next month or two.

Mindfulness in Schools

CPH and BullerREAP have been facilitating the Mental Health Foundation's Mindfulness in Schools programme - Pause Breathe Smile - in Reefton Area School. Two classes finished the programme in week 1 of term 2 with positive feedback from students and teachers. An evaluation of the programme is currently being completed which will include feedback from school staff and the facilitators. A new course has started at Paparoa Range School which will run through term 2.

HEALTHY FOOD AND DRINK POLICY

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 & Public Health, West Coast**

DATE: **9 June 2016**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

Under the Ministry of Health Childhood Obesity Plan, it is a Ministry requirement that every DHB has an up-to-date Healthy Food and Drink Policy by 1 July 2016. The National DHB Food and Drink Environments Network was established to develop a nationally consistent Healthy Food and Drink policy. The policy is now ready for local endorsement and implementation.

The policy has been endorsed by the Healthy West Coast Governance Group (WCDHB, WCPHO, Poutini Waiora, CPH) and the West Coast DHB Executive Management Team. The Policy endorsement process will also include the West Coast DHB Consumer Council and the West Coast DHB Clinical Board.

2. RECOMMENDATION

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

i endorse and adopt the DHB Healthy Food and Drink policy.

3. SUMMARY

DHBs are encouraged to act as a role model to the community by providing an environment that supports and promotes healthy food and drink choices to support good health and prevent disease, as well as demonstrating a commitment to the health and wellbeing of staff and visitors.

The current West Coast DHB Healthy Eating Policy is outdated and adopting a national policy across DHBs ensures consistent messaging to staff and visitors regardless of the hospital setting. It also assists the food industry by having a set criteria nationally, encouraging them to make positive changes to their products.

4. DISCUSSION

The National DHB Food and Drink Environments Network was established in 2015 to drive the work of a nationally consistent healthy food and drink policy. The Network received advice and support from the Heart Foundation, Agencies for Nutrition Action, the Ministry of Primary Industries, the New Zealand Beverage Guidance Panel and the University of Auckland.

The first step was to develop the overarching principles of the Policy, which West Coast DHB EMT adopted in December 2015.

In March 2016 the first draft policy was developed and consultation took place both nationally and locally. The MoH led the national consultation which included unions and service providers such as Compass and Spotless. Locally the policy working group consulted with the Consumer Council, EMT, Healthy West Coast Governance Group and Spotless. All feedback was taken in to consideration by the Network and the final document was produced. The overarching principles, as well as the food and drink criteria within the Policy is consistent with the *Eating and Activity Guidelines for New Zealand Adults (2015).*

Should the policy be endorsed it will be implemented over a 1-2 year period, following a locally developed implementation plan. A communications plan will also be developed to ensure wide understanding of the Policy. The national network has developed a 'questions and answers' document which will guide the communication plan.

5. CONCLUSION

It is recommended that the Community and Public Health & Disability Support Advisory Committee endorse the DHB Healthy Food and Drink policy to be operational from 1 July 2016. An implementation plan and communication plan will be developed by the working group to support a smooth transition.

6. APPENDICES

Appendix 1: National Healthy Food and Drink Policy

Report prepared by: Claire Robertson, Team Leader, Community & Public Health

National Healthy Food and Drink Policy

Creating a healthier food and drink environment for staff, visitors and the general public in district health boards and the Ministry of Health

Developed by the

National District Health Board Food and Drink Environments Network

May 2016

Please note: The document has yet to be formatted.

Contents

1. Introduction

Healthy eating is essential for good health and wellbeing. With increasing rates of obesity and the subsequent rise of associated poor health outcomes, including type 2 diabetes and cardiovascular disease, it is important that district health boards (DHBs) and the Ministry of Health (the Ministry) show leadership by providing healthy eating environments for their staff, visitors and the general public. The development of DHB healthy food policies is an action in the Ministry of Health's Childhood Obesity Plan.[1]

The National DHB Food and Drink Environments Network (the Network) was established in 2015 to develop a nationally consistent National Healthy Food and Drink Policy (the Policy) for use across all DHBs, and potentially other settings. The Network received support and advice from the Heart Foundation, Agencies for Nutrition Action, the Ministry for Primary Industries, the New Zealand Beverage Guidance Panel and the University of Auckland in the development of the Policy. For more information on this process, see Appendix 1.

The Policy will be implemented in DHBs and the Ministry over a two-year period. It is the intention that the Network will continue to support DHBs and the Ministry during this period and undertake a review of the Policy in 2019.

2. Overview

2.1 Purpose

The purpose of the Policy is to support DHBs and the Ministry to:

- demonstrate commitment to the health and wellbeing of staff, visitors and the general public by providing healthy food and drink options, which support a balanced diet in accordance with the New Zealand *Eating and Activity Guidelines*
- act as a role model to the community by providing an environment that supports and promotes healthy food and drink choices
- assist the food and drink industry by having one set of food and drink provision criteria for all DHBs.

In providing healthy food and drink environments, consider:

- the needs of different cultures, religious groups and those with special dietary needs, and accommodate these on request, where possible and practicable

[1] Ministry of Health. 2015. *Childhood Obesity Plan*. URL: www.health.govt.nz/our-work/diseases-and-conditions/obesity/childhood-obesity-plan (accessed on 17 March 2016).

- ecologically sound, sustainable and socially responsible practices in purchasing and using food and drinks, which includes encouraging the procurement of seasonal and locally grown and manufactured (regional and national) food and drinks, where possible and practicable
- the importance of discouraging association with products and brands inconsistent with a healthy food and drink environment, as defined by the Policy.

2.2 Scope

The Policy applies to all DHB facilities/sites, contractors and staff, including:

- all food and drink provided by, or able to be purchased from any retailer, caterer, vending machine, snack box or volunteer service on the DHB's premises for consumption by staff, visitors and the general public[2]
- any gifts, rewards and incentives offered to staff, guest speakers and/or formal visitors on behalf of the DHB if containing food and/or drinks
- any fundraisers organised by either internal or external groups where food and drinks are sold or intended for consumption on DHB premises – fundraisers associated with groups outside the DHB that do not meet this policy should not be promoted on DHB premises or through DHB communications (eg, chocolate fundraisers), and alternative healthy fundraising and catering ideas should be encouraged
- all health service providers contracted by the DHB that have a food and drink environment clause in their contract with the DHB
- any external party that provides food or catering:
  - on site at any DHB facility (eg, recruitment agencies, drug companies)
  - off site where the DHB organises and/or hosts a function for staff, visitors and/or the general public (eg, conferences, training).

While the provision and consumption of healthy food and drink options is strongly encouraged, the Policy excludes:

- food and drink brought to work by staff for their own consumption
- gifts from families/whānau of patients/clients to staff
- self-catered staff-shared meals, both on and off site (eg, food brought for special occasions, off-site self-funded Christmas parties or similar celebrations)
- gifts, rewards and incentives that are self-funded

[2] This includes foods and drink available for purchase by patients.

- inpatient meal services and Meals on Wheels. – different standards exist for inpatients and Meals on Wheels which reflect food and drink requirements in both health and illness and for various age groups; the majority of inpatients are admitted because they are unwell and therefore require food and drink that are appropriate at that time for their clinical care and treatment
- food and drink provided by clients/patients and their families and visitors for their own use (families and visitors are encouraged to check with health care staff before bringing in food for inpatients)
- alcohol-related recommendations (please refer to your DHB's position on alcohol).

3. National Healthy Food and Drink Policy

3.1 Healthy food and drink environments

The intent of this policy is to ensure DHBs and their contracted health service providers (with a healthy food and drink contract clause) role model an environment that consistently offers and promotes healthy food and drink options. Section 5 of the Policy outlines healthy food and drink criteria to provide greater clarity on how the Policy can be implemented.

Consistent with the *Eating and Activity Guidelines for New Zealand Adults*, messages and practices relating to food and drinks in the DHB will reflect the following principles.

3.2 Healthy food and drink policy principles

Offer a variety of healthy foods from the four food groups.
This means:

- plenty of vegetables and fruit
- grain foods, mostly wholegrain and those naturally high in fibre
- some milk and milk products, mostly low and reduced fat
- some legumes, nuts, seeds, fish and other seafood, eggs, poultry (eg, chicken) and/or red meat with the fat removed.

Food should be mostly prepared with or contain minimal saturated fat, salt (sodium) and added sugar, and should be mostly whole or less processed.
This means:

- some foods containing moderate amounts of saturated fat, salt and/or added sugar may be available in small portions (eg, some baked or frozen goods)
- no deep-fried foods

- no or limited confectionery (eg, sweets and chocolate).[3]

Water and unflavoured milk will be the predominant cold drink options.

This means:

- the availability and portion sizes of drinks containing 'intense' sweeteners,[4] and no-added-sugar juices, are limited
- no sugar-sweetened drinks.[5]

Healthy food and drink choices (including vegetarian and some vegan items) appropriate to a wide variety of people should be available, with consideration given to cultural preferences, religious beliefs and special dietary requirements such as gluten free.

Breastfeeding is supported in all DHB settings as the optimum infant and young child feeding practice.

3.3 Promotion of healthy options

It is important that the health sector are role models for the community in obesity and disease prevention and advocate for healthy nutrition in the workplace and other settings as appropriate. The Policy itself is a health promotion tool. Providing a healthy eating environment is a health and safety issue which should be supported by all levels of the organisation.

The DHB should actively promote healthy food and drink options with staff, visitors and the general public. Healthy options ('green category' foods and drinks – *see section 5*) should be the most prominently displayed items by retailers and should be readily available in sufficient quantities, competitively priced, and promoted to encourage selection of these options. The DHB will promote healthy eating behaviours to staff, visitors and the general public through the provision of consistent, evidence-based nutrition messages.

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[3] The Network have chosen to adopt a no confectionery policy within DHBs and the Ministry. Confectionery will be phased out over a two-year period.

[4] Intense sweeteners (also known as artificial sweeteners) are a type of food additive that provides little or no energy (kilojoules). Intense sweeteners permitted for use in New Zealand include aspartame, sucralose and stevia.

[5] Any drink that contains added caloric sweetener, usually sugar. The main categories of sugary drinks include soft drinks / fizzy drinks, sachet mixes, fruit drinks, cordials, flavoured milks, flavoured waters, iced teas/coffees, and energy/sports drinks.

Partnerships, fundraisers, associations and promotions involving products and brands that are inconsistent with a healthy food and drink environment, as defined by this Policy, are discouraged.

4. Staff facilities

4.1 Storing and preparing own meals

Staff should be provided with reasonable access to food storage facilities such as fridges, lockers or cupboards. Wherever possible this would also include reasonable access to a microwave oven.

4.2 Drinking-water

The DHB will provide reasonable access to drinking-water for all staff, visitors and the general public on site. Wherever possible this should be tap water and/or water fountains, with staff encouraged to bring their own water bottle. Where water coolers are provided, each service must ensure they are replenished, cleaned and serviced on a regular basis. Consider environmentally friendly and recyclable options when purchasing cups for water dispensing.

4.3 Breastfeeding in the workplace

The DHB will promote and support breastfeeding by:

- encouraging and supporting breastfeeding within the workplace
- providing suitable areas that may be used for breastfeeding and for expressing and storing breast milk
- providing suitable breaks for staff who wish to breastfeed during work, where this is reasonable and practicable.

Refer to your DHB's own specific breastfeeding policy for more detailed information.

5. Healthy food and drink environments criteria

5.1 Food and drink categories

The purpose of the food and drink categories is to provide a practical way for food service providers to categorise foods. Foods should not be labelled with the category colours or promoted using a traffic-light labelling system.

Foods and drinks are placed into three categories, as follows.

Green

These foods and drinks are part of a healthy diet. They are consistent with the healthy food and drink policy principles, and reflect a variety of foods from the four food groups, including:

- plenty of vegetables and fruit
- grain foods, mostly wholegrain and those naturally high in fibre
- some milk and milk products, mostly low and reduced fat
- some legumes, nuts, seeds, fish and other seafood, eggs, poultry (eg, chicken) and/or red meat with the fat removed.

Green category products are low in saturated fat, added sugar and added salt, and are mostly whole and less processed.

Note: green category products must consist only of green category foods, drinks and ingredients.

Amber

These foods and drinks are not considered part of an everyday diet, but may have *some* nutritive value. Foods and drinks in this category can contribute to consuming excess energy and are often more processed. The amber category contains a wide variety of foods and drinks, some healthier than others. Where possible, provide the healthier options within this category (eg, a potato-top pie instead of a standard pie).

Amber category products can contain a mixture of green and amber foods, drinks and ingredients.

Red

These foods and drinks are of poor nutritional value and high in saturated fat, added sugar and/or added salt and energy. They can easily contribute to consuming excess energy. These are often highly processed foods and drinks.

5.2 Food and drink availability

Healthy food and drinks should be the easy choice. Within a food service (eg, cafeteria, catered event, shop or vending machine), green category foods and drinks should predominate. This means they should make up at least 55% of food and drinks available for consumption. Over time, organisations should aim to increase the proportion of green healthy foods and drinks (over and above the minimum 55%).

Green category items:

- dominate the food and drinks available (at least 55% of choices available)
- are displayed prominently on shelves, benches, cabinets and vending machines
- are always available in sufficient quantities to be the predominant option.

Amber category items:

- make up less than 45% of choices available
- come in small portion sizes (as per the nutrient criteria table in section 6)
- are not prominently displayed at the expense of green category items.

Red category items:

- are not permitted (refer to section 2.2 for the scope of the Policy)
- should be phased out over time in accordance with each individual DHB's Policy implementation plan if these products are currently available within the DHB.

5.3 Additional requirements

In addition to complying with the criteria within the Nutrient Criteria Table *(see section 6)*, the following requirements should be complied with.

- All unpackaged or prepared-on-site foods and drinks should be consistent with the overarching Policy principles.
- All pre-packaged foods (excluding drinks and bakery items) must meet set nutrient criteria standards (eg, a Health Star Rating of at least 3.5 stars[6]). Additional criteria (such as portion sizes) may apply to some categories. For packaged foods without a Health Star Rating, manufacturers[7] can calculate a rating using the tool here.

It is acknowledged that specialty items such as gluten- and dairy-free products may not be able to comply with all criteria. However, products are still required to reflect the overarching Policy principles and relevant criteria, where practicable.

[6] *Technical Report: Alignment of NSW healthy food provision policy with the Health Star Rating system*. URL: www.health.nsw.gov.au/heal/Pages/health-star-rating-system.aspx

[7] It is up to the packaged food provider/manufacturer to calculate and provide the Health Star Rating of their product(s) to the DHB if their product does not hold a rating. DHB food service staff can contact the manufacturer/provider to seek this information prior to purchasing.

6. Healthy food and drink environments nutrient criteria table[8]

CATEGORY	GREEN ≥ 55% of products must fit within this category	AMBER < 45% of products must fit within this category	RED Products within this category are not permitted

6.1 Vegetables and fruit

Vegetables	All fresh, frozen, canned and dried plain vegetables *Opt for no/minimal added unsaturated fat/salt varieties*		
Fruit	All fresh, frozen and canned fruit *Opt for no/minimal added sugar varieties*	Dried fruit ≤ 30 g portion as an ingredient or part of a fruit and nut mix	Dried fruit > 30 g portion as an ingredient or part of a fruit and nut mix or dried fruit on its own

6.2 Grain foods

Breads and crackers	All wholegrain, multigrain, wheatmeal and wholemeal breads and crackers with a ≥ 3.5 Health Star Rating (HSR)	All wholegrain, multigrain, wheatmeal, and wholemeal breads and crackers with a < 3.5 HSR All white breads and crackers with a ≥ 3.5 HSR	All white breads and crackers with a < 3.5 HSR
Breakfast cereals	Wholegrain breakfast cereals with a ≥ 3.5 HSR and ≤ 15 g sugar /100 g	All other breakfast cereals with a ≥ 3.5 HSR	All breakfast cereals that do not meet the green or amber criteria
Cereal foods	Wholegrain and high-fibre varieties *eg, wholegrain rice, wholemeal pasta and couscous, quinoa, polenta, buckwheat, bulgur wheat, oats, pearl barley, spelt, rye*	Refined grains and white varieties *eg, rice, plain pasta, unflavoured noodles, degermed polenta, couscous*	

[8] Criteria for packaged and unpackaged food and drink items may not necessarily align.

6.3 Milk and milk products

Milk and milk products *See section 6.9 'Drinks'*	Reduced or low-fat (with a ≥ 3.5 HSR): • milks and calcium-enriched soy milk • yoghurt / dairy food (≤ 150 ml portion) • custard (≤ 150 ml portion) • cheese (≤ 40 g portion). Calcium-enriched milk alternatives (*eg, rice, almond, oat*)	Full fat (with a ≥ 3.5 HSR): • milks and calcium-enriched soy milk • yoghurt / dairy food (≤ 150 ml portion) • custard (≤ 150 ml portion) • cheese (≤ 40 g portion). Reduced- or low-fat varieties of the above (with a ≥ 3.5 HSR) with portion sizes greater than those stipulated in the green category Lite varieties of cream, sour cream and cream cheese Frozen desserts (*eg, yoghurt, ice-cream*) with a ≥ 3.5 HSR and ≤ 100 g portion	Full fat (with a < 3.5 HSR): • yoghurt / dairy food (> 150 ml portion) • custard (> 150 ml portion) • cheese (> 40 g portion). Standard varieties of cream, sour cream and cream cheese Frozen desserts with a < 3.5 HSR or > 100 g portion All sugar-sweetened cold milk drinks

6.4 Legumes, nuts, seeds, fish and other seafood, eggs, poultry (eg, chicken) and red meat

Legumes	Dried and canned beans and peas *eg, baked beans, red kidney beans, soy beans, mung beans, lentils, chickpeas, split peas, bean curd and tofu* *Use reduced salt/sodium varieties, where applicable.*		
Nuts and seeds	All unsalted nuts and seeds with no added sugar	All salted nuts and seeds ≤ 50 g portion (with no added sugar) All nuts and seeds with dried fruit ≤ 50 g portion	All salted nuts and seeds > 50 g portion All sugared or candy-coated nuts and seeds Nuts and seeds with confectionery[9]

[9] Confectionery definition: confectionary includes a range of sugar-based products, including boiled sweets (hard glasses), fatty emulsions (toffees and caramels), soft crystalline products (fudges), fully crystalline products (fondants), gels (gums, pastilles and jellies), and chocolate. (Heart Foundation Food and Beverage Classification System Nutrient Framework for Schools. March 2016). It also includes fruit leathers, enrobed (eg, yoghurt-covered) items, candied fruit/nuts and compound chocolate.

Fish and other seafood, eggs, poultry (eg, chicken) and red meat *See section 6.6. for suitable cooking oils and cooking methods.*	All fresh or frozen: fish, seafood, skinless poultry (*eg, chicken or turkey)* and lean meat Eggs Premium or prime mince (≥ 95% visual lean meats or ≥ 90% chemical lean) Canned and packaged fish, chicken and meat with a ≥ 3.5 HSR	Meat with small amounts of visible fat only. Chicken drumsticks Standard mince (≥ 90% visual lean meats or ≥ 85% chemical lean), cooked and fat drained off Processed fish, chicken (eg, smoked) and meat:[10] • ≤ 50 g in sandwiches, rolls, wraps, or salads • ≤ 120 g as a main meal • ≤150 g sausages per meal Dried meat products (*e.g. jerky, biltong ≥3.5 HSR and ≤ 800kJ per packet*) Canned or packaged fish, chicken, and meat with a < 3.5 HSR	All meat where fat is clearly visible Poultry with visible fat and skin remaining (other than drumsticks) Standard mince (where the fat is not drained off) All processed fish, chicken and meat products that do not meet amber serving size

6.5 Mixed meals / ready-to-eat and ready-to-heat meals

Mixed meals *(2 or more items/ ingredients from different food groups)* **and ready-to-eat / -heat meals**	Unpackaged: ≥ 50% of meal is vegetables* and/or fruit and prepared with green category items/ingredients only Packaged: ≥ 3.5 HSR and meet the above criteria **A variety of coloured vegetables/fruit is recommended. Vegetables can be incorporated into the meal or can accompany it*	Unpackaged: meal includes vegetables* and/or fruit and prepared with at least 50% green category items/ingredients Packaged: ≥ 3.5 HSR and meet the above criteria **A variety of coloured vegetables/fruit is recommended. Vegetables can be incorporated into the meal or can accompany it*	Unpackaged: meal includes no vegetables or fruit and is prepared with less than 50% green category items/ingredients Packaged: < 3.5 HSR
Sandwiches	Prepared with green category items only[11]	Prepared with ≥ 50% green category items	Prepared with ≤ 50% green category items
Sushi	Prepared with green category items only[11]	All other sushi. Excludes sushi containing deep-fried ingredients	Containing deep-fried items/ ingredients

[10] Examples of processed meats include: fresh sausages; cooked comminuted meat products (eg, luncheon, bologna, cooked sausages); uncooked comminuted fermented meat products (UCFM) (eg, salami, pepperoni); cooked cured meat products (eg, ham, corned beef, pastrami); cooked uncured meat products (eg, roast beef); bacon; dry-cured meat products (eg, prosciutto); meat patties.

11 Foods not classified in amber or red are also able to be included eg cornflour or baking powder

Milk-based smoothies *prepared on site*	No-added-sugar, reduced-fat milk or yoghurt-based smoothies made with fresh/frozen and no-added-sugar canned fruit ≤ 300 ml	No-added-sugar, full -fat milk or yoghurt-based smoothies made with fresh/frozen and no-added-sugar canned fruit ≤ 300 ml	Prepared with concentrate, fruit juice or added sugar Smoothies > 300 ml

6.6 Fats and oils, spreads, sauces, dressings and condiments

Fats and oils, spreads, sauces and dressings, and condiments	**Fats and oils, and spreads** • Low-salt mono- or poly-unsaturated spreads (*eg, margarine, peanut butter*) • Oil sprays and vegetable oils (*eg, canola, olive, rice bran, sunflower, soya bean, flaxseed, peanut or sesame*) **Sauces and dressings** Reduced fat/sugar/salt varieties of salad dressings, mayonnaise, tomato sauce *Use in small amounts or serve on the side* **Condiments** *If available, opt for reduced fat/sugar/salt varieties of: sauces (chilli, soy, fish, etc.), pastes (tomato), relishes, stocks, yeast and vegetable extracts (Marmite, Vegemite)* ***or*** *if using standard items don't add salt.* Mustards Herbs and spices *If using salt, use iodised salt*	**Fats and oils, and spreads** Single serve butter (≤ 10 g Portion Control Unit (PCU)) – *make margarine the default option for single-serve spreads* Lite varieties of: coconut milk or coconut cream, or dilute coconut cream with water *Refer to the 'Milk and milk products' section for cream, sour cream and cream cheese* **Sauces and dressings** Standard salad dressings, mayonnaise, tomato sauce *Use in small amounts or serve on the side*	**Fats and oils, and spreads** Saturated fats and oils *eg, butter (excluding single serve ≤10g PCU butter), lard, palm oil, and coconut oil* Standard varieties of: coconut milk and coconut cream *Refer to the 'Milk and milk products' section for cream, sour cream and cream cheese*
Deep-fried foods	Where applicable, use healthier cooking methods (*ie, braise, bake, steam, grill, pan fry or poach*)	Where applicable, use healthier cooking methods (*ie, braise, bake, steam, grill, pan fry or poach*)	No deep-fried foods

6.7 Packaged snack foods

Packaged snack[12] foods		≥ 3.5 HSR and ≤ 800 kJ per packet	< 3.5 HSR and / or > 800 kJ per packet
Confectionery[13]			All confectionery

[12] Packaged foods criteria apply to packaged foods not covered by other categories (*eg, bakery items*). Where shops are on site, multi-serve packaged foods that meet the HSR of greater than or equal to 3.5 and any other criteria that apply per serving are able to be sold (*eg, crackers, cereal, biscuits, canned or packaged soups, plain popcorn*). For multi-serve packaged foods the 800 kJ limit would apply per serving.

[13] Confectionery definition: confectionary includes a range of sugar-based products, including boiled sweets (hard glasses), fatty emulsions (toffees and caramels), soft crystalline products (fudges), fully crystalline products (fondants), gels (gums, pastilles and jellies), and chocolate. (Heart Foundation Food and Beverage Classification System Nutrient Framework for Schools. March 2016). It also includes fruit leathers, enrobed (eg, yoghurt-covered) items, candied fruit/nuts and compound chocolate.

6.8 Bakery items

Bakery items		**Unpackaged and packaged bakery items** • More than half of the selection of baked products offered must contain some wholemeal flour, wholegrains *(eg, oats, bran, seeds)* and/or fruit or vegetables *(eg, fresh, frozen or dried)* • No or minimal icing *(eg, water icing)* • Use less saturated fat, salt and sugar • No confectionary[13] within products • Pies only: follow the Better Pies Guidelines **Portion sizes** • Scones, cake or dessert: ≤ 120 g • Loaf, muffins: ≤ 100 g • Slices, friands: ≤ 80 g • Biscuits, muesli bars, pikelets: ≤ 40 g • Pies and quiches: ≤ 180 g • Small pastries: ≤ 65 g • Sausage rolls: ≤ 100 g	All products that do not meet the amber criteria

6.9 Drinks

Cold drinks	Plain, unflavoured, water Reduced-fat milk Calcium-enriched milk alternatives (*eg, reduced-fat soy milk, almond milk*)	• Carbonated water • Plain full-fat milk and calcium-enriched milk alternatives (*eg, soy milk, almond milk*) • Still/carbonated drinks and milk drinks that are sweetened with 'intense' sweeteners[14] ≤ 300 ml • Diluted no-added-sugar fruit or vegetable juices with total sugar content < 20 g[15] and ≤ 300 ml • 100% fruit and/or vegetable juices (or ice blocks) with no added sugar (including unflavoured coconut water) and ≤ 200 ml	• Sugar-sweetened drinks[16] • Milk based drinks with added sugar *e.g. milkshakes and liquid breakfasts* • Still/carbonated drinks that are sweetened with intense sweeteners > 300mls • Diluted no added sugar fruit or vegetable juices with total sugar content ≥ 20g and/or > 300mls
Hot Drinks	No criteria developed for hot drinks at this stage. Try to minimise added saturated fat, salt and sugar. Make reduced fat milk the default option.		

[14] 'Intense' sweeteners (also known as artificial sweeteners) are a type of food additive that provides little or no energy (kilojoules). Intense sweeteners permitted for use in New Zealand include aspartame, sucralose and stevia.

[15] This will be an equivalent sugar content to 200 ml of 100% fruit juice.

[16] Any drink that contains added caloric sweetener, usually sugar. The main categories of sugary drinks include soft drinks / fizzy drinks, sachet mixes, fruit drinks, cordials, flavoured milks, flavoured waters, cold teas/coffees, and energy/sports drinks.

7. Monitoring and Evaluation

Monitoring and evaluating the policy will be part of each DHB's Implementation Plan and will be aligned to the agreed expectations of the Network and the Ministry of Health.

8. Associated Documents

Dunford E, Cobcroft M, Thomas M, et al. 2015. *Technical Report: Alignment of NSW healthy food provision policy with the Health Star Rating system.* Sydney, NSW: NSW Ministry of Health. URL: www.health.nsw.gov.au/heal/Pages/health-star-rating-system.aspx (accessed 17 March 2016).

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Ministry for Primary Industries. 2014. *Health Star Rating*. URL: www.foodsafety.govt.nz/industry/general/labelling-composition/health-star-rating/ (accessed 17 March 2016).

Ministry of Health. 2013. *Guidance on Supporting Breastfeeding Mothers Returning to Work*. URL: www.health.govt.nz/your-health/healthy-living/food-and-physical-activity/guidance-nutrition-and-physical-activity-workplaces/guidance-supporting-breastfeeding-mothers-returning-work (accessed 18 March 2016).

Ministry of Health. 2015a. *Childhood Obesity Plan*. URL: www.health.govt.nz/our-work/diseases-and-conditions/obesity/childhood-obesity-plan (accessed 17 March 2016).

Ministry of Health. 2015b. *Eating and Activity Guidelines for New Zealand Adults.* URL: www.health.govt.nz/our-work/diseases-and-conditions/obesity/childhood-obesity-plan (accessed 17 March 2016).

Ministry of Health. 2015c. *National District Health Board and Ministry of Health Healthy Food and Drink Environments Policy Principles.* URL: www.health.govt.nz/our-work/preventative-health-wellness/nutrition/national-district-health-boards-and-ministry-health-healthy-food-and-drink-environments-policy (accessed 17 March 2016).

New Zealand Beverage Guidance Panel. 2014. *New Zealand Drink Guidance Panel Policy Brief: Options to reduce sugar sweetened drink (SSB) consumption in New Zealand*. URL: www.fizz.org.nz/sites/fizz.org.nz/files/A4%20Policy%20Update%20Office%20print.pdf (accessed 17 March 2016).

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Appendix 1: Process

The National DHB Food and Drink Environments Network (the Network) was established in 2015 to develop a nationally consistent National Healthy Food and Drink Policy (the Policy) for use across all DHBs, and potentially other settings. The Network undertook regular teleconferences, a face-to-face meeting and a review of national and international healthy food policies. The Network finalised a set of overarching healthy food and drink policy principles in December 2015.

The Auckland region DHBs nutrient criteria were used as the initial basis for the development of more detailed nutrient criteria. A sub-group of the Network developed draft nutrient criteria for the national policy following a face-to-face workshop and regular teleconferences. This resulted in a draft policy, which included both the principles and the detailed criteria, and which was further refined through input from the Network. The Network circulated the revised draft policy more broadly for input, particularly in relation to issues to consider for implementation, before being finalised into this Policy.

Appendix 2: Network members and representatives of agencies supporting the development of the Policy

District Health Board and Ministry of Health Network members

Auckland DHB	Julie Carter (Dietitian) – Community Liaison Dietitian
Auckland Regional Public Health Service	Jacqui Yip (Dietitian) – Public Health Dietitian
Canterbury DHB	Holly Hearsey – Team Leader, Communities Team
Canterbury DHB	Janne Pasco (Dietitian) – Community Nutrition Advisor
Canterbury DHB	Kerry Marshall – Manager, Communities Team
Canterbury DHB	Nicky Moore (Dietitian) – Service Manager, Food and Beverages
Counties Manukau Health	Doone Winnard (Public Health Physician)
Counties Manukau Health	Stella Welsh (Dietitian) – Manager, Food Service
Hauora Tairawhiti DHB	Nicki Mathieson (Dietitian) – Nutrition and Physical Activity Advisor
Hawke's Bay DHB	Deborah Chettleburgh (Dietitian) – Nutrition and Food Service
Hawke's Bay DHB	Kim Williams – Population Health Advisor
Hawke's Bay DHB	Tracy Ashworth – Population Health Advisor
Mid Central Health	Nigel Fitzpatrick – Health Promotion Advisor
Ministry of Health	Anna Jackson (Dietitian) – Advisor, Nutrition
Ministry of Health	Harriette Carr (Public Health Physician) – Principal Advisor, Public Health
Ministry of Health	Louise McIntyre (Dietitian) – Senior Advisor, Nutrition
Nelson–Marlborough DHB	Rob Beaglehole (Dentist) – Principal Dental Officer
Northland DHB	Edith Bennett (Dietitian) – Public Health Nutrition and Physical Activity Advisor
Regional Public Health	Jane Wyllie (Dietitian)
Regional Public Health	Vicki Robinson (Dietitian)
South Canterbury DHB	Catherine Luey (Dietitian)
South Canterbury DHB	Heather Allington – Nutrition Health Promoter, Community and Public Health
South Canterbury DHB	Syd Horgan – Healthy Lifestyle Manager
Southern DHB	Janice Burton, Professional Leader, Health Promotion
Taranaki DHB	Jill Nicholls (Dietitian) – Health Promoter
Toi Te Ora – Public Health Service	Mel Arnold (MPH, Reg. Nutritionist) – Health Improvement Advisor
Waikato DHB	Wendy Dodunski (Dietitian) – Manager Nutrition and Food Services
Waitemata and Auckland DHBs	Rebecca McLean (Dietitian) – Public Health Dietitian
Waitemata DHB	Roslyn Norrie (Dietitian) – Foodservices Manager
West Coast DHB	Claire Robertson – Team Leader, Community and Public Health
West Coast DHB	Rosie McGrath – Health Promoter, Community and Public Health
Whanganui DHB	Marama Cameron – Health Promotion Manager

The following representatives and organisations also provided valuable support

Agencies for Nutrition Action	Annaleise Goble (Reg. Nutritionist) – National Project Manager

Heart Foundation	Andrea Bidois (Reg. Nutritionist) – Manager, Food Services and Hospitality
Ministry for Primary Industries	Michelle Gibbs – Senior Advisor, Food Science
University of Auckland	Cliona Ni Mhurchu (PhD) – Professor of Population Nutrition

PLANNING & FUNDING UPDATE

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

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

SOURCE: **Planning & Funding**

DATE: **9 June 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

- Performance continues to be impressive against the ED health target with 98.9% of patients admitted, discharged or transferred from Grey Base ED within six hours during March 2016. A significant 96% were seen within just four hours.
- West Coast DHB was 71 discharges ahead of our year-to-date target toward delivering 1,889 elective and arranged purchase unit code (PUC) discharges in the 2015/16 financial year.
- The more heart and diabetes checks target was met in Quarter 3 with 90% of the eligible enrolled West Coast population had a cardiovascular risk assessment (CVDRA) in the last 5 years.

✖ Key Issues & Associated Remedies

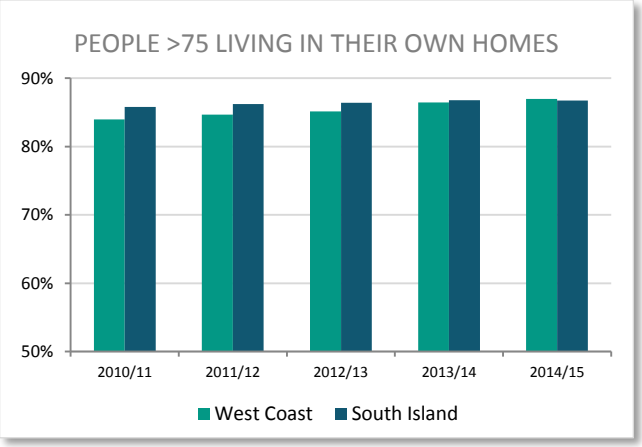
- One ophthalmology, four orthopaedics, and one plastics patient are showing as exceeding wait times from first specialist assessment to surgical treatment in March (ESPI 5). The ophthalmology patient has since been seen, and the plastics and two orthopaedic patients are being rebooked. There have been significant disruptions to the orthopaedic service both in Canterbury and on the West Coast.
- B4 school check results show 56% of our total eligible population and 47% of our high deprivation population have received their B4 School Check against our 75% year-to-date target for April 2016. Investigation has shown 44 children moved out of area, 32 declined to have their check entered in the database, and 10 children were unable to be contacted despite multiple attempts.
- Performance disappointingly continued to decrease in Quarter 3, 81.7% of smokers enrolled with the PHO provided cessation advice in the 15 months ending March 2016. All best practices continue.

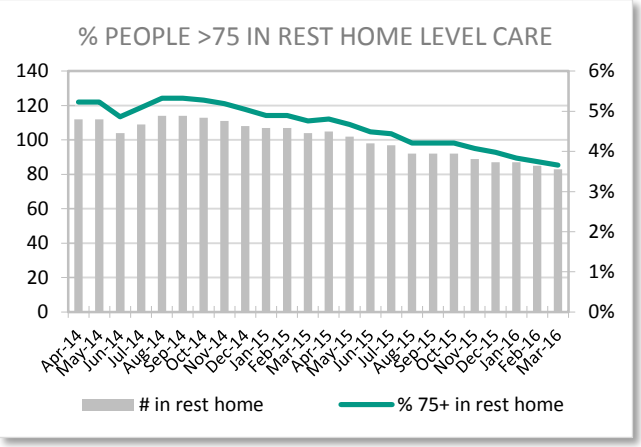
ⓘ Upcoming Points of Interest

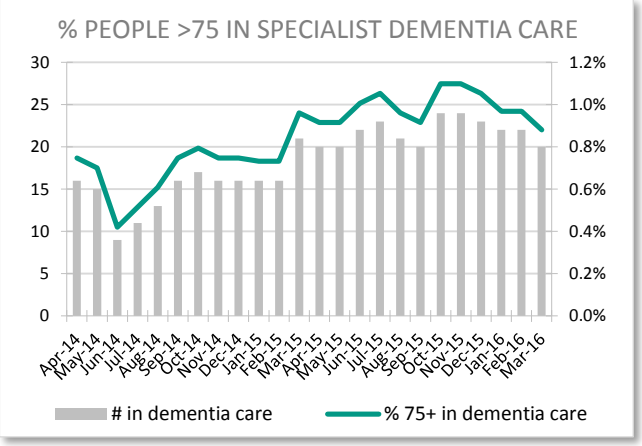
- **Older Persons' Health:** The Falls Champion has commenced their role and has completed training in Canterbury. Referrals and reporting for this service have now begun.

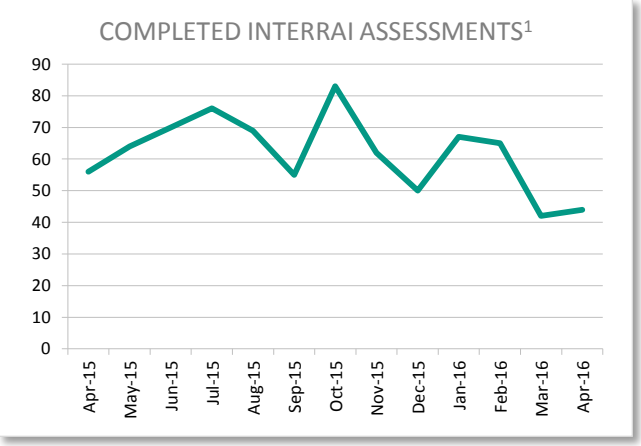
Report prepared by: Planning & Funding
Report approved for release by: Carolyn Gullery, General Manager, Planning & Funding

Health of Older Persons







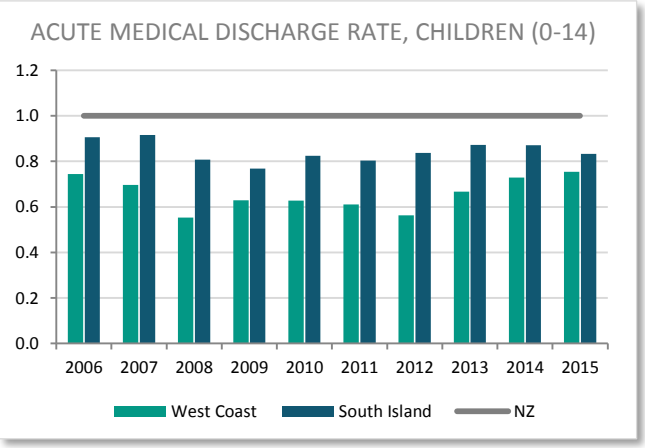


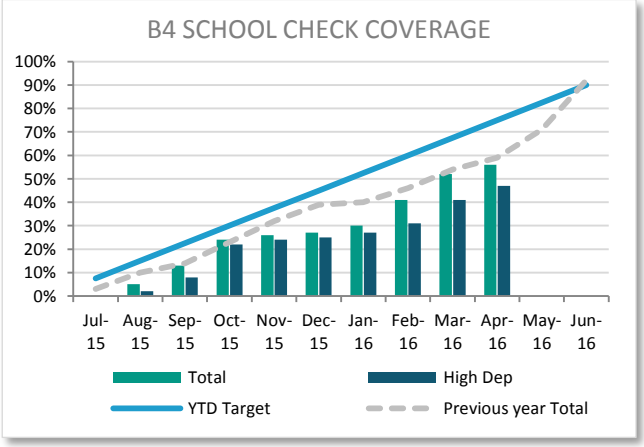
Achievements / Issues of Note

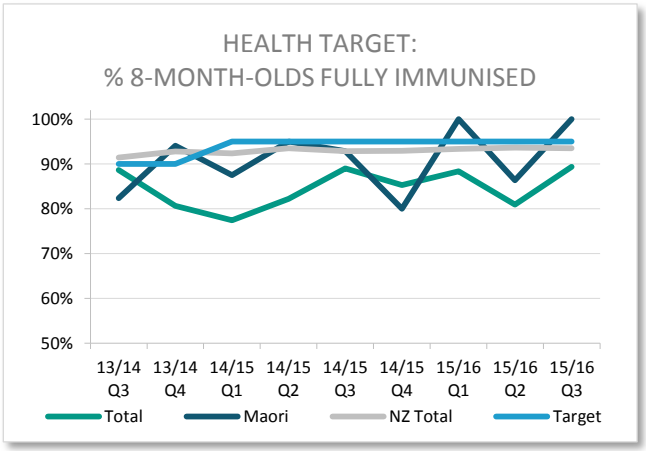
- The Falls Champion has commenced their role and has completed training in Canterbury. Referrals and reporting for this service have now begun.
- The local community pharmacists in Greymouth, Hokitika and Westport are attending the weekly Community IDT (Inter-disciplinary team) meetings.
- The community geriatrician is working with the pharmacy workstream to look how the West Coast could commence a medication management service for complex older people.

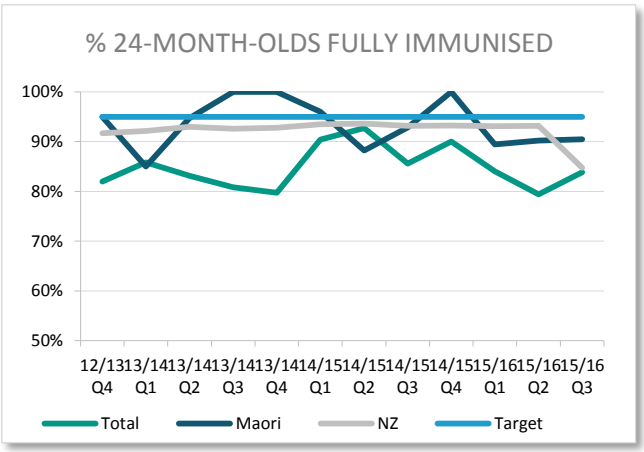
[1] *Note: the definition of this measure has recently been updated and is not comparable to previously reported results.*

Child, Youth & Maternity









Achievements / Issues of Note

Immunisation: While West Coast DHB has not met the increased immunisation health target, we are pleased to have vaccinated 97% of the eligible consenting population with only two children missed. Opt-offs decreased 10% this quarter to 8%, which is reflected in our improved results, although continues to make meeting the target impossible.

B4 School Check coverage: We have not met either of the year-to-date targets for our total and high deprivation population. Results show 56% of our total eligible population and 47% of our high deprivation population have received their B4 School Check against our 75% year-to-date target to April 2016.

While catch-up work has attempted to meet the cumulative year-to-date target, it is now more likely that we will not meet the 90% year-end target of 363 children this year. Investigation has found that of the 403 eligible children, 86 have either moved, declined to be entered in the database, or unable to be contacted after multiple attempts.

New processes have recently been put in place to reduce the number of families declining a check, and DNAs (did-not-attend rates) are decreasing as the new B4SC Coordinator does more home visits and checks herself.

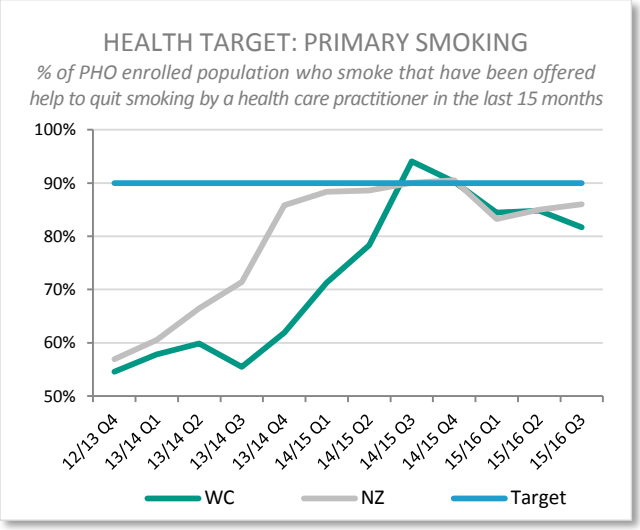
Mental Health

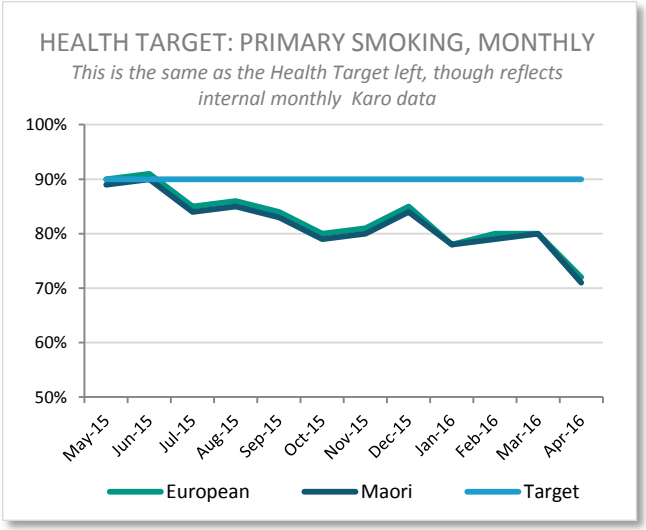
Achievements / Issues of Note

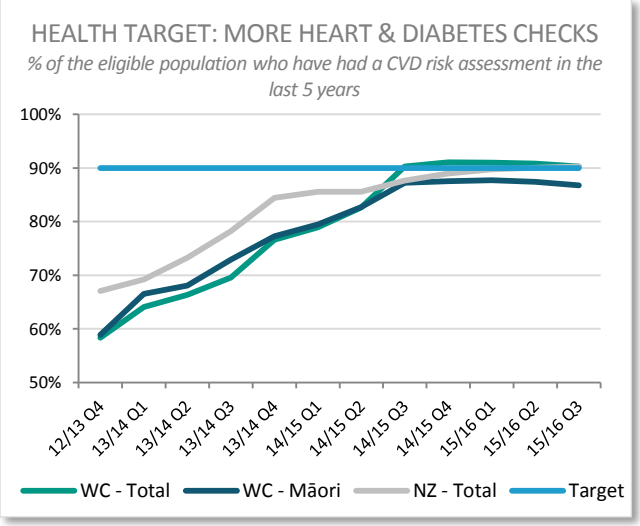
A new community hub is officially opening in central Greymouth on 26th May. This is a collaboration between two lead NGO providers to streamline access to support services and enhance the interface between community support providers and clinical teams.

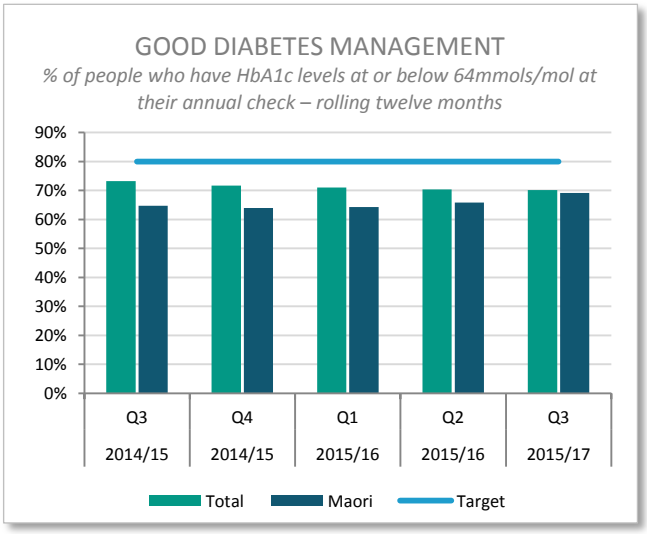
Other community agencies are expected to locate in this environment in the future so that a range of health and social services are readily available on one site.

Primary Care & Long-Term Conditions









Achievements / Issues of Note

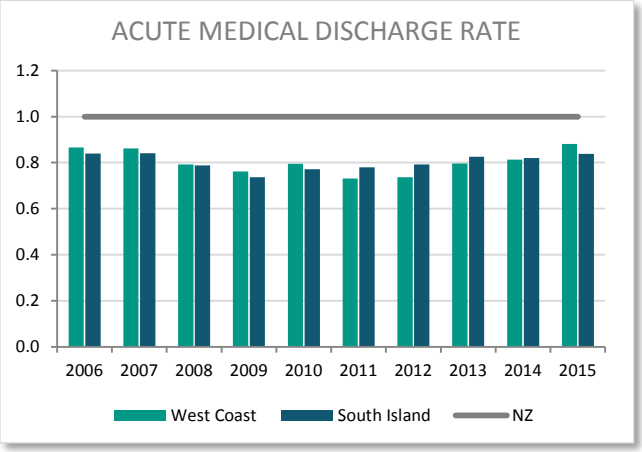
Health target | Primary smoking: Performance disappointingly continued to decrease in Quarter 3, with the first month of Quarter 4 also showing further significant decline. During Quarter 3, 81.7% of smokers enrolled with the PHO provided cessation advice in the 15 months ending March 2016. All best 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 all in use.

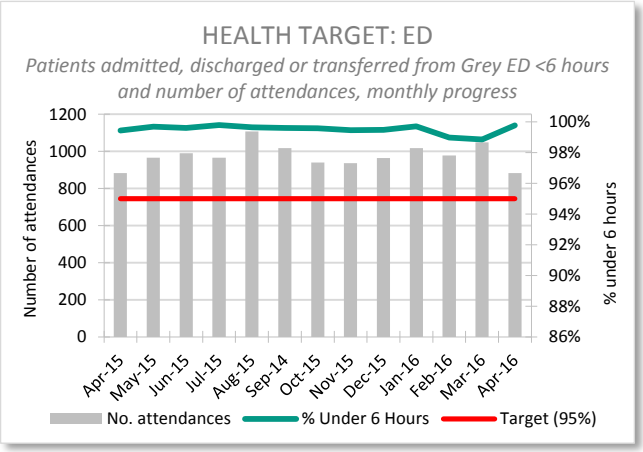
Health target | CVD: Although continuing a slight downward trend, the target has been maintained in Quarter 3 with 90% of the eligible enrolled West Coast population had a cardiovascular risk assessment (CVDRA) in the last 5 years.

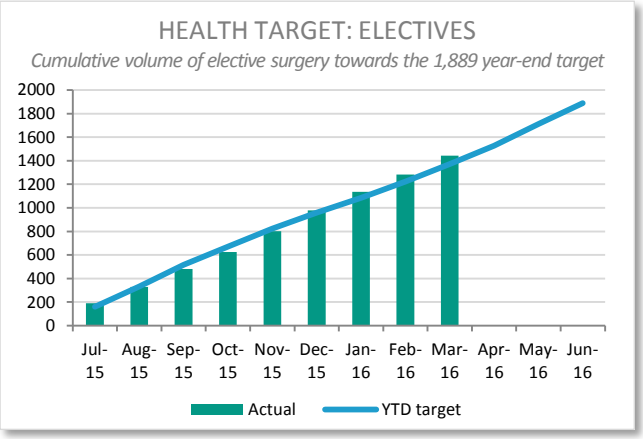
Diabetes Management: Good management of diabetes increased during the rolling twelve months to March 2016 to 61.7% against the 80% target.

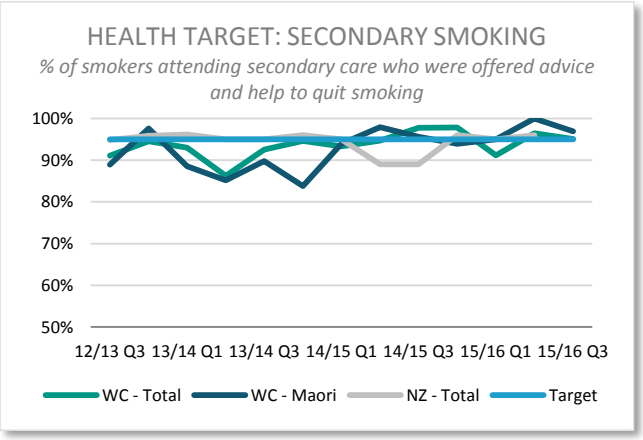
Among the Ministry-estimated number of diabetics on the West Coast, 61.7% had good management of their diabetes. Out of those who had their annual diabetes review, 70.2% had satisfactory or better management of their diabetes.

Secondary Care & System Integration









Achievements / Issues of Note

Health Target | ED: The West Coast DHB continued to achieve impressive results with 98.9% of patients admitted, discharged or transferred from Grey Base ED within six hours during April 2016. An impressive 96% were seen within just four hours.

Health Target | Secondary smoking: During Quarter 2, West Coast DHB staff provided 93.9% 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.

Health Target | Electives: 1,442 elective surgical cases were delivered to West Coasters in the year-to-date March 2016, representing 105% of our year-to-date target delivery. We are pleased to have exceeded target again. It is not anticipated there will be any difficulty achieving our year-end target.

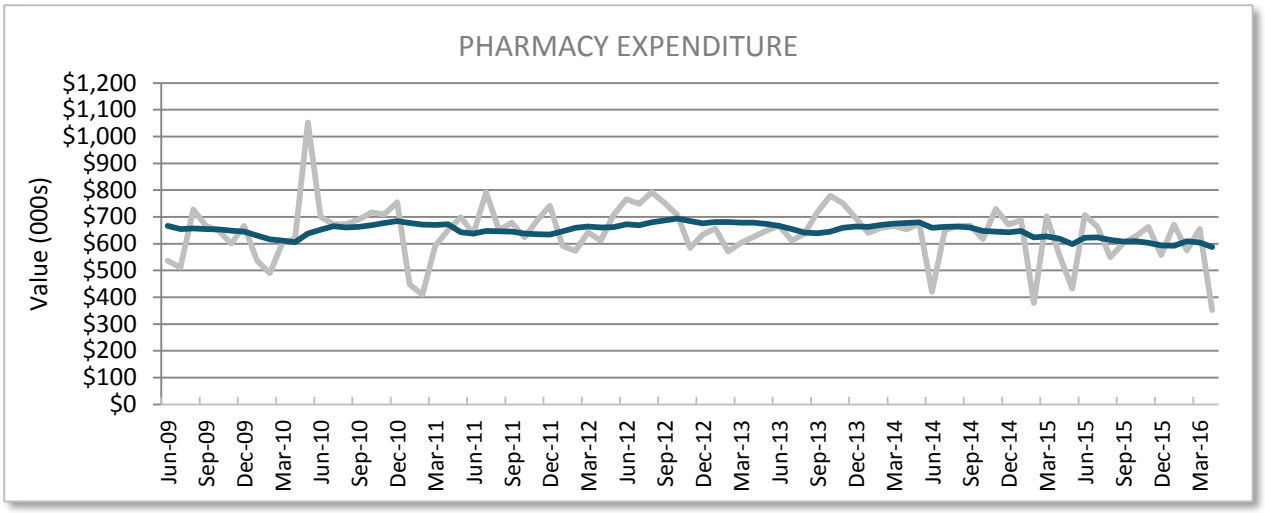
ESPI compliance: (elective service performance indicators)

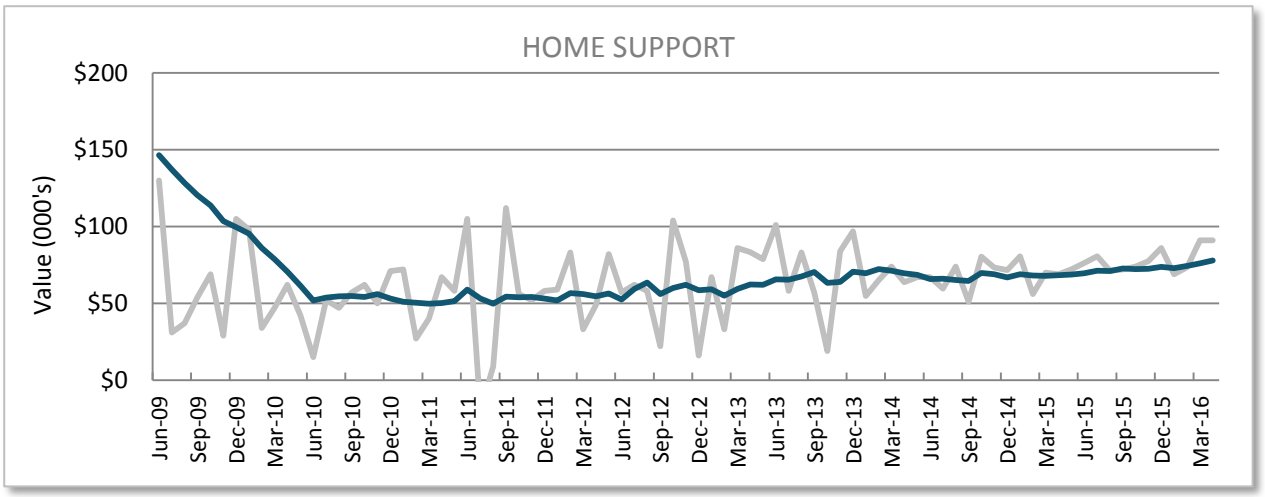
- ***ESPI 2*** *|FSA (First Specialist Assessment):* Six ophthalmology and two rheumatology patients are showing as non-compliant against the maximum 120 days' wait time target for their FSA in March. All patients have been either seen or booked to be seen.
- ***ESPI 5*** *| Treatment:* One ophthalmology, four orthopaedics, and one plastics patient are showing as exceeding wait times from FSA to surgical treatment in March. The ophthalmology patient has since been seen. The plastics and two orthopaedic patients remain non-compliant and are being rebooked. There have been significant disruptions to the orthopaedic service both in Canterbury and on the West Coast.

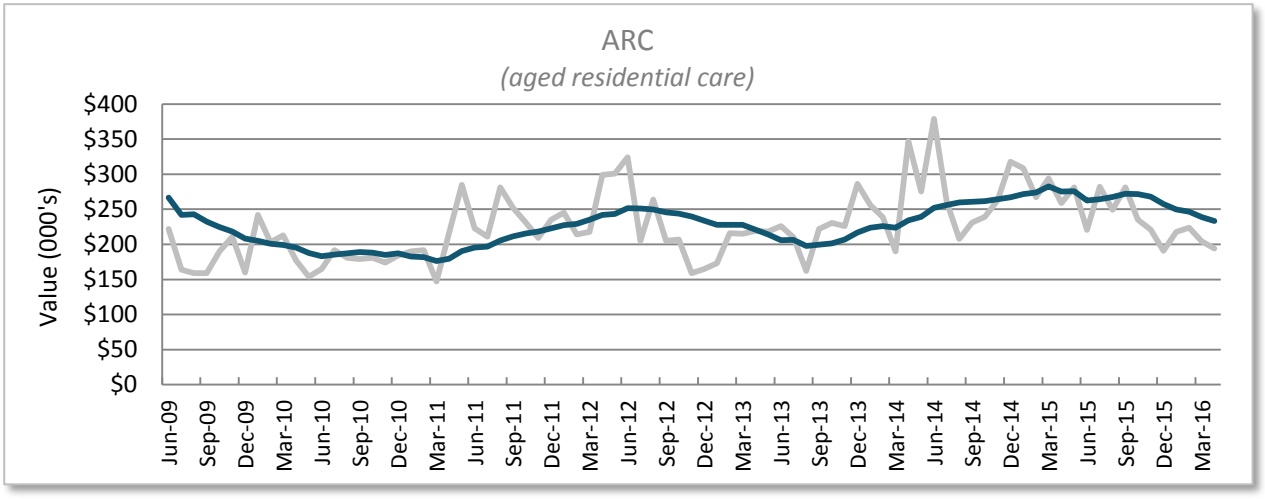
Financials

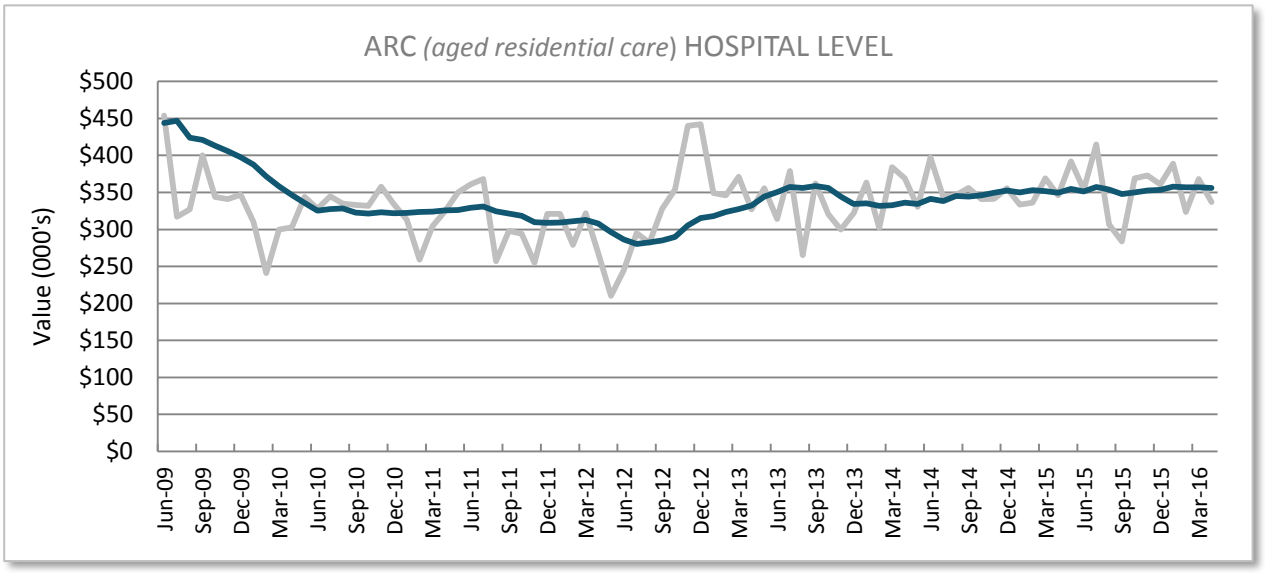
The following graphs are presented to show expenditure trends over time:

— Expenditure Trend — Rolling average








ARC (aged residential care) 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
Mar-13
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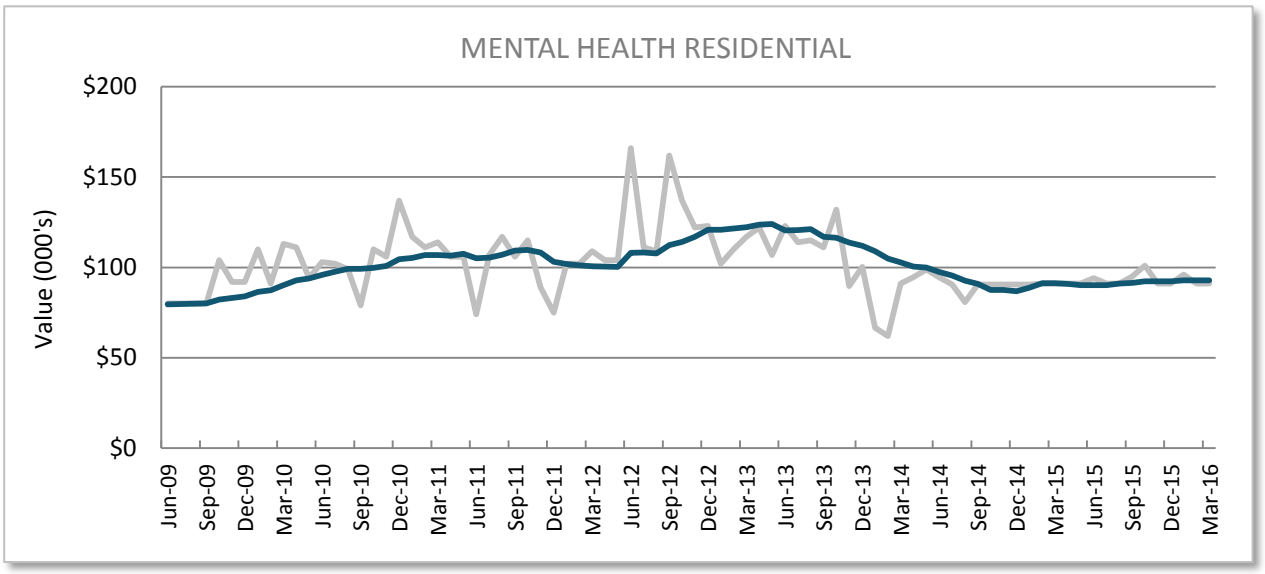
Dec-14
Mar-15
Jun-15
Sep-15
Dec-15
Mar-16


MENTAL HEALTH RESIDENTIAL
Value (000's)
$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
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Mar-13
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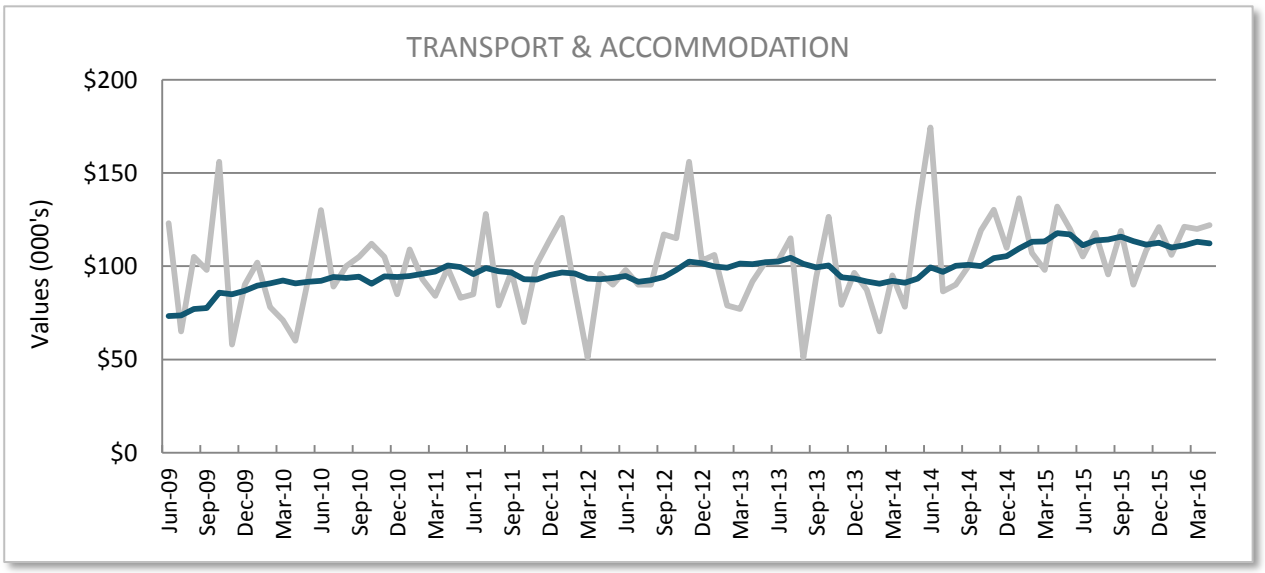
Jun-15
Sep-15
Dec-15
Mar-16


TRANSPORT & ACCOMMODATION
Values (000's)
$200
$150
$100
$50
$0
Jun-09
Sep-09
Dec-09
Mar-10
Jun-10
Sep-10
Dec-10
Mar-11
Jun-11
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Mar-16

Planning and Funding Division
Month Ended April 2016

Current Month Actual $000	Budget $000	Variance $000	%		SERVICES	Year to Date Actual $000	Budget $000	Variance $000	%		2015/16 Annual Budget $000
					Primary Care						
37	31	-6	-20%	✗	Dental-school and adolescent	278	307	29	10%	✓	369
38	26	-12	-44%	✗	Maternity	279	263	-15	-6%	✗	316
1	1	-1	-96%	✗	Pregnancy & Parent	8	6	-2	-25%	✗	8
0	3	3	100%	✓	Sexual Health	0	28	28	100%	✓	33
2	4	2	55%	✓	General Medical Subsidy	23	42	19	46%	✓	50
524	513	-11	-2%	✗	Primary Practice Capitation	5,176	5,127	-49	-1%	✗	6,152
111	91	-20	-22%	✗	Primary Health Care Strategy	930	911	-19	-2%	✗	1,093
87	87	0	0%	✓	Rural Bonus	874	874	0	0%	✓	1,049
6	5	-1	-23%	✗	Child and Youth	46	49	3	6%	✓	59
-5	13	18	140%	✓	Immunisation	87	126	39	31%	✓	151
5	5	0	-4%	✗	Maori Service Development	43	47	4	8%	✓	57
48	52	4	8%	✓	Whanau Ora Services	398	522	123	24%	✓	626
9	18	9	52%	✓	Palliative Care	106	179	73	41%	✓	215
7	6	-1	-11%	✗	Community Based Allied Health	70	63	-7	-11%	✗	76
9	12	3	27%	✓	Chronic Disease	79	120	41	34%	✓	144
69	53	-16	-30%	✗	Minor Expenses	532	533	0	0%	✓	639
948	**920**	**-28**	**-3%**	✗		**8,929**	**9,197**	**267**	**3%**	✓	11,036
					Referred Services						
25	23	-2	-7%	✗	Laboratory	275	233	-43	-18%	✗	279
352	663	311	47%	✓	Pharmaceuticals	5,915	6,633	718	11%	✓	7,960
377	**687**	**310**	**45%**	✓		**6,190**	**6,866**	**676**	**10%**	✓	8,239
					Secondary Care						
145	263	118	45%	✓	Inpatients	2,054	2,627	573	22%	✓	3,152
125	126	1	1%	✓	Radiolgy services	1,237	1,258	21	2%	✓	1,510
122	114	-8	-7%	✗	Travel & Accommodation	1,120	1,135	15	1%	✓	1,362
1,435	1,375	-60	-4%	✗	IDF Payments Personal Health	13,866	13,752	-114	-1%	✗	16,502
1,827	**1,877**	**50**	**3%**	✓		**18,277**	**18,772**	**495**	**3%**	✓	22,526
3,151	**3,483**	**332**	**10%**	✓	**Primary & Secondary Care Total**	**33,396**	**34,834**	**1,438**	**4%**	✓	**41,801**
					Public Health						
19	25	6	23%	✓	Nutrition & Physical Activity	212	245	33	13%	✓	294
	0	0		✓	Public Health Infrastructure	0	0	0		✓	0
12	11	-1	-8%	✗	Tobacco control	112	108	-4	-4%	✗	129
	0	0		✓	Screening programmes	0	0	0		✓	0
31	**35**	**5**	**14%**	✓	**Public Health Total**	**324**	**353**	**29**	**8%**	✓	**423**
					Mental Health						
7	6	-2	-29%	✗	Dual Diagnosis A&D	44	55	11	19%	✓	66
0	2	2	100%	✓	Eating Disorders	0	19	19	100%	✓	23
20	20	0	0%	✓	Child & Youth Mental Health Services	193	200	8	4%	✓	240
23	5	-18	-366%	✗	Mental Health Work force	172	50	-122	-245%	✗	60
61	61	0	0%	✗	Day Activity & Rehab	607	608	0	0%	✓	729
11	11	0	0%	✗	Advocacy Consumer	107	107	0	0%	✗	128
81	81	0	0%	✓	Other Home Based Residential Support	808	808	0	0%	✓	970
11	11	0	0%	✓	Advocacy Family	110	110	0	0%	✗	132
10	10	0	0%	✓	Community Residential Beds	117	98	-20	-20%	✗	117
0	0	0		✓	Minor Expenses	0	0	0		✓	0
65	65	0	0%	✓	IDF Payments Mental Health	647	647	0	0%	✗	776
288	**270**	**-18**	**-7%**	✗		**2,806**	**2,701**	**-105**	**-4%**	✗	3,242
					Older Persons Health						
0	9	9	100%	✓	Information and Advisory	0	95	95	100%	✓	114
0	0	0	100%	✓	Needs Assessment	0	1	1	100%	✓	1
91	70	-22	-31%	✗	Home Based Support	787	697	-90	-13%	✗	837
6	8	2	30%	✓	Caregiver Support	59	80	21	27%	✓	96
194	281	87	31%	✓	Residential Care-Rest Homes	2,298	2,808	510	18%	✓	3,370
8	5	-3	-68%	✗	Residential Care-Community	106	46	-60	-128%	✗	56
337	360	23	6%	✓	Residential Care-Hospital	3,527	3,598	71	2%	✓	4,318
0	0	0		✓	Ageing in place	0	0	0		✓	0
8	0	-8		✗	Day programmes	100	0	-100		✗	0
11	15	4	28%	✓	Respite Care	115	150	35	23%	✓	180
1	1	0	0%	✓	Community Health	13	13	0	0%	✓	15
0	1	1	100%	✓	Minor Disability Support Expenditure	32	13	-19	-145%	✗	16
91	91	0	0%	✓	IDF Payments-DSS	908	908	0	0%	✗	1,090
747	**841**	**92**	**11%**	✓		**7,945**	**8,410**	**464**	**6%**	✓	10,092
1,035	**1,111**	**74**	**7%**	✓	**Mental Health & OPH Total**	**10,752**	**11,111**	**359**	**3%**	✓	**13,333**
4,217	**4,630**	**413**	**9%**	✓	**Total Expenditure**	**44,472**	**46,298**	**1,826**	**4%**	✓	**55,558**

ALLIANCE UPDATE

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

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

DATE: **9 June 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)
At their meeting in April the ALT review the latest draft of the annual plan and provided its support of the plan. The new System Level Measurement Framework (SLMF) was also discussed with Helen Reriti taking the ALT through the details of the framework. The ALT discussed developing a plan to engage local stakeholders in understanding SLMF and identifying local improvement goals.

The ALT were pleased to note appointments recently made to the Falls and FIRST roles which should see the Health of Older Persons workstream improve its deliverables. They also welcome back Carl Hutchby to the team in his new role as Te Kaihautu of Poutini Waiora.

ALT were also pleased to note the PHO's youth west coast website going live and acknowledged the workstreams' progress made against the workplans.

Health of Older Persons

- The newly appointed Falls Champion has been orientated to the position, meeting with Falls Champions from Canterbury over two days this month.

Grey/Westland & Buller Family Health Services (IFHS)

- The Homecare Medical (HML) trial has been, in the most part, successful in achieving the outcomes we set out to achieve. Community meetings in three locations have taken place to gain feedback from the community on the trial with positive responses. A further two community meetings will be held in the coming month.

- A group focusing on common practices across Greymouth primary has met twice now and is looking at a number of opportunities to improve processes and ensure they are common to all three practices.
- Interest in the use of telehealth and the desire to understand how it could work in individual specialities has increased with the instigation of the telehealth report.
- Data for the past year is showing an increase in Māori engagement in Buller Health.
- The Alcohol and Other Drug project has commenced in relation to both Maori and youth in Buller. Issues have been identified and implementation planning is underway at an inter-agency planning meeting in mid-May.

Healthy West Coast (HWC)

- The Ministry have notified HWC that they have been shortlisted as a preferred provider of the new local stop smoking services. HWC will now begin the next phase of negotiations with MoH regarding the detail of how the new model will operate.
- The National DHBs Healthy Food & Drink Policy has now been finalised and is being distributed for local endorsement by 1st July.

Child and Youth

- A Quality project is underway to improve completion of the West Coast Newborn Multi-enrolment Form for women birthing at Christchurch Women's Hospital. Work is also underway to trial a new process to improve handover from Maternity to Well Child Tamariki Ora service in the Buller region.
- Work is progressing with the B4SC team to develop an appropriate referral pathway for children identified at >98th percentile for BMI.
- A youth well-being promotion afternoon took place in May in Greymouth, focused on promoting services available and providing an informal setting for young people to talk to professionals.

Pharmacy

- Analysis of leasing benchmarks for the Greymouth IFHC Community Pharmacy have been completed and discussed with pharmacies. Next steps are to progress formal negotiations for an agreement.
- There has been agreement to progress medicines use reviews on patients discharged from hospital on referral from the CCCN.

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

HEALTH TARGET REPORT QUARTER 3

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

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

SOURCE: **Planning & Funding**

DATE: **9 June 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 3 (January-March 2016). The attached report provides a detailed account of the results and the work underway for each health target.

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

2. RECOMMENDATION

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

3. SUMMARY

In Quarter 3, the West Coast has:

- Achieved the **ED health target**, with **99.2%** 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 **105.2%** of the year-to-date improved access to **elective surgery health target**, exceeding target by 71 discharges.
- Achieved the **more heart and diabetes checks health target**, with **90%** 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 decreased against the **better help for smokers to quit (secondary) health target**, with **93.9%** of hospitalised smokers receiving help and advice to quit. Best practice initiatives continue, however the effects of small numbers remain challenging.
- Performance improved against the **faster cancer treatment health target** at **75%,** reflecting just three non-compliant patients**.** All non-compliant patients exceeded the wait time due to clinical or other justifiable reasons. Work is ongoing and all non-compliant cases are investigated.
- Performance against the **increased immunisation health target** continues to be challenging due to small numbers and high opt-off and declines. With just two children missing the timeframe, 89.3% of the eligible population and **97%** of the consenting population were vaccinated.
- Performance disappointingly decreased against the **better help for smokers to quit (primary) health target** this quarter. In Quarter 3, **81.7%** of (PHO enrolled) smokers received help and advice to quit.

6. APPENDICES

Appendix 1: Q3 1516 WC Health Target Report.pdf
Appendix 2: HT_Q3 _COL_WestCoast.pdf

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

National Health Targets Performance Summary

Quarter 3 2015/16 *(January-March 2016)*

Target Overview

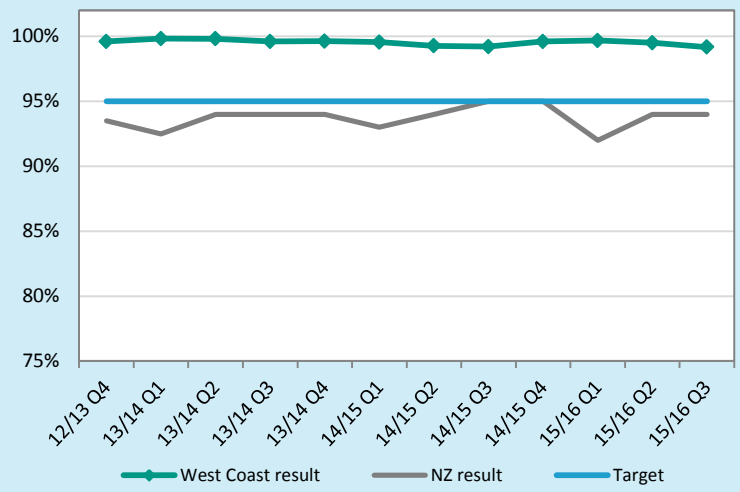
Target	Q4 14/15	Q1 15/16	Q2 15/16	**Q3 15/16**	Target	Status	Pg
Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours	99.7%	99.7%	99.5%	99.2%	95%	✓	2
Improved Access to Elective Surgery West Coast's volume of elective surgery[1]	1721	480	978	1442	1,371 YTD	✓	2
Faster Cancer Treatment Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	50%	50%	71.4%	75%	85%	✗	3
Increased Immunisation Eight-month-olds fully immunised	85.3%	88.4%	80.9%	89.3	95%	✗	3
Better Help for Smokers to Quit **Hospitalised** smokers receiving help and advice to quit[1]	97.8%	91.1%	96.4%	93.9%	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	90.2%	84.5%	84.8%	81.7%	90%	✗	4
More Heart and Diabetes Checks Eligible enrolled adult population having had a CVD risk assessment in the last 5 years	91.1%	91%	90.8%	90.3%	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



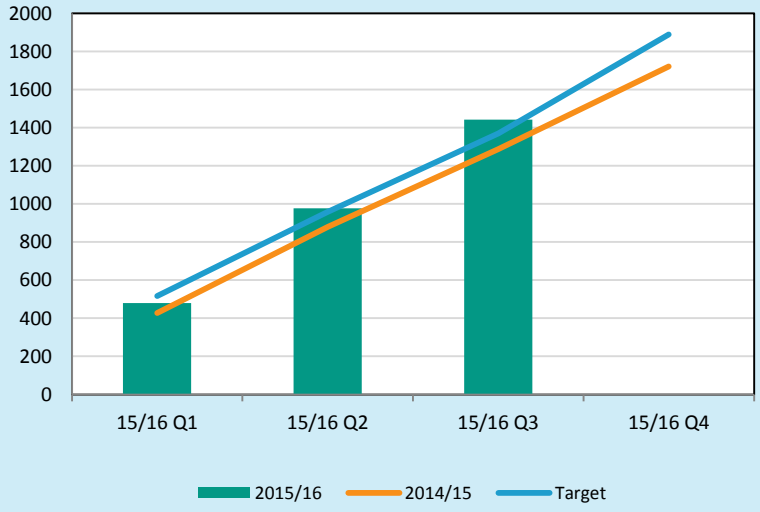
✔

The West Coast continues to achieve the ED health target, with **99.2%** of patients admitted, discharged or transferred from ED within 6 hours during Quarter 3.

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]



✔

1,442 elective surgical cases were delivered to Coasters in the year to date March 2016, representing **105.2%** of our year-to-date target delivery.

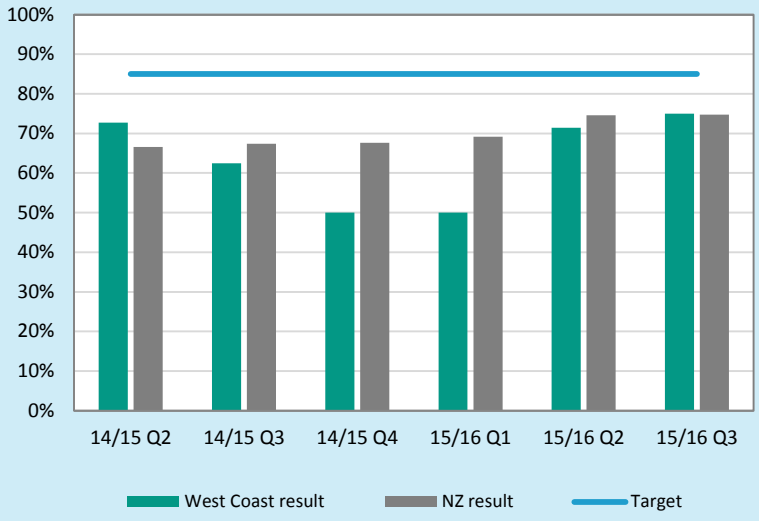
We are pleased to have met target and expect to meet our overall electives health target volumes by year-end.

[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



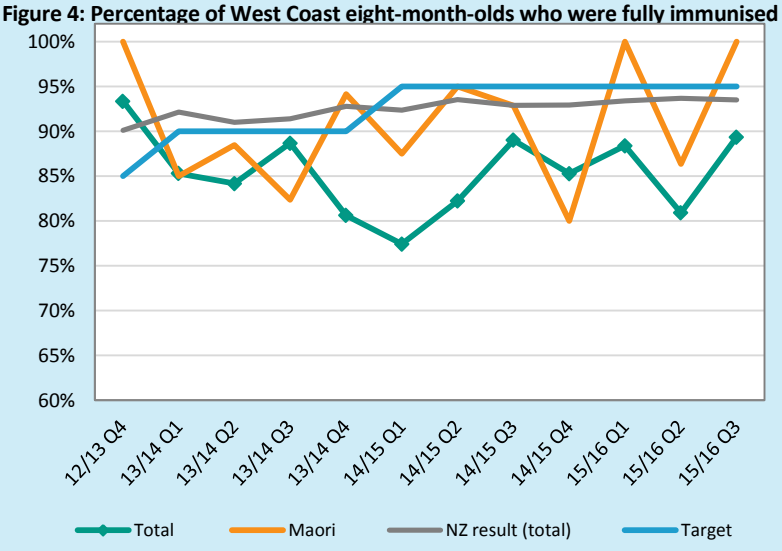
Performance against the health target has increased this quarter with **75%** of patients receiving their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer. Small numbers are a challenge with this result reflecting just three out of twelve patients noncompliant. All 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 two children were missed this quarter. During Quarter 3, **89.3%** of all 8-month-olds were fully immunised. Strong results were achieved for Māori (100%) and New Zealand European (98%).

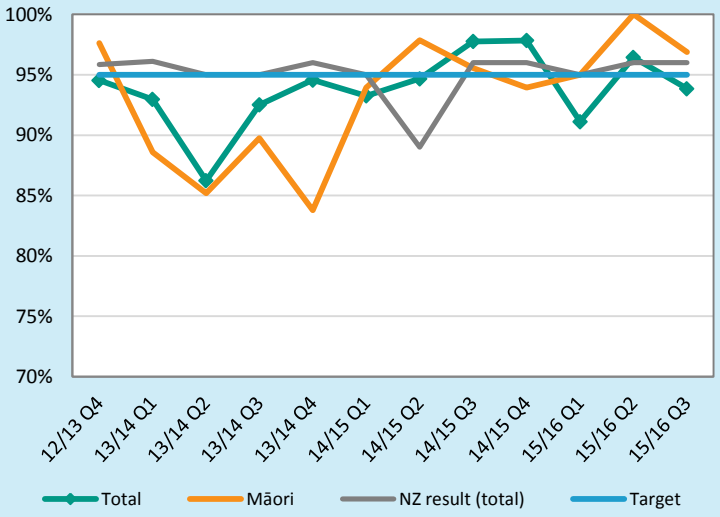
Opt-offs decreased 10% this quarter to 8%—which is reflected in our improved results, although continues to make meeting the target impossible.

Of the two children missed—one has since been vaccinated and the other is still overseas on holiday. This means **97%** of the eligible (consenting) population were immunised.

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



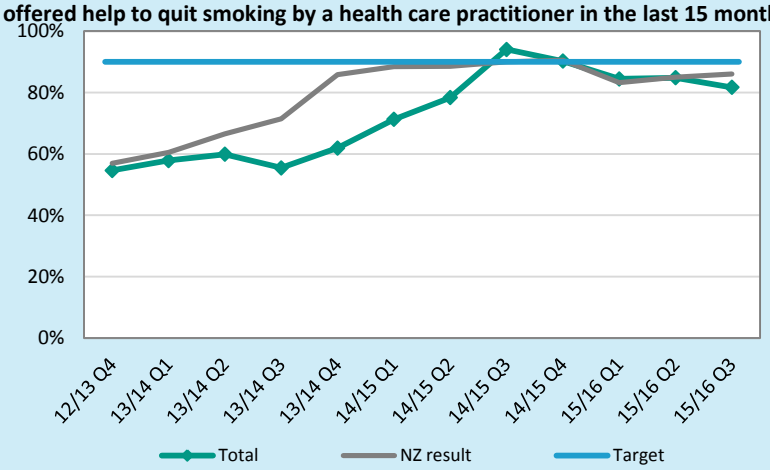
West Coast DHB staff provided **93.9%**[3] of hospitalised smokers with smoking cessation advice and support–disappointingly missing target against the total population. The target was met for our Māori population.

Best practice initiatives continue, however the effects of small numbers remain challenging. The Smokefree Services Coordinator continues to investigate every missed smoker who discusses each case with both the Ward Champions and Clinical Nurse Managers of departments where misses occurred. Monthly reports show a positive result for January (95.5%) but poorer performance in February (93.7%) and March (92.2%).

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 **4,512** smokers cessation advice in the 15 months ending March 2016. This represents **81.7%** of smokers enrolled with the PHO, against our 90% target.

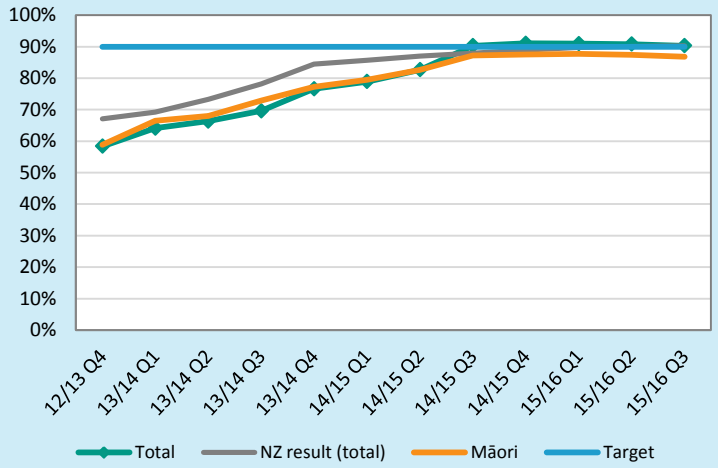
The DHB is disappointed to note a further drop in performance at PHO level. At practice level, three of eight are performing above target and one is within 5% of target. The remaining practices have plans in place to improve performance. All best practice initiatives continue.

[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



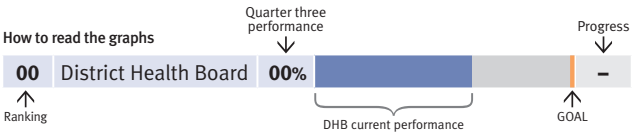
✓

West Coast general practices have maintained coverage this quarter, with **90.3%** 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 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 THREE (JANUARY–MARCH 2016) RESULTS



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 three performance (%)	Change from previous quarter
1	West Coast	99	–
2	Tairawhiti	96	–
3	Waitemata	96	▲
4	Nelson Marlborough	96	▼
5	Counties Manukau	96	–
6	Whanganui	96	–
7	South Canterbury	95	–
8	Auckland	95	–
9	Canterbury	95	–
10	Southern	94	–
11	Wairarapa	94	–
12	Taranaki	94	▼
13	MidCentral	94	–
14	Bay of Plenty	94	–
15	Hawke's Bay	94	▲
16	Capital & Coast	92	▲
17	Northland	92	–
18	Hutt Valley	91	–
19	Waikato	90	▼
20	Lakes	89	–
	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 138,026 discharges for the year to date, and have delivered 7,992 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 three performance (%)	Progress against plan (discharges)
1	Northland	123	▲
2	Waikato	120	▲
3	Tairawhiti	118	▲
4	Taranaki	114	▲
5	Whanganui	113	▲
6	Bay of Plenty	110	▲
7	Southern	107	▲
8	Hutt Valley	105	▲
9	West Coast	105	▲
10	Counties Manukau	105	▲
11	Capital & Coast	105	▲
12	Nelson Marlborough	102	▲
13	Hawke's Bay	102	▲
14	Waitemata	102	▲
15	Lakes	102	▲
16	MidCentral	102	▲
17	Wairarapa	101	▲
18	Canterbury	99	▼
19	South Canterbury	98	▼
20	Auckland	98	▼
	All DHBs	106	▲

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 1 October 2015 and 31 March 2016.

		Quarter three performance (%)	Change from previous quarter
1	Taranaki	84	▲
2	Capital & Coast	82	–
3	Hutt Valley	81	▲
4	Nelson Marlborough	81	▼
5	Whanganui	80	▲
6	Northland	79	▲
7	Tairawhiti	78	▲
8	Southern	78	–
9	MidCentral	77	▼
10	Waikato	77	▲
11	West Coast	75	▲
12	Auckland	75	▲
13	Canterbury	73	▼
14	South Canterbury	72	▼
15	Counties Manukau	70	▼
16	Waitemata	70	▲
17	Wairarapa	69	▼
18	Bay of Plenty	69	▼
19	Hawke's Bay	63	▼
20	Lakes	47	▼
	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 January and March 2016 and who were fully immunised at that stage.

		Quarter three performance (%)	Change from previous quarter
1	Wairarapa	97	▲
2	Canterbury	96	–
3	Hawke's Bay	96	▲
4	Lakes	96	–
5	Southern	94	–
6	Auckland	94	–
7	Hutt Valley	94	–
8	Counties Manukau	94	–
9	Taranaki	94	▲
10	MidCentral	94	▼
11	Waitemata	93	▼
12	Capital & Coast	93	▼
13	Tairawhiti	92	▼
14	Whanganui	92	▲
15	Waikato	91	▼
16	Bay of Plenty	91	▲
17	South Canterbury	91	▼
18	Northland	90	–
19	Nelson Marlborough	90	▼
20	West Coast	89	▲
	All DHBs	93	–

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 three performance (%)	Change from previous quarter
1	Tairawhiti	91	▲
2	Southern	90	▲
3	Waitemata	90	▲
4	Counties Manukau	89	–
5	Northland	88	–
6	Waikato	88	–
7	Nelson Marlborough	88	▼
8	MidCentral	88	–
9	Auckland	88	▲
10	Wairarapa	86	▲
11	South Canterbury	86	–
12	Whanganui	86	▲
13	Taranaki	86	–
14	Canterbury	85	–
15	Capital & Coast	83	▲
16	West Coast	82	▼
17	Bay of Plenty	79	▲
18	Hutt Valley	79	–
19	Hawke's Bay	78	▲
20	Lakes	73	▼
	All DHBs	86	–

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

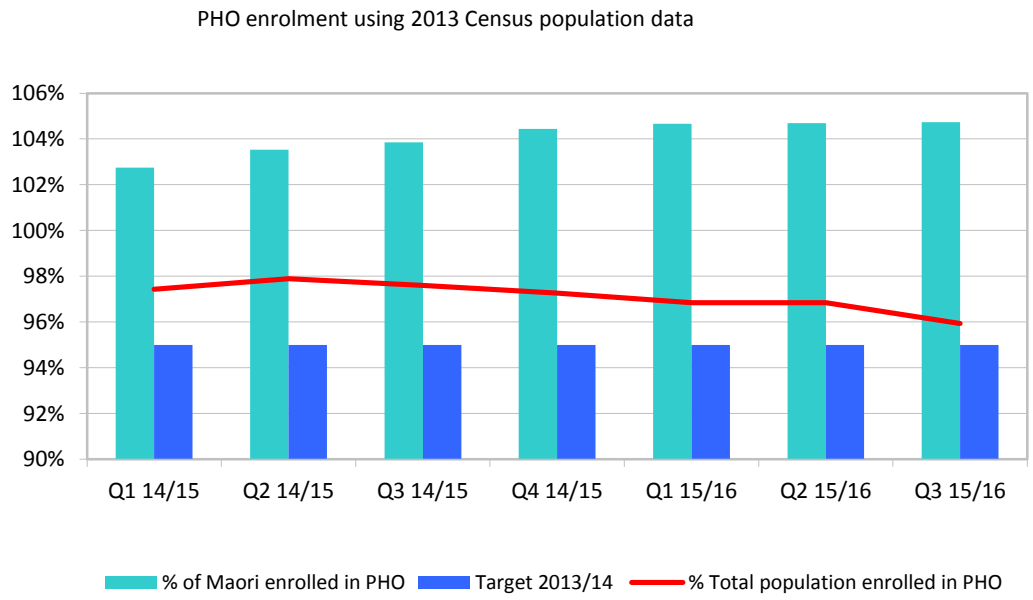
2. RECOMMENDATION

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

Maori Health Quarterly Report – Q3, 2016/17

Access to care

Percentage of Maori enrolled in the PHO



*** 2006 census population was used as the denominator.**

ACHIEVEMENTS/ISSUES OF NOTE

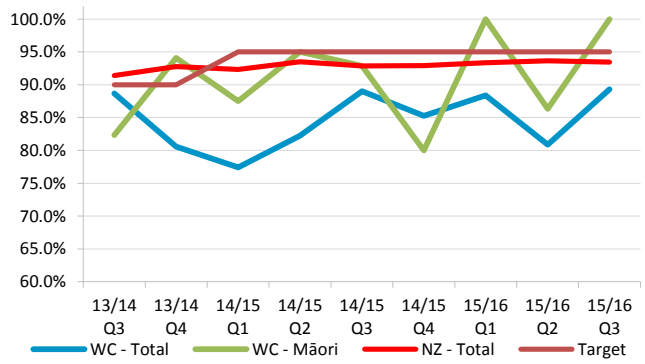
Enrolment in PHO

Using the 2013 population census figures 105% of Maori were enrolled with the PHO as at 31 March 2016. 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.

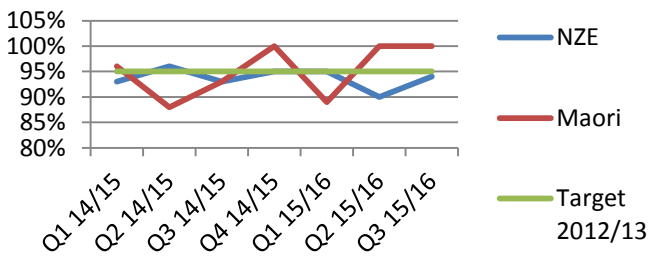
The Census data shows total Maori population is 3171.

Child, Youth and Maternity

NEW Immunisation HT: Eight-month-olds fully immunised



Immunisation: Two-year-olds fully immunised



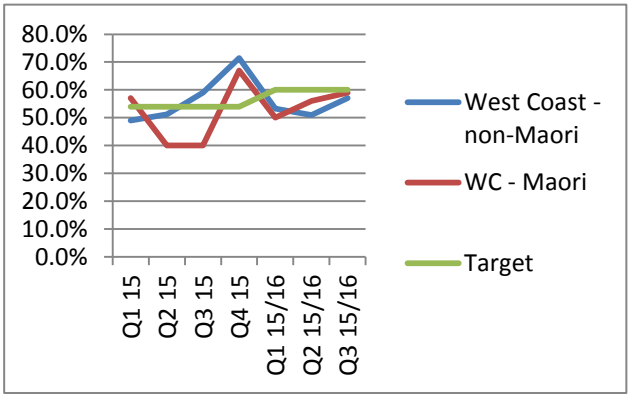
Eight-month-old immunisation

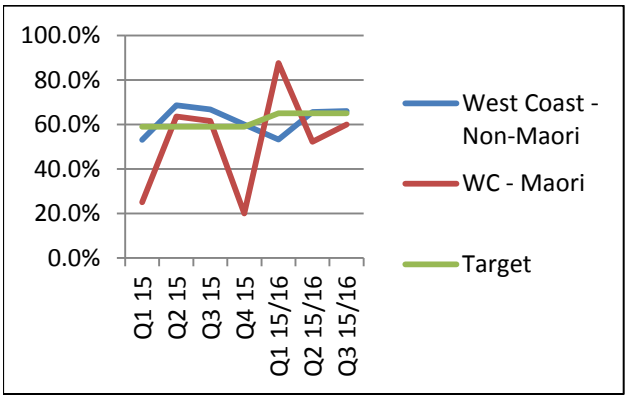
100% of Maori babies have been immunised on time at 8 months of age in quarter 3 16 babies out of 16 eligible for this quarter. This is compared 98% of non-Maori babies – 45 out of 46 eligible babies fully immunised at the 8 months milestone.

Two-year-old immunisation

100% of Maori 2 year olds have been immunised on time in Quarter 3 – 23 from 23 eligible babies. This is compared to 90% NZ European babies - 46 from 49 eligible babies.
Excellent results for Maori with 100% of 8 month and 2 year olds immunised on time in Quarter 3.

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





Breastfeeding Support

At the end of Quarter 3 Maori is only 1% away from the 60% target of babies fully/exclusively breastfed at 3 months with an increase from 56% in Quarter 2 – this is compared to 57% of non-Maori. 60% of Maori babies are receiving some breastmilk at 6 months which is 5% from target compared with 66% of non-Maori babies.

Plunket Breastfeeding Stats

In the last quarter (Jan-Mar) the breastfeeding rate at 2-5 weeks was 72% (of 42 mums), at 6-9 weeks 62% (of 55 mums), at 10-15 weeks 57% (of 70 mums), and at 16 weeks-5mo 19% (of 68 mums).

Maori

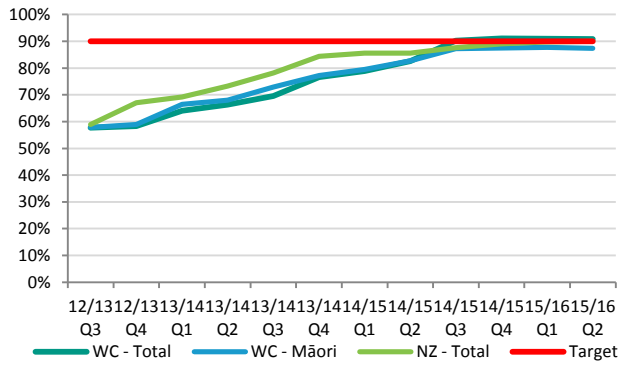
2-5 weeks 88% (7 out of 8 total), at 6-9 weeks 80% (12 out of 15 total), at 10-15 weeks 59% (10 out of 17 total), and at 16 weeks-5mo 7% (1 out of 15 total).

The community lactation consultancy and breastfeeding advocates continue to be in contact with all new-born's Mums through the Newborn enrolment process. Of 47 advocacy clients in Q3 9 were Maori.

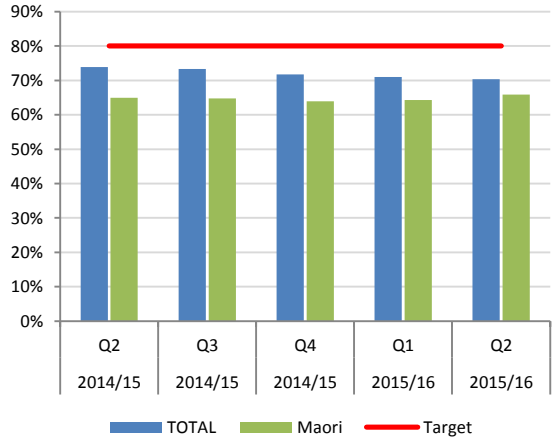
11 women are currently undergoing Mum4Mum training, due to graduate in Q4; this includes 7 wahine from the Mana Tamariki Mana Mokopuna project.

More Heart & Diabetes checks

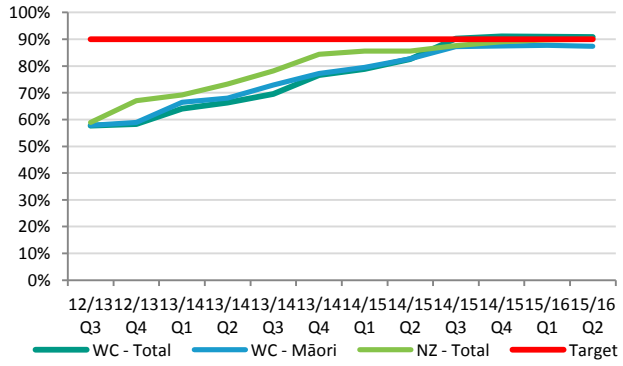
Diabetes Annual Review: % of people estimated to have diabetes who have had an annual check during the year

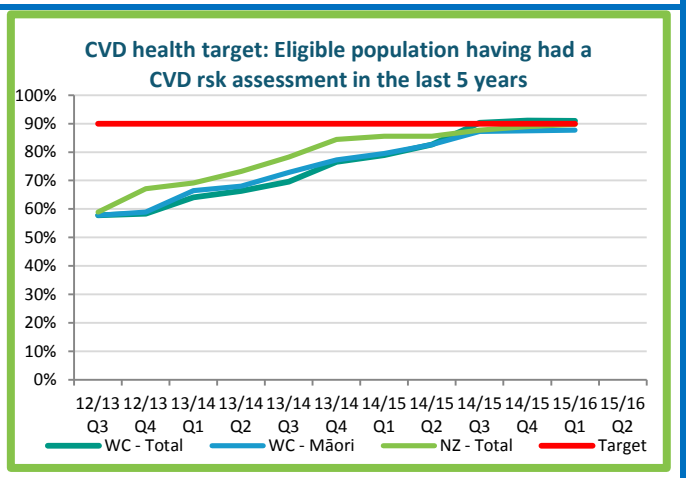


Diabetes Good Management: % of people who have HBA1c levels at or below 8.0 when assessed at their annual check



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





Diabetes

Maori still continue to show a good rate of access to Diabetes Annual Reviews. 58 Maori have participated in a Diabetes Annual Review year to date at the end of quarter. 90% of Maori with diabetes have had Retinal Exams and 64% show HBA1c levels at or below 80, 57% are non-smokers and 48% 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 $\leq$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

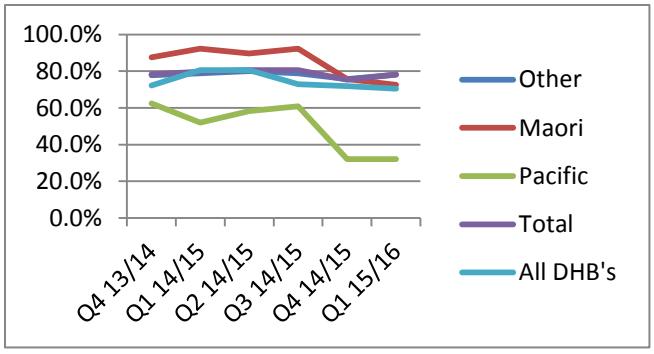
Quarter 3 data shows from 93 referrals to the Green Prescription programme in the Grey/Westland district 12 were for Maori (12%), 31 total referrals were made in the Buller district with 6 (19%) being for Maori.. The major group of conditions this quarter is people with elevated body mass index (BMI), followed by depression/anxiety and cardiovascular disease.

Long Term Condition Management (LTC)

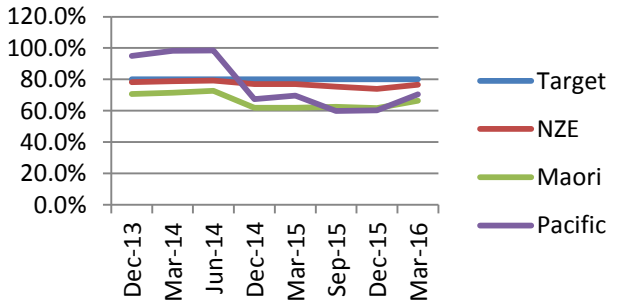
231 Maori are enrolled in the Long Term Conditions programme as at March 31 2016. Maori enrolments make up 6.4% of all enrolment in the LTC programme. The target is 7.6%. For comparison Maori make up 6.4% of the enrolled population at the primary practices aged 45 years and above.

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

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	844	560	66.4	115
Pacific	75	55	70.5%	7
Asian	345	182	52.3%	96
European/Other	7,479	5,734	76.7%	249
Total	**8,749**	**6,531**	**74.6%**	**468**

Cervical cancer screening

At the end of March 2016, the preliminary three year coverage result for cervical screening on the West Coast non-Maori was 66.4% an increase of 5%. The result for Pacific women was 70.5% an increase of 10% and for New Zealand European an increase of 2% at 76.7%. The number of women required to reach the 80% national target has dropped in this quarter to 468 from 707. There has been a targeted effort to co-ordinate the resource working on cervical screening on the West Coast; this has included the practices, Poutini Waiora and the DHB Maori/High Needs Screener working in a more aligned way.

Table 1: BSA coverage (%) in the two years ending 31 March 2016 by ethnicity, women aged 50–69 years, West Coast District Health Board

Ethnicity	Population	Women screened	2-year coverage	Additional screens

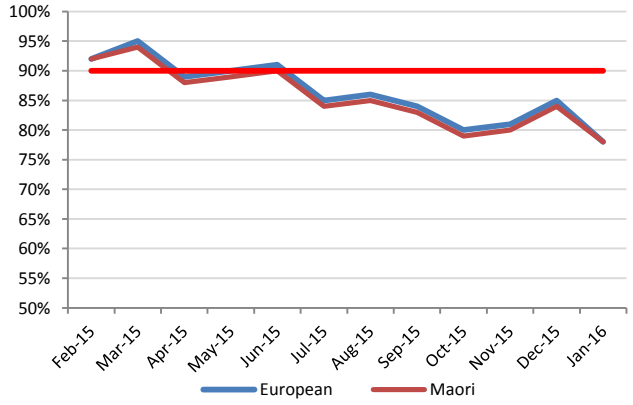
		in last 3 years		to reach 70% target*
Māori	385	265	72.6	
Pacific	25	8	32	10
Other	4256	3356	78.8	
Total	**4650**	**3630**	**78.1**	

Breast cancer screening

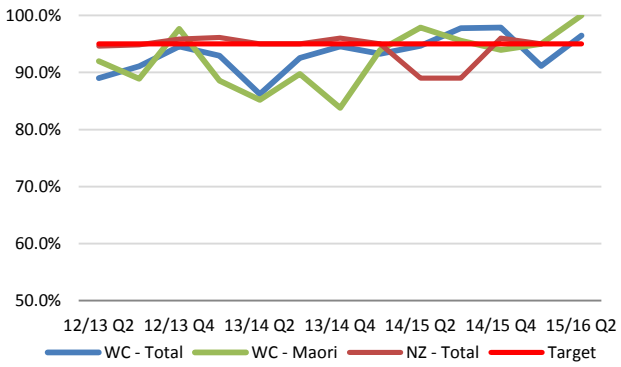
At the end of March 2016 the preliminary two year coverage result for breast screening on the West Coast continues to be above the target for all ethnicities except for Pacifica where we need an additional 10 to achieve the target.

SMOKING CESSATION

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



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



ACHIEVEMENTS/ISSUES OF NOTE

Primary care better help for smoker's health target

As reported previously, performance disappointingly decreased in Quarter 2, with 84.8% of smokers enrolled with the PHO provided cessation advice in the 15 months ending December 2015. We expect data for Quarter 3 in the coming weeks.

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. Data for Quarter 3 is expected by the end of the month. It is pleasing to see that 100% of Maori patients who smoke have been given quit advice and help.

Spirometry and Pulmonary Rehab Clinics

The WCPHO and Poutini Waiora have provided another Spirometry clinic with the Buller Health Medical Centre to provide screening spirometry tests for all consenting Maori smokers and ex smokers 45+ years old. The purpose of the initiative is to detect early disease in relatively asymptomatic smokers or ex smokers with significant history, so that they have the opportunity to receive early intervention and to promote smoking cessation in this at-risk group. In addition the clinic provides an opportunity to address other health needs for clients through a Whanau ora model of care. Through these clinics clients are offered increased access to screening, treatment and follow-up for themselves and their whanau. Support for cessation is provided by Community Public Health – Aukati Kaipaipa and the WCDHB Respiratory Nurse Specialists provide expertise.

9 people attended the clinic 7 Maori and 2 other. Other interventions provided as a result of this clinic were: 4 referrals for cervical screens and 7 CVRA's.

As a result of the Spirometry Clinic held earlier in the year in Hokitika the WCDHB Respiratory Nurse Specialist has delivered a Pulmonary Rehab clinic in Grey Based Hospital. This was held in collaboration with the Poutini Waiora Kaupapa Maori Nurses and consisted of two sessions per week for eight weeks. The clinic included physiotherapy, education from dieticians, occupational therapists, clinical psychologist, pharmacist and the respiratory educator and physical activity.

6 Maori attended the Pulmonary Rehab Clinic which is an outstanding result. We are now working together to identify a pathway for ongoing support for those Maori who completed the Rehab clinic.

Hauora Maori Workforce Development
We have 4 people from the West Coast participating in the Level 4 Certificate in Hauora Maori and in the Level 6 Diploma in Hauora Maori.

The Certificate explains the principles and key concepts of Hauora based on a Maori world view. It also explores Maori models of Hauora and their application in a work context and examines the application of more operational tools such as assessment, referral and Maori methods of communication used by kaimahi in a Hauora context. The level 6 Diploma builds on this to examine Maori health initiatives such as auahi kore, korikori tinana, tamariki ora, whanau ora and the Treaty of Waitangi.

We now have a considerable number of Kaimahi across the sector who have completed the certificate and have progressed on to the Diploma and are working in either public health the DHB or the Maori Health Provider. They are supported by Health Workforce NZ through the DHB Hauora Maori training fund.

Improving the Cancer Pathway for Maori (Phase 2)
Extend the Maori Cancer Pathway Project to other South Island DHBs
This project has been divided into two parts. Part 1 is the implementation of a specific initiative to address elements of the system that inhibit equity in the cancer care for Maori. The initial implementation is within Nelson/Marlborough where the 2014/15 project has set the scene for this further development. Concurrently the Southern Cancer Network have some existing resource to support Part 2 of the project and after an RFP process have contracted Dr Melissa Cragg to roll out the Maori Cancer pathway project to other South Island DHBs – the primary purpose of this work will be to identify issues and options confirmed for each DHB, create connections forming the platform for designing and implementing service improvements.

We look forward to working with Dr Cragg on this piece of work. Dr Cragg has already delivered the findings of Phase 1 of the Nelson/Marlborough research to various audiences within the health sector and Maori community. This research confirmed that Maori often present late or not at all for diagnosis and treatment resulting in poorer outcomes.

Poutini Waiora
A mihi whakatau was held on the 26 April to welcome 2 new Kaimahi to the organisation and in to the positions of Mama and Pepi and Tamariki ora Nurse within the Maori Health Provider. These 2 positions will work very closely together to provide a wraparound service focused on the delivery of timely access to well child core checks for Tamariki and providing support in antenatal education, breastfeeding education and support, parenting, oral health education, nutrition advice and linking into other services as required for Mum and baby from conception.

Cervical Screening
Te Herenga Hauora and South Island Southern Cancer Network: Cervical Screening Project
THH and the SCN have been considering how best to maximise the 'inequalities resource' within SCN for the next 18 months. A component of the resource has been committed to supporting Cancer Pathway Projects for Maori as part of the Faster Cancer Treatment initiative in conjunction with Nelson Marlborough. The priority identified across the South Island, with the guidance from Te Herenga Hauora is to support the uptake of both the breast & cervical screening programmes as per the objectives below.

- Public Health to conduct a literature review of current performance and understanding the barriers to

the up-take of the cervical screening programme
- Stocktake of cervical screening stakeholder and services across the South Island and from the analyses, develop, implement and evaluate proposed changes.

South Island Alliance Workforce
The Te Wai Pounamu Maori health workforce plan is to be reviewed and refreshed. The South Island Workforce Development Hub will work with the South Island Maori GMs on this. Gary Coghlan will lead this work alongside Pania Coote, GM Maori Otago/Southland DHB.

Tumu Whakarae
Regional Leads met with General Managers and Planning & Funding leads recently. A meeting was organised by Janet Mclean, Bay of Plenty DHB on behalf of Tumu Whakarae. There was agreement to champion health equity and health literacy in our system moving forward. The following actions were agreed:
- Joint communication promoting our commitment to work together. This will be submitted to Maori health publications in the next month.
- Key project development on a joint submission on Oral health
- Work together on the pharmacy agreement (re: equity) with a focus on health equity, mental health and health of older people.
- PHO national agreement (health equity focus)

Te Rau Matatini
Recently the South island General Managers Maori meet with Te Rau Matatini. TRM is open to forming key strategic relationships and the discussion focused on how resources can be shared more effectively and the priorities for the Maori workforce around cultural competency.

A commitment was made to maintain communication, develop links to keep each other informed as we plan and move forward with the intention of identifying specific training opportunities and need within each region.

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.

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.
Dr Melissa Cragg has been contracted to deliver on phase 2 of this initiative which is 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.

Report prepared by: Kylie Parkin, Maori Health

Report approved for release by: Gary Coghlan, General Manager Maori Health

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 13 May 2016 commencing at 10.15am

PLEASE ASSEMBLE AT THE LECTURE THEATRE, GREYMOUTH HOSPITAL			***10.15am***
	Presentation		
	Telehealth Update	John Garrett *Telehealth Clinical Leader, Canterbury/West Coast*	***10.20am***
PLEASE MOVE TO ST JOHN, WATERWALK ROAD			***10.50am***
KARAKIA			***11.00am***
ADMINISTRATION			***11.05am***
	Apologies		
1.	**Interest Register**		
2.	**Confirmation of the Minutes of the Previous Meetings** • *1 April 2016*		
3.	**Carried Forward/Action List Items**		
REPORTS			***11.15am***
4.	**Chair's Update (Verbal Update)**	Peter Ballantyne *Chairman*	*11.15am – 11.25am*
5.	**Chief Executive's Update**	David Meates *Chief Executive*	*11.25am – 11.40am*
6.	**Clinical Leader's Update**	Karyn Bousfield *Director of Nursing & Midwifery* Mr Pradu Dayaram *Medical Director, Facilities*	*11.40am – 11.50am*
7.	**Wellbeing, Health & Safety Update**	Michael Frampton *General Manager, People & Capability*	*11.50am – 12noon*
8.	**Finance Report**	Justine White *General Manager, Finance*	*12noon – 12.10pm*
9.	**Board Member Media Contact Policy**	Peter Ballantyne *Chairman*	*12.10pm – 12.20pm*
10.	**West Coast DHB Revised Standing Orders**	Peter Ballantyne *Chairman*	*12.20pm – 12.30pm*

11. **Reports from Committee Meetings**

- CPH&DSAC *28 April 2016*	Elinor Stratford *Chair, CPH&DSA Committee*	*12.30pm – 12.40pm*
- Hospital Advisory Committee *28 April 2016*	Sharon Pugh *Chair, Hospital Advisory Committee*	*12.40pm – 12.50pm*

12. **Resolution to Exclude the Public** — *Board Secretariat* — *12.50pm*

INFORMATION ITEMS

- 2016 Meeting Schedule

ESTIMATED FINISH TIME ***12.50pm***

NEXT MEETING

Friday 24 June 2016

COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE 28 APRIL 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: **13 May 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 April 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 April 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:

AgFest
A Community and Public Health staff member worked with West Coast PHO staff and other health professionals at the Men's Health Tent at AgFest. There was a very pleasing response from men to having a health check including blood pressure and blood sugar. There were also a large number of West Coast farmers who received a free influenza vaccination. Information and support was also available about smoking cessation and mental wellbeing.

Franz Josef Flood Event
Community and Public Health were involved in the emergency response to recent Franz Josef flooding event, with a particular focus on potential public health issues arising from damage to the sewage ponds and diesel storage. Staff were also involved in working with staff from West Coast Regional Council and Westland District Council to ensure these issues are addressed in the recovery phase. Community and Public Health staff also attended a debrief with other agencies involved in the event.

Council Annual Plan Submissions
Community and Public Health staff are currently working on submissions to three West Coast Council Draft Annual Plans, and have already made a submission on the Grey District Council's draft plan. Community and Public Health has also facilitated the Active West Coast submission for the Greymouth District Council.

Alcohol Licensing
Two weeks prior to the Hokitika Wildfoods Festival Community and Public Health staff met separately with the operators of both the Beer Tent and the Wine Tent and briefed them on their responsibilities in respect to the Sale and Supply of Alcohol Act 2012, also prior to the opening briefed staff at each of the four licensed stalls on their responsibilities under the Act. Joint monitoring of the alcohol sales from licensed stalls was conducted by Community and Public Health licensing staff, the Police and Westland's liquor licensing inspector, both during the evening.

Community and Public Health arranged a meeting with the West Coast Fire Service Safety Officer and secured his involvement in the assessment of all West Coast liquor licence applications to ensure that all premises had an up to date approved evacuation plan.

Kaumātua Wellbeing Hui
The recent kaumātua wellbeing project hui was focused on Dementia and Alzheimer's, as this was of particular interest to the kaumātua involved. Alzheimers NZ and the West Coast DHB both presented at the hui, with over 30 kaumātua present.

DHB Healthy Food and Drink Policy
The final draft of the nationally aligned DHB Healthy Food and Drink Policy has been developed through the national DHB food and beverage environments network. The policy has been informed by the NZ Eating and Activity Guidelines (2015), National Heart Foundation guidelines for healthy cafeteria food and the Health Star Rating for packaged goods. The final document will be the minimum expectations for DHBs to meet, then the West Coast DHB will need to develop a West Coast DHB specific policy that is required to go through the local endorsement process by 30 June 2016.

Health Promoting Schools
Community and Public Health coordinated the delivery of the 'Accelerating Equity' interactive workshop for schools and school partners at Grey High School this week. This is a follow on from the introductory workshop held in November 2015. Over 40 participants (including

rangatahi) attended the workshop with representation from schools Coast-wide and school partners such as Homebuilders and Poutini Waiora. Schools were able to share the changes they had made since the previous workshop and this workshop enabled them to build on this and start designing specific actions around how to reduce inequity they have identified in their school community.

Discussion took place regarding the recent announcement that the fluoridation of drinking water will pass to the District Health Boards. The legislation is currently being developed and will come to this committee to the Board for approval

Community and Public Health continue to look at council long term plans and submit on targeted areas in their annual plans. They also continue to look at the West Coast Regional Council plan and provide submissions where required

The report was noted.

b) PLANNING & FUNDING UPDATE

Philip Wheble, Team Leader, Planning & Funding presented this update. The 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 continued to achieve impressive results with 98.9% of patients admitted, discharged or transferred from Grey Base ED within six hours during March 2016. An impressive 93.4% were seen within just four hours.
- West Coast DHB was 59 discharges ahead of our year-to-date February progress to target toward delivering 1,889 elective and arranged purchase unit code (PUC) discharges in the 2015/16 financial year.

Key Issues & Associated Remedies

- One orthopaedic and two respiratory patients are showing as non-compliant against the maximum 120 days' wait time target for First Specialist Assessment (ESPI 2) in February. The orthopaedic patient has been seen and both respiratory patients are booked in the next clinic. One general surgery and four orthopaedics patients are showing as non-compliant against their first specialist assessment to surgical treatment (ESPI 5) in February. The Orthopaedic patients have been seen. The general surgery patient had their operation cancelled as the surgeon was unable to land due to weather; they are now rebooked.
- B4 school check results show 52% of our total eligible population and 41% of our high deprivation population have received their B4 School Check against our 68% year-to-date target for March 2016. 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.
- 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.

Discussion took place regarding development and implementation of a service that will provide additional support after discharge from hospital and for those that require restorative care to allow the elderly in the community to live well.

The report was noted.

c) ALLIANCE UPDATE

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

Alliance Leadership Team (ALT)

The Alliance Leadership Team reviewed the workplan for expanding the use of Telehealth across the West Coast and the accompanying reports demonstrating the percentage of patients having appointments via telehealth. The ALT noted the amount of work needed to get to this point.

The ALT reviewed the final drafts of the workstream workplans for 2016/17 Annual Planning. It was noted that the plans are very full and a there was a note of caution that the workstream be realistic in their expectations of themselves.

The ALT noted that nutrition and physical activity services are at risk due to reduced revenue from the Ministry of Health. The ALT are concerned about this risk in the context of the both National strategies and the South Island Alliance plans. Planning & Funding and the Alliance Support Group (ASG) have been tasked to look at how we can move resources within the health system to address this issue.

Health of Older Persons

- The CCCN has appointed a Falls Champion to deliver the falls programme in people's homes coast wide.

Grey/Westland & Buller Family Health Services (IFHS)

- A telehealth distance mapping report has been completed and the Alliance Leadership Team has provided feedback. The report will be provided monthly to support discussion about opportunities to use telehealth in our health system. The Grey|Westland workstream has also selected a group to progress actions around common processes between Grey practices as well as between the practices and other providers such as pharmacies.
- In Buller, Māori with Long term Conditions have been identified, with work underway to improve the LTCM of all enrolled patients who are LTC2.
- Poutini Waiora have developed an evaluation for the spirometry project and it is anticipated that this will be completed during April.
- With Buller Medical fully staffed, evening clinics are planned and additional health promotion and prevention activities are under consideration.

Healthy West Coast (HWC)

- The outcome of the submission made to the RFP for Local Stop Smoking Services by CPH (Community & Public Health), on behalf of HWC and ALT has again been delayed. This was expected by late March but MoH have advised this will now be more likely late April. The final decision will provide certainty on direction for local cessation services and the Māori Cessation Plan in particular.
- Notification from the Ministry of Health about reducing funding to the DHB for Nutrition and Physical Activity services has put these at risk. HWC will again reprioritise services and work to maintain as much service provision as possible. However, a long term plan regarding how to continue to fund public health needs to be developed.

Child and Youth

- The PHO have launched their new youth west coast website to support youth mental health after consultation with young people and user testing.
- GoFlo (Hip Hop / Poetry) workshops have commenced across the coast with 11-17 year olds themed around solutions to the specific issues raised in the Girls of Concern report. Young participants are encouraged to write songs as a medium for expressing those ideas.

Pharmacy

- Market analysis for the Grey IFHC community pharmacy commercial arrangements has commenced.
- Buller Pharmacy participation in the local interdisciplinary team meetings has commenced.

Discussion took place regarding the use of Telehealth for those patients who would otherwise have to travel long distances to attend clinics. The committee was informed that Planning & Funding currently have a Project Specialist working on different uses of Telehealth.

The report was noted.

d) PRESENTATION – ALLIANCE WORK STREAMS

Healthy West Coast

The Committee received a presentation on the Healthy West Coast Work Stream.

The presentation reminded members of the role of the Alliance and the diagram below will refresh Board members memory around the structure:

The presentation went on to provide information around Healthy West Coast, its purpose, membership and priorities.

Discussion took place regarding the harm caused by the use of illegal drugs and how some of the work being undertaken to reduce the harm caused by alcohol could also apply to drug use.

Discussion also took place regarding the cut in funding for the side contract held by Community & Public Health with the Ministry of Health. The Committee noted that the DHB is consistently looking across the whole system and doing what is best for the community with the funding available.

The Chair thanked Jenni Stephenson for her presentation.

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 April 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**

   10 March 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.	**Presentation** **Alliance Work Streams** - **Healthy West Coast**	Jenni Stephenson *Project Specialist & Alliance Programme Coordinator*	*9.40am – 10.00am*
8.	**General Business**	Elinor Stratford *Chair*	*10.00am – 10.10am*

ESTIMATED FINISH TIME — 10.10am

INFORMATION ITEMS

- **Board Agenda – 1 April 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 9 June 2016

COMMUNITY AND PUBLIC HEALTH WEST COAST

HEALTH ASSESSMENT AND SURVEILLANCE

"understanding health status, health determinants and disease distribution"

	Activities (what we'll do to get the result)	Key performance measures		Status	Reasons not on track and actions taken to ensure on track
		Quantity	Quality		
Health assessment	Monitor, analyse and report on key health determinants, including: alcohol related harm smoking status (e.g. from ASH Year 10 data and 2014 Census and WCPHO reports).	Number of reports.	Formal/informal feedback Accessibility of reports, including web statistics.	On track	
	Develop health status reports and health needs analyses for specific populations as required.	Number of reports	Accessibility of reports. Formal/informal feedback	On track	
	Develop disease-specific reports for conditions of concern, eg Pertussis.	Number of reports.	Accessibility of reports. Formal/informal feedback	On track	
	Contribute to related work of partner organisations, eg WCPHO and WCDHB through the	No of meetings	Records of meetings and outcomes (including joint planning processes and sharing of population health	On track	

	Activities (what we'll do to get the result)	Key performance measures		Status	Reasons not on track and actions taken to ensure on track
		Quantity	Quality		
	Healthy West Coast Workstream.		information). Quality of working relationship		
	Disseminate information in existing and dedicated reports (eg WCDHB Quality Accounts, WCDHB website, WCDHB Community Report, print, broadcast and social media).	Number of media reports. 4x WCDHB Community Reports 1x Quality Accounts 10x Ask a Professional articles in the Messenger 6-weekly CPHAC/DSAC reports	Impact of media reports	On track	
Surveillance	Review (via EpiSurv and other sources), analyse and report on communicable diseases data, including via web applications and written reports (eg Public Health Information Quarterly, weekly reports on notifiable diseases and influenza –May to September).	Number of reports. 4X PHI Quarterly Weekly surveillance reports	Accessibility of reports. Formal/informal feedback	On track	
	Produce disease-specific reports for communicable diseases of concern, eg Pertussis, other diseases causing outbreaks.	Number of reports.	Accessibility of reports. Formal/informal feedback	On track	
	Review, analyse and report on other disease and determinants data (eg alcohol-related harm,	Number of reports. Record of progress.	Formal/informal feedback	On track	

	Activities (what we'll do to get the result)	Key performance measures		Status	Reasons not on track and actions taken to ensure on track
		Quantity	Quality		
	and diseases relevant to West Coast context) including via the Environmental Health Indicators.				
	Contribute to update of South Island alcohol-related harm indicators.	A set of common indicators is produced annually for each SI DHB.	Formal/informal feedback	On track	
	Provide reports to SI Rheumatic fever register.	Record of progress.	Formal/informal feedback	On track	

Highlights:

- CPH has been able to share reports completed by our Information Team on smoking prevalence, alcohol-related harm indicators, and Māori census data with our Healthy West Coast partner organisations to help inform their work.

PUBLIC HEALTH CAPACITY DEVELOPMENT

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

	Activities (what we'll do to get the result)	Key performance measures		Status	Reasons not on track and actions taken to ensure on track
		Quantity	Quality		
Public health information systems	Review and maintain public health information systems (common file structure; databases; intranet, extranet and public websites, including Healthscape, SIPHAN, Health Pathways, HIIRC, NIR; Community Health Information).	Level of utilisation WC CFS Restructure is complete and implemented	Completeness and currency of information Operational systems and documentation in place Staff consistently record their work in Healthscape	On track	
	Contribute to development and implementation of national, regional and local public health information systems, including providing support to other PHUs that are adopting Healthscape.		Nature and effectiveness of systems, including degree of integration.	On track	

	Activities (what we'll do to get the result)	Key performance measures		Status	Reasons not on track and actions taken to ensure on track
		Quantity	Quality		
Partnerships with iwi, hapü, whānau and Māori	Take a whānau ora approach to working with local iwi, hapü, whānau and Māori around -health information and analysis -proposals and policies with health implications -health determinants and outcomes.	No. of initiatives supported.	Formal/informal feedback.	On track	
	Implement CPH Māori Health Plan.	Progress against plan		On track	
	SI: Work with Mäori GMs and Te Herenga Hauora, eg around shared communications.		Record of interactions and outcomes	On track	
Partnerships with Pacific and other ethnic leaders and 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.	No. of initiatives supported. Meet with New Coasters network a minimum of four times per year.	Formal/informal feedback. Record actions and feedback in Healthscape.	On track	
	Contribute to WCDHB ethnic specific plans as appropriate.	Progress towards plan development/implementation.		On track	

	Activities (what we'll do to get the result)	Key performance measures		Status	Reasons not on track and actions taken to ensure on track
		Quantity	Quality		
Human resources	Implement the CPH Workforce Development Plan, including promoting a focus on specific competencies and contributing to SI workforce development and national networks.	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. AKP staff achieved the Smoking Practitioner Qualification	Training feedback	On track	
	Assess the applicability of the Health Protection Officer competencies project and decide whether CPH will adopt it.	Record of assessment and decision.		On track	
	Explore/facilitate training for CPH staff in the Treaty, inequalities, Health in All Policies, Te Reo, Hauora Māori, and undergraduate and postgraduate study in public health as appropriate to staff development needs.	Extent of training recorded.	Training evaluations. Formal/informal feedback.	On track	

	Activities (what we'll do to get the result)	Key performance measures		Status	Reasons not on track and actions taken to ensure on track
		Quantity	Quality		
	SI: Contribute to regional processes.	Record of contribution		On track	
Research, evaluation, economic analysis	Support public health research and evaluation with a particular focus on improving Māori health and reducing health disparities.	Number and accessibility of reports.	Formal/informal feedback	On track	
	Share the Impacts of Job Losses paper with relevant agencies to assist in dealing with the impacts of job losses on the West Coast.	Number of times shared	Formal/informal feedback	On track	
	Media releases about items of interest including Year 10 ASH data, alcohol trends, etc.	Number of media reports. Two media releases in West Coast Newspapers on Year 10 ASH data	Impact of media reports.	On track	
	Systematically identify opportunities for conference presentations and peer-reviewed publication where appropriate.	Number of presentations and publications.	Impact of presentations and publications.	On track	
Planning and advising on	Develop reports and advice for health and non-health organisations to support robust public	Number of reports.	Accessibility of reports. Formal/informal feedback	On track	

	Activities (what we'll do to get the result)	Key performance measures		Status	Reasons not on track and actions taken to ensure on track
		Quantity	Quality		
public health programmes	health interventions, with a focus on improving Māori health and reducing health disparities, including evidence reviews, needs assessments, GIS analysis.				
	Contribute to national, regional and local public health infrastructure and supports, including Public Health Association, Health Promotion Forum, South Island Public Health Partnership, National Public Health Clinical Network, National Health Promoting Schools Group, New Zealand College of Public Health Medicine, Healthy West Coast Workstream, PASHANZ, West Coast Tobacco Free Coalition, Active West Coast, WCDHB Child & Youth Health Workstream and West Coast Immunisation Advisory Group, WCDHB Suicide Prevention Governance and Action Groups.	Extent of contribution.	Impact of contribution.	On track	

	Activities (what we'll do to get the result)	Key performance measures		Status	Reasons not on track and actions taken to ensure on track
		Quantity	Quality		
Quality management	Review and deliver the quality improvement plan including: policy and procedure maintenance, Internal Audit Plan, and provision of information, training and support to staff.	Progress against plan, eg review of policies and procedures and internal audits		On track	
	Present annual quality report to CPH Divisional Leadership Team (DLT).	1 report annually	Progress against improvements and recommendation log.	On track	
	Contribute to the WCDHB organisation-wide quality programme.		Progress towards quality programme.	On track	
	Maintain IANZ accreditation of drinking water unit and plan to ensure sufficient accredited Drinking Water Assessors at all times.		Accreditation maintained.	On track	
	Contribute as required to management and work groups as per *South Island Public Health Partnership Plan 2012*-15.	Progress against plans	Partnership evaluation	On track	

Highlights:

- Worked with the local Kapa Haka competition organisers to improve the kai environment available at the event. This meant that a wider range of healthy options were available for those in attendance.

	Activities (what we'll do to get the result)	Key performance measures		Status	Reasons not on track and actions taken to ensure on track
		Quantity	Quality		

- CPH is a member of the Buller Healthy Homes project; an arm of the Putahitanga Whānau Ora project to improve the wellbeing of Māori in Buller. We are fortunate to have had a strong initial; involvement with the Putahitanga Whānau Ora project and perceive that this degree of involvement and engagement will positively influence Māori health improvement in the future.
- Almost all staff recently completed introductory Te Reo Māori sessions and four staff attended the *Kaitiaki Ahurea* cultural competency course.
- Contributed to the development of the WCDHB post-falls management pathway.
- A staff member completed the *Flourishing Fellowship* programme with Lifehack, focusing on working creatively with youth wellbeing.
- A staff member completed facilitator training for Mindful Aotearoa's *Pause Breathe Smil*e Mindfulness in Schools programme.
- A staff member began a post-graduate diploma in Public Health through Massey University.
- CPH facilitated a *Broadly Speaking* workshop with 14 participants, including CPH staff and staff from other organisations including WCPHO, WCDHB (Planning & Funding and Public Health Nurses), Grey District Council, Te Ara Mahi, and Presbyterian Support.

Issues/challenges/risks and actions taken:

- There have been no formal requests for information regarding job losses, however, CPH has supported community events such as the Reefton Fog Festival, and Blue Light Junior Social, as a way of implementing recommendations within the literature review conducted by the Information Team on the health impact and public health response to major job losses in small communities.
- There has been limited progress with the West Coast Drinking Water Assessor training and designation due to a Health Protection Officer vacancy occurring in this reporting period. Initial attempts to fill the vacancy were unsuccessful. An appointment has now been made and a new trainee Health Protection Officer will commence training in the Christchurch office in January 2016. Once designated the appointee will take up their role in the West Coast office (as of April 2016).
- Creating partnerships with Pacific communities and leaders is proving difficult, as West Coast Pacific communities are small and there are, as yet, no formal Pasifika organisations. CPH staff do have some contacts with local Pasifika people and CPH is linked into the New Coasters Network which consists of people from a wide range of cultures and ethnicities.

HEALTH PROMOTION

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

	Activities (what we'll do to get the result)	Key performance measures		Status	Reasons not on track and actions taken to ensure on track
		Quantity	Quality		
Building Healthy Policy	Develop and make available resources to support health impact assessment (HIA) and a "health in all policies" (HiAP) approach.	Record of contributions.	Impact of contributions	On track	
	Support health and non-health sector staff with appropriate tools and customised advice to support a HiAP approach, eg the IRPG (Integrated Recovery Planning Guide), Te Pae Mahutonga, HPSTED (Health Promotion and Sustainability through Environmental Design), Broadly Speaking Training etc. Ensure these tools are available to all	Record of contributions.	Impact of contributions	On track	

	Activities (what we'll do to get the result)	Key performance measures		Status	Reasons not on track and actions taken to ensure on track
		Quantity	Quality		
	partner agencies and support their implementation.				
	Support settings (workplaces, sports clubs, schools) to develop policies which support health.	Training opportunities and participation.	Formal/informal feedback	On track	
	Engage with and co-ordinate efforts of key external agencies, including local iwi, to identify and support HiAP opportunities, including relevant Ministry of Education initiatives, housing, community resilience & wellbeing in response to job losses.	Record of contributions.	Formal/informal feedback	On track	
	Develop joint work plans with a range of stakeholders including: • WC Tobacco free coalition work plan • WCDHB Māori Smoking cessation work plan • WCDHB Youth Health Plan		Formal/ informal feedback, including evaluation of joint work plans.	On track	

	Activities (what we'll do to get the result)	Key performance measures		Status	Reasons not on track and actions taken to ensure on track
		Quantity	Quality		
	• WCDHB Suicide Prevention Plan • Healthy West Coast Work plan.				
	Support and coordinate development of WCDHB and regional position statements and submissions on public health issues.	Number of position statements and submissions	Impact of position statements and submissions	On track	
Built Environments	Encourage the development of well-designed built environments (including transport networks and public spaces) that are universally accessible and promote health.	Number of submissions	Impact of submissions	On track	
	Submissions on the four Councils' Long Term and Annual plans.		Number of recommendations Implemented into plans.	On track	
Creating supportive environments	Assist organisations and communities interested in gardening and growing food to achieve their goals.	Number supported Progress towards gardens noted.		On track	
	Advocate for environments that support active transport,	Number of submissions / workshops	Number of positive outcomes recorded.	On track	

	Activities (what we'll do to get the result)	Key performance measures		Status	Reasons not on track and actions taken to ensure on track
		Quantity	Quality		
	play and community connectedness.				
Education settings	Develop and support Health Promoting Schools initiatives reflecting national strategic direction and guided by the service specification.	Number of Schools engaged and with action plans developed.	Schools fully engaged to implement their action plan. Action plans conform to HPS specifications.	On track	
	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 whanau engagement	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. Uptake of health messages in school newsletters.	On track	
	Work with young people to encourage healthy choices e.g. Smokefree, alternatives to alcohol.	Electronic and hard copy distribution of HPS magazine. Record of presentations.		On track	
	Continue to develop the Good Memories No Regrets campaign, raising awareness of safe sex and safe drinking.		Outcomes entered into Healthscape.	On track	

	Activities (what we'll do to get the result)	Key performance measures		Status	Reasons not on track and actions taken to ensure on track
		Quantity	Quality		
Workplaces	Work with priority workplaces to develop health promoting workplaces.	No. of workplaces engaged.	Outcomes of workplaces initiatives.	On track	
	Work with workplaces to encourage smoking cessation among staff.	Number of referrals. Number of quit attempts.		On track	
Marae and Other Māori Settings	Work in a whānau ora approach with Māori in settings to support healthy choices and make healthy lifestyle changes. Settings include: Kohanga Reo, Marae and Poutini Waiora.	No. of Māori settings worked with. Record of initiatives	Evaluation findings	On track	
	SI: Develop and disseminate an Alcohol Harm Reduction kit for whanau (along lines of Northland's whanau pack) with support from Māori GM.	No. of initiatives supported and evaluated ie: Appetite for Life, Auahi Kore, alcohol harm reduction.	Feedback and demand for further kits	Not on track	See Christchurch report
Other community settings	Work with event organisers and other community groups to develop health promoting settings e.g. Waitangi Day, Relay for Life, Waka Ama Festival, Kapa Haka festival.	No of events supported	Evaluation findings.	On track	

	Activities (what we'll do to get the result)	Key performance measures		Status	Reasons not on track and actions taken to ensure on track
		Quantity	Quality		
	Support active transport through advocacy and membership on the WC Regional Transport Committee, West Coast Road Safety Committee	Meetings attended and opportunities of change recorded.		On track	
	Identify ways of working with early childhood centres to promote health and wellbeing.	No of initiatives recorded	Evaluation findings	On track	
Community action	Support communities to address priority issues, including community engagement initiatives and development of sound health promotion projects, eg community resilience & wellbeing in response to job losses, supporting delivery of the Prime Minister's Youth Mental Health initiative, WCDHB Suicide Prevention Plan.	Record of new networks established or linked into. No. of initiatives supported and evaluated. No. of groups engaged.	Evaluation findings.	On track	
	Encourage community members to participate in submission-making process including submissions on Liquor Licence applications.	No. of submissions made.		On track	

	Activities (what we'll do to get the result)	Key performance measures		Status	Reasons not on track and actions taken to ensure on track
		Quantity	Quality		
	Support Social Sector Trial initiatives in the community.	No. of initiatives supported and evaluated. No. of initiatives implemented.	Evaluation findings.	Not on track	No social sector trial initiatives on West Coast
Develop personal skills	Deliver Aukati Kai Paipa as per the MoH contract.	AKP contract specifications met.	Evaluation findings.	On track	
	Develop and deliver other lifestyle intervention support (eg Appetite for Life, Green Prescription, fall prevention programmes, breastfeeding support, cooking programmes).	Numbers of interventions made and evaluated. Number of participants Community linkages engaged with – e.g. Homebuilders, Salvation Army.	Evaluation findings	On track	
	Support mental wellbeing initiatives. Support delivery of the Prime Minister's Youth Mental Health initiative and WCDHB Suicide Prevention Plan.		Level of access to services Awareness of Five Ways to Wellbeing	On track	
	Deliver safe sexual health resources to priority groups and identify and facilitate training where appropriate.	No. training sessions delivered	Formal/informal feedback	On track	
	Develop and implement CPH public health	Progress against strategies		On track	

	Activities (what we'll do to get the result)	Key performance measures		Status	Reasons not on track and actions taken to ensure on track
		Quantity	Quality		
	communications strategies.				
	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 Messenger).	Number and type of messaging	Evaluation of reach and impact of individual campaigns	On track	
Reorient health service	Maintain ABC coverage in primary and secondary care including quit card, hospital cessation service and Coast Quit.	Sustained quit attempt rates MoH targets met.		On track	
	Work with hospital and community healthcare providers to develop health promoting settings (eg promoting active transport, Smokefree and West Coast Health System Nutrition Policy).	No of initiatives supported recorded and evaluated. New West Coast Health System Nutrition policy in place by end 2015.	Evaluation findings	On track	

	Activities (what we'll do to get the result)	Key performance measures		Status	Reasons not on track and actions taken to ensure on track
		Quantity	Quality		
	SI: Promote a population health approach to tackling obesity with other parts of our DHB and via SI SLAs and workstreams.	Record of progress		On track	
	Develop WCDHB Alcohol Harm Reduction Strategy.	Alcohol Harm Reduction Strategy and ED data collection process in place by end of 2015.		On track	

Highlights:

- Leading the review of the WCDHB food and beverage policy. Sugar-sweetened beverages are no longer on sale on WCDHB premises and consultation on a new Healthy Food Environments policy for the WCDHB has begun. A CPH staff member has represented the WCDHB at a national meeting to align work on DHB food and beverage policies.
- Work has begun on behalf of the Buller Interagency Group to develop a Buller Community Profile together with the Christchurch CPH Information Team. The profile will provide a stocktake of health and social services in the district and help to document community needs and identify service gaps. Communities in the Buller District have been greatly affected by job losses in industries such as coal and gold mining, and the closure of the local cement works, which was a large employer.
- Provided input and advice to the Westland District Council's Safer Communities accreditation application. If successful this will provide a sound base to further influence policies, procedures and practices within the Westland District.
- Supported the now completed Westland Wilderness Trail. We are involved with the recently formed South Westland Cycle Trail group which intend to develop a cycle trail within South Westland to link with the Westland Wilderness Trail.
- Contributed to the South Westland *Healthy Living Challenge* (an initiative led by a local GP practice) through the delivery of a local *Appetite for Life* course and taster Tai Chi sessions. Also provided input into the development of the evaluation of the Challenge.
- Delivered three *Appetite for Life* courses in the last five months in Greymouth, Hokitika and our first course in Franz Josef as part of the South Westland Challenge.

	Activities (what we'll do to get the result)	Key performance measures		Status	Reasons not on track and actions taken to ensure on track
		Quantity	Quality		

- Delivered two *Cooking Skills for Life Skills* courses in Greymouth this year for Richmond House and Alternative Education.
- Supporting the development of Healthy Eating policies for a number of Early Childhood Education centres, and this work continues with nutrition workshops for parents.
- With the support of the Heart Foundation, CPH has worked with a school canteen and canteen manager to improve the number of healthy options available. This work will continue into the next six months.
- Worked with Enviroschools to deliver nutrition information as part of their action days and work nutrition in with the "fewer packets" messaging. We have participated in two action days in the last six months, one in Westport and one in Runanga.
- Hosted an interactive workshop *Improving Outcomes for Māori, Pasifika and Minoritised Students and their Families Within our School Communities*. Thirty four participants representing ten schools (including principals, teachers, Board of Trustees members, and a good base of school partners) attended. Many schools took action following the workshop. A request and commitment for the Phase II workshop was made.
- Played a key role in a Teacher-led Innovation Fund project (start of a two-year project), through the Health Promoting Schools programme, particularly in providing a wellbeing lens. The focus is around building successful partnerships between schools and homes to grow communities, recognising the unique cultures and the importance of these across home and school, creating a sense of belonging, and creating educationally powerful connections.
- Successfully completed the *Pause Breath Smile* Mindfulness in Schools programme in three classes (Reefton Area School & Westport North School) working with 70 students and four teachers. Evaluation will be completed leading to ongoing development of this initiative.
- Developing relationships within the rural workforce to link in with the WCDHB Suicide Prevention and Postvention Plan to promote wellbeing effectively in rural areas.
- Facilitated two sexuality education workshops with teachers and other education and health professionals in partnership with Family Planning. Twenty professionals attended.
- Developed a kaumātua wellbeing project with partners – WCDHB, WCPHO, Westland Medical Centre, and Poutini Waiora. The project focuses on learning from and informing kaumātua on health priorities that they have identified so that they can continue to be strong

	Activities (what we'll do to get the result)	Key performance measures		Status	Reasons not on track and actions taken to ensure on track
		Quantity	Quality		

health promoters in their whānau and communities. Examples of hui held include sessions on arthritis and gout, immunisation, and mental wellbeing.

- Supported a spirometry project led by Poutini Waiora and WCPHO. Spirometry clinics have been held in Westport, Karamea and Greymouth. Māori who are identified as current or ex-smokers with COPD by their medical practitioner are invited to attend a clinic for spirometry testing. CPH (through the Aukati Kaipaipa service), has been providing the smoking cessation support for those who wish to quit smoking.

Issues/challenges/risks and actions taken:

- Increased community demand for *Appetite for Life*, and cooking skills courses, however, there has recently been an issue with people not completing some courses which will require action to address this situation, including methods of contact with participants.
- Countering "nutrition advice" given in the community which is not in line with Ministry of Health guidelines. The recently updated Ministry of Health Eating and Activity Guidelines are an opportunity to work on community communication in this space.
- Within Health Promoting Schools there is a high demand for support amongst West Coast schools. The cluster approach that CPH is using when working with schools makes this easier, however, the diversity of communities that we are working in still need to be taken into account to ensure individual needs are met.
- Within Health Promoting Schools, the limited support and resources for schools due to community organisations no longer serving the West Coast is a challenge, particularly for the more isolated schools.
- CPH plays a key role in the West Coast Youth Health Action Group. There has been slow progress on work developed in response to the Girls of Concern/Coast Girls Can report. CPH have been working with Lifehack and local social enterprise GoFlo to come up with novel and creative approaches to respond to the recommendations of the report.
- Encouraging community agencies that we work with to understand the importance of consistent health messages. For example, by providing healthy kai at community events.

HEALTH PROTECTION

"protecting communities against public health hazards"

	Activities (what we'll do to get the result)	Key performance measures		Status	Reasons not on track and actions taken to ensure on track
		Quantity	Quality		
Communicable disease control	Investigate cases and contacts as per protocols and Communicable Disease Control Manual 2012, including timely identification and investigation of notifiable diseases and outbreaks.	Disease rates (as compared with previous years).		On track	
	Quality data entry in EpiSurv in a timely manner.	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.	On track	
	Carry out internal audits of selected cases for adherence to protocols.	1 audit		On track	
	Investigate outbreaks as outlined in the Outbreak Response Procedure and ESR guidelines.	Progress against Outbreak Debrief Report action points.	Outbreaks controlled	On track	

	Activities (what we'll do to get the result)	Key performance measures		Status	Reasons not on track and actions taken to ensure on track
		Quantity	Quality		
	Contribute to the development of shared South Island protocols.	Number of shared protocols.	Impact of shared protocols	On track	
	Provide public information and advice, including promoting immunisation and hand hygiene and condom distribution.	Number of media releases and promotional opportunities undertaken.		On track	
	Work with priority settings and communities to increase immunisation and improve infection control.	Records of (intra WCDHB and interagency) meetings attended / settings worked with.	Impact of contribution as evidenced by meeting minutes.	On track	
	Provide vaccinator and programme authorisations as per Medicines Regulations	Documented numbers of authorised vaccinator & programme applications and approvals.		On track	
	Contribute to development and implementation of SI Rheumatic Fever Prevention Plan (reported through SI Public Health Partnership).	Progress against Plan		On track	
	Maintain the rheumatic fever register. Undertake six-monthly reviews of prophylaxis compliance in primary care.	Six-monthly review carried out and data provided to South Island Alliance and MoH.		On track	

	Activities (what we'll do to get the result)	Key performance measures		Status	Reasons not on track and actions taken to ensure on track
		Quantity	Quality		
Drinking water quality	Support local authorities to maintain catchment protection	Record of interactions with suppliers concerning their legislative obligations (in SIDWAU filing system).		On track	
	Review and prioritise all community supplies and work with prioritised communities and TLAs and regional bodies to improve water quality.	Record of interactions with suppliers concerning their legislative obligations		On track	
	Carry out functions and duties of a DWA as defined under the Health Act.		DWA activities completed within legislative time frames	On track	
	Undertake Annual Survey.		Annual survey data delivered by required date.	On track	
	Carry out public health grading of drinking water supplies on request.		Gradings completed and entered on WINZ	On track	
	Undertake water carrier registration where required.	Record of registration		On track	
	Respond to respond to transgressions and suspected water borne disease outbreaks and cases.	Record of responses and outcomes		On track	

	Activities (what we'll do to get the result)	Key performance measures		Status	Reasons not on track and actions taken to ensure on track
		Quantity	Quality		
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.	Record of external meetings attended and agreed actions.		On track	
	Work with councils to manage risks of unplanned contamination events.	Record of contribution.		On track	
	Liaise with councils to provide public advice on safe sewage disposal, sewage overflows, and waterways contamination.	Record of contribution.		On track	
Recreational water	Agree recreational water protocols with councils annually and monitor implementation.		Agreed protocol in place	On track	
	Work with councils to provide public information and advice, including health warnings and media releases.	Number of media releases produced in relation to RW including micro quality and algal bloom events.		On track	
Housing	Work with national, local and community organisations to ensure		Actions and/or outcomes from key housing stakeholder	On track	

	Activities (what we'll do to get the result)	Key performance measures		Status	Reasons not on track and actions taken to ensure on track
		Quantity	Quality		
	warm and dry housing, especially for vulnerable groups (including identification and referral of vulnerable households). (also see Air Quality, under Resource Management)		meetings/interactions reflect public health input.		
Resource management	Work with councils to ensure health issues are identified and considered in RMA processes. Assess and submit on consent applications.	Number of applications assessed (scoped) Number of submissions made. Number of hearings where evidence presented. Number of decisions reviewed.		On track	
	Work with stakeholders to identify and address potential health issues	Record of external meetings attended and agreed actions. Record of formal advice given.		On track	
Hazardous substances	Work with councils and other agencies to reduce public exposure to hazardous substances, including responding to hazardous substance emergencies and complaints. Continue to	Progress towards HSTLC reactivation Record of external (including HSTLC) meetings attended and agreed actions. Record of formal advice given.		On track	

	Activities (what we'll do to get the result)	Key performance measures		Status	Reasons not on track and actions taken to ensure on track
		Quantity	Quality		
	encourage the reactivation of the HSTLC committee.				
	Conduct investigations where required, including entry into HSDIRT and response to HSDIRT notifications.	Number of investigations.	Outcome of investigations.	On track	
	Provide public information and advice.	Record of advice given, including website utilisation.		On track	
	Process applications for application of vertebrate toxic agents under HSNO legislation.	Number of VTA applications processed.		On track	
	Conduct field audits of VTA activity where appropriate.	Number of audits.	Outcome of audits	On track	
Early childhood education centres	Visit, assess for pre-licensing and provide advice to ECECs.	Number of ECECs assessed in terms of meeting requirements of ECC 1998/ 2008 Regulations.		On track	
	Work with councils to ensure appropriate placement of new ECECs.	Number of meetings held with MoE and TAs.		On track	
Emergency preparedness	Review and maintain emergency plans.		Emergency plans are current.	On track	

	Activities (what we'll do to get the result)	Key performance measures		Status	Reasons not on track and actions taken to ensure on track
		Quantity	Quality		
	Participate in emergency responses on an as-needed basis.		Debrief reports	On track	
	Deliver MoH Emergency Management training to new staff and refresher training to established personnel (eg CIMS in Health, Health EMIS).	Record of training.	Evaluation of training	On track	
	Participate in Public Health exercise with Public Health South and Nelson/Marlborough Public Health and the National Exercise Shakeout at a local group and district level.		Performance against exercise performance measures.	On track	
	Contribute to the development of an integrated South Island Public Health Business Continuity Plan.	Progress towards plan completion, implementation.		On track	
Sustainability	Raise awareness regarding sustainability and climate disruption, including both adaptation and mitigation strategies.		Evidence of activity to improve understanding of sustainability and to promote sustainable practices	On track	
	Submissions to Councils where appropriate.	Number of submissions.	Formal feedback received and recorded.	On track	

	Activities (what we'll do to get the result)	Key performance measures		Status	Reasons not on track and actions taken to ensure on track
		Quantity	Quality		
Tobacco	Respond to public complaints.	Number of complaints	Complaints responded to within 5 days.	On track	
	Complete education visit/compliance check prior to CPO/complaint.	Number of visits/checks	% of retailers inspected.	On track	
	Conduct controlled purchase operations.	Minimum of three CPOs conducted.	CPO compliance.	On track	
	Provide public and retailer information and advice.	Record of advice, information given.		On track	
Alcohol	Set up ED alcohol data collection system.	ED data collection system in place by end of 2015.		On track	
	Monitor licensed premises.	Number of licensed premises monitored.		On track	
	Inquire into all on- , off-, club, and special licence applications and provide Medical Officer of Health reports to DLC where necessary.	Number of licence applications processed	Percentage processed within 15 working days.	On track	
	Conduct controlled purchase operations.	Minimum of 5 CPOs conducted. Number of premises visited during CPO.	CPO compliance.	On track	
	Contribute to training of Duty Managers	Record of contribution. Training courses held six weekly		On track	

	Activities (what we'll do to get the result)	Key performance measures		Status	Reasons not on track and actions taken to ensure on track
		Quantity	Quality		
	Work with Police and DLC to support community alcohol initiatives, eg alcohol accords.	Record of meetings attended and agreed actions.		On track	
	Support councils' implementation of Local Alcohol Policies (LAP's).		Health impacts of Local Alcohol Policies.	On track	
	Work with event organisers, eg for Wildfoods Festival, to encourage development of Event Management Plans.	Record of meetings, number of plans in place.		On track	
	Work with SI Public Health Partnership to facilitate the development of DHB Alcohol Harm Reduction Strategies with associated outcomes frameworks and indicators.	Progress against workplan.		Not on track	WCDHB has limited resources to develop its DHB Alcohol Harm Reduction Policy. Some progress has been made with the recent establishment of improved Emergency Department alcohol data collection and the sharing of a report on South Island alcohol-related harm indicators. However, a DHB strategy is still to be developed.
Other psychoactive substances	Work with Police and other agencies including CPH Canterbury staff to undertake regulatory activities in line with the Psychoactive Substances Act 2013 and Regulations.	Number of licensed retail premises assessed for compliance. Number of premises visited during Controlled Purchase Operations.	CPO compliance	On track	

	Activities (what we'll do to get the result)	Key performance measures		Status	Reasons not on track and actions taken to ensure on track
		Quantity	Quality		
	Support Local councils to develop Local Approved Products Policies.	Record of contribution		On track	
Other	Undertake other regulatory health protection work using a risk-based approach, including six-monthly inspections of solaria.	Record of external meetings attended and agreed actions. Record of formal advice given. Number of documents reviewed. Number of decisions reviewed. 100% of solaria contacted and visited every six months.		On track	

Highlights:

- Facilitated the establishment of Alcohol Harm Reduction Groups comprising liquor licensing inspectors, Police and CPH for each of the Westland, Buller and Grey Districts. The groups now meet regularly with positive feedback from all involved.
- Continue to participate in a West Coast Region Combined Alcohol Agencies group comprising agencies involved in alcohol licensing on the West Coast. The group has disseminated a newsletter to all West Coast licensees focusing on host responsibility.
- Participating in the Buller District Local Alcohol Policy Working Group in relation to forming a new draft Local Alcohol Policy (LAP) for Buller District.
- Completed 23 education visits with tobacco retailers.
- Carried out prioritised VTA field audits including one for a recent contentious aerial operation and helped with arrangements for the recent 1080 dust monitoring project undertaken for the Ministry of Health by Emission Impossible.

Issues/challenges/risks and actions taken:

	Activities (what we'll do to get the result)	Key performance measures		Status	Reasons not on track and actions taken to ensure on track
		Quantity	Quality		

- Managing our relationship with the Buller District Council carefully in respect to discussions surrounding a proposed Buller District LAP. This council did develop a draft LAP in 2013 and put it out for public consultation. It did not hear submissions and decided, in September this year, to scrap the draft LAP and start the process of LAP development anew. Council staff favour using the Tasman District LAP as a template because it has survived appeal. It appears from discussions to date that council staff and local alcohol industry representatives on the working group favour retaining licence times close to the Sale and Supply of Alcohol Act 2012 default hours.
- Westland District Council has recently decided to further defer development of a LAP and Grey District Council is proposing to do the same. These Councils are particularly concerned about the prospect of legal challenge to any LAP.
- CPH is finding that many of the premises applying for alcohol licences or renewals which are not on mains supply water have not provided evidence that their water supplies are potable. We have opposed several applications in the interim pending certificates the drinking water is potable. Discussions are being held with CPH Christchurch Drinking Water Assessors (DWA) regarding running workshops for licensees who have self-supplied drinking water.
- CPH have discovered an anomaly in the local alcohol licensing application assessment process in that the NZ Fire Service rarely report on applications involving premises that have accommodation attached. The Alcohol Licensing Officer is addressing this situation with the NZ Fire Service Fire Safety Officer.
- Despite being one Health Protection Officer (HPO) short in our West Coast office for several months, CPH has maintained HPO capacity using HPOs visiting from Christchurch on a rotating basis.
- Access to funding and installation for affordable insulation continues to be an issue for West Coast communities.
- Due to staffing challenges (i.e. no authorised DWA on the West Coast) we have been unable to cover the drinking water work fully for the West Coast region. There have been particular challenges following up issues identified from compliance reports and undertaking authorisation and calibration visits with water suppliers. There is combined enforcement/drinking water advisory work that still needs to be done to get any of the West Coast water carriers registered. There is a lot of non-compliance for local community water supplies due to water suppliers' deficiencies in sampling, collecting and analysing data.

	Activities (what we'll do to get the result)	Key performance measures		Status	Reasons not on track and actions taken to ensure on track
		Quantity	Quality		

- CPH still does not have an authorised DWA based on the West Coast. The current DWA trainee has not been able to progress the Unit Standards during this reporting period due to resource challenges. This situation is being addressed by the appointment of a new HPO (see above) and ongoing support from Christchurch-based DWA staff.

PREVENTIVE INTERVENTIONS

"population programmes delivered to individuals"

	Activities (what we'll do to get the result)	Key performance measures		Status	Reasons not on track and actions to ensure on track
		Quantity	Quality		
Immunisation	Immunisation coordination – work strategically to improve immunisation coverage especially for tamariki and rangatahi.		Record of initiatives. Formal/informal feedback.	On track	
	Immunisation promotion eg Pertussis vaccination among frontline healthcare workers, immunisation within ECECs and schools.	Record of promotion initiatives	Record of outcomes	On track	
	Immunisation delivery.	Record of delivery initiatives and outcomes.	Record of outcomes	On track	
Lifestyle interventions	Work with the Maternity Quality and Safety Programme to enhance coverage and effectiveness of Smokefree ABC	Record of progress		On track	

	Activities (what we'll do to get the result)	Key performance measures		Status	Reasons not on track and actions to ensure on track
		Quantity	Quality		
	interventions with pregnant women who smoke.				
	Implement the ABC Smoking Cessation Strategy in primary care and the community.	Number of practices provided with ABC training.		On track	
	Meet the smokefree health target.	Health Target Quarterly Report		On track	
	Meet PPP smoking targets, including smoking status documentation and delivery of brief advice and cessation support to smokers.	PPP Quarterly Reports.		On track	
	Deliver Coast Quit smoking cessation initiatives.	Quarterly report to WCDHB Smokefree manager, including enrolments in cessation programmes.		On track	
Screening and early detection	Participate in Cervical Screening Strategic and Working Groups to develop regional strategies to increase uptake.	Record of strategies	Record of outcomes	On track	
	Maintain current levels of uptake of breast screening through a planned approach.	Record of strategies	Record of outcomes	On track	

	Activities (what we'll do to get the result)	Key performance measures		Status	Reasons not on track and actions to ensure on track
		Quantity	Quality		
	Promote CVD risk assessments and diabetes screening in primary care settings and the community to increase uptake.	Quarterly report on utilisation. Numbers, age group, ethnicity and conditions identified.		On track	

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		Alliance Workstreams: - Healthy West Coast		Consumer Council			
PLANNED ITEMS		West Coast Public Health Annual Plan		Healthy Food and Drink Policy	Suicide Prevention Update Breastfeeding Plan Update			
GOVERNANCE AND SECRETARIAT	2016 Work Plan							
DSAC Reporting	As available	Disability Action Plan	As available	Amendment to Disability Action Plan Governance	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.