

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



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

**Thursday 8 September 2016
9.00am**

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

**AGENDA
AND
MEETING PAPERS**

All information contained in these committee papers is subject to change

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

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

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

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

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

The aim of the Committee's advice must be:

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

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

COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
To be held in the Board Room, Corporate Office, Greymouth Hospital
Thursday 8 September 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 July 2016

3. **Carried Forward/ Action Items**

REPORTS/PRESENTATIONS

9.05am

4. **Disability Action Plan Update**

Kathy O'Neill
Service Development Manager, Planning & Funding

9.05am - 9.15am

PRESENTATION
Manawanui In Charge

Marsha Marshall
Chief Executive, Manawanui In Charge

9.15am – 9.45am

5. **Community and Public Health Update**

Claire Robertson
Team Leader, Community and Public Health

9.45am – 9.55am

6. **Planning & Funding Update**

Philip Wheble
Team Leader, Planning & Funding

9.55am – 10.05am

7. **Alliance Update**

Philip Wheble
Team Leader, Planning & Funding

10.05am – 10.10am

8. **Health Target Q4 Report**

Philip Wheble
Team Leader, Planning & Funding

10.10am – 10.20am

9. **Maori Health Update**

Gary Coghlan
General Manager, Maori Health

10.20am – 10.30am

10. **Suicide Prevention Update (Verbal)**

Mark Newsome
General Manager, Grey/Westland

10.30am – 10.40am

11. **General Business**

Elinor Stratford
Chair

10.40am – 10.45am

ESTIMATED FINISH TIME

10.45am

INFORMATION ITEMS

- Board Agenda – 12 August 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 27 October 2016



E Te Atua i runga rawa kia tau te rangimarie, te aroha,
ki a matou i tenei wa
Manaaki mai, awhina mai, ki te mahitahi matou, i roto,
i te wairua o kotahitanga, mo nga tangata e noho ana,
i roto i tenei rohe o Te Tai Poutini mai i Karamea tae noa atu ki Awarua.

That which is above all else let your peace and love descend
on us at this time so that we may work together
in the spirit of oneness on behalf of the people of the West Coast.

COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEMBERS' INTERESTS REGISTER



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

COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE REGISTER OF MEMBERS' CONFLICTS/INTEREST

(As disclosed on appointment to the Board/ Committee and updated from time-to time, as necessary)

Member	Disclosure of Interest
CHAIR Elinor Stratford (Board Member)	<ul style="list-style-type: none"> Clinical Governance Committee, West Coast Primary Health Organisation Committee Member, Active West Coast Chairperson, West Coast Sub-branch - Canterbury Neonatal Trust 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)	<ul style="list-style-type: none"> Director, Vaile Hardware Limited Member of Community Patrols New Zealand
Lynnette Beirne	<ul style="list-style-type: none"> Patron of the West Coast Stroke Group Incorporated 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 Running a Homestay for DHB Students
Cheryl Brunton	<ul style="list-style-type: none"> Medical Officer of Health for West Coast - employed by Community and Public Health, Canterbury District Health Board Senior Lecturer in Public Health - Christchurch School of Medicine and Health Sciences (University of Otago) Member - Public Health Association of New Zealand Member - Association of Salaried Medical Specialists Member - West Coast Primary Health Organisation Clinical Governance Committee Member – National Influenza Specialist Group Member, Alliance Leadership Team, West Coast Better Sooner More Convenient Implementation Member – DISC Trust
Jenny McGill	<ul style="list-style-type: none"> Husband employed by West Coast DHB Peer Support – Mum4Mum
Joseph Mason	<ul style="list-style-type: none"> Representative of Te Runanga o Kati Wae Wae Arahura Employee Community and Public Health, Canterbury DHB
Mary Molloy	<ul style="list-style-type: none"> Spokesperson for Farmers Against 1080 Executive Member - Ban 1080 Political Party Director, Molloy Farms South Westland Ltd Trustee, L.B. & M.E. Molloy Family Trust Executive Member, Wildlands Biodiversity Management Group Inc. Chair of the West Coast Community Trust

Member	Disclosure of Interest
Francois Tumahai (Board Member)	<ul style="list-style-type: none"> • Te Runanga o Ngati Waewae - Chair • Poutini Environmental - Director/Manager • Arahura Holdings Limited - Director • West Coast Regional Council Resource Management Committee - Member • Poutini Waiora Board - Co-Chair • Development West Coast – Trustee • West Coast Development Holdings Limited – Director • Putake West Coast – Director • Waewae Pounamu – General Manager • Westland Wilderness Trust - Chair • Wife, Lisa Tumahai, is Chair, Tatau Pounamu Advisory Group
Peter Ballantyne Ex-officio (Board Chair)	<ul style="list-style-type: none"> • Member, Quality, Finance, Audit and Risk Committee, Canterbury DHB • Retired Partner, Deloitte • Member of Council, University of Canterbury • Trust Board Member, Bishop Julius Hall of Residence • Niece, Juliette Reese, Coordinator/Administrator Medical Training Programmes, West Coast District Health Board
Joseph Thomas Ex-officio (Board Deputy Chair)	<ul style="list-style-type: none"> • Ngati Mutunga o Wharekauri Asset Holding Company Limited – Chair • Motuhara Fisheries Limited – Director • Ngati Mutunga o Wharekauri Iwi Trust – Trustee and Member • New Zealand Institute of Management Inc – Member (Associate Fellow) • New Zealand Institute of Chartered Accountants – C A, Member • Chief Executive, Ngai Tahu Seafood

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 July 2016 commencing at 9.00am

PRESENT

Elinor Stratford (Chairperson); Dr Cheryl Brunton; Jenny McGill, Joe Mason; JohnVaile; and Peter Ballantyne (ex-officio).

APOLOGIES

Apologies were received and accepted from Mary Molloy; Lynette Beirne; Francois Tumahai; and Jospeh Thomas.

EXECUTIVE SUPPORT

Mark Newsome (General Manager, Grey/Westland); Philip Wheble (Team Leader, Planning & Funding); Karen Bousfield (Director of Nursing & Midwifery); Kathleen Gevigan (General Manager, Buller); and Kay Jenkins (Minutes).

IN ATTENDANCE

Jenni Stephenson, (Planning & Funding) for Item 7.

WELCOME

Joe Mason opened the meeting with a Karakia.

1. INTEREST REGISTER

Changes to Interest Register

Elinor Stratford asked that “Committee Member, Abbeyfield Greymouth Incorporated” be removed from the register.

Declarations of Interest for Items on Today’s Agenda

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

Perceived Conflicts of Interest

There were no perceived conflicts of interest.

2. MINUTES OF THE PREVIOUS MEETING

Resolution (9/16)

(Moved: Cheryl Brunton; Seconded: Elinor Stratford - carried)

“That the minutes of the meeting of the Community and Public Health and Disability Support Advisory Committee held on 9 June 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

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

Buller Community Profile

The Buller Community Profile was launched at Club Buller in Westport on Thursday 7 July. Dr Cheryl Brunton and Dr David Brinson presented a summary of the findings of the Profile report to an audience of 60+ people from many health and social service organisations.

The report was prepared for the Buller InterAgency Forum. The purpose of the document was “to record an in-depth profile of the Buller District – the demographic data on its people, as well as comments from a number of key agencies that make decisions that affect the lives of the people in the Buller, about what they see happening in their community and the likely challenges in the future” (p1, Buller Community Profile).

A huge amount of work has gone into the Profile and to date there has been significant media coverage. A copy of the full report is available for download from the West Coast DHB website.

The Buller InterAgency Forum met one week after the launch of the Profile and have started planning for positive action for the future using the information gathered through the report.

Smokefree Outdoor Dining

Members of the West Coast Tobacco Free Coalition have recently visited cafés, bars and restaurants with outdoor dining areas in Westland from Kumara south to Fox Glacier to provide them with free smokefree signage.

The response to this initiative has been very positive. Business owners and managers have been encouraged to display the smokefree signage on their outdoor tables to encourage people to enjoy their hot drinks and food in a smokefree setting.

Alcohol Licensing

The Westland District Licensing Committee (DLC) has approved an application for an off-licence new bottlestore in Hokitika. The DLC considered, in forming its decision, that reporting agencies, other objectors and some members of the community believe there are too many off-licences in Hokitika. The DLC's decision states that *“members of the public and organisations may lobby the Westland District Council to commit to a Local Alcohol Policy. This would allow proper public consultation and would have the effect of determining the number of Off Licences that the community believes is appropriate in the Hokitika urban area”*.

Nutrition Health Promotion

Community and Public Health staff have delivered seven cooking skills sessions at Greymouth Alternative Education. There were six students involved with the course. The students cook their lunch every day as a group and the most effective approach was to take their favourite meals and adapt them to contain more vegetables, less sugar, saturated fat and salt. These students are high consumers of energy drinks, so there was a focus on this as well as part of the programme, including how these affect the body.

Arahura Awa Hui

At the request of some Arahura community members, staff from Community and Public Health, the West Coast Regional Council (WCRC) and The Institute of Environmental Science and Research (ESR) met with members of the community at a hui earlier this month to discuss community concerns about water quality of the Arahura awa. Information from some preliminary monitoring was presented and discussed. As an initial action, the WCRC will include some additional monitoring sites on the Arahura awa in its summer programme of recreational water monitoring. Community & Public Health staff will also continue to liaise with the community about any further actions.

Healthy Homes Project in Buller

As part of our work with the Healthy Homes project Community and Public Health is currently acting as a conduit for whānau in Buller to have access to the Christchurch-based Community Energy Action (CEA) curtain bank while an assessment is made of the feasibility of setting up curtain banks on the West Coast.

CEA and the Canterbury DHB have evaluated the Healthy Homes insulation programme set up to improve homes in Canterbury post-earthquakes. Nine hundred homes were insulated which resulted in considerable improvements to health of the occupants and a substantial reduction in health costs. Copies of the evaluation document can be made available to Committee members.

Discussion took place regarding the approval for the new bottle store in Hokitika with disappointment being expressed. Discussion also took place regarding Local Alcohol Plans and Dr Cheryl Brunton provided the Committee with the background around this.

The Committee applauded the work being undertaken around the water quality of the Arahura awa.

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

- Performance continues to be impressive against the ED health target with 99.2% of patients admitted, discharged or transferred from Grey Base ED within six hours during June 2016. A significant 94.5% were seen within just four hours.
- West Coast DHB was 25 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. Provisional analysis indicates that we will exceed our Health Target volumes for the year to 30 June 2016.
- During Quarter 4, West Coast DHB staff provided 97% 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.

Key Issues & Associated Remedies

- **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 Checks:** Service targets during the last quarter have improved to 82% 299 checks completed of the 363 target set by MOH. What the service has found is the combination of children who have had B4 school checks but cannot be recorded and movement of families out of the West Coast region has meant that meeting the target has been particularly difficult.

Mr Wheble tabled some examples of graphs regarding breastfeeding for the Committee to look at to determine what information they would like to be included in future reporting. Discussion took place around this.

Discussion also took place regarding the challenges around vision and hearing testing and the resources available in this area.

The Committee noted that management are continually looking at Aged Care Services with a view to improving these.

A query was made regarding whether any dementia care is provided by Private Providers and the Committee noted that this is not provided by Private Providers currently however lower complexity dementia patients are provided for and in these cases additional funding is provided.

The report was noted.

6. ALLIANCE UPDATE

Phillip Wheble presented this report which provided an update of progress made around the West Coast Alliance regarding:

Alliance Leadership Team (ALT)

- In July the workstream leads and the Alliance Support Group will be meeting to talk and document the lessons learnt in progressing the 2015/16 workplans. This occurs each year and assists the Alliance to improve how to progress and achieve the actions in the workplans.
- The 2016/17 workplans are now underway with workstreams reporting against these actions.

Health of Older Persons

- The Falls Champion is receiving most of its referrals for clients within the community from the Complex Clinical Care Network. Promotion of this service is planned into general practice and with the rural nurse specialists in the coming months.

Integrated Family Health Service (IFHS) Workstreams (Grey/Westland, Buller & Reefton)

- A new workstream has been put in place as a result of the community engagement in Reefton. This workstream will be looking at the services in Reefton and how these might look in the future. The workstream has community, staff and management as members of the workstream.
- Staff in Reefton have been looking at opportunities where the services there can work together and have already started working in an integrated way. Nursing is now moving between services to assist in covering gaps including supporting PRIME, covering leaving across the service and looking at a single stock room for all services.
- The Grey/Westland workstream is continuing to look at opportunities to work with the plastics specialists to allow some procedures to be done in primary care. The secondary dieticians role that will sit in primary care is still to be filled.
- Grey Health will be supporting a trial this year of the new patient portal that will allow the community to interact with their practices via the internet.

Healthy West Coast (HWC)

- Following the Ministry led Realignment of Stop Smoking Services process, Community & Public Health now have a contract in place on behalf of the Healthy West Coast workstream which represents a whole-of-system approach to supporting smokers to quit. There will be a 3 month transition from the Aukati KaiPaipa service to the new model.

Child and Youth

- A working group has met to develop a local Oral Health Promotion plan that will compliment the Transalpine Oral Health Steering Group's Communication Plan. The plan will take a life course approach, identifying key opportunities to deliver oral health and nutrition messages from pregnancy through to adolescence.

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.

Discussion took place regarding the plastics work being undertaken in Primary Care. Me Newsome provided the Committee with some background around how this is being undertaken.

The report was noted.

7. BREASTFEEDING PLAN UPDATE

Jenni Stephenson, Planning & Funding provided the Committee with an update on progress with the West Coast's Priority Plan for Breastfeeding. The Committee noted that the majority of the actions in the plan have been completed and Ms Stephenson took the Committee through the actions which are still work in progress.

The Chair thanked Ms Stephenson for the update.

GENERAL BUSINESS

- i. The Committee discussed the Ministry of Health publication "A guide to Community Engagement with People with Disabilities" which was provided for their information.
- ii. The Chair spoke regarding the launch of KIOSK which is to be trialled on the West Coast.
- iii. The Committee noted that on 2 August there is a meeting on The West Coast regarding the National Disability Strategy.
- iv. On 6 & 7 September 2 people are coming to the West Coast from Taranaki to look at accessible communities.
- v. The review of NASC and DIAS is still continuing and it is hoped that this will be completed by July 2017. It is also hoped that the Ministry will have informed providers of any changes by December 2016

INFORMATION ITEMS

- Board Agenda – 24 June 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 10.25am.

Confirmed as a true and correct record:

Elinor Stratford, Chair

Date

CARRIED FORWARD/ACTION ITEMS



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

COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE CARRIED FORWARD/ACTION ITEMS AS AT 8 SEPTEMBER 2016

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
1.	9 June 2016	Water Quality	On-going updates to be provided to the Committee	As required
2.	28 April 2016	Suicide Prevention Plan Update	Update	Verbal Update Scheduled for today

PRESENTATIONS FOR CONSIDERATION

TOPIC	STATUS
Consumer Council	Early 2017
Transport (including transalpine)	
Elder Law Conference	

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

SOURCE: Planning and Funding

DATE: 8 September 2016

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

In March and April 2016 the West Coast and Canterbury DHB Boards approved the Strategic Disability Action Plan. This paper is to seek a recommendation from the West Coast Community & Public Health and Disability Support Advisory Committee to the West Coast Board for the broadening of the scope of the Strategic Disability Action and the required changes that will need to occur to the governance structure as a direct consequence of this.

2. RECOMMENDATION

That the Community and Public Health & Disability Support Advisory Committee recommends to the Board that they:

- i. approve the broadening of the scope of the West Coast Disability Action Plan to the “Canterbury and West Coast DHB Disability Action Plan”; and
- ii note the updated Action Plan attached as Appendix 1

3. SUMMARY

During the development of the Strategic Disability Action Plan it was always intended that the DHB plan would be applicable to the wider health system and that following consultation and approval by the DHB Boards, the Plan would be presented to the Alliance Leadership Teams (ALT) for Canterbury and the West Coast for their approval. This has subsequently occurred with both ALT’s giving approval to implement the plan across the health system wherever applicable, using the existing alliance structure of the Work Streams and Service Level Alliances (SLA’s). This has led to an extension of accountability of the implementation of the Plan to include the ALT’s.

It is also important to note that this will mean that the accountability for the implementation and evaluation of outcomes of the Strategic Disability Action Plan will be to ALT and the DHB Executive Management Team with regular reporting to this Committee.

4. DISCUSSION

The West Coast ALT will take the lead in providing the governance for implementation on the West Coast of the Plan. At the ALT meeting in July 2016 there was agreement that the Canterbury and West Coast Health Disability Action Plan would be a core document that has become one of the guiding principles for the Work Plans and activity for each of the Work Streams. ALT agreed that the SLA’s and Work Streams would be informed of this and that the Disability Lead for Canterbury and the West Coast DHB’s will attend meetings over the coming months to ensure each Alliance was fully informed of the Plans content that was relevant to their target population

and provide support to review their current Work Plans ensure they were inclusive of the needs of people with disabilities.

Where applicable the Canterbury DHB Disability Steering Group will be focused on driving the implementation and evaluation of the Plan within the Canterbury and West Coast DHB's using the already established Transalpine approach. As many of the DHB Departments and Divisions are one team across Canterbury and the West Coast, actions for implementation will occur across both DHB's. The Canterbury DHB Steering Group will ensure engagement and inclusion of the West Coast DHB occurs to progress each priority action. For example the actions to improve communication with the disability community, disability awareness for staff and employing more people with disabilities will need to be progressed internally to the DHB's as well as the wider health system.

The language of the Plan has been amended to reflect the wider scope of the original DHB focused plan and has been renamed the Canterbury and West Coast Health Disability Action Plan

6. APPENDICES

Appendix 1: Canterbury and West Coast DHB Disability Action Plan

Report prepared by: Kathy O'Neill, Team Leader, Planning and Funding
Approved for Release by: Stella Ward, EMT Disability Lead, Canterbury & West Coast DHBs

CANTERBURY AND WEST COAST HEALTH DISABILITY ACTION PLAN

***A plan for improving the health system for
people with disabilities and their family/whānau***



Foreward

The Canterbury and West Coast Health Disability Action Plan has been developed with people with disabilities, their family/whānau, providers of disability services and our Alliance partners from across the health system. The Plan will be implemented with the ongoing engagement of all these key stakeholders using existing processes, and through developing new ways of working together.

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Developing our Disability Action Plan 2016 - 2026

In 2016 we began the development of a Canterbury and West Coast Health Disability Action Plan for 2016 - 2026.

The draft document, approved for wider consultation, was developed in line with the New Zealand Disability Strategy 2001 and the United Nations Convention on the Rights of People with Disability.

Disabled People Organisations are those recognised by the New Zealand Office of Disability Issues as representing the collective voice of people with disabilities. All such recognised groups have received and been invited to provide feedback on the draft Plan and the priority actions for 2016 - 2017.

Feedback was received via attendance at face to face meetings, forums and network meetings, and through written feedback. This feedback has been incorporated into the final Plan.

Development of the Plan included the review and incorporation of the key elements of core New Zealand documents relating to people with disabilities. Those core documents can be found in Appendix A.

The importance of the United Nations Convention on the Rights of Persons with Disability was consistently referred to by people with disabilities and their supports. These guiding principles are included as Appendix B.

For the purposes of this Plan, disability is defined according to the United Nations Convention on the Rights of People with Disability. It describes disability as resulting 'from the interaction between persons with impairments

and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others’ (UN General Assembly 2007).

This definition distinguishes the impairment or health condition from the restrictions on participation in society (e.g. unemployment due to discriminatory recruitment practices). These restrictions are not an inevitable consequence of the impairment; they are a result of unfair and avoidable barriers which results in many of the differences in health status between people with a disability and people without a disability. Using this definition the Plan is applicable to all people with disabilities regardless of age or the type of impairment.

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

The Plan includes a Canterbury and West Coast position statement which addresses the critical issues relating to human and civil rights, treatment, and services and programmes for people with disabilities and their family/whānau. This statement is to inform our population and other agencies of the prevailing organisational view on key issues for people with disabilities.

Progress on achieving the stated objectives and priority actions in this Plan will be reported back to the disability community through a range of tactics including forums, electronic information and written communication. The Plan will be refreshed at least annually and priority actions will be developed and amended as necessary to ensure we continue to strengthen our engagement and inclusion of disabled people in the transformation of our health system.

*Refer to Appendix C for a summary of the consultation process and feedback.

Position Statement

Promoting the health and wellbeing of people with disabilities

Purpose

This position statement summarises our commitment to actions aimed at improving the lives of people with disabilities in Canterbury and on the West Coast. It will be used in making governance, planning, funding, and operational decisions. The Plan reflects this position statement and provides details of how it will be implemented.

Key points

We recognise that a significant proportion of the New Zealand population experience impairments, which may result in disability and disadvantage. In addition, the population is aging which will increase the number of people experiencing impairment. Accessibility and inclusion are rights to be protected. They are also catalysts for new ideas and innovation that can lead to better services and outcomes.

We make the following commitments to people with disabilities, their families and whānau, to:

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

We will also incorporate the perspectives and needs of people with disabilities when we:

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

***CANTERBURY AND WEST COAST
HEALTH DISABILITY ACTION PLAN
2016 - 2026***

Vision

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

Safety and Autonomy

The New Zealand Disability Action Plan 2014 - 2018 Strategic Focus

I am safe in my home, community and work environment. I feel safe to speak up or complain and I am heard. Those assisting me (professionals and others) have high awareness and I do not experience abuse or neglect.

Our Strategic Focus

People with disabilities and their family/whānau/carers are listened to carefully by health professionals and their opinions are valued and respected. Individuals are included in plans that may affect them and encouraged to make suggestions or voice any concerns by highly aware staff.

We will...

1. *Integrate services for people of all ages with a disability*

Work with people with disabilities and their family/whānau/carers to identify opportunities for achieving an integrated and co-ordinated approach between cross government services and local providers, so that infants/children and youth with impairments and adults with a disability, including those with age related conditions, can live lives to their full potential. (8, 10, 11 – These numbers relate to objectives in The NZ Disability Strategy 2001, see Appendix D).

2. *Improve health literacy*

Improve access to health information in a form that works for them. This includes access to their personal health information. Support is provided when required so that the individual/family/whānau can use information to manage their own health, share in decision making, provide informed consent, and make choices and decisions that are right for them and their family/whānau. (3, 8, 10, 11, 12)

3. *Offer appropriate treatment*

Offer interventions with individuals and their family/whānau which are evidence-based best practice, such as restorative, recovery focused approaches. (6, 7, 10, 11)

4. *Monitor quality*

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

Wellbeing

The New Zealand Disability Action Plan 2014 - 2018 Strategic Focus

I feel dignity and cultural identity through a balance of family/community, mental, physical and spiritual wellbeing.

Our Strategic Focus

The wellbeing of people with disabilities is improved and protected by recognising the importance of their cultural identity. Health practitioners understand the contribution of the social determinants of health.

We will...

5. *Measure and progress*

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

6. *Improve access to personal information*

Enable people with disabilities to have increased autonomy in making decisions that relate to their own health by developing processes that enhance communication e.g. access to their medical records through patient portals. People with disabilities will be given support to do this if they are unable to do this on their own. (2, 14)

7. *Work towards equitable outcomes for Māori*

Work with Māori people with a disability, whānau and the Kaupapa Māori providers to progress the aspirations of Māori people as specified in He Korowai Oranga, Māori Health Strategy. Apply our Māori Health Framework to all the objectives of this action plan in order to achieve equitable population outcomes for Māori with a disability and their whānau. (11, 13, 15)

8. *Implement a Pasifika disability plan*

Work with Pasifika people, their families and Pasifika providers to action the Ministry of Health National Pasifika Disability Plan 2014 - 2016 which identifies nine specific objectives for Pasifika people with a disability and 'Ala Mo'ui: Pathway to Pacific Health and Wellbeing 2014 - 2018 which is aimed at improving culturally appropriate service provision with

emphasis on improved access to Primary Care. Canterbury Pasifika Health Framework 2015 - 2018 will also be used as a core document to inform the work required. (12, 13, 15)

9. *Develop better approaches for refugee, migrant and culturally and linguistically diverse groups*

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

Self Determination

The New Zealand Disability Action Plan 2014 - 2018 Strategic Focus

I make my decisions myself, based on my aspirations. I have access to information and support so that my decisions are informed.

Our Strategic Focus

People with disabilities contribute to their own health outcomes as they and their family/whānau receive the information and support which enables them to participate and influence at all levels of society.

We will...

10. *Provide accessible information and communication*

Promote and provide communication methods that improve access and engagement with people with disabilities, such as using plain language and Easy Read, ensuring all computer systems and websites are fully accessible to those who use adaptive technology, and expanding the use of sign language. (1)

11. *Develop leadership of people with disabilities who have a role in the health system*

Identify and support opportunities for leadership development and training for people with disabilities within the health system. This includes further development of peer support as a model of care for people with long term conditions. (5)

Community

The New Zealand Disability Action Plan 2014 - 2018 Strategic Focus

I feel respected for my views and my contribution is received on an equal basis with others.

Our Strategic Focus

People with disabilities experience equal workplace opportunities. The health system supports access, equity and inclusion for those living with impairments, their family/whānau, carers and staff.

We will...

12. *Be an equal opportunity employer*

Increase the numbers of people with disabilities being employed and supported in their role within the Canterbury and West Coast health system. (4) Develop and implement an appropriate quality tool for current employees who identify as having a disability, that can inform and identify opportunities to improve staff wellbeing. (2, 4, 10)

13. *Increase staff disability awareness, knowledge and skills*

Develop and implement orientation and training packages that enhance disability awareness of all staff, in partnership with the disability sector e.g. people with disabilities, their family/whānau/carers, disability training providers and disability services. (1)

14. *Services and facilities are designed and built to be fully accessible*

Services and facilities will be developed and reviewed in consultation with people with disabilities and full accessibility will be enhanced when these two components work together to ensure people with disabilities experience an inclusive health system that is built to deliver waiora/ healthy environments. (6)

Representation

The New Zealand Disability Action Plan 2014 - 2018 Strategic Focus

Disabled People's Organisations (DPO) represent collective issues that have meaning for me (based on lived experience) in a way that has influence.

Our Strategic Focus

The collective issues that emerge from people with disabilities' lived experience of the health system are actively sought and used to influence the current and future Canterbury and West Coast health system.

We will...

15. *Implement the plan in partnership*

Work with the Canterbury and West Coast Consumer Councils to ensure a network of disability-focused consumer groups who are empowered to actively engage with health service providers and be partners in health service improvement and redesign. This network will support the implementation and evaluation of the Canterbury and West Coast Health Disability Action Plan. (1)

16. *Promote the health, wellbeing and inclusion of people of all ages and abilities*

Actively promote and influence at all levels of society, to address stigma and discrimination, increase universal design for public spaces, and advocate for a fully inclusive society. (1, 4, 13)

Priority Actions 2016 - 2017

Key

Will be progressed in 2016 - 2017

Will be progressed in the future as opportunities emerge

Safety and Autonomy

1. Integrate services for people with a disability of all ages

Objective

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

Priority Actions

- 1.1 Map the pathway for people with disabilities and long term chronic health conditions (LT - CHC) to available services, and work with Disability Support Services and the Needs Assessment and Service Co-ordination Services to improve processes as people transition between health and disability services.
- 1.2 Work with other providers of services for children and youth to address the gap in service provision for respite for 0-19 year olds with complex needs and for those living in rural communities.
- 1.3 The agreed pathways across funders and service providers will be placed on HealthPathways.

- 1.4** Where gaps in service provision are identified, engage with the key stakeholders to identify opportunities and actions that can be progressed.

Outcomes

- Increased planned care and decreased acute care
- Decreased wait times
- Decreased institutionalisation rates.

2. Improve Health Literacy

Objective

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

Priority Actions

- 2.1** People will better understand their health status through the development of the electronic patient portal in collaboration with people with disabilities and relevant experts to ensure that when the electronic patient portal is implemented it is accessible to people with disabilities, including those who use communication devices.
- 2.2** With the involvement of people with disabilities and their family/whānau, explore the potential for HealthOne as the electronic shared record between primary and secondary care, as the repository for information that people with disabilities want communicated about how best to support them when they are accessing a health or disability service. Evaluate the potential effectiveness of this with the disability community.

Outcomes

- Improved environments support health and wellbeing
- Increased planned care and decreased acute care.

3. Offer appropriate treatment

Objective

Offer interventions with individuals and their family/whānau which are evidence based best practice and that these restorative, recovery focused approaches will result in people living lives to their full potential.

Priority Actions

- 3.1** Explore opportunities and identify how to support a timely response for people with disabilities and their families/whānau who require
- Aids to daily living
 - Housing modifications
 - Driving assessments.

Outcome

- Improved environments support health and wellbeing.

4. Monitor Quality

Objective

Develop and use a range of new and existing quality measures for specific groups and services that we provide for people with disabilities, and develop systems and processes to respond to unmet need e.g. consumer surveying.

Priority Actions

- 4.1 Trial the use of feedback at the time of treatment within an identified service and explore whether this can include asking people if they have a long term impairment.
- 4.2 The quality of life for people with disabilities while in Canterbury and West Coast long term treatment facilities is measured and monitored and that actions occur to address any identified areas of improvement quality actions occur.
- 4.3 Ensure people with disabilities and their family/whānau know about and understand the Canterbury and West Coast DHBs' complaints and compliments process by describing the process in Easy Read format, placed alongside existing signage within wards and reception areas.

Outcomes

- No wasted resource
- The right care, in the right place, at the right time, delivered by the right person.

Wellbeing

5. Measure and Progress

Objective

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

Priority Actions

- 5.1** The disability population will be identified by developing an inventory of available data and potential data sources that can be used to better understand those with disability who access the health system.
- 5.2** Identify additional data collection required to inform further service improvement and ensure that baseline data are developed and used as measures of success. (These processes are inclusive of the actions specified for Māori and Pasifika in 7.1 and 8.1 of this plan).

6. Improve access to personal information

Objective

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

Priority Actions

- 6.1** The process for identifying the solution for a patient portal in primary care includes how the needs of people with disabilities will be met.

7. Work towards equitable outcomes for Māori

Objective

Work with Māori people with a disability, whānau and the Kaupapa Māori provider to progress the aspirations of Māori people as specified in He Korowai Oranga, Māori Health Strategy. Apply our Māori Health Framework to all the objectives of this Plan in order to achieve equitable outcomes for Māori with a disability.

Priority Actions

- 7.1 Develop high quality ethnicity data sets by having processes in place that enable all data collected and collated to capture information specific to the Māori population with a disability.
- 7.2 All the priority actions of this plan are to include culturally appropriate actions for Māori with a disability and their whānau, and that this promotes and supports whānau ora and rangatiritanga.

Outcome

- Delayed/avoided burden of disease and long term conditions.

8. Implement a Pasifika Disability Plan

Objective

Work with Pasifika people, their families and Pasifika providers to action the Ministry of Health National Pasifika Disability Plan 2014 - 2016 and 'Ala Mo'ui: Pathway to Pacific Health and Wellbeing 2014 - 2018 which are aimed at improving culturally appropriate service provision with an emphasis on improved access to primary care. Canterbury Pasifika Health Framework 2015 - 2018 will also be used as a core document to inform the work required.

Priority Actions

- 8.1 Develop high quality ethnicity data sets by having processes in place that enable all data collected and collated to capture information specific to the Pasifika people with a disability. To develop and implement local responses appropriate to Canterbury and the West Coast.
- 8.2 Strengthen the culturally appropriate service responses, as Canterbury is one of the target DHBs working to achieve the four priority outcomes* of 'Ala Mo'ui, and transfer strategies.

- *1. Systems and services meet the needs of Pasifika people
2. More services are delivered locally in the community and in primary care
3. Pasifika people are better supported to be healthy
4. Pasifika people experience improved broader health determinants of health.

West Coast only: The West Coast will engage with Canterbury to identify and strengthen its service responses in line with 'Ala Mo' ui.

Outcome

Delayed/avoided burden of disease and long term conditions.

9. Develop better approaches for refugee, migrant and culturally and linguistically diverse (CALD) groups

Objective

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

Priority Actions

- 9.1** Engage with the Migrant Centre and CALD Co-ordinator Resettlement Service to explore opportunities for including the needs of CALD people with disabilities in the way we communicate.
- 9.2** Use the local Canterbury and West Coast networks to establish communication processes to disseminate health and disability-related information and advice to CALD communities. There will be a focus on Asian communities.

Outcome

- Delayed/avoided burden of disease and long term conditions.

10. Provide accessible information and communication

Objective

Promote and provide communication methods that improve access and engagement with people with disabilities e.g. use of plain language and Easy Read, ensuring all computer systems and websites are fully accessible to those who use adaptive technology. Expand the use of sign language.

Priority Actions

- 10.1** Engage with Canterbury and West Coast communications staff to review health system websites and identify any parts of them which are not fully accessible for people who use communication devices.
- 10.2** Build on the partnership with the disability sector by having the Disability Strategy and a version of this Plan made available in Easy Read format.
- 10.3** Work with communications staff to identify which key communications will be made available in plain language and circulated to a network of disability organisations and key contacts.
- 10.4** Develop a Canterbury and West Coast policy on the use of sign language and access to interpreters.
- 10.5** Undertake a stocktake within the Divisions of the DHBs which will be aimed at identifying where people with lived experience are providing peer support to service users, and recommend areas for further development.

Outcome

- Improved environments support health and wellbeing.

11. Develop leadership of people with disabilities who have a role in the health system

Objective

Identify and support opportunities for leadership development and training for people with disabilities within the health system. This includes further development of peer support as a model of care for people with long term conditions.

Priority Actions

- 11.1** Engage workforce development training providers from the disability sector to identify opportunities to support people with disabilities and their family/whānau who are providing a voice for people with disabilities within the health system. This will include exploring options for appropriate leadership training.

Outcome

- Improved environments support health and wellbeing.

Community

12. Be an equal opportunity employer

Objective

- The number of people with disabilities being employed and supported in their role within Canterbury and West Coast health will increase.
- Develop and implement an appropriate quality tool for current employees who identify as having a disability, which can inform and identify opportunities to improve staff wellbeing.

Priority Actions

- 12.1** Work with Work and Income NZ and the Ministry of Social Development in achieving employment of people with disabilities
- 12.2** Develop and implement an affirmative action plan that will result in more people with disabilities being employed in the Canterbury and West Coast health system.
- 12.3** Explore how to use the Staff Wellbeing Survey to ask staff how Canterbury and the West Coast DHBs can continuously improve their support of people with disabilities employed in either DHB.

Outcome

- Understanding health status and determinants.

13. Increase staff disability awareness, knowledge and skills

Objective

Develop and implement orientation and training packages that enhance disability awareness among staff, in partnership with the disability sector e.g. people with disabilities, their family/whānau/carers, disability training providers and disability services.

Priority Actions

- 13.1** Identify Disability Champions across our health systems. These champions will form a network that will disseminate disability-related information and resources and be an essential part of implementing the priority actions.
- 13.2** Work with the Learning and Development Unit and professional leaders to identify relevant education programmes that are already developed and offered by disability-focused workforce development organisations e.g. Te Pou.

13.3 Work with the Learning and Development Unit and professional leaders to progress the development of an eLearning tool that can then be placed on the healthLearn website and promoted for staff.

West Coast only: The West Coast will work with Canterbury to ensure applicability to the West Coast.

13.4 Training packages are developed and implemented in partnership with Māori people with disabilities and their whānau, to ensure cultural competency is inclusive of any training delivered.

Outcomes

- Delayed/avoided burden of disease and long term conditions
- Access to improved care.

14. Services and facilities are designed and built to be fully accessible

Objective

Services and facilities will be developed and reviewed in consultation with people with disabilities and full accessibility will be enhanced when these two components work together to ensure people with disabilities experience an inclusive health system.

Priority Actions

14.1 Site Redevelopment and Communications will work together to develop a communication plan for the disability community to receive quarterly updates on the development of Canterbury and West Coast health facilities. This will be in formats that are user-friendly for those with disabilities.

14.2 The communication plan will include information on how people with disabilities and their family/whānau can provide feedback and input when they have or potentially will experience barriers to access.

- 14.3** We will engage experts at key stages of the design, build and fit out of the building or rebuild of facilities, e.g. barrier-free and dementia-friendly.

Outcomes

- Delayed/avoided burden of disease and long term conditions
- Community capacity enhanced
- Access to care improved.

Representation

15. Implement the Action Plan in partnership

Objective

Work with our Consumer Councils to ensure a network of disability focused consumer groups who are empowered to actively engage with health service providers and be partners in health service improvement and re-design. This network will support the implementation and evaluation of the Canterbury and West Coast Health Disability Action Plan.

Priority Actions

- 15.1** Establish a Disability Steering Group that has members from the disability community who will provide leadership in the implementation of the plan.
- 15.2** A communication plan is developed and actioned, and this includes regular engagement with the disability sector including people with disabilities, their family/whānau and Disabled Peoples Organisations.
- 15.3** Monitor progress against the priority actions to be undertaken quarterly and communicated to the sector as a key part of the communication plan.

15.4 The priority actions will be refreshed annually within the health system and the disability sector with engagement and input from the people with disabilities, family/whānau and the wider disability sector.

Outcome

- Building population health, capacity and partnerships.

16. Promote the health, wellbeing and inclusion of people of all ages and abilities

Objective

Actively, promote and influence at all levels of society, to address stigma and discrimination, increase universal design for public spaces, and advocate for a fully inclusive society.

Priority Actions

16.1 Community and Public Health for both DHBs continues to co-ordinate submissions on behalf of Canterbury and West Coast DHBs. However, they will use the Plan's underpinning principles to inform their submissions.

16.2 In conjunction with Disabled Peoples Organisations, Disability Support Services, the Ministry of Social Development and the Ministry of Education, set an annual seminar which presents new developments and initiatives for people with disabilities.

Outcomes

- Improved environments support health and wellbeing
- Access to improve care.

APPENDICES

Appendices

APPENDIX A

CORE DOCUMENTS

The core documents referenced in the development of this Plan include:

- New Zealand Disability Strategy 2001
- New Zealand Disability Action Plan 2014 - 2018
- New Zealand Disability Action Plan 2014 - 2018. Updated December 2015
- He Korowai Oranga, Māori Health Strategy 2014 - 2018
- Whāia Te Ao Mārama: The Māori Disability Action Plan for Disability Support Service 2012 - 2017
- Faiva Ora National Pasifika Disability Plan 2014 - 2016
- Ala Mo'ui: Pathway to Pacific Health and Wellbeing 2014 - 2018
- United Nations Convention on the Rights of People with Disabilities (ratified by New Zealand 2007)
- Second Report of Independent Monitoring Mechanism of the Convention of the Rights of Disabilities, August 2014
- United Nations Convention on the Rights of the Child (ratified by New Zealand 2008)
- Human Rights Act 1993

APPENDIX B

GUIDING PRINCIPLES OF THE CONVENTION

There are eight guiding principles that underpin the Convention:

1. Respect for inherent dignity and individual autonomy, including the freedom to make one's own choices and be independent
2. Non-discrimination
3. Full and effective participation and inclusion in society
4. Respect for difference and acceptance of persons with disabilities as part of a diverse population
5. Equality of opportunity
6. Accessibility
7. Equality between men and women
8. Respect for the evolving capacities of children with disabilities, and respect for the right of children with disabilities to preserve their identities.

APPENDIX C

CONSULTATION PROCESS AND SUMMARY OF FEEDBACK

Recommended amendments to the Draft Canterbury and West Coast Health Disability Action Plan

All feedback received to date, both written and verbal, has endorsed the vision and objectives of the Plan with some recommended amendments. The respondents stated that the principles of the New Zealand Disability Strategy 2001 of participation, partnership and protection of the rights of people with disabilities were present throughout the document.

Respondents unanimously commended the development of a Disability Action Plan and the process undertaken to seek the opinions of people with disabilities, their family/whānau and other key stakeholders on the Plan and the priorities for implementation over the next two years.

The consultation process has resulted in a number of recommendations on how the draft Plan could be strengthened in terms of the language used, and by broadening the scope of some of its stated goals.

These include:

1. The New Zealand Disability Strategy 2001 is considered an important landmark document but it is fourteen years old and requires updating. It is recommended that, in addition to identifying the alignment with the New Zealand Disability Strategy, each objective should also be aligned with the Articles of the United Nations Convention on the Rights of People with Disabilities and that the language used is consistent with the relevant articles.
2. Include with the dissemination of the Plan the definition of disability we used, and the Position Statement.

3. The draft Plan is primarily adult-focused and it is recommended that the United Nations Convention on the Rights of the Child (UNCROC) be included as a core document to inform the development of the final Plan and the priorities for action.
4. The Plan needs to place more direct emphasis on addressing the health disparities for people with disabilities compared with those people without a disability. It is recommended that the need to have a targeted approach to addressing the barriers of access to healthcare is explicitly stated.
5. Feedback from Māori Advisory Groups both in Canterbury and on the West Coast was that for each of the strategic goals there needs to be inclusion of what would be an appropriate objective for Māori.
6. Wherever possible the language is amended to ensure it is explicit that the objectives are inclusive of all people with disabilities. This will require careful consideration, as feedback has also complimented the Plan on recognising the diversity of the people with disabilities by identifying the different population groups. There was consistent feedback that the Plan needed to reference Asian people specifically.
7. Outcomes need to be identified for each objective including how their achievement will be measured. Measures will form part of the work plans that are developed.
8. Amend the vision statement to include a statement about supporting people with disabilities to reach their full potential.
9. Amend the draft Objective 4 so that the goal positively promotes the use of only appropriate treatments rather than a goal that is more about stopping inappropriate treatments.
10. An additional objective needs to be added under the heading of an Equal Opportunity Employer which states health system employers will take affirmative action to increase the number of people with disabilities employed within the organisations.

11. Add into the Strategic Goal for Safety and Autonomy the commitment to addressing stigma and discrimination.
12. To include families/whānau as a central part of the Plan, including the identification of needs, gaps in services and how to implement and monitor progress.
13. Amend draft Objective 14 that accessibility is more than just buildings and facilities, so that this objective reads as accessible services and buildings.
14. Significant concern was expressed at the number of high level strategic objectives contained in the Plan, but it is less clear how these will be achieved. There was support for identifying the priorities for action and concentrating on progressing a limited number of objectives to avoid the risk of spreading resources too thinly.
15. Feedback on the consultation process showed appreciation for the plain language version being available electronically to networks within the disability community. It has been recommended that the final approved version also be made available in other formats such as large print and on CD.
16. There was concern that those individuals who don't belong to any specific disability groups did not have the opportunity to comment. Those within the disability sector recognise that reaching people with disabilities is one of the significant challenges within the sector, as they are often an invisible part of the community due to the very barriers this Plan has been developed to address. Further planning and ongoing engagement about how to reach this group is required.
17. It is recommended that a process for amending the Plan should be put in place to ensure opportunities for improving the Plan or priorities for action that have not yet emerged, can be added at a later date.
18. The Plan requires ongoing engagement with people with disabilities and their supports on the emerging issues for them. As a minimum, an

annual refresh of the priority actions and any amendment to the overall strategy would occur.

Identifying the Priorities for Action

The key themes and opportunities for priority action

The following areas have been consistently raised by those providing feedback on the priority areas for action:

1. Accessibility of buildings and facilities

- Increasing engagement – providing regular updates in the form of a newsletter, written in a way that is accessible for people with disabilities.
- Identifying and promoting the process for people with disabilities to provide feedback and input when accessibility is impacted e.g. parking, after hours security, etc.
- Designing above code – having experts audit and make recommendations at key stages of the design and fit-out of new buildings and rebuilds e.g. barrier-free, dementia-friendly.

2. Promoting disability awareness

- Develop a network of Disability Champions at a service level across the Canterbury and West Coast health systems. These people will be the conduit for disseminating disability-related information and resources available to staff when working with people with disabilities.
- Work with the Learning and Development Unit and professional leaders of the Canterbury and West Coast health system to identify appropriate and relevant education programmes that are already developed and offered by disability-focused workforce development organisations e.g. Te Pou. This is initially envisaged as an e-learning tool available on healthLearn. Any education tool developed will have input from people with disabilities and their family/whānau.

3. *Communication*

- The use of plain language, Easy Read and formats such as large print will be promoted and expanded for all forms of health information available across the health system.
- Appropriate formats are used when disseminating information to the Canterbury and West Coast population so that it is readable by communication devices.
- Health Passports are a mechanism where people with disabilities can have their individual needs specified. Identify, within the growing suite of information technologies, the best way this information can be included and made available when people with disabilities are accessing any part of the health system e.g. through HealthOne.
- The Patient Portal is being developed in a format that meets the needs of people with disabilities.
- Making information available in different languages, including increased use of sign language interpreters, is also a priority.

4. *The Canterbury and West Coast health system as employers of people with disabilities*

- Under the heading of an Equal Opportunity Employer state that the Canterbury and West Coast health system employers will increase the numbers of people with disabilities being employed and supported in their role within Canterbury and West Coast health.

5. *Specific feedback which related to particular population groups*

- Ensure timely access to equipment that is necessary to enable people to live lives to their full potential.
- Work together with Disability Support Services to develop improved access to appropriate respite options for children with complex conditions.
- Understand and improve the experience of health services for people with learning disabilities

- Work to achieve equitable outcomes for Māori.
- Work with Pacifika people, their families and Pacifika providers to improve engagement.

6. *Other Opportunities*

- Establish a Disability Action Group that has a membership of people with disabilities and their family/whānau who can contribute to progressing the identified actions.

APPENDIX D

OBJECTIVES FROM THE NEW ZEALAND DISABILITY STRATEGY 2001

The objectives are to:

1. Encourage and educate for a non-disabling society
2. Ensure rights for disabled people
3. Provide the best education for disabled
4. Provide opportunities in employment and economic development for disabled people
5. Foster leadership by disabled people
6. Foster an aware and responsive public service
7. Create long-term support systems centred on the individual
8. Support quality living in the community for disabled people
9. Support lifestyle choices, recreation and culture for disabled people
10. Collect and use relevant information about disabled people and disability issues
11. Promote participation of disabled Māori
12. Promote participation of disabled Pacific peoples
13. Enable disabled children and youth to lead full and active lives
14. Promote participation of disabled women in order to improve their quality of life, value families, whānau and people providing ongoing support.



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

SOURCE: Community and Public Health

DATE: 8 September 2016

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

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

2. RECOMMENDATION

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

3. SUMMARY

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

4. APPENDICES

Appendix 1: Community and Public Health Update

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

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

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

September 2016

Nutrition and Physical Activity

CPH have continued to focus on Early Childhood Nutrition by running a workshop in Ahaura (Grey Valley) Playcentre. As part of this work, staff are developing a Healthy Kai for Under Fives workbook. It has become clear that there is a need for a practical resource with more information on the common themes, challenges and frequently asked questions from parents of pre-schoolers.

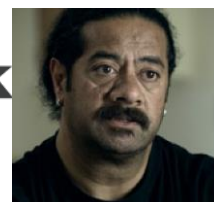
The West Coast Nutrition Team (members include staff involved in the delivery of nutrition services through CPH, WCPHO and WCDHB), have raised concerns about the apparent increase in food insecurity amongst clients of their services and the wider community. A rapid literature review has been completed by the CPH Information Team on 'Food Security Interventions in New Zealand,' to provide an evidence base about potential interventions to address these concerns and support communities. The group will use this review report as a resource to develop a way forward to help address food insecurity on the Coast.

Collaborative work around nutrition and physical activity has been a key focus for us over the last six weeks. This has included working with the WCPHO's Green Prescription team at the community based Be Active programme, where community nutrition options were discussed and an introduction to Tai Chi was delivered. This resulted in some participants now attending a community Tai Chi class. CPH has also been working with Enviroschools on how to combine messages (e.g. fewer packets = better for the environment and a generally healthier lunch box). As a result we will be attending two meetings/workshops with teachers and parents of primary schools and early childhood centres. CPH staff, alongside Poutini Waioara, also ran two nutrition sessions with the Mana Tamariki mums in Westport. CPH is also working with WestREAP and Cobden School to organise and support the Schools Kapa Haka Competition which will be held at the Regent Theatre on the 22nd of September.

Health Promoting Schools

Over the last three months there has been a focus on workforce development opportunities to address schools' identified needs. Sue Bagshaw, youth health expert, visited Greymouth to help train rangatahi at Grey High School to establish a Youth Health Mentor Group at Grey High School ('Ears for Peers'). HPS will provide ongoing support for this group, linking in with other supportive organisations within the community. Dr Bagshaw also visited Buller to discuss the establishment of a Youth Hub and later delivered a training for professionals regarding alcohol, drugs and young people.

Safeguarding Children training was delivered to Reefton Area School and the wider Reefton community on the 16th August. This training supports schools to be able to identify and respond appropriately to vulnerable children. Lastly, Vic Tamati of the 'It's not ok' campaign visited five schools in the Greymouth region providing an opportunity for both students and staff to learn about the effects of family violence, that it is ok to ask for help, and that change can happen. This was a collaborative response (with the Te Rito Family Violence Network) to a need identified by schools.



Alcohol Health Promotion

CPH has been successful in an application to the Health Promotion Agency Community Action on Alcohol Partnership Fund. This funding will support the delivery of five workshops across the Coast– “Teenagers, Alcohol and the Amazing Brain”. The plan is to bring Nathan Mikaere-Wallis to the West Coast to work with the seven secondary and area school communities. The current youth drinking culture has been identified by schools and the wider community as a wellbeing priority. This is part of an ongoing project with schools and communities to talk openly about alcohol and for people of all ages to be much more aware of the harms that are associated with alcohol.

Smokefree Enforcement

As part of our smokefree enforcement work, CPH’s Smokefree Enforcement Officer conducted tobacco retailer compliance checks throughout the West Coast in July. Following this, CPH staff conducted a controlled purchase operation of tobacco retailers which involved monitoring a person under the age of 18 as they asked to purchase cigarettes from tobacco retailers in South Westland and Hokitika. Two retailers sold cigarettes to the underage volunteer and both have received formal warnings.

Annual Survey of Drinking Water Quality 2015-16

The period of data collection for the Ministry of Health’s Report on Drinking Water Quality (Annual Survey) for the period 1 July 2015 to 31 June 2016 has just been completed. To achieve overall compliance with the Drinking Water Standards for New Zealand (DSWNZ), a water supply must meet the bacteriological, protozoal and chemical standards. The survey includes results for all networked drinking water supplies serving populations of 100 persons or more.

Over the last annual survey year reported transgressions of the DWSNZ which led to temporary boil water notices being issued occurred at the Punakaiki, Taylorville-Dobson, Whataroa, Kumara and Arahura Pa water supplies and these results have been included in the data collected. CPH will be compiling a detailed compliance report on each councils’ water supplies over the next six weeks.

Healthy Homes Project in Buller

CPH is working with Poutini Waiora and Community Energy Action to progress the development of a curtain bank in Westport. This will be contingent on finding a suitable space to store, check and distribute curtains to whānau in need.



Accessible Communities

CPH has been working with West Coast Disability Resource Service to organise and promote two Accessible Community workshop days to be held in Greymouth and Westport in early September.

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

SOURCE: Planning & Funding

DATE: 8 September 2016

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

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

2. RECOMMENDATION

That the Committee notes the Planning & Funding update.

3. SUMMARY

✓ Key Achievements

- Performance continues to be impressive against the ED health target with 99.9% of patients admitted, discharged or transferred from Grey Base ED within six hours during July 2016. A significant 94.8% were seen within just four hours within the month.
- **Elective Services Health Target:** West Coast DHB was 53 discharges ahead of target for delivering 1,889 elective and arranged purchase unit code (PUC) discharges in 2015/16; ending up providing 1,942 procedures for the year to 30 June 2016.
- **CVD Health Target:** Through the continued efforts of primary care services and the West Coast PHO, West Coast DHB achieved a result of 91.1% of the eligible enrolled West Coast population having had a cardiovascular risk assessment (CVDRA) in the last 5 years as at 30 June 2016. The Health Target for achievement in this measure is 90%. While continuing to be monitored, this measure will cease to be one of the formal six National Health Targets from 1 July 2016.

✗ Key Issues & Associated Remedies

- **ESPI 2 / FSA (First Specialist Assessment):** Four orthopaedic and 5 plastic surgery patients were non-compliant against the maximum 120 days' wait time target for their FSA in June. Plastics remained behind in spite of undertaking an additional session in June and will worsen for the July result; however compliance for plastics should resolve by August. Delays in waiting time to assessment for orthopaedic referrals remain an issue and will likely grow in the immediate future due to transalpine staffing and service constraints.
- **ESPI 5 / Treatment:** One ophthalmology patient and four orthopaedic patients showed as exceeding the 120-day maximum wait times from FSA to surgical treatment in June. The ophthalmology case shown as non-compliant was due to a data error which has now been corrected. Orthopaedics remains a current issue and likely to continue for the meantime for the reasons outlined above.
- There continues to be a decline in admissions to rest home level of care and increasing admissions into dementia level of care, resulting in a net decrease in the proportion of older people in aged residential care. We are working with our ARC providers to address the future needs of people entering residential care on the West Coast.
- Primary smoking - Performance disappointingly continued to decrease in Quarter 4. During Quarter 4, 79% of smokers enrolled with the PHO were provided cessation advice in the 15 months ending

June 2016. All best practice initiatives 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.

- **Immunisation:** During quarter four, 78% of all eight-month-olds were fully immunised. Opt-offs and declines increased this quarter to 21.7% and continue to make meeting the target impossible. 100% of the eligible (consenting) population were immunised.

① Upcoming Points of Interest

Report prepared by:

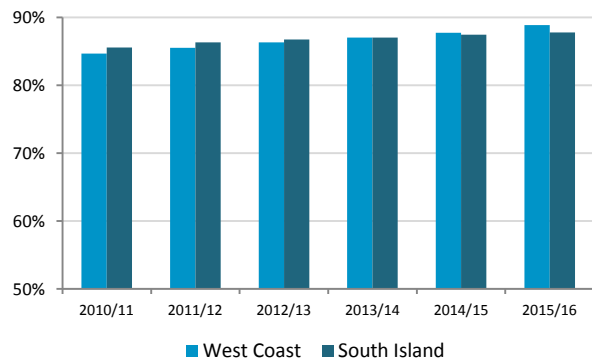
Planning & Funding

Report approved for release by:

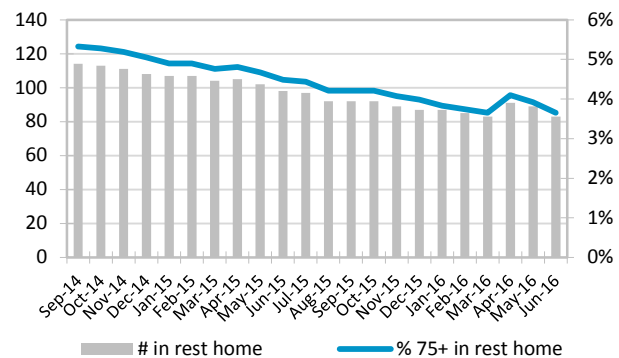
Carolyn Gullery, General Manager, Planning & Funding

Health of Older Persons

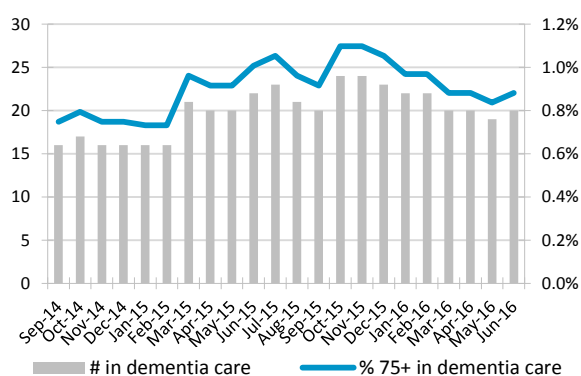
PEOPLE >75 LIVING IN THEIR OWN HOMES



% PEOPLE >75 IN REST HOME LEVEL CARE



% PEOPLE >75 IN SPECIALIST DEMENTIA CARE



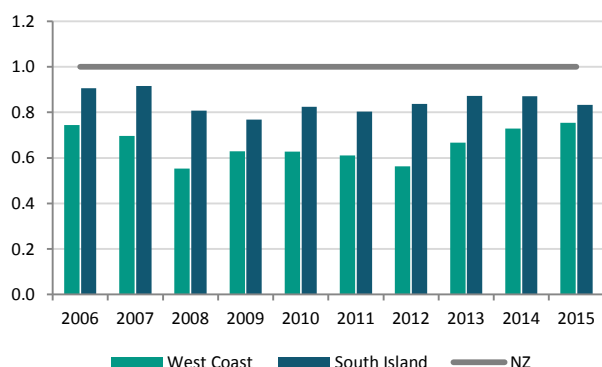
Achievements / Issues of Note

- The Falls Champion service is receiving most of its referrals for clients within the community from the Complex Clinical Care Network. Promotion of this service is planned into general practice and with the rural nurse specialist roles in the coming months.
- One privately owned ARC facility remains in DHB temporary management while we work with the owner to improve organisational processes and address staffing issues.
- With recent contractual changes to Home Based Support Services, we are looking to develop a new measurement to support Complex Clinical Care Network activities which will replace the graph on completed InterRAI assessments that have been provided to date.

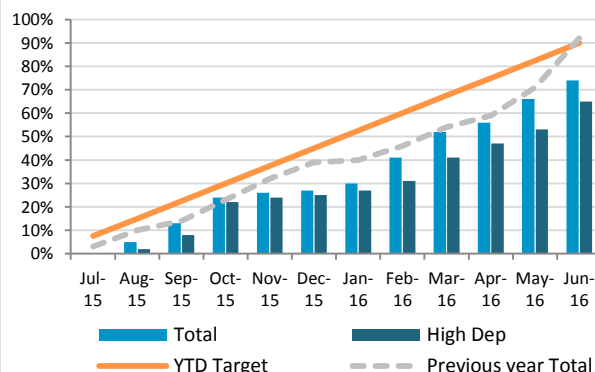
¹ Note: **People >75 Living in Their Own Homes** - The definition of this measure has recently been updated and is not comparable to previously reported results.

Child, Youth & Maternity

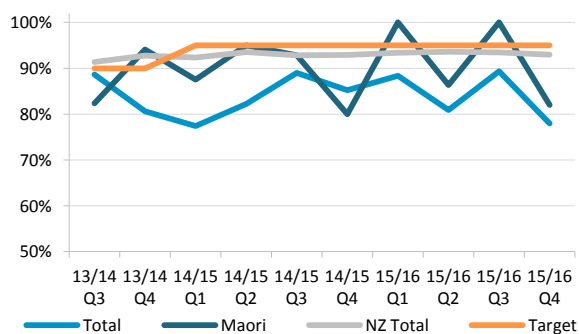
ACUTE MEDICAL DISCHARGE RATE, CHILDREN (0-14)



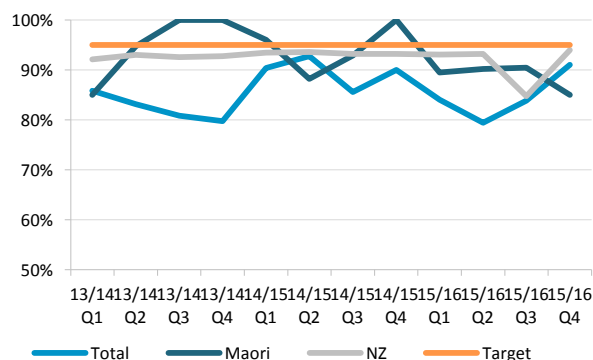
B4 SCHOOL CHECK COVERAGE



HEALTH TARGET:
% 8-MONTH-OLDS FULLY IMMUNISED



% 24-MONTH-OLDS FULLY IMMUNISED



Achievements / Issues of Note

Immunisation: During quarter four, 78% of all eight-month-olds were fully immunised. Strong results were achieved for Pacific (100%), Asian (100%) and New Zealand European (96%). Opt-offs and declines increased this quarter to 21.7% and continue to make meeting the target impossible. 100% of the eligible (consenting) population were immunised.

B4 School Check coverage: During the first month of the new year, nine children have completed their B4 School Check. This represents 2% of the total children eligible during 2016/17, 6% short of the target for year to date.

The B4 School Check team are working towards providing a more flexible service by working with primary care, which should improve ease of access especially for working parents while maintaining scheduled one-stop-shop clinics for outlying areas.

The service is currently recruiting a replacement Vision & Hearing Technician following a resignation. It is expected that this will have an impact on the rate of completion of checks during the interim period, however one of the Public Health Nurses will be providing cover for this role in the short term.

Mental Health

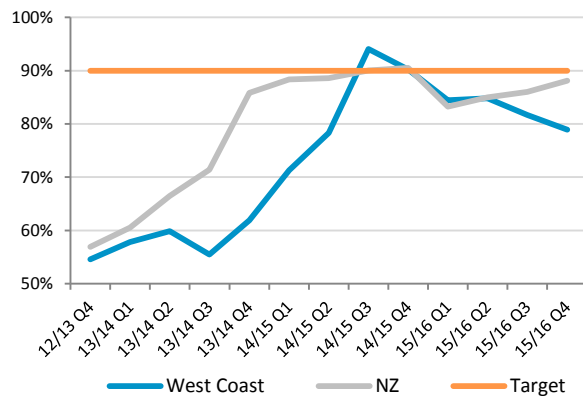
Achievements / Issues of Note

- Changes are being made within SMHS to increase responsiveness to the community and increase integration with NGO and PHO Teams.
- Activity on a new model of care has been delayed due to more immediate needs but this work is expected to be reinvigorated in the near future.
- A national review of mental health services, with a focus on primary care provision, has been initiated by the Director of Mental Health. There are two stakeholder meetings in the coming months with a proposed direction expected to follow this.
- The Health and Safety Commission has been asked to undertake a national quality improvement programme across mental health. More information is expected in the coming months.

Primary Care & Long-Term Conditions

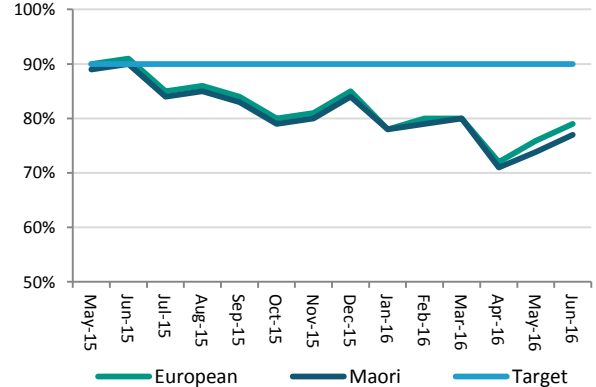
HEALTH TARGET: PRIMARY SMOKING

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



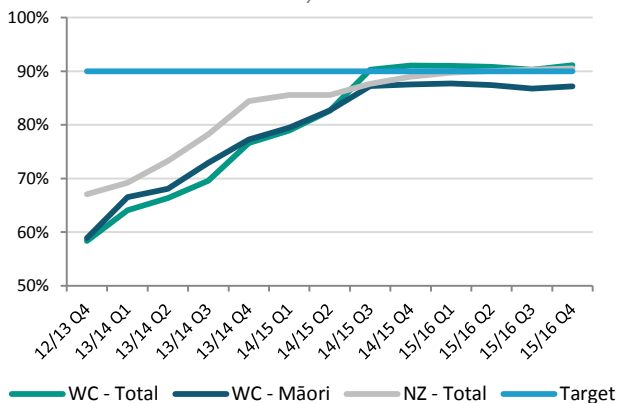
PRIMARY SMOKING, MONTHLY KARO DATA

This is the same as the Health Target above, though reflects internal monthly data



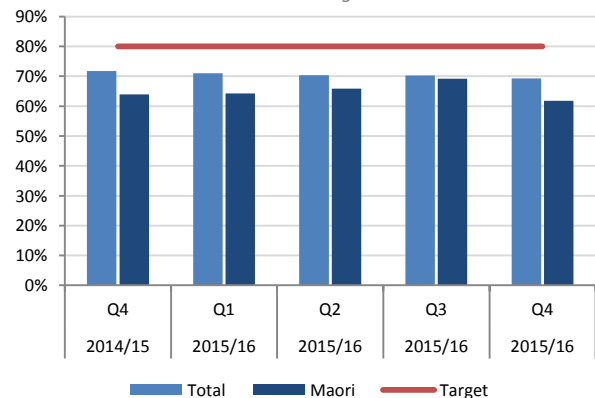
HEALTH TARGET: MORE HEART & DIABETES CHECKS

% of the eligible population who have had a CVD risk assessment in the last 5 years



GOOD DIABETES MANAGEMENT

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



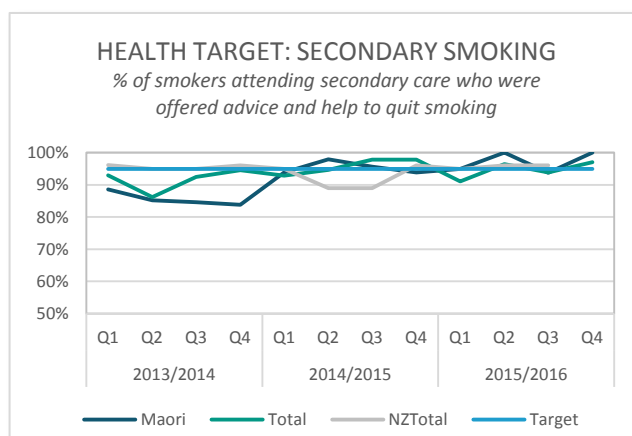
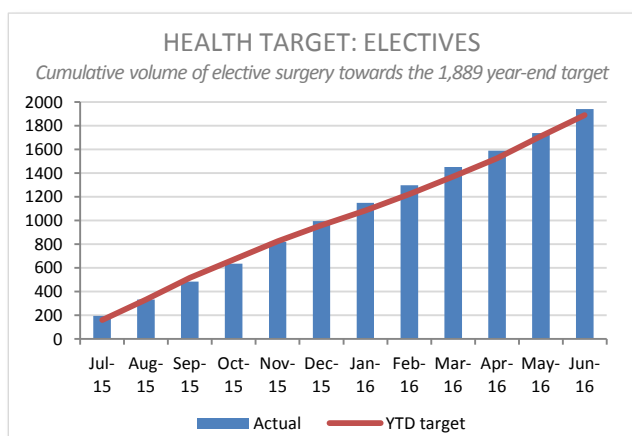
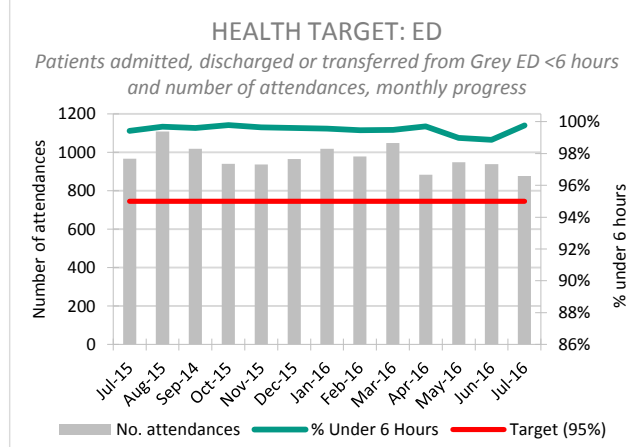
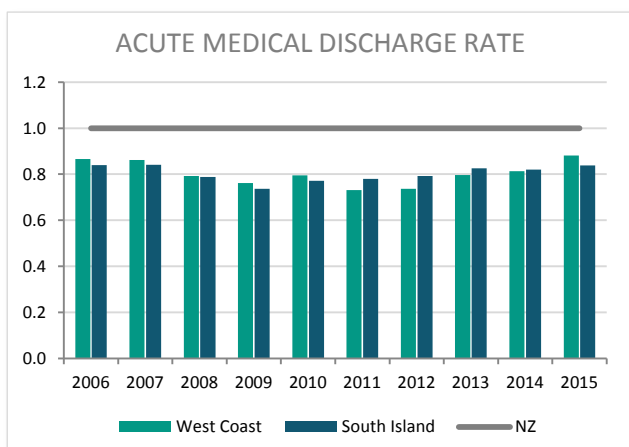
Achievements / Issues of Note

Health target | Primary smoking: West Coast health practitioners have reported giving 4,364 smokers cessation advice in the 15 months ending June 2016. This represents 79% of smokers against our 90% target. The DHB is disappointed not to have improved performance against this target. Three of our eight practices are performing above target. The remaining practices have individual action plans in place to close the gap. Best practice initiatives continue to be supported including dashboards, education, and clinical leadership.

Health target | CVD: West Coast DHB achieved the health target for Cardiovascular Disease for 2015/16 with 91.1% of the eligible enrolled West Coast population having had a cardiovascular risk assessment (CVDRA) in the last 5 years. While continuing to be monitored, this measure will cease to be one of the formal six National Health Targets from 1 July 2016.

Diabetes Management: Good management of diabetes increased during the rolling twelve months to June 2016 to 63% against the 80% target (HbA1c at or below 64mmols at time of diabetes check). Just over 91% of the estimated population of people with diabetes had an annual check during the 2015-16 financial year. This measure is only updated quarterly.

Secondary Care & System Integration



Achievements / Issues of Note

Health Target | ED: The West Coast DHB continued to achieve impressive results with 99.9% of patients admitted, discharged or transferred from Grey Base ED within six hours during July 2016. An impressive 94.8% were seen within just four hours during the month.

Health Target | Secondary smoking: During Quarter 4, West Coast DHB staff provided 96.5% 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 in conjunction with the Nurse Managers.

Health Target | Electives: 1,942 elective surgical cases were delivered to West Coasters in the year June 2016, representing 103% of our year-end target delivery of 1,889 procedures. We are pleased to have met and slightly exceeded target.

ESPI compliance: (elective service performance indicators)

- **ESPI 2 /FSA (First Specialist Assessment):** Four orthopaedic and 5 plastic surgery patients were non-compliant against the maximum 120 days' wait time target for their FSA in June. Plastics remained behind in spite of undertaking an additional session in June. This position will be worsened for the July result as the specialists were unable to attend a scheduled visit due to poor weather and were unable to provide an additional "catch up" clinic in July due to leave and other commitments. Compliance for plastics should resolve by August. Delays in waiting time to assessment for orthopaedic referrals remain an issue and will likely grow in the immediate future due to transalpine staffing and service constraints.

ESPI 5 / Treatment: One ophthalmology patient and four orthopaedic patients showed as exceeding the 120-day maximum wait times from FSA to surgical treatment in June. The ophthalmology case shown as non-compliant was due to a data error which is now being corrected. Orthopaedics remains a current issue and likely to continue for the meantime for the reasons outlined above.

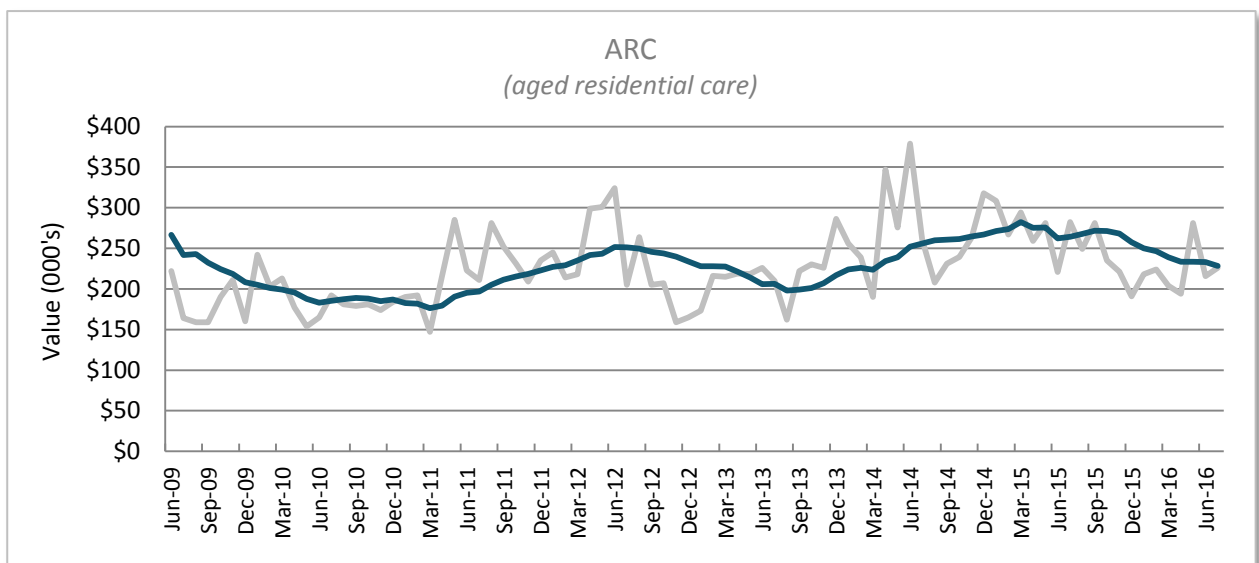
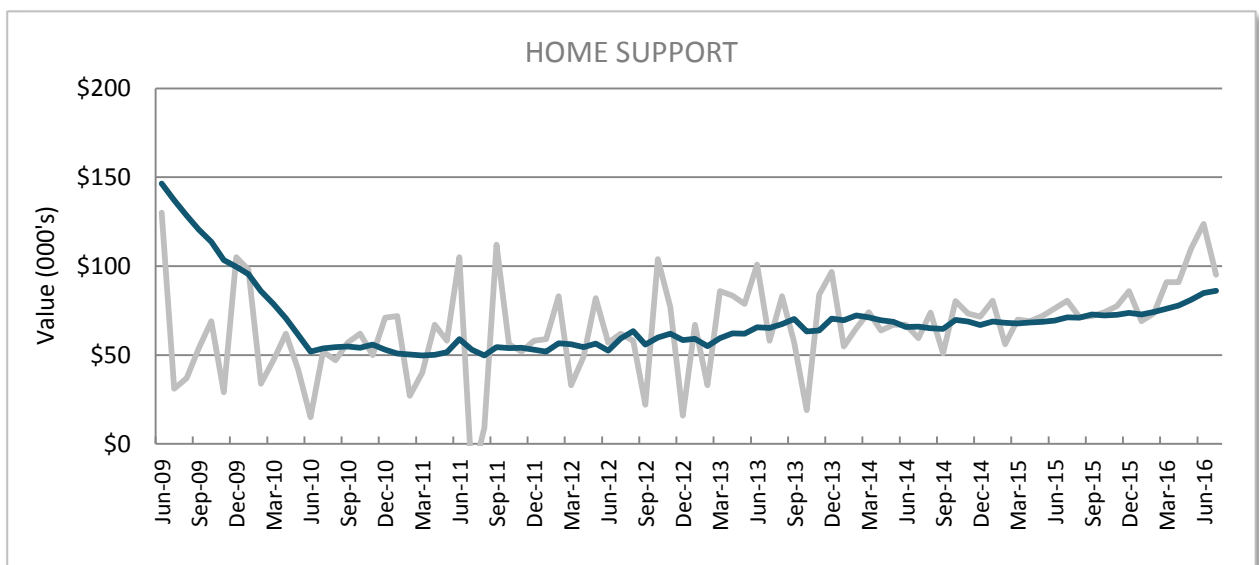
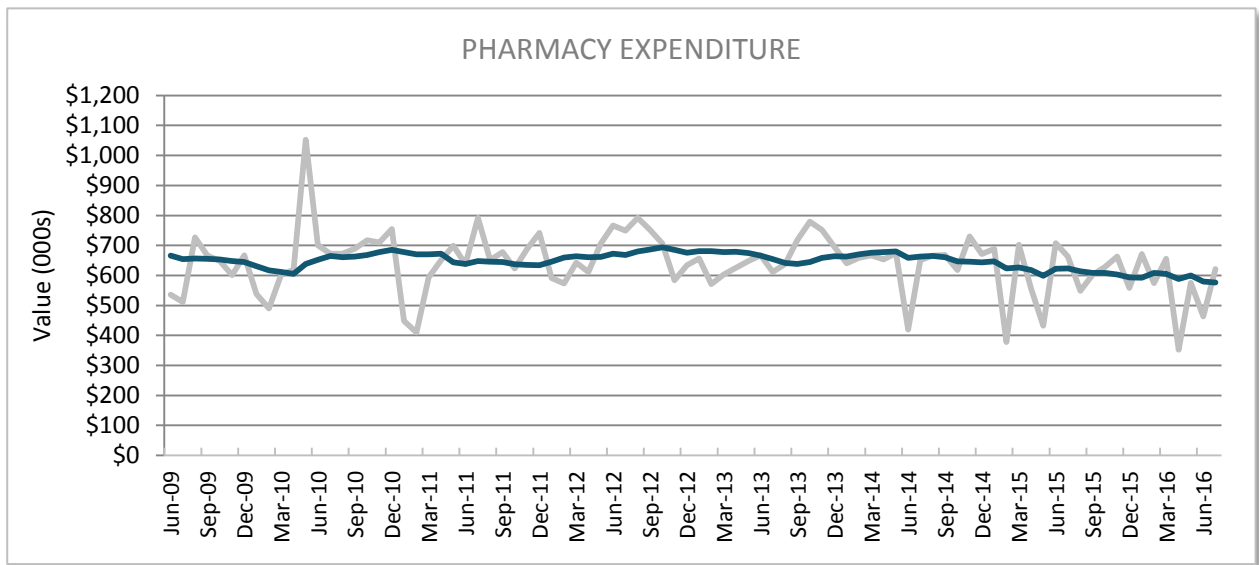
Financials

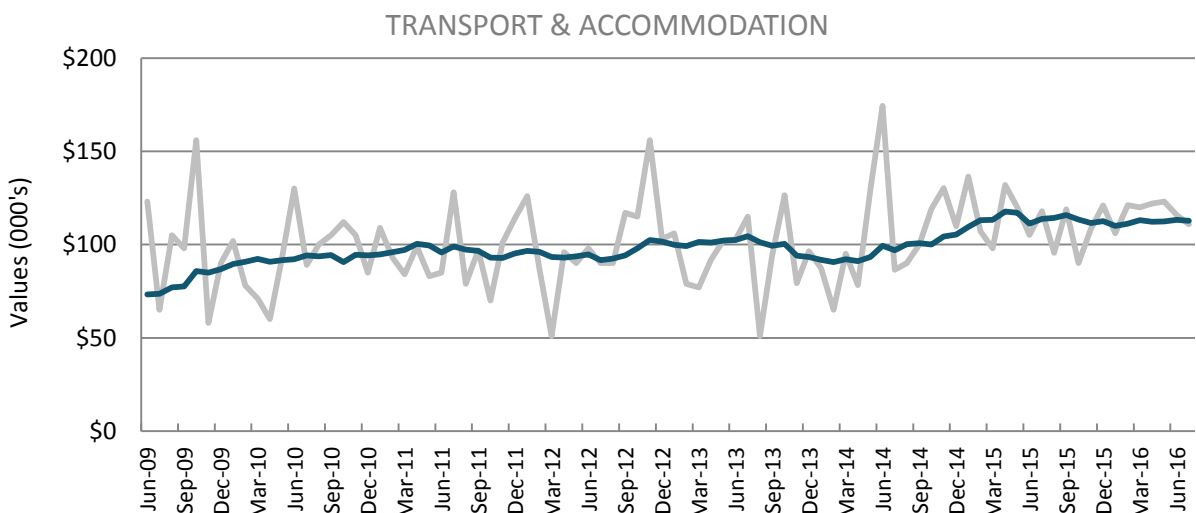
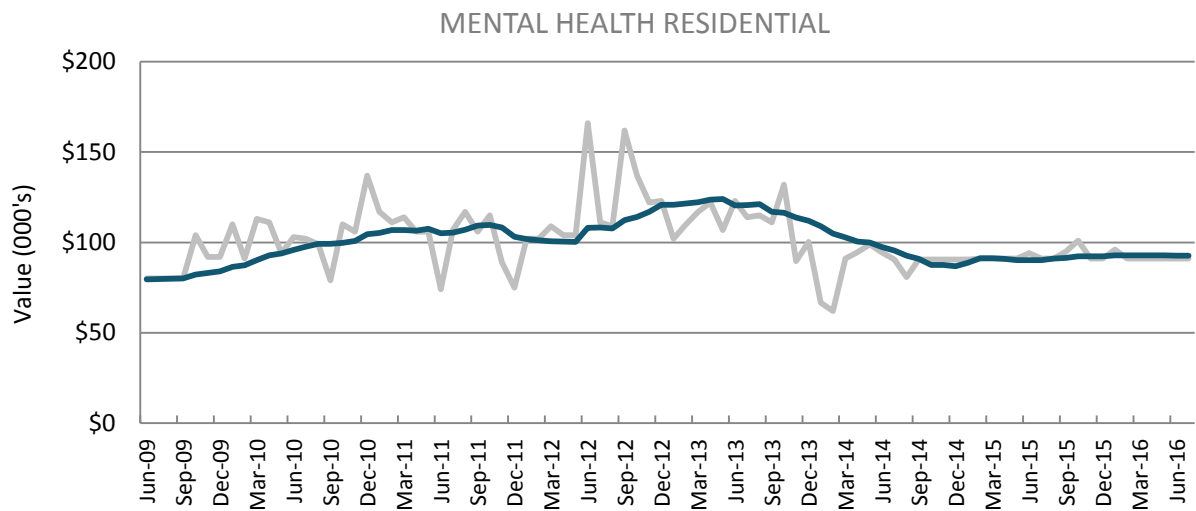
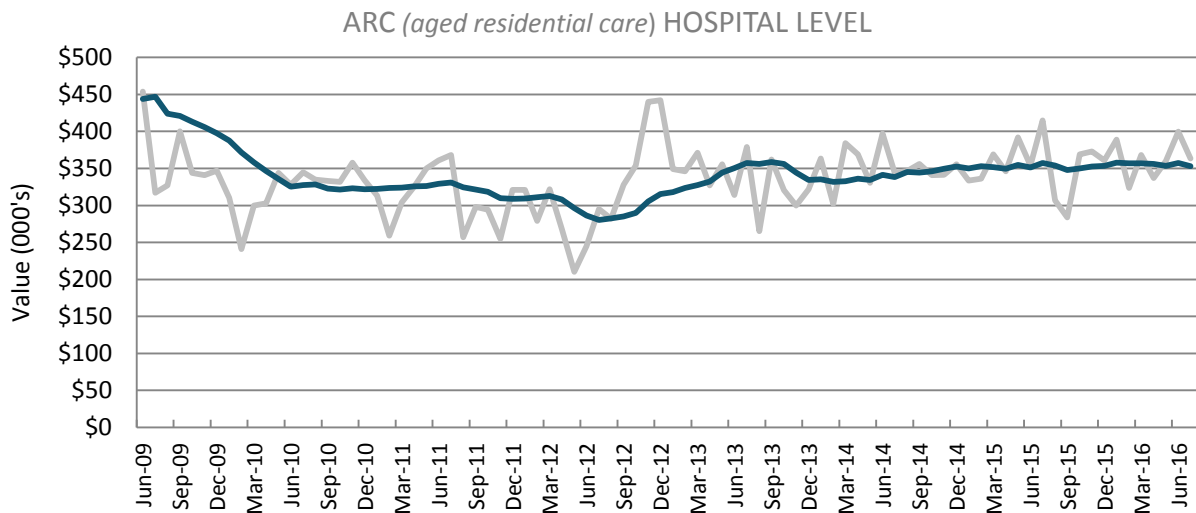
The following tables and graphs are presented to show expenditure trends over time:

— Expenditure Trend (Rolling average)

Planning and Funding Division
Month Ended July 2016

Current Month				Year to Date					2016/17
Actual	Budget	Variance		SERVICES	Actual	Budget	Variance		Annual Budget
\$000	\$000	\$000	%		\$000	\$000	\$000	%	\$000
				REVENUE					
-1,211	-1,211	0	0%	PBF Vote Health - Mental Health Ringfence	-1,211	-1,211	0	0%	-14,526
-7,851	-7,818	33	0%	PBF Vote Health - Funding Package (excluding Mental Health)	-7,851	-7,818	33	0%	-93,816
-1,346	-1,347	-1	0%	PBF Adjustments	-1,346	-1,347	-1	0%	-16,158
-526	-467	59	-13%	MOH - Funding Subcontracts	-526	-467	59	-13%	-5,604
-138	-138	0	0%	IDFs - All	-138	-138	0	0%	-1,660
-11,072	-10,980	92	-1%	TOTAL REVENUE	-11,072	-10,980	92	-1%	-131,764
				EXPENDITURE					
				Primary Care					
36	28	-8	-28%	Dental-school and adolescent	36	28	-8	-28%	340
23	21	-1	-6%	Maternity	23	21	-1	-6%	256
1	1	0	0%	Pregnancy & Parent	1	1	0	0%	15
	0	0		Sexual Health	0	0	0		0
2	4	2	59%	General Medical Subsidy	2	4	2	59%	50
525	522	-3	-1%	Primary Practice Capitation	525	522	-3	-1%	6,267
91	91	0	0%	Primary Health Care Strategy	91	91	0	0%	1,093
87	87	0	0%	Rural Bonus	87	87	0	0%	1,049
6	4	-2	-48%	Child and Youth	6	4	-2	-48%	50
5	10	5	48%	Immunisation	5	10	5	48%	125
5	5	0	0%	Maori Service Development	5	5	0	0%	57
52	45	-7	-15%	Whanua Ora Services	52	45	-7	-15%	543
4	14	9	68%	Palliative Care	4	14	9	68%	165
7	6	-1	-11%	Community Based Allied Health	7	6	-1	-11%	76
10	10	0	0%	Chronic Disease	10	10	0	0%	125
43	61	18	30%	Minor Expenses	43	61	18	30%	731
899	912	13	1%		899	912	13	1%	10,942
				Referred Services					
26	26	0	1%	Laboratory	26	26	0	1%	313
621	666	45	7%	Pharmaceuticals	621	666	45	7%	7,991
647	692	45	7%		647	692	45	7%	8,304
				Secondary Care					
161	223	62	28%	Inpatients	161	223	62	28%	2,678
126	126	0	0%	Radiology services	126	126	0	0%	1,510
111	114	3	2%	Travel & Accommodation	111	114	3	2%	1,362
1,429	1,437	8	1%	IDF Payments Personal Health	1,429	1,437	8	1%	17,244
1,827	1,899	73	4%		1,827	1,899	73	4%	22,793
3,372	3,503	131	4%	Primary & Secondary Care Total	3,372	3,503	131	4%	42,040
				Public Health					
21	23	2	8%	Nutrition & Physical Activity	21	23	2	8%	279
11	11	0	0%	Tobacco control	11	11	0	0%	133
32	34	2	6%	Public Health Total	32	34	2	6%	412
				Mental Health					
7	7	0	0%	Dual Diagnosis A&D	7,083	7	0	0%	85
0	0	0		Eating Disorders	0	0	0		0
20	20	0	0%	Child & Youth Mental Health Services	20	20	0	0%	240
24	8	-16	-214%	Mental Health Work force	24	8	-16	-214%	90
61	61	0	0%	Day Activity & Rehab	61	61	0	0%	729
11	11	0	0%	Advocacy Consumer	11	11	0	0%	128
81	81	0	0%	Other Home Based Residential Support	81	81	0	0%	970
11	11	0	0%	Advocacy Family	11	11	0	0%	132
10	16	6	38%	Community Residential Beds	10	16	6	38%	190
66	66	0	0%	IDF Payments Mental Health	66	66	0	0%	787
289	279	-10	-4%		289	279	-10	-4%	3,351
				Older Persons Health					
0	0	0	100%	Needs Assessment	0	0	0	100%	1
95	84	-11	-13%	Home Based Support	95	84	-11	-13%	1,012
8	6	-2	-39%	Caregiver Support	8	6	-2	-39%	70
226	242	16	6%	Residential Care-Rest Homes	226	242	16	6%	2,900
9	9	0	-1%	Residential Care-Community	9	9	0	-1%	110
363	404	41	10%	Residential Care-Hospital	363	404	41	10%	4,851
11	10	-1	-8%	Day programmes	11	10	-1	-8%	121
8	11	3	29%	Respite Care	8	11	3	29%	132
1	1	0	0%	Community Health	1	1	0	0%	15
0	1	1	100%	Minor Disability Support Expenditure	0	1	1	100%	16
99	99	0	0%	IDF Payments-DSS	99	99	0	0%	1,192
821	868	45	5%		821	868	47	5%	10,419
1,110	1,147	35	3%	Mental Health & OPH Total	1,110	1,147	37	3%	13,770
4,515	4,685	170	4%	TOTAL EXPENDITURE	4,515	4,685	170	4%	56,222
-6,557	-6,295	262	-4%	NET SURPLUS (neg)	-6,557	-6,295	262	-4%	-75,542





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

SOURCE: Planning & Funding
Alliance Leadership Team

DATE: 8 September 2016

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

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

2. RECOMMENDATION

That the Committee;

- i. Notes the Alliance Update.

3. SUMMARY

Progress of Note:

Alliance Leadership Team (ALT)

- The ALT have endorsed the Canterbury And West Coast Health System Strategic Health Disability Action Plan 2016 – 2026 and as a result will add the action plan to their guiding questions to ensure this item is considered in decision making and planning.
- The ALT were pleased to note the majority of the workstreams' plans have been achieved during 15/16.
- The ALT have requested the Alliance Support Group look at providing more resource to support the Youth Health Action Group and the youth portion of the Child & Youth workplan.
- The ALT noted the limited capacity in Planning & Funding at the moment as they fill vacancies.
- The ALT recommends that consumers become more regularly involved in workstream activity.

Health of Older Persons

- The FIRST (Flexible Integrated Rehabilitation Support Team) steering group has been meeting at frequent intervals to draft a repositioning paper, develop a process flow chart and source goal setting and goal ladder education resources for appropriate staff.
- The Clinical Nurse Specialist for Stroke has commenced in the role.

Integrated Family Health Service (IFHS) Workstreams (Grey | Westland, Buller & Reefton)

- The Grey IFHS workstream has agreed to incorporate community members into the group to provide input into the changes that they will be undertaking over the next year and beyond. A consumer council representative will be one of the members and other community members have also put their name forward.
- Funding has been provided to include mental health in the physical health long term conditions programme within primary care.
- Initial work around the primary and community project is now underway with most of the early focus on the community services.
- Planning for a health day in Buller in November is well underway and funding has been obtained by Poutini Waioara to cover costs.
- A trial of LTCM review process was undertaken in August as part of implementation of the Mental Health pilot in Buller. Participants will be providing feedback on the process so that we ensure it is patient-centered before it goes live.
- Dental Therapists are now referring all DNAs (in Buller and Grey) for oral health checks in under 5 year olds to Poutini Waioara for follow-up.
- The Reefton workstream are currently working with St John in looking at an integrated approach to urgent care.
- The team in Reefton have also started working in a more integrated way with nursing moving around the services as need requires and investigating a single stock room for all services.

Healthy West Coast (HWC)

- Recruitment for the additional resource into the new local Stop Smoking Service is underway and will add a total of 1.2FTE to this area of work.

Child and Youth

- A Well Child Tamariki Ora (WCTO) Consumer Engagement project is nearly complete and this included interviews and filming of a small number of parents/caregivers from Canterbury and West Coast. The purpose of this project was to better understand how 'vulnerable', 'high risk' families experience and navigate WCTO services. Themes that emerged included: - robust re-call systems; a sense of belonging and feeling valued;; accessibility and availability of appointments;; health literacy and use of visual aids/translated material during appointments. Families involved have consented to the sharing of clips/stories for education purposes only, to inform service delivery and identify areas for improvement.
- The workstream has sponsored a visit to the Coast by Dr Sue Bagshaw from The Collaborative Trust for Research and Training Youth Health. During her visit Dr Bagshaw provided support, advice and training for the newly emerging EARS (Easily Accessible Respectful Support) for Peers initiative at Greymouth High School which is being led by the current Head Boy. Dr Bagshaw also spent time in Westport with a multiagency group interested in provided more integrated and flexible support services for young people living in the Buller.

Pharmacy

- The workstream have started engaging with West Coast practices and pharmacies regarding implementation of the NZ ePrescription Service locally. This will release prescriber and pharmacist time to deliver better care.
- The workstream is continuing to support improved access to medicines use reviews, preferably in the patient's home, for patients prioritised by the CCCN.

Report prepared by:

Jenni Stephenson, Planning & Funding

Report approved for release by:

Stella Ward, Chair, Alliance Leadership Team

TO: Chair and Members
Community and Public Health Advisory Committee

SOURCE: Planning & Funding

DATE: 8 September 2016

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

The purpose of this report is to present the Committee with the DHB's progress against the national health targets for the final quarter of the year (April – June 2016). DHB performance against the health targets is published in newspapers and online on Ministry and DHB websites. The health target performance table is attached with the report (Appendix 1).

2. RECOMMENDATION

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

3. SUMMARY

In Quarter 3, the West Coast has:

- Achieved the **Shorter Stays in ED** health target, with 100% of patients admitted, transferred and discharged from our emergency departments within six hours. West Coast continues to lead the country at the top of the league table for this target.
- Achieved the **Improved Access to Elective Surgery** health target, achieving 103% of the expected delivery, providing 1,942 elective surgeries.
- Achieved the **Better Help for Smokers to Quit - Hospitals** health target, with 97% of hospitalised smokers having received help and advice to quit.
- Achieved the **More Hearts and Diabetes Checks** health target, with 91% of the eligible population having had a cardiovascular risk assessment in the past five years. This is a positive result and the West Coast now sits in the middle of the league table (11th) for this target.
- Partially achieved the **Faster Cancer Treatment** target with 80% of patients receiving their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer. Work being done around the capture of data and patient pathways has improved DHB performance. West Coast has delivered the 3rd highest result in the country.
- Partially achieved the **Immunisation** health target with 78% of eight-month-olds fully immunised this quarter, with strong results achieved for Pacific and Asian (100%) and European (96%) children and 100% of consenting children fully immunised. Opt-off and declines were at 21.7% this quarter.
- Failed to achieve the **Better Help for Smokers to Quit – Primary Care** health target, reaching 79% of patients who smoke, with performance dropping on previous quarters. This result was disappointing and puts the West Coast at the bottom of the national league table for this health target. Work continues to support those practices not reaching the target.

4. APPENDICES

Appendix 1: Health Target Report – Quarter Four

Report prepared by: Melissa Macfarlane, Accountability Lead, Planning & Funding

Report approved by: Greg Hamilton, Acting GM Planning & Funding

National Health Targets Performance Summary

Quarter 4 2015/16 (April - June 2016)

Target Overview

Target	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Target	Status	Pg
Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours	100%	100%	99%	100%	95%	✓	2
Improved Access to Elective Surgery West Coast's volume of elective surgery ¹	480	978	1,442	1,942	1,889	✓	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%	71%	75%	80%	85%	✗	3
Increased Immunisation Eight-month-olds fully immunised	88%	81%	89%	78%	95%	✗	3
Better Help for Smokers to Quit Hospitalised smokers receiving help and advice to quit ¹	91%	96%	94%	97%	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	84%	85%	82%	79%	90%	✗	4
More Heart and Diabetes Checks Eligible enrolled adult population having had a CVD risk assessment in the last 5 years	91%	91%	90%	91%	90%	✓	5

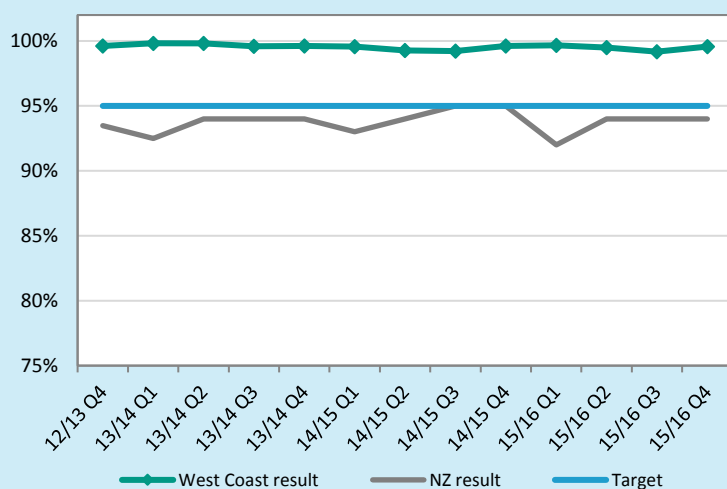
¹Results may vary due to coding processes. Reflects result as at time of reporting to MoH.

Shorter Stays in Emergency Departments

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



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



The West Coast continues to achieve the ED health target, with 99.6% (**100%**) of patients admitted, discharged or transferred from ED within 6 hours during quarter four.

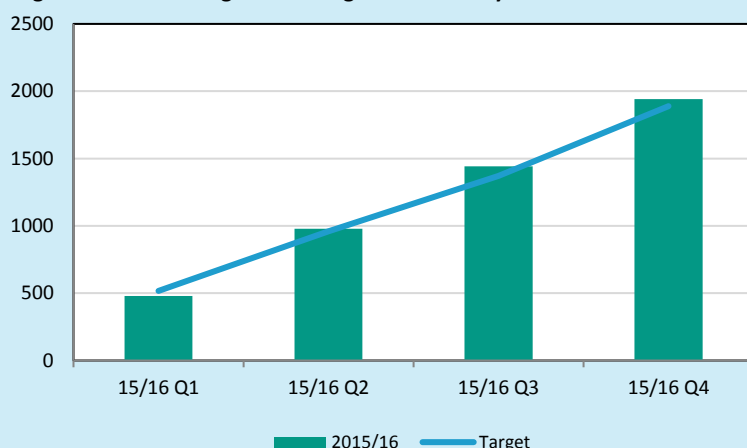
The ED team continues to work closely with community organisations, our discharge planning group and acute admitting wards to ensure the smooth flow of patients. Frail elderly pathways are being established to better support this high-need group of patients.

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



The DHB has exceeded the 2015/16 elective surgery target with **1,942** elective surgical discharges delivered **103%** of our national target.

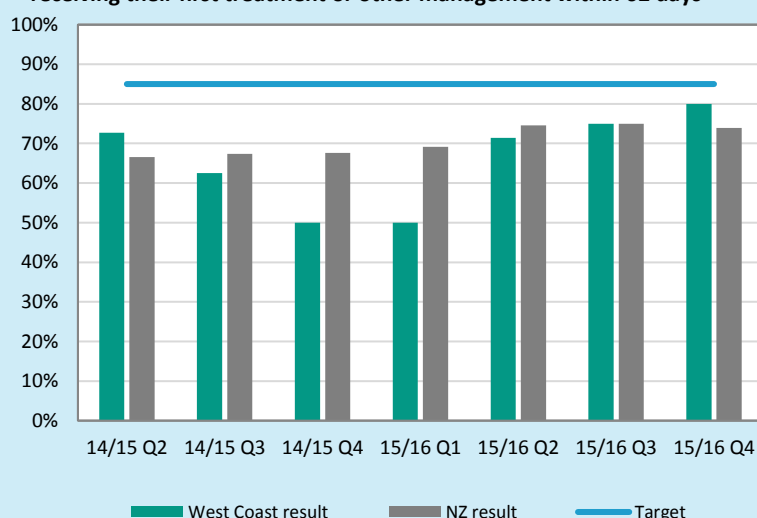
This meant 53 more people were able to benefit from surgery than expected.

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 **80%** of patients receiving their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer.

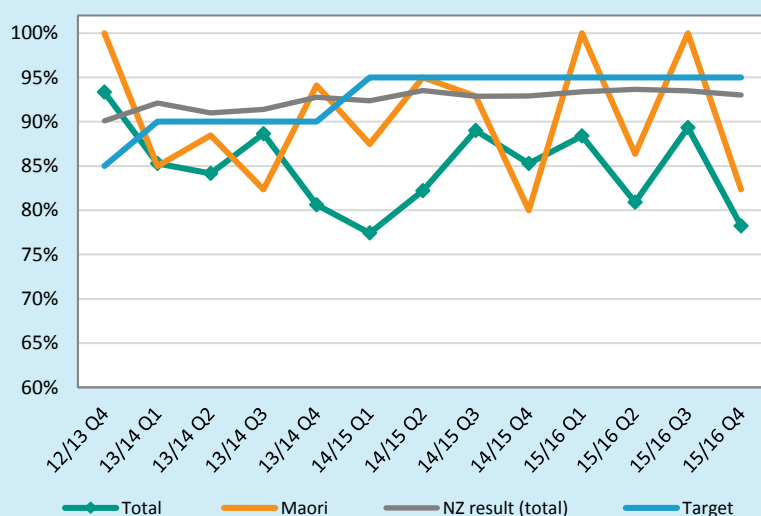
Small numbers are a challenge with this result reflecting just two out of ten patients were non-compliant. Audits into patient pathways have taken place with no capacity issues identified.

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



During quarter four, **78%** of all eight-month-olds were fully immunised. Strong results were achieved for Pacific (100%), Asian (100%) and New Zealand European (96%).

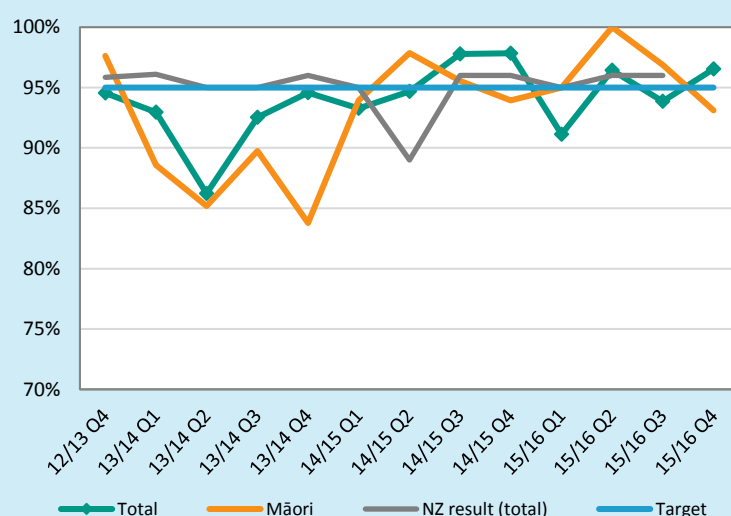
Opt-offs and declines increased this quarter to 21.7% and continue to make meeting the target impossible.

100% 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 **97%** of all hospitalised smokers with smoking cessation advice and support – achieving the target this quarter. The target was almost met for our Māori population – 93% - with just two patients being missed.

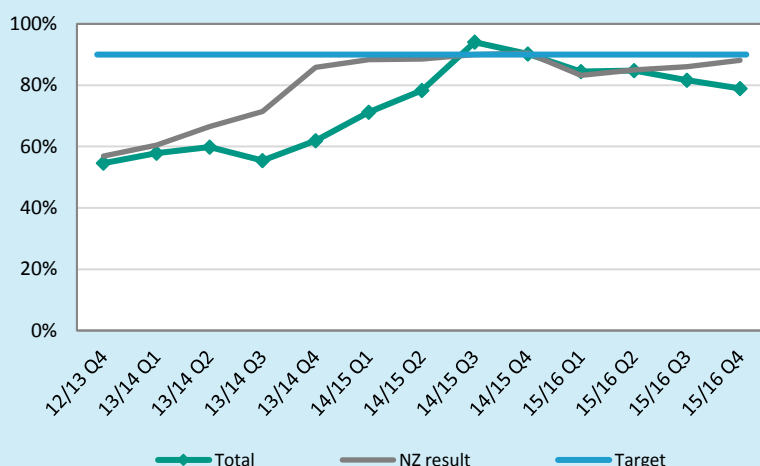
The effects of small numbers remain challenging but best practice initiatives continue.

The Smokefree Services Coordinator continues to investigate every missed smoker and discusses each case with both the Ward Champions and Clinical Nurse Managers.

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 **4,364** smokers cessation advice in the 15 months ending June 2016. This represents **79%** of smokers against our 90% target.

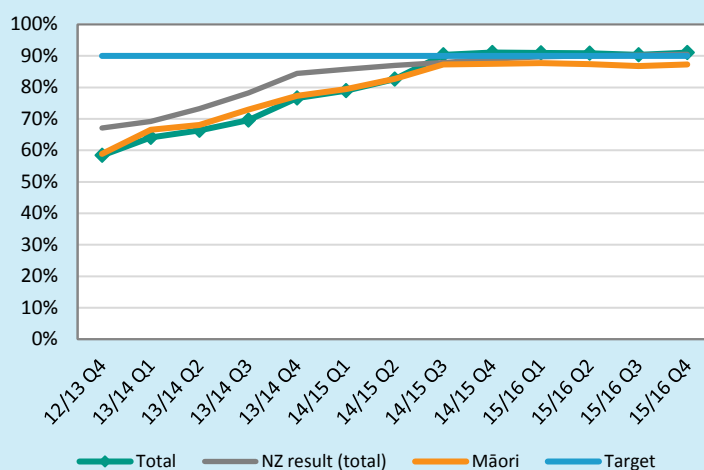
The DHB is disappointed not to have improved performance against this target.

Three of our eight practices are performing above target. The remaining practices have individual action plans in place to close the gap. Best practice initiatives continue to be supported including dashboards, education, and clinical leadership.

More Heart & Diabetes Checks

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

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



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

We are pleased to continue to meet target.

A range of approaches to increase performance continue, including identified CVD champions within general practices; nurse led CVD Risk Assessment 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.

National Health Targets Performance Table - Quarter 4 2015/16 (April - June 2016)



My District Health Board

2015/16 QUARTER FOUR (APRIL-JUNE 2016) RESULTS

How to read the graphs



Quarter four performance

Progress



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



MANATŪ HAUORA



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 four performance (%)	Change from previous quarter
1 West Coast	100	—
2 Nelson Marlborough	96	—
3 South Canterbury	96	▲
4 Tairāwhiti	96	—
5 Counties Manukau	96	—
6 Wairarapa	96	▲
7 Auckland	95	—
8 Waitemata	95	▼
9 Canterbury	95	—
10 Taranaki	95	—
11 Hutt Valley	94	▲
12 Bay of Plenty	94	—
13 MidCentral	94	—
14 Southern	93	▼
15 Northland	93	▲
16 Hawke's Bay	93	▼
17 Whanganui	92	▼
18 Waikato	91	—
19 Capital & Coast	90	▼
20 Lakes	89	—
All DHBs	94	—

95%



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 April and June 2016 and who were fully immunised at that stage.

	Quarter four performance (%)	Change from previous quarter
1 Canterbury	96	—
2 Wairarapa	96	▼
3 Hawke's Bay	95	—
4 Counties Manukau	95	—
5 MidCentral	95	—
6 Hutt Valley	95	—
7 Taranaki	94	—
8 Whanganui	94	▲
9 Auckland	94	—
10 Southern	94	—
11 Capital & Coast	93	—
12 South Canterbury	93	▲
13 Waitemata	92	—
14 Lakes	91	▼
15 Nelson Marlborough	91	—
16 Tairāwhiti	90	▼
17 Waikato	89	▼
18 Northland	89	▼
19 Bay of Plenty	87	▼
20 West Coast	78	▼
All DHBs	93	—

95%



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 186,223 discharges for the year to date, and have delivered 14,100 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 four performance (%)	Progress against plan (discharges)
1 Northland	122	▲
2 Waikato	119	▲
3 Tairāwhiti	116	▲
4 Taranaki	114	▲
5 Whanganui	113	▲
6 Bay of Plenty	110	▲
7 Counties Manukau	109	▲
8 Southern	107	▲
9 Waitemata	106	▲
10 MidCentral	105	▲
11 Hawke's Bay	105	▲
12 Nelson Marlborough	105	▲
13 Hutt Valley	105	▲
14 Capital & Coast	104	▲
15 Wairarapa	104	▲
16 West Coast	103	▲
17 Canterbury	103	▲
18 Lakes	102	▲
19 South Canterbury	101	▲
20 Auckland	101	▲
All DHBs	108	▲

100%



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 four performance (%)	Change from previous quarter
1 Counties Manukau	92	▲
2 Tairāwhiti	92	—
3 Auckland	91	▲
4 Waitemata	91	▲
5 Nelson Marlborough	90	▲
6 South Canterbury	89	▲
7 Lakes	89	▲
8 Waikato	89	—
9 Canterbury	88	▲
10 Whanganui	88	▲
11 Southern	88	▼
12 Taranaki	87	▲
13 Northland	87	▼
14 Wairarapa	87	—
15 MidCentral	87	—
16 Bay of Plenty	84	▲
17 Capital & Coast	83	—
18 Hutt Valley	81	▲
19 Hawke's Bay	81	▲
20 West Coast	79	▼
All DHBs	88	▲

90%

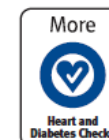


Faster cancer treatment

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 January 2016 and 30 June 2016.

	Quarter four performance (%)	Change from previous quarter
1 Whanganui	83	▲
2 Capital & Coast	83	—
3 West Coast	80	▲
4 Taranaki	77	▼
5 Southern	77	—
6 Auckland	77	▲
7 Nelson Marlborough	76	▼
8 Waitemata	75	▲
9 Counties Manukau	74	▲
10 Northland	73	▼
11 Bay of Plenty	73	▲
12 Hutt Valley	73	▼
13 Waikato	73	▼
14 MidCentral	71	▼
15 Canterbury	70	▼
16 Tairāwhiti	69	▼
17 Wairarapa	69	—
18 South Canterbury	66	▼
19 Hawke's Bay	63	—
20 Lakes	56	▲
All DHBs	74	▼

85%



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 four performance (%)	Change from previous quarter
1 Auckland	92	—
2 Tairāwhiti	92	—
3 Counties Manukau	92	—
4 Taranaki	92	—
5 Waikato	92	—
6 Nelson Marlborough	91	—
7 Bay of Plenty	91	▲
8 Waitemata	91	—
9 Whanganui	91	—
10 Northland	91	—
11 West Coast	91	—
12 Wairarapa	91	—
13 South Canterbury	91	—
14 Capital & Coast	91	—
15 MidCentral	90	—
16 Lakes	89	▲
17 Southern	89	—
18 Hawke's Bay	88	▼
19 Hutt Valley	88	▼
20 Canterbury	87	—
All DHBs	91	—

90%

This is the final quarter these results will be reported as a health target. From July 2016 results have been included as a DHB accountability measure.

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

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

SOURCE: General Manager, Maori Health

DATE: 8 September 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

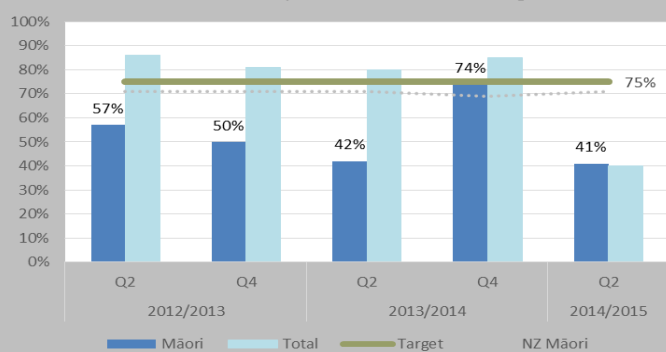
That the Community & Public Health & Disability Support Advisory Committee:
i notes the Maori Health Plan Update.

Maori Health Quarterly Report – Q4, 2015/16

CHILD, YOUTH AND MATERNITY

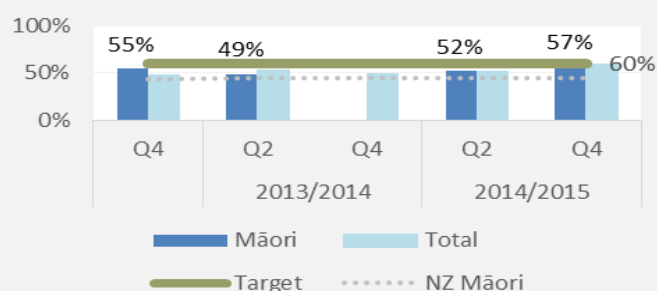
BREASTFEEDING

% of babies exclusive/fully breastfed at LMC discharge



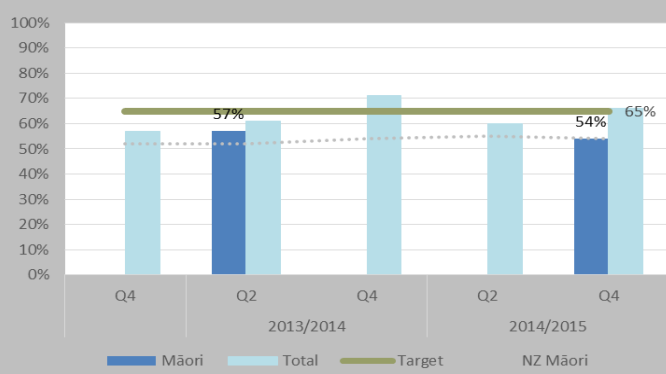
BREASTFEEDING

% of babies exclusive/fully breastfed at 3 months



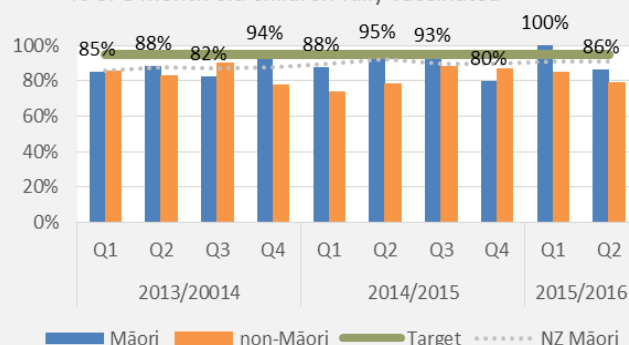
BREASTFEEDING

% of babies receiving breast milk at 6 months



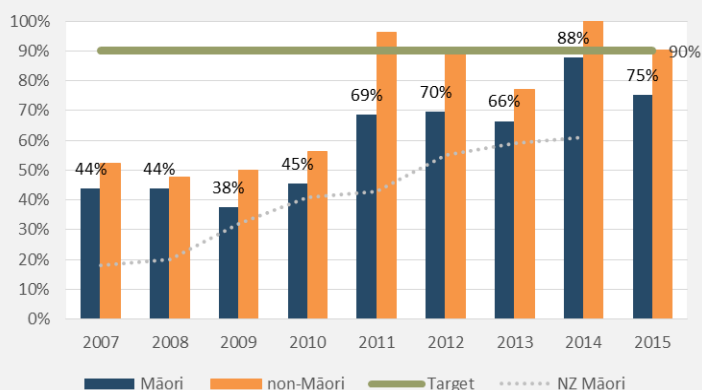
IMMUNISATION

% of 8 month old children fully vaccinated



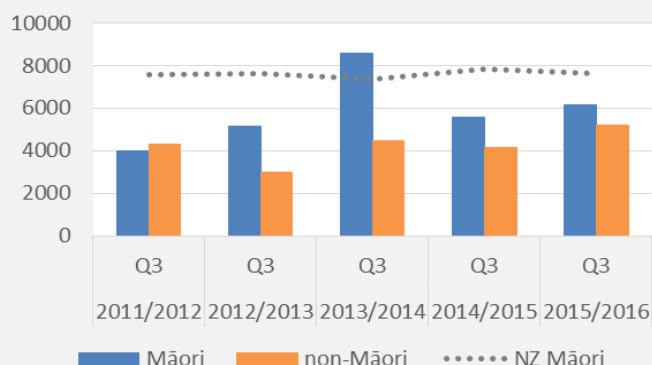
ORAL HEALTH

% of pre-school children (aged 0-4 years) enrolled with school and community dental services



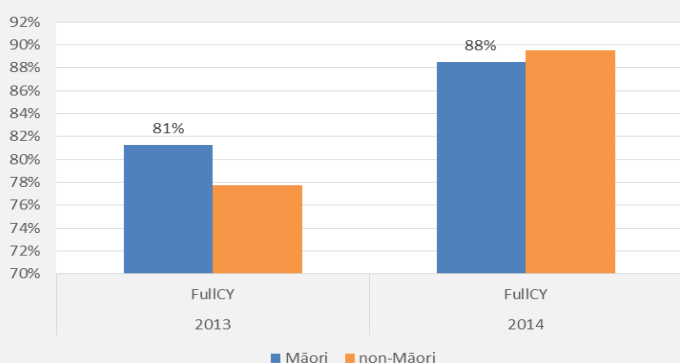
EARLY INTERVENTION

ASH rate per 100 000 people - Children 0-4 years old



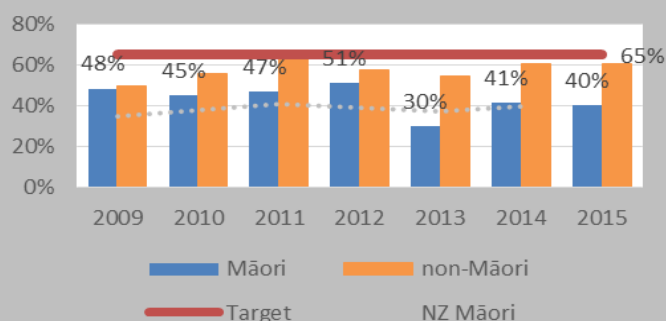
ORAL HEALTH

Children 0-8 years old examined on time



ORAL HEALTH

Number of children under 5 carries free

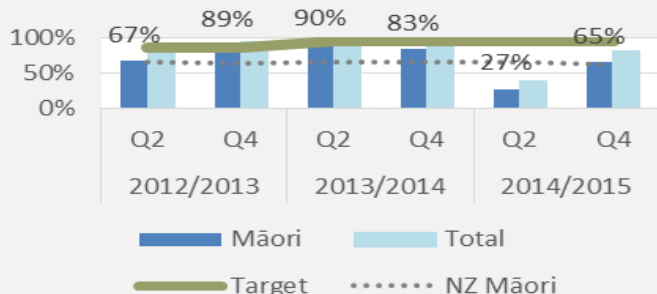


Strategies are being developed to enable targeted intervention to whanau who are at risk of dental caries. There are a number of strategies and interventions being worked through collectively with Public Health Nurse, Poutini Waioara Tamariki ora Nurse, Mama and Pepi worker, Plunket and the Community Dental Service to ensure that pathways for those most at risk are being developed.

ADULTS HEALTH AND WELLBEING

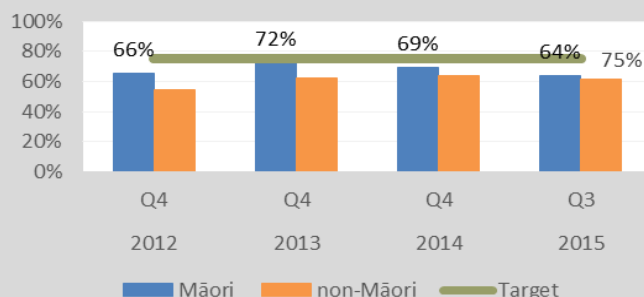
SMOKING

% of women smokefree at two week postnatal



IMMUNISATION - INFLUENZA

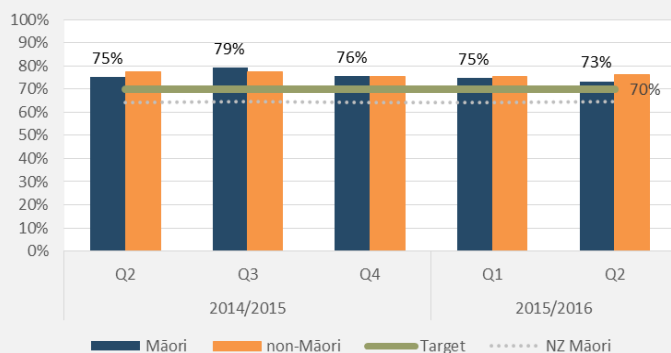
% of the populatin (65+ years) who have had a seasonal influenza vaccination



Targeted work is occurring to increase the uptake of Maori women into the smoking incentivisation programme Healthy West Coast continues to prioritise smoking cessation for Maori and targeted health promotion through Tamariki ora and Mama and Pepi service is starting to see results.

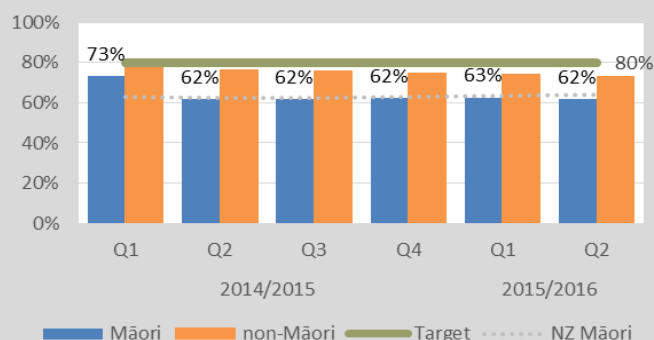
CANCER

% of eligible women aged 50-69 years who have had a breast screen in the previous two years



CANCER

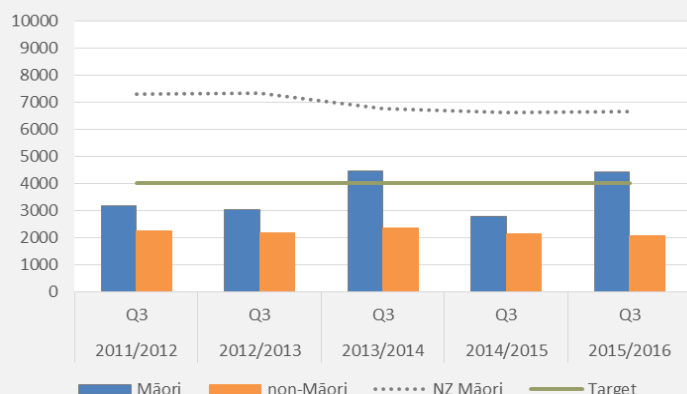
% of eligible women aged 25-69 years who have had a cervical screen in the previous three years



The eligible Maori population for Breastscreening is 370 Maori – as at June 2016 259 Maori had been screened. The eligible Maori population for Cervical screening is 869 Maori – as at June 2016 566 Maori have been screened which is 65.1% a slight increase from Q2.

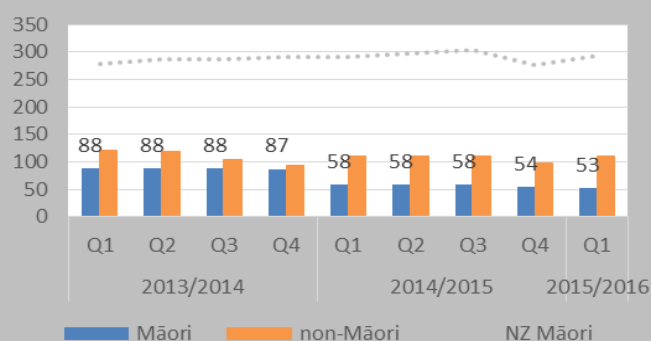
EARLY INTERVENTION

ASH rate per 100 000 people - Adults 45-64 years old



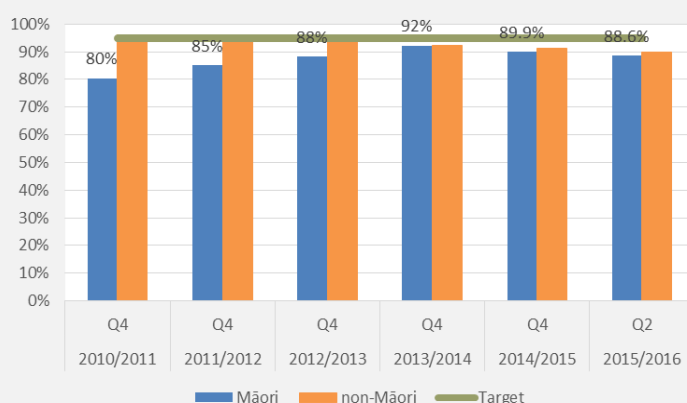
MENTAL HEALTH

Community Treatment Orders rate per 100 000 people



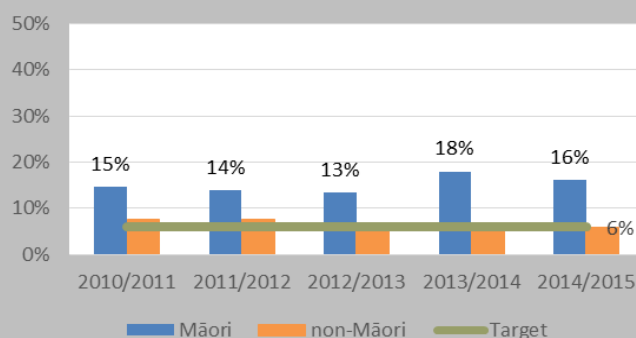
ENGAGEMENT

% of the population enrolled in a PHO



NON ATTENDANCE

% of Did_Not_Attend responses to outpatient appointments



Continued work on decreasing DNA's for Maori is occurring. We are currently looking at the option of supported attendance at Outpatient clinics where needed and are planning on contacting those Maori who have DNS'd to quantify their reasons and develop strategies to improve attendance and access – tele health could be one such option where appropriate.

Consumer Council

The General Manager Maori Health is the EMT sponsor for the health consumer council West Coast DHB. A number of Consumer Council members have now completed their two years on the council. Recently a number of interviews for vacancies on the Consumer Council were undertaken. There was a healthy number of applicants with standard being very high. Once the new Council is formed a strategic planning session will follow for the members to develop a working plan for the year. The current Chair, Barbara Holland, has resigned and I wish to express my gratitude to her for the hard work she is put in over the years on behalf of the people of the West Coast and also helping to establish the West Coast Consumer Council.

Improving the Cancer Pathway

Dr Melissa Cragg will make her third trip to the West Coast where she will continue to meet with whanau, services and clinicians to understand the cancer pathway for Maori on the West Coast and how this may contribute to health inequity in Cancer outcomes for Maori.

This project is funded via the Ministry of Health through the Faster Cancer Treatment programme (FCT). The specific focus of FCT is from referral to diagnosis through to treatment (including palliative care) and this also reflects the scope of this project.

An implementation plan for service improvement areas which will benefit Maori cancer patients will be agreed by each South Island DHB by July 2017 and at least one service improvement from the implementation plan will be commenced by each DHB by this date also.

Maori Provider – Hauora Maori Contract

Planning and Funding and the Maori Health team have been working with the Poutini Waiora to develop the Hauora contract which is up for renewal. There is a strong focus on integration, collaboration and alignment with the West Coast DHB Maori Health Plan 2016 -2017.

Cultural Competency WCDHB

The West Coast DHB Maori Health Plan, the Annual Plan and the Health Alliance all acknowledge the importance of the Treaty of Waitangi and of improving Maori health. While gains have been made, it is well known that health disparities continue to exist between Māori and others in Aotearoa. On Te Tai O Poutini despite the increasing focus on reducing health inequities there remains a significant issue of poorer Maori health outcomes. This is demonstrated by a range of indicators, including rates of cardiovascular disease, cancer, diabetes and respiratory disease. Māori are also under-represented among primary care utilisation data.

The vision for the West Coast Health System is to put the patient and their whanau at the centre of all service provision. This is something that everybody working in the West Coast Health System should be motivated to achieve. Familiarity with a patient's cultural heritage has been shown to be associated with improved patient care thus rendering cultural competence essential for high quality health care. One of the barriers for Maori in regard to this are the low levels of Maori health workers on the West Coast currently, coupled with a lack of training available in cultural competency for Health and Disability workers. Some training very good training is already provided and has been for many years and evaluations from staff regarding this training is consistently high but a small Maori health team does not have capacity to run such trainings as regularly as needed. WCDHB are very aware that many staff require cultural competency training because HFCCA requires that all registration bodies including the Medical Council to establish and assess standards of clinical and cultural competence. Currently we are in the process of reviewing the trainings delivered and looking at the various options available both internally and externally to ensure that our staff is given exposure as high level of quality of cultural competency training. This is not an insignificant piece of work and its needs to be done right but at this point the intention is to signal that it is occurring.

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

Visit to Facilities Site	10.00am
<i>Please meet at the site entrance in Waterwalk Road where there is car parking.</i>	to
<i>Please ensure you wear sturdy footwear with closed in toes.</i>	10.30am

KARAKIA	
ADMINISTRATION	10.40am

Apologies

1. Interest Register
2. Confirmation of the Minutes of the Previous Meetings
 - 24 June 2016
3. Carried Forward/Action List Items

REPORTS	10.45am
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- | | | | |
|-----|---|---|-------------------|
| 4. | Chair's Update
(Verbal Update) | Peter Ballantyne
<i>Chairman</i> | 10.45am – 10.55am |
| 5. | Chief Executive's Update | David Meates
<i>Chief Executive</i> | 10.55am – 11.10am |
| 6. | Clinical Leader's Update | Karyn Bousfield
<i>Director of Nursing & Midwifery</i> | 11.10am – 11.20am |
| 7. | Matt Gunter Patient Story | Karen Bousfield
<i>Director of Nursing & Midwifery</i> | 11.20am – 12noon |
| 8. | Finance Report | Justine White
<i>General Manager, Finance</i> | 12noon – 12.10pm |
| 9. | Maori Health Action Plan 2016/17 | Philip Wheble
<i>Team Leader, Planning & Funding</i> | 12.10pm – 12.20pm |
| 10. | Reports from Committee Meetings | | |
| | - CPH&DSAC
28 July 2016 | Elinor Stratford
<i>Chair, CPH&DSA Committee</i> | 12.20pm – 12.30pm |
| | - Hospital Advisory Committee
28 July 2016 | Sharon Pugh
<i>Chair, Hospital Advisory Committee</i> | 12.30pm – 12.40pm |
| 11. | Resolution to Exclude the Public | <i>Board Secretariat</i> | 12.40pm |

INFORMATION ITEMS

- 2016 Meeting Schedule

ESTIMATED FINISH TIME	12.40pm
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NEXT MEETING

Friday 23 September 2016

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

TO: Chair and Members
West Coast District Health Board

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

DATE: 12 August 2016

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

This report is provided to the West Coast DHB Board as an interim update on the Community & Public Health & Disability Support Advisory Committee (CPH&DSAC) meeting of 12 August 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 – 12 August 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:

Buller Community Profile

The Buller Community Profile was launched at Club Buller in Westport on Thursday 7 July. Dr Cheryl Brunton and Dr David Brinson presented a summary of the findings of the Profile report to an audience of 60+ people from many health and social service organisations.

The report was prepared for the Buller InterAgency Forum. The purpose of the document was “to record an in-depth profile of the Buller District – the demographic data on its people, as well as comments from a number of key agencies that make decisions that affect the lives of the people in the Buller, about what they see happening in their community and the likely challenges in the future” (p1, Buller Community Profile).

A huge amount of work has gone into the Profile and to date there has been significant media coverage. A copy of the full report is available for download from the West Coast DHB website.

The Buller InterAgency Forum met one week after the launch of the Profile and have started planning for positive action for the future using the information gathered through the report.

Smokefree Outdoor Dining

Members of the West Coast Tobacco Free Coalition have recently visited cafés, bars and restaurants with outdoor dining areas in Westland from Kumara south to Fox Glacier to provide them with free smokefree signage.

The response to this initiative has been very positive. Business owners and managers have been encouraged to display the smokefree signage on their outdoor tables to encourage people to enjoy their hot drinks and food in a smokefree setting.

Alcohol Licensing

The Westland District Licensing Committee (DLC) has approved an application for an off-licence new bottlestore in Hokitika. The DLC considered, in forming its decision, that reporting agencies, other objectors and some members of the community believe there are too many off-licences in Hokitika. The DLC’s decision states that *“members of the public and organisations may lobby the Westland District Council to commit to a Local Alcohol Policy. This would allow proper public consultation and would have the effect of determining the number of Off Licences that the community believes is appropriate in the Hokitika urban area”*.

Nutrition Health Promotion

Community and Public Health staff have delivered seven cooking skills sessions at Greymouth Alternative Education. There were six students involved with the course. The students cook their lunch every day as a group and the most effective approach was to take their favourite meals and adapt them to contain more vegetables, less sugar, saturated fat and salt. These students are high consumers of energy drinks, so there was a focus on this as well as part of the programme, including how these affect the body.

Arahura Awa Hui

At the request of some Arahura community members, staff from Community and Public Health, the West Coast Regional Council (WCRC) and The Institute of Environmental Science and Research (ESR) met with members of the community at a hui earlier this month to discuss community concerns about water quality of the Arahura awa. Information from some preliminary monitoring was presented and discussed. As an initial action, the WCRC will include some additional monitoring sites on the Arahura awa in its summer programme of recreational water monitoring. Community & Public Health staff will also continue to liaise with the community about any further actions.

Healthy Homes Project in Buller

As part of our work with the Healthy Homes project Community and Public Health is currently acting as a conduit for whānau in Buller to have access to the Christchurch-based Community Energy Action (CEA) curtain bank while an assessment is made of the feasibility of setting up curtain banks on the West Coast.

CEA and the Canterbury DHB have evaluated the Healthy Homes insulation programme set up to improve homes in Canterbury post-earthquakes. Nine hundred homes were insulated which resulted in considerable improvements to health of the occupants and a substantial reduction in health costs. Copies of the evaluation document can be made available to Committee members.

Discussion took place regarding the approval for the new bottle store in Hokitika with disappointment being expressed. Discussion also took place regarding Local Alcohol Plans and Dr Cheryl Brunton provided the Committee with the background around this.

The Committee applauded the work being undertaken around the water quality of the Arahura awa.

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

- Performance continues to be impressive against the ED health target with 99.2% of patients admitted, discharged or transferred from Grey Base ED within six hours during June 2016. A significant 94.5% were seen within just four hours.
- West Coast DHB was 25 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. Provisional analysis indicates that we will exceed our Health Target volumes for the year to 30 June 2016.
- During Quarter 4, West Coast DHB staff provided 97% 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.

Key Issues & Associated Remedies

- **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 Checks:** Service targets during the last quarter have improved to 82% 299 checks completed of the 363 target set by MOH. What the service has found is the combination of children who have had B4 school checks but cannot be recorded and movement of families out of the West Coast region has meant that meeting the target has been particularly difficult.

Mr Wheble tabled some examples of graphs regarding breastfeeding for the Committee to look at to determine what information they would like to be included in future reporting. Discussion took place around this.

Discussion also took place regarding the challenges around vision and hearing testing and the resources available in this area.

The Committee noted that management are continually looking at Aged Care Services with a view to improving these.

A query was made regarding whether any dementia care is provided by Private Providers and the Committee noted that this is not provided by Private Providers currently however lower complexity dementia patients are provided for and in these cases additional funding is provided.

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)**

- In July the workstream leads and the Alliance Support Group will be meeting to talk and document the lessons learnt in progressing the 2015/16 workplans. This occurs each year and assists the Alliance to improve how to progress and achieve the actions in the workplans.
- The 2016/17 workplans are now underway with workstreams reporting against these actions.

Health of Older Persons

- The Falls Champion is receiving most of its referrals for clients within the community from the Complex Clinical Care Network. Promotion of this service is planned into general practice and with the rural nurse specialists in the coming months.

Integrated Family Health Service (IFHS) Workstreams (Grey/Westland, Buller & Reefton)

- A new workstream has been put in place as a result of the community engagement in Reefton. This workstream will be looking at the services in Reefton and how these might look in the future. The workstream has community, staff and management as members of the workstream.
- Staff in Reefton have been looking at opportunities where the services there can work together and have already started working in an integrated way. Nursing is now moving between services to assist in covering gaps including supporting PRIME, covering leaving across the service and looking at a single stock room for all services.
- The Grey/Westland workstream is continuing to look at opportunities to work with the plastics specialists to allow some procedures to be done in primary care. The secondary dieticians role that will sit in primary care is still to be filled.
- Grey Health will be supporting a trial this year of the new patient portal that will allow the community to interact with their practices via the internet.

Healthy West Coast (HWC)

- Following the Ministry led Realignment of Stop Smoking Services process, Community & Public Health now have a contract in place on behalf of the Healthy West Coast workstream which represents a whole-of-system approach to supporting smokers to quit. There will be a 3 month transition from the Aukati KaiPaipa service to the new model.

Child and Youth

- A working group has met to develop a local Oral Health Promotion plan that will compliment the Transalpine Oral Health Steering Group's Communication Plan. The plan will take a life course approach, identifying key opportunities to deliver oral health and nutrition messages from pregnancy through to adolescence.

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.

The report was noted.

d) BREASTFEEDING PLAN UPDATE

Jenni Stephenson, Planning & Funding provided the Committee with an update on progress with the West Coast's Priority Plan for Breastfeeding. The Committee noted that the majority of the actions in the plan have been completed and Ms Stephenson took the Committee through the actions which are still work in progress.

The Chair thanked Ms Stephenson for the update.

e) GENERAL BUSINESS

- i. The Committee discussed the Ministry of Health publication "A guide to Community Engagement with People with Disabilities" which was provided for their information.
- ii. The Chair spoke regarding the launch of KIOSK which is to be trialled on the West Coast.
- iii. The Committee noted that on 2 August there is a meeting on The West Coast regarding the National Disability Strategy.
- iv. On 6 & 7 September 2 people are coming to the West Coast from Taranaki to look at accessible communities.
- v. The review of NASC and DIAS is still continuing and it is hoped that this will be completed by July 2017. It is also hoped that the Ministry will have informed providers of any changes by December 2016

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

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

9 June 2016

3. Carried Forward/ Action Items

REPORTS/PRESENTATIONS 9.10am

- | | | | |
|----|---|---|------------------|
| 4. | Community and Public Health Update | Claire Robertson
<i>Team Leader, Community and Public Health</i> | 9.10am - 9.20am |
| 5. | Planning & Funding Update | Philip Wheble
<i>Team Leader, Planning & Funding</i> | 9.20am – 9.30am |
| 6. | Alliance Update | Philip Wheble
<i>Team Leader, Planning & Funding</i> | 9.30am – 9.40am |
| 7. | Breastfeeding Plan Update | Jenni Stephenson
<i>Planning & Funding</i> | 9.40am – 9.50am |
| 8. | General Business | Elinor Stratford
<i>Chair</i> | 9.50am – 10.10am |
- *Ministry of Health publication - A Guide to Community Engagement with People with Disabilities*

ESTIMATED FINISH TIME 10.10am

INFORMATION ITEMS

- Board Agenda – 24 June 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 8 September 2016

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

	28 January	10 March	28 April	9 June	28 July	8 September	27 October	1 December
STANDING ITEMS	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items
STANDARD REPORTS	Planning & Funding Update Community & Public Health Update Alliance Update	Health Target Q2 Report Maori Health Plan Update Planning & Funding Update Community & Public Health Update Alliance Update	Planning & Funding Update Community & Public Health Update Alliance Update	Health Target Q3 Report Maori Health Plan Update Planning & Funding Update Community & Public Health Update Alliance Update	Planning & Funding Update Community & Public Health Update Alliance Update	Health Target Q4 Report Maori Health Plan Update Planning & Funding Update Community & Public Health Update Alliance Update	Planning & Funding Update Community & Public Health Update Alliance Update	Health Target Q1 Report Maori Health Plan Update Planning & Funding Update Community & Public Health Update Alliance Update
PRESENTATIONS	Mana Tamariki Programme Child & Youth Health		Alliance Workstreams: - Healthy West Coast					
PLANNED ITEMS		West Coast Public Health Annual Plan		Healthy Food and Drink Policy	Breastfeeding Plan Update	Suicide Prevention Update		
GOVERNANCE AND SECRETARIAT	2016 Work Plan							
DSAC Reporting	As available	Disability Action Plan	As available	Amendment to Disability Action Plan Governance	MoH publication - A Guide to Community Engagement with People with Disabilities	Disability Action Plan	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.