

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

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

**Thursday 27 October 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 27 October 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**

*8 September 2016*

3. **Carried Forward/ Action Items**

## REPORTS/PRESENTATIONS

**9.05am**

4. **Community and Public Health Update**

- Update on Drinking Water Quality

Cheryl Brunton  
*Medical Officer of Health  
Community and Public Health*

*9.05am – 9.15am*

5. **Planning & Funding Update**

Sandy McLean  
*Team Leader, Planning & Funding*

*9.15am – 9.25am*

6. **Alliance Update**

Sandy McLean  
*Team Leader, Planning & Funding*

*9.25am – 9.35am*

7. **Presentation – Home Based Support Services**

Fran Cook  
*Project Leader, Primary/Community Services*

*9.35am – 10.00am*

8. **General Business**

Elinor Stratford  
*Chair*

*10.00am – 10.05am*

## ESTIMATED FINISH TIME

**10.05am**

## INFORMATION ITEMS

- Board Agenda – 23 September 2016
- Chair's Report to last Board Meeting
- 2016 Committee Work Plan (Working Document)
- West Coast DHB 2016 Meeting Schedule
- West Coast DHB 2017 Draft Meeting Schedule

## NEXT MEETING

**Date of Next Meeting:** Thursday 3 December 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



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

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

Member	Disclosure of Interest
<b>CHAIR</b> Elinor Stratford <b>(Board Member)</b>	<ul style="list-style-type: none"> <li>• Clinical Governance Committee, West Coast Primary Health Organisation</li> <li>• Committee Member, Active West Coast</li> <li>• Chairperson, West Coast Sub-branch - Canterbury Neonatal Trust</li> <li>• Trustee, Canterbury Neonatal Trust</li> <li>• Member, Arthritis New Zealand, Southern Regional Liaison Group</li> <li>• President of the New Zealand Federation of Disability Information Centres</li> </ul>
<b>DEPUTY CHAIR</b> John Vaile <b>(Board Member)</b>	<ul style="list-style-type: none"> <li>• Director, Vaile Hardware Limited</li> <li>• Member of Community Patrols New Zealand</li> </ul>
Lynnette Beirne	<ul style="list-style-type: none"> <li>• Patron of the West Coast Stroke Group Incorporated</li> <li>• Daughter employed as nurse for West Coast DHB</li> <li>• Member of West Coast DHB Consumer Council</li> <li>• Consumer Representative on WCDHB Falls Coalition Committee</li> <li>• Consumer Representative on WCDHB Stroke Coalition Committee</li> <li>• Running a Homestay for DHB Students</li> </ul>
Sarah Birchfield	<ul style="list-style-type: none"> <li>• West Coast Autism Support Group – Volunteer and Support Person</li> </ul>
Cheryl Brunton	<ul style="list-style-type: none"> <li>• Medical Officer of Health for West Coast - employed by Community and Public Health, Canterbury District Health Board</li> <li>• Senior Lecturer in Public Health - Christchurch School of Medicine and Health Sciences (University of Otago)</li> <li>• Member - Public Health Association of New Zealand</li> <li>• Member - Association of Salaried Medical Specialists</li> <li>• Member - West Coast Primary Health Organisation Clinical Governance Committee</li> <li>• Member – National Influenza Specialist Group</li> <li>• Member, Alliance Leadership Team, West Coast Better Sooner More Convenient Implementation</li> <li>• Member – DISC Trust</li> </ul>
Jenny McGill	<ul style="list-style-type: none"> <li>• Husband employed by West Coast DHB</li> <li>• Peer Support – Mum4Mum</li> </ul>
Joseph Mason	<ul style="list-style-type: none"> <li>• Representative of Te Runanga o Kati Wae Wae Arahura</li> <li>• Employee Community and Public Health, Canterbury DHB</li> </ul>

Mary Molloy	<ul style="list-style-type: none"> <li>• Spokesperson for Farmers Against 1080</li> <li>• Executive Member - Ban 1080 Political Party</li> <li>• Director, Molloy Farms South Westland Ltd</li> <li>• Trustee, L.B. &amp; M.E. Molloy Family Trust</li> <li>• Executive Member, Wildlands Biodiversity Management Group Inc.</li> <li>• Chair of the West Coast Community Trust</li> </ul>
Francois Tumahai (Board Member)	<ul style="list-style-type: none"> <li>• Te Runanga o Ngati Waewae - Chair</li> <li>• Poutini Environmental - Director/Manager</li> <li>• Arahura Holdings Limited - Director</li> <li>• West Coast Regional Council Resource Management Committee - Member</li> <li>• Poutini Waioara Board - Co-Chair</li> <li>• Development West Coast – Trustee</li> <li>• West Coast Development Holdings Limited – Director</li> <li>• Putake West Coast – Director</li> <li>• Waewae Pounamu – General Manager</li> <li>• Westland Wilderness Trust - Chair</li> <li>• Wife, Lisa Tumahai, is Chair, Tatau Pounamu Advisory Group</li> </ul>
Peter Ballantyne Ex-officio (Board Chair)	<ul style="list-style-type: none"> <li>• Member, Quality, Finance, Audit and Risk Committee, Canterbury DHB</li> <li>• Retired Partner, Deloitte</li> <li>• Member of Council, University of Canterbury</li> <li>• Trust Board Member, Bishop Julius Hall of Residence</li> <li>• Niece, Juliette Reese, Coordinator/Administrator Medical Training Programmes, West Coast District Health Board</li> </ul>
Joseph Thomas Ex-officio (Board Deputy Chair)	<ul style="list-style-type: none"> <li>• Ngati Mutunga o Wharekauri Asset Holding Company Limited – Chair</li> <li>• Motuhara Fisheries Limited – Director</li> <li>• Ngati Mutunga o Wharekauri Iwi Trust – Trustee and Member</li> <li>• New Zealand Institute of Management Inc – Member (Associate Fellow)</li> <li>• New Zealand Institute of Chartered Accountants – C A, Member</li> <li>• Chief Executive, Ngai Tahu Seafood</li> </ul>

**DRAFT**  
**MINUTES OF THE COMMUNITY AND PUBLIC HEALTH  
AND DISABILITY SUPPORT ADVISORY COMMITTEE**  
**held in the Board Room, Corporate Office, Grey Base Hospital**  
**on Thursday, 8 September 2016 commencing at 9.00am**

## **PRESENT**

Elinor Stratford (Chairperson); Lynette Beirne; Cheryl Brunton; Joe Mason; Mary Molloy;

## **APOLOGIES**

Apologies were received and accepted from Jenny McGill; John Vaile; and Peter Ballantyne

## **EXECUTIVE SUPPORT**

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

## **IN ATTENDANCE**

Sara Birchfield - Observer

Kathy O'Neill (Service Development Manager, Planning & Funding) for Item 4 (via video conference)

Stella Ward (Executive Director of Allied Health) for Item 4 (via video conference)

## **WELCOME**

Joe Mason opened the meeting with a Karakia.

The meeting acknowledged that today is World Physiotherapy Day.

## **1. INTEREST REGISTER**

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

There were no additions or alterations to the Interest Register.

### **Declarations of Interest for Items on Today's Agenda**

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

### **Perceived Conflicts of Interest**

There were no perceived conflicts of interest.

## **2. MINUTES OF THE PREVIOUS MEETING**

### **Resolution (10/16)**

(Moved: Joe Mason; Seconded: Elinor Stratford - carried)

"That the minutes of the meeting of the Community and Public Health and Disability Support Advisory Committee held on 28 July 2016 be confirmed as a true and correct record."

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

The Carried Forward/Action Items were noted.

#### **4. DISABILITY ACTION PLAN – AMENDMENT TO GOVERNANCE STRUCTURE**

Stella Ward, Executive Director of Allied Health, Kathy O'Neill, Service Development Manager, Planning & Funding, presented this report via video conference.

An amendment to the Disability Action Plan Governance Structure, which was approved by the Board at the meeting held on 1 April 2016, was provided to the Committee. It was proposed that the Governance Structure for the implementation of the Strategic Disability Action Plan be amended to sit within the scope of the Alliance Leadership Team and the Work streams. This would reduce duplication of processes and the burden of an additional governance structure that will draw on many of the same individuals across the health system.

##### **Resolution (11/16)**

(Moved: Lynette Beirne/seconded: Mary Molloy – carried)

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

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

#### **PRESENTATION – MANAWANUI IN CHARGE**

Marsha Marshall, Chief Executive, Manawanui In Charge, provided the Committee with a presentation on Manawanui In Charge. The Committee noted the following points in particular:

- The vision where people have absolute authority and autonomy over their disability-related support;
- The mission to create an Individualised Funding management system owned and governed by disabled people;
- The aim to support people to deliver an efficient, effective, and culturally competent Individualised Funding service.
- This gives people the opportunity to:
  - Design a Personal Support Plan that reflects them, their choices and lifestyle;
  - Employ the support staff they want in their life (people who understand their culture, priorities, preferences and lifestyle choices);
  - Set their own timetable to come and go as they want, so they can build stronger relationships and enjoy a better social life.
  - Find support that best benefits their family.
  - Identify new sources of support.
  - Take charge of who enters their life and call the shots when it comes to their priorities.
- Manawanui provides the tools and education to equip people (or their parents and guardians), to manage budgets, staff and ultimately, to take leading roles in the community.
- Referral for Individualised Funding comes through the NASC and locally this is both Lifelinks and the DHB NASC as it crosses the age groups.

The presentation was very well received and whilst the Committee understand that Disability Services are primarily funded by the Ministry of Health they have requested that management look at opportunities going forward to ensure that the West Coast community can take advantage of these services where appropriate for their situation and report back to a future meeting.

The Chair thanked Marsha for her presentation.



## 5. COMMUNITY & PUBLIC HEALTH UPDATE

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

### **Nutrition and Physical Activity**

Community & Public Health 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 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 Community & Public Health 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 West Coast. Collaborative work around nutrition and physical activity has been a key focus 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.

### **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 ('Ears for Peers'). Ongoing support will be provided 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 16<sup>th</sup> 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**

Community & Public Health 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, Community & Public Health's Smokefree Enforcement Officer conducted tobacco retailer compliance checks throughout the West Coast in July. Following this, Community & Public Health 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.

Community & Public Health will be compiling a detailed compliance report on each councils' water supplies over the next six weeks.

### **Healthy Homes Project in Buller**

Community & Public Health 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**

Community & Public Health 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.

The report was noted.

## **6. 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 99.9% 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.

The report was noted.

## 7. ALLIANCE UPDATE

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

### 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 Waiora 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 Waiora 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.

The report was noted.

## **8. HEALTH TARGET REPORT QUARTER 4**

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

Most of these items had already been discussed during the meeting. The Committee noted in particular the focus on Primary Smoking targets.

The Report was noted.

## **9. MAORI HEALTH PLAN UPDATE**

Kylie Parkin, Maori Health, presented this report which was taken as read.

Discussion took place regarding smoking statistics and the Committee noted that these graphs are 2014/15 due to the timing of the reporting.

The Committee also noted the importance of cultural competency work and although this is still work in progress, there is a lot being undertaken in this space.

The update was noted.

## **10. SUICIDE PREVENTION UPDATE**

Apologies from Dr Cameron Lacey were received and in his absence Philip Wheble, Team Leader, Planning & Funding provided a verbal update on suicide prevention. Mr Wheble advised that:

- the Suicide Prevention Governance Group and Suicide Prevention Action Group Terms of Reference have been refreshed and updated;
- Links to the Mental Health Leadership Team have been formalised;
- A review of the suicide prevention plan and refresh of ongoing activity is underway;
- The outputs of the post-vention group to date include a register of vulnerable people and support initiatives in the Runanga community;
- The Suicide Governance Group have requested a report from the post-vention group and agreed activity will be included in the refreshed suicide prevention plan;
- Local media have focused on suicide over the last few months releasing unconfirmed information including exaggerated local suicide rates;
- A pro-active media focus on mental wellbeing/resilience is to be coordinated by Community & Public Health;
- A communication strategy is to be developed by the Suicide Prevention Governance Group and submitted to the Mental Health Leadership Team for review.

The update was noted and the refreshed Terms of Reference and plan will come back to the Committee for their information.

## **11. GENERAL BUSINESS**

- i. The Chair advised that KIOSK has been launched but is not yet in the Community. Opportunities are being explored for placement of this in Reefton and Buller.
- ii. As reported at the last meeting 2 workshops were held this week around Accessible Communities with visitors from Taranaki relating their experiences in this area. The workshops were well attended. It was noted that neither Buller or Westland Councils have a Disability Strategy however the following is a link to the Grey Council Strategy:  
<http://www.greydc.govt.nz/our-council/council-publications/Council%20Publications/Policies/Disabled%20Persons%20Equity%20and%20Access%20Policy.pdf>
- iii. The review of NASC and DIAS is still continuing and is expected at the end of the month

## INFORMATION ITEMS

- Board Agenda – 12 August 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:

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Elinor Stratford, Chair

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Date

DRAFT

## CARRIED FORWARD/ACTION ITEMS



### COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE CARRIED FORWARD/ACTION ITEMS AS AT 27 OCTOBER 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

### UPCOMING PRESENTATIONS

TOPIC	STATUS
Consumer Council	Early 2017



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

**SOURCE:** Community and Public Health

**DATE:** 27 October 2016

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

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

## 2. RECOMMENDATION

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

## 3. SUMMARY

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

## 4. APPENDICES

Appendix 1: Community and Public Health Update

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

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



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

**October 2016**

### **ASH Survey results / Smokefree / Stoptober**

The Action on Smoking and Health (ASH) survey of Year 10 students shows smoking rates for West Coast young people are lower than the national average. The survey has been completed by about half of all 14-15 year olds since 1999 and is the largest survey of youth smoking in New Zealand.

The 2015 ASH survey shows the overall rate of youth smoking in New Zealand is 2.45 per cent. On the West Coast, only 0.65 per cent of Year 10 students described themselves as daily smokers. This compares with 22.5 percent in 1999. For all other districts the rate was under 6 per cent. Canterbury had a rate of 2.27 per cent and Northland's rate was 5.5 per cent. 80 percent of West Coast Year 10 students have never smoked. In 1999 only 25.7 per cent of Year 10 students were 'never smokers'.

The Smoke-free Environments (Tobacco Standardised Packaging) Amendment Bill was passed recently. The law will make it illegal for tobacco companies to print any branding on tobacco and cigarette packaging. The product name will appear in small type with health warnings about the risks of smoking. Standardised packaging has reduced smoking rates in Australia and is expected to have a similar impact in New Zealand. It is expected that the changes in packaging will be implemented in the latter part of 2017.

Members of the West Coast Tobacco Free Coalition spent time promoting smokefree lifestyles and smoking cessation at The Warehouse in Greymouth on Tuesday 4<sup>th</sup> October and at New World in Westport on Monday 10<sup>th</sup> October. This is the third year that Stoptober has been held in New Zealand.



### **Accessible Communities**

CPH assisted with the organisation of two workshops (one in Greymouth the other in Westport) to bring people together to discuss the level of accessibility in our communities. Both meetings were successful in identifying gaps in our communities and 2 follow-up meetings have been arranged for early November to progress ideas and possibly develop an action plan.

## **Nutrition and Physical Activity**

CPH have continued to focus on Early Childhood Nutrition by running a workshop in Westport at Westport Early Learning Centre (Westport Kindergarten also attended). CPH presented to the teachers and facilitated a discussion on what they are already seeing, doing and what they need support with. Following this about 25 parents showed up to the parent workshop. This gave parents and teachers the opportunity to interact and have discussions in a supportive environment. Both centres are now interested in signing up to the Heart Foundation Healthy Heart Award.

Development of the Healthy Kai for Under Fives workbook is progressing after it became 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. It is hoped the resource will be finalised by the end of this year.

## **Tai Chi Training**

CPH has arranged and attended Tai Chi instructor training to assist community instructors. Seven people participated in the training: four current instructors and three people who have put their names forward to become instructors.

## **Compliance Reports - Drinking Water Quality 2015-16**

CPH drinking water staff have now completed Compliance Reports for each of the Councils and sent these out with letters to their Chief Executive Officers and the Water Services Engineers. Follow up visits are planned for the next two months to go through the reports and what needs to happen for this compliance year.

## **Community Wellbeing – Runanga Action Group**

Following the development of a localised resource promoting mates looking after mates, how to seek help and access local services and community connectedness, CPH supported the Runanga Community Action Group in organising school and community visits to promote these same messages. Le Va and the NRL supported these visits with Quentin Pongia and Eroni Clarke speaking at Runanga School, Paparoa Range School, Alternative Education, Greymouth High School and an evening community meeting. The Community Wellbeing Forum was also supported by local service providers who spoke about their own services and how to get access to them. This work was aligned with the Mental Health Awareness Week 'connect' theme.

Building on the above activities, the next step for this work is to deliver Le Va 'Flo' workshops on the West Coast to continue to build suicide prevention knowledge, confidence and skills in the wider community. Members of the community will also be identified to undertake the Le Va 'Train the trainers' course which again will increase the population of Coasters knowledgeable, confident and skilled to contribute to community suicide prevention.



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

**SOURCE:** Planning & Funding

**DATE:** 27 October 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 key priority areas from the West Coast DHB's Annual Plan.

## 2. RECOMMENDATION

That the Committee notes the Planning & Funding Update.

## 3. SUMMARY

### ✓ Key Achievements

- **Fall Prevention:** The new Falls Prevention Service is continuing to develop with 17 clients having been referred to the service since the start of this quarter. Work around developing consistent processes and referral pathways for the service is underway.
- **More Heart and Diabetes Checks:** 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. This is the fourth quarter in a row where the teams have met the national target and West Coast received an outstanding rating from the Ministry in the final quarter of the year.
- **ED Health Target:** Performance continues to be impressive with 98.8% (100%) of patients admitted, discharged or transferred from Grey Base ED within six hours during September 2016. West Coast remains at the top of the national league table for this target.
- **Elective Services Health Target:** As at the end of August, West Coast DHB was 38 discharges ahead of year-to-date progress target. Ultimately we aim to deliver 1,906 elective and arranged discharges in 2016/17.
- **Secondary Smoking Health Target:** During Quarter 4, West Coast DHB staff provided 96.5% of hospitalised smokers with smoking cessation advice and support, meeting target.

### ✗ Key Issues & Associated Remedies

- **B4 School Check Coverage:** During August, thirty children have completed their B4 School Check. This is a slower start for the service and 7% short of the year-to-date target. A new Vision & Hearing Technician has been appointed and has begun the process of induction, however results may be affected for the next quarter while the complete training.
- **Health Target Primary Care Smoking:** West Coast health practitioners have provided 4,364 smokers cessation advice in the 15 months ending June 2016. However this represents 79% of smokers against our 90% target. While the DHB was disappointed with this performance, early indications are that results have improved this quarter. Best practice initiatives continue to be supported including dashboards, education, and clinical leadership.
- **ESPI 2 | FSA (First Specialist Assessment):** Twenty-three patients were non-compliant against the maximum 120 days' wait time target for their FSA in August. All but five were subsequently seen in September. Delays in waiting time to assessment for orthopaedic

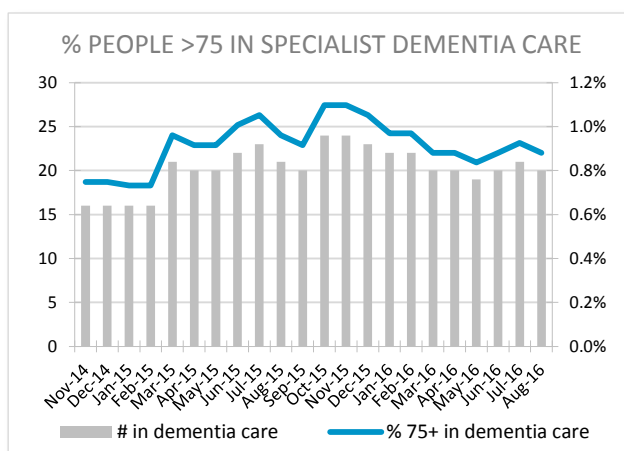
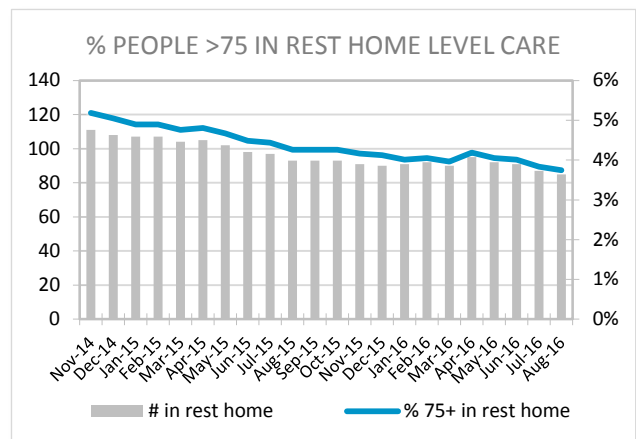
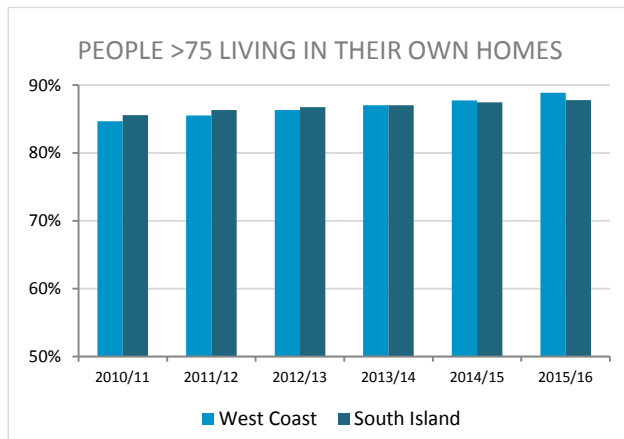
referrals remain an issue and will likely continue in the immediate future due to transalpine staffing and service constraints.

- **ESPI 5 | FSA to Treatment:** Sixteen patients showed as exceeding the 120-day maximum wait times from FSA to surgical treatment in August. Plans are in place to resolve outstanding treatments for patients waiting longer than 120 days for these services, although orthopaedics remains a concurrent issue and likely to continue for the meantime for the reasons outlined above.

**Report prepared by:** Planning & Funding

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

# Health of Older Persons



## Achievements / Issues of Note

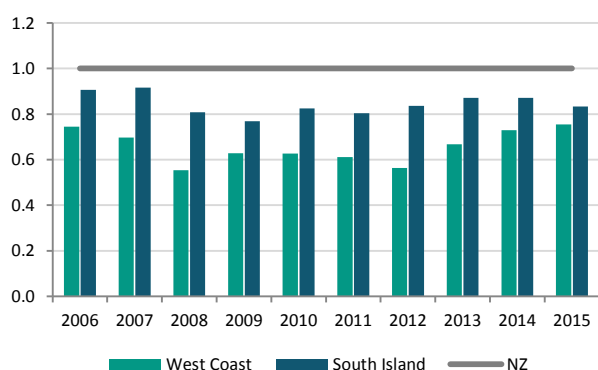
The Falls Prevention Service is continuing to develop with 17 clients having been referred to the service since the start of this quarter. There has also been further work around developing consistent processes and referral pathways for the service led by the Clinical Lead.

A transalpine project has commenced to develop a shared care plan that, once implemented, will support a joined up approach in supporting patients with their care plan.

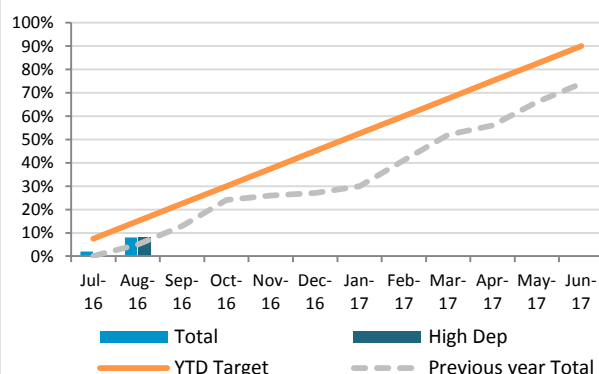
<sup>1</sup> Note: People >75 Living in Their Own Homes - The definition of this measure has recently been updated and is not comparable to previously reported results.

# Child, Youth & Maternity

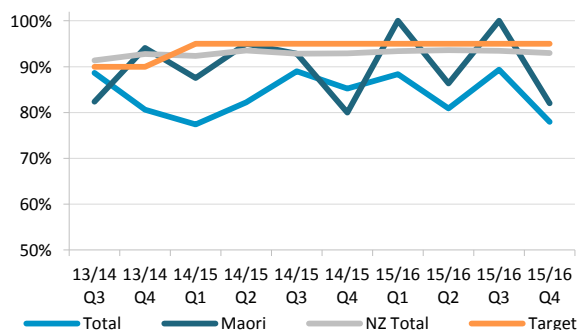
ACUTE MEDICAL DISCHARGE RATE, CHILDREN (0-14)



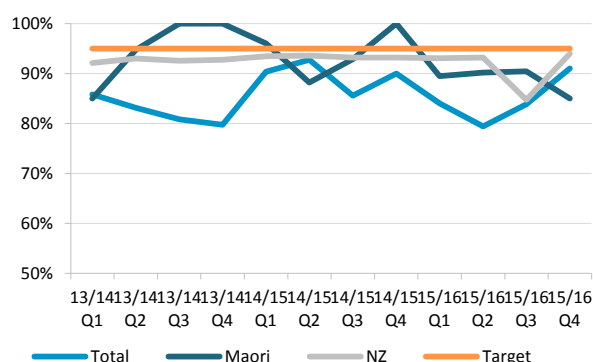
B4 SCHOOL CHECK COVERAGE



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%). However higher opt-offs and declines this quarter (21.7%) continue to make meeting the target impossible. 100% of the eligible (consenting) population were immunised which is a positive reflection on the work of the team.

**B4 School Check Coverage:** During August, thirty children have completed their B4 School Check. This brings the result to 8% of the total children eligible during 2016/17, a slow start for the service and 7% short of the year-to-date target. However, the B4 School Check team is working towards providing a more flexible service especially for working parents with a number of pop-up clinics planned for the year and several scheduled one-stop-shop clinics for outlying areas.

A new Vision & Hearing Technician has also been appointed and has begun the process of formal training and certification. It is expected that this will have an impact on the rate of completion of checks during the interim period while they are brought into the service. In the meantime one of the Public Health Nurses continues to provide support and cover for this role.

## Mental Health

### Achievements / Issues of Note

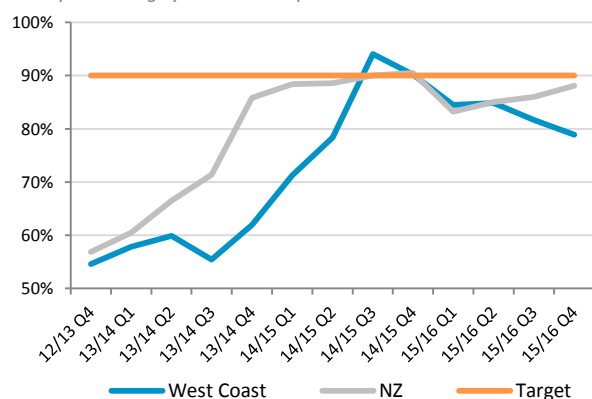
After being in abeyance the Mental Health Workstream has met reconvened to consider how best to support the DHB Service from a whole of system perspective and also how to progress integration.

The PHO Primary Mental Health Team is reporting greater demand of services for young people and have strengthened their capacity in this area. The Long Term Conditions Management Programme is now available to people with mental health and addiction conditions in Buller. This initiative will provide useful information as we support other areas to provide a comprehensive package of integrated health care to a population group that have poor physical health status.

## Primary Care & Long-Term Conditions

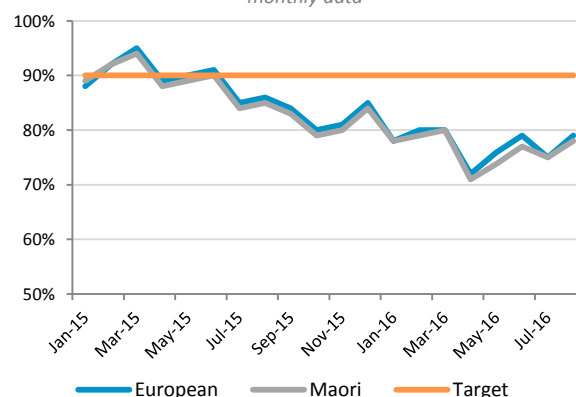
### HEALTH TARGET: PRIMARY SMOKING

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



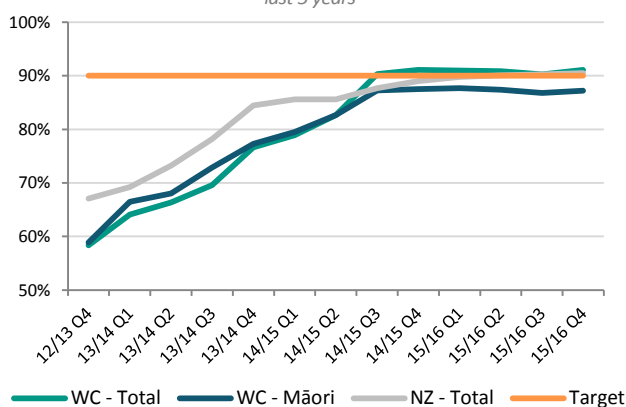
### PRIMARY SMOKING, MONTHLY KARO DATA

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



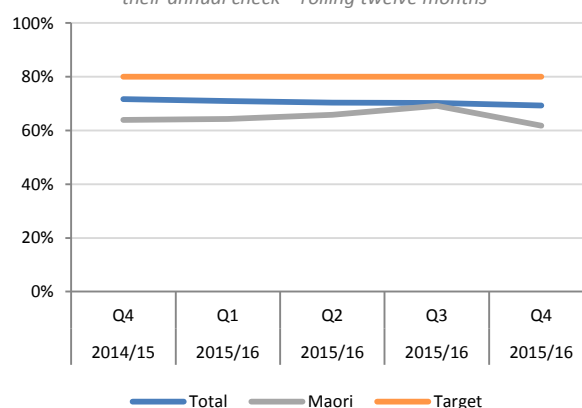
### HEALTH TARGET: MORE HEART & DIABETES CHECKS

% 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 Care 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.

While the DHB is disappointed with the performance against this target, early indications in Quarter 1 are that results have improved. Three of our eight practices are performing above target. The remaining 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 and Diabetes Checks:** 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 has now ceased to be one of the formal six National Health Targets with effect from 1 July 2016.

**Diabetes Management:** 63% of people with diabetes had good management of disease in the twelve months to 30 June 2016 (as defined by having an HbA1c level at or below 64mmols at time of diabetes check). Our internal target for this measure is 80%. 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.



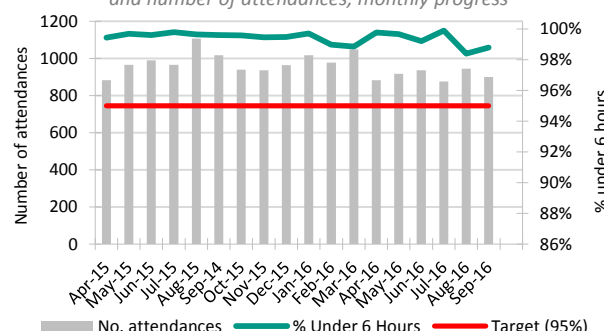
# Secondary Care & System Integration

ACUTE MEDICAL DISCHARGE RATE



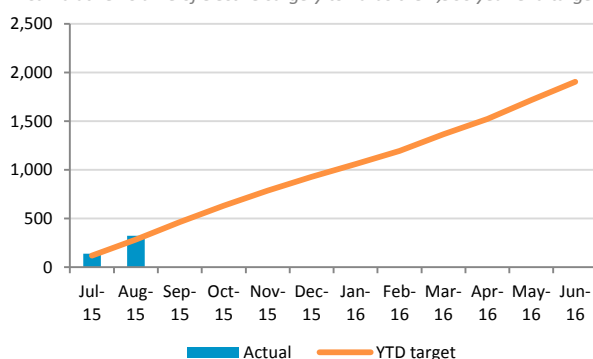
HEALTH TARGET: ED

Patients admitted, discharged or transferred from Grey ED <6 hours and number of attendances, monthly progress



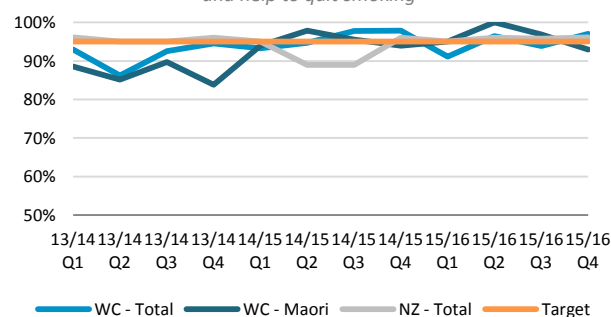
HEALTH TARGET: ELECTIVES

Cumulative volume of elective surgery towards the 1,906 year-end target



HEALTH TARGET: SECONDARY SMOKING

% of smokers attending secondary care who were offered advice and help to quit smoking



## Achievements / Issues of Note

**Health Target | ED:** The West Coast DHB continued to achieve impressive results with 98.8% of patients admitted, discharged or transferred from Grey Base ED within six hours during September 2016. An impressive 94.3% were seen within just four hours during the month. (94.0% for the 3 months year-to-date).

**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:** West Coast DHB was 38 discharges ahead of year-to-date progress target as at the end of August. West Coast DHB is required to deliver 1,906 elective and arranged purchase unit code (PUC) discharges in 2016/17.

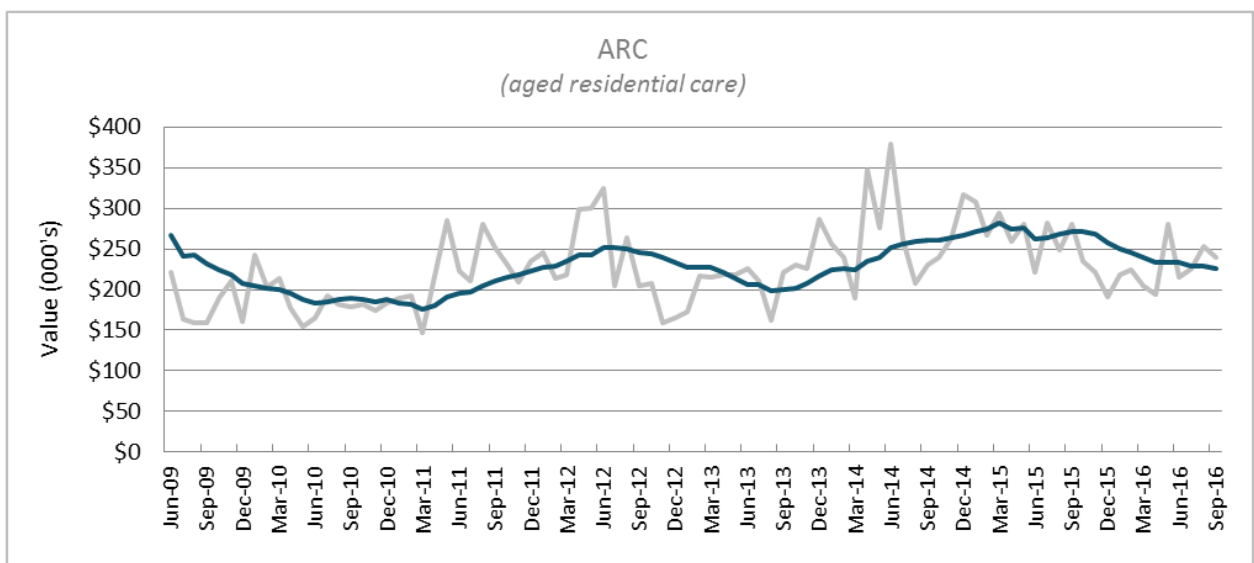
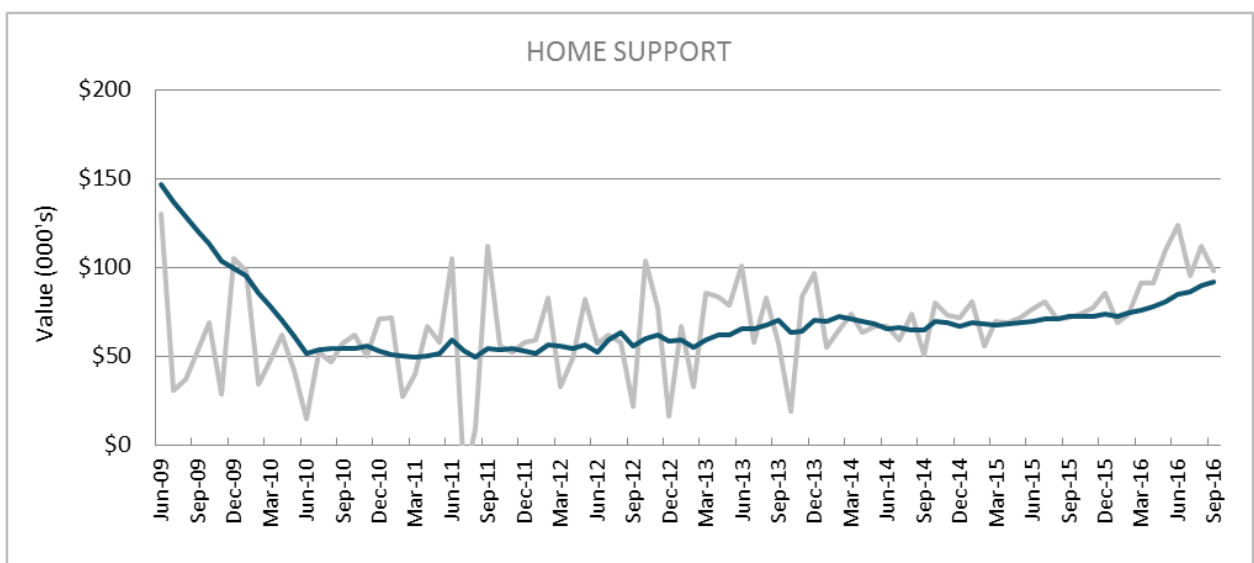
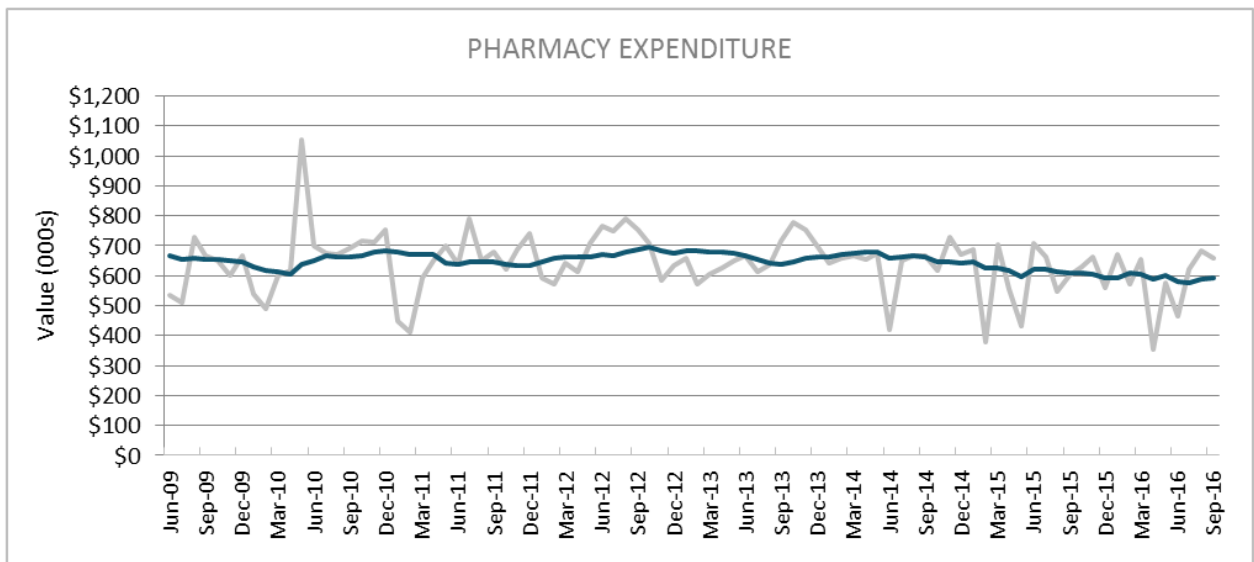
**ESPI Compliance | ESPI 2 (First Specialist Assessment):** Twenty orthopaedic and three plastic surgery patients were non-compliant against the maximum 120 days' wait time target for their FSA in August. All of the plastics patients who were overdue for FSA as at the end of August were seen in September, as were all but five of the 20 orthopaedic patients. Delays in waiting time to assessment for orthopaedic referrals remain an issue and will likely continue in the immediate future due to transalpine staffing and service constraints.

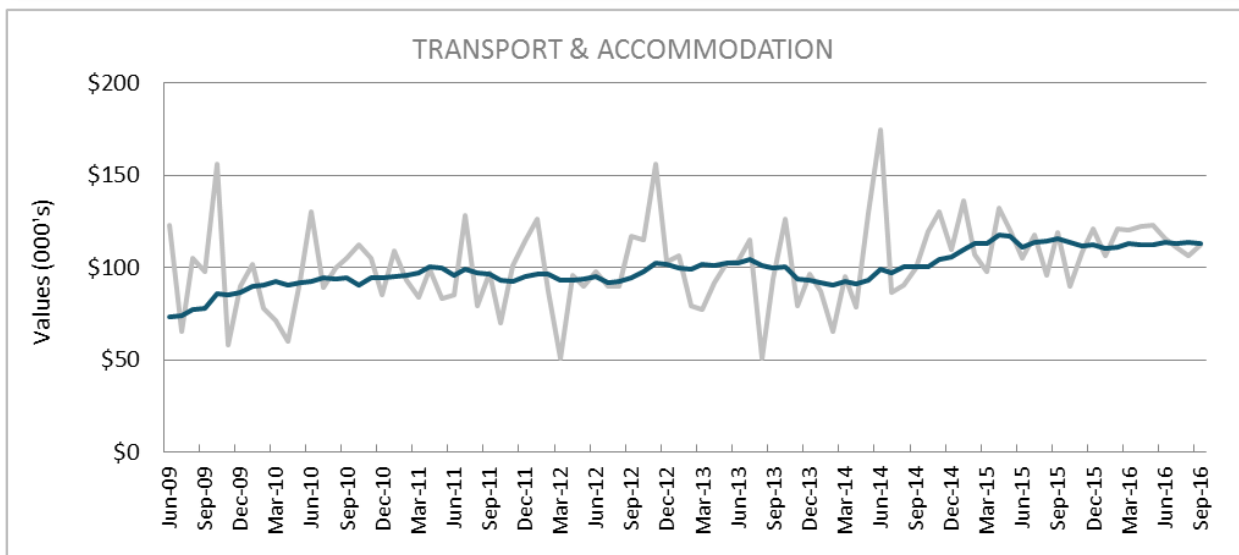
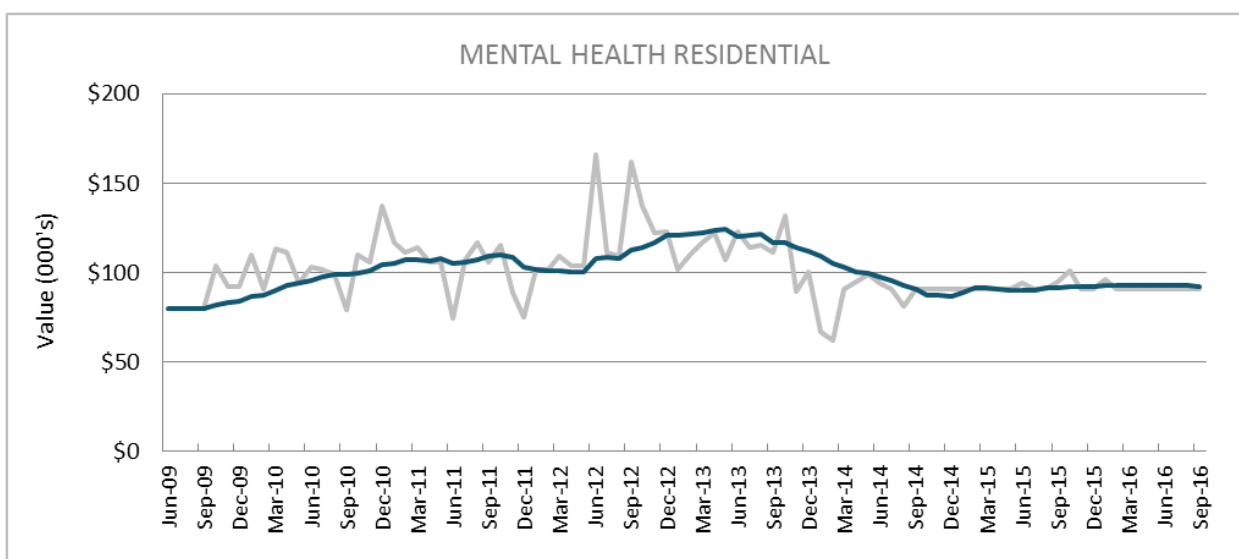
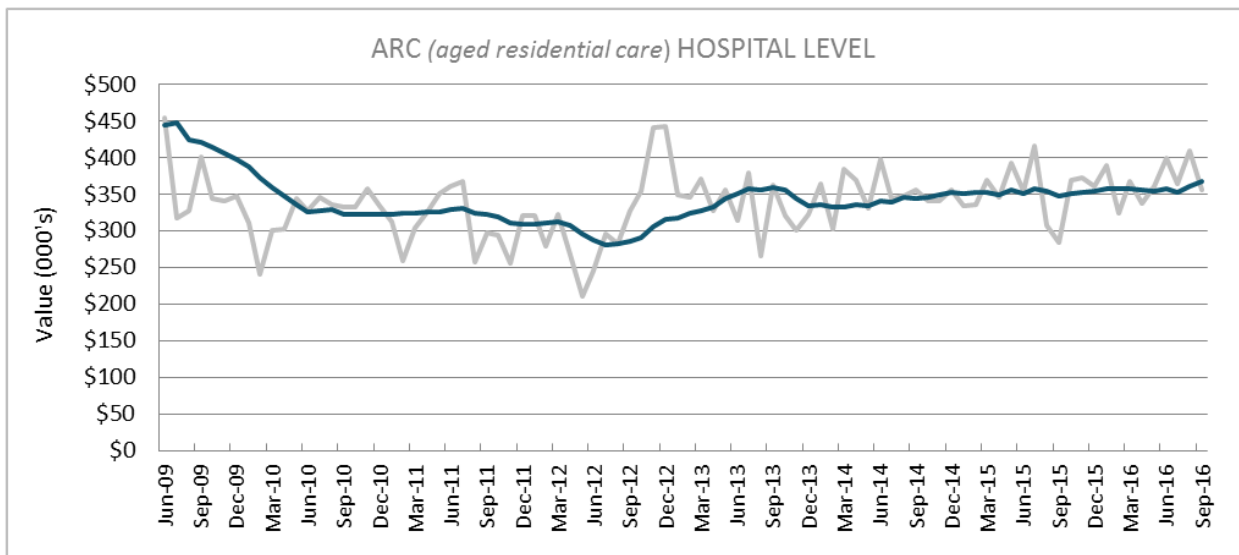
**ESPI Compliance | ESPI 5 (FSA to Treatment):** One dental, two ophthalmology, seven plastic and six orthopaedic patients showed as exceeding the 120-day maximum wait times from FSA to surgical treatment in August. Plans are in place to resolve outstanding treatments for patients waiting longer than 120 days for these services, although orthopaedics remains a concurrent issue and likely to continue for the meantime for the reasons outlined above.

# Financials

## Planning and Funding Division Month Ended September 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	-3,632	-3,632	1	0%	-14,526
-7,851	-7,834	17	0%	✓	PBF Vote Health - Funding Package (excluding Mental Health)	-23,553	-23,503	51	0%	-94,011
-1,346	-1,347	-1	0%	✗	PBF Adjustments	-4,038	-4,040	-2	0%	-16,158
-517	-496	21	-4%	✓	MOH - Funding Subcontracts	-1,533	-1,487	47	-3%	-5,946
-138	-138	0	0%	✗	IDFs - All	-416	-415	1	0%	-1,660
-11,063	-11,025	38	0%	✓	TOTAL REVENUE	-33,172	-33,075	97	0%	-132,301
				EXPENDITURE						
				Primary Care						
12	28	17	59%	✓	Dental-school and adolescent	82	85	3	4%	340
25	21	-3	-15%	✗	Maternity	75	64	-11	-17%	256
1	1	0	0%	✗	Pregnancy & Parent	4	4	0	0%	15
0	0	0		✓	Sexual Health	0	0	0		0
2	4	2	48%	✓	General Medical Subsidy	6	13	7	56%	50
534	522	-12	-2%	✗	Primary Practice Capitation	1,581	1,567	-14	-1%	6,267
91	91	0	0%	✓	Primary Health Care Strategy	273	273	0	0%	1,093
87	87	0	0%	✓	Rural Bonus	262	262	0	0%	1,049
4	4	0	-4%	✗	Child and Youth	15	12	-2	-19%	50
5	10	5	51%	✓	Immunisation	19	31	13	40%	125
5	5	0	0%	✓	Maori Service Development	14	14	0	0%	57
52	45	-7	-15%	✗	Whanua Ora Services	156	136	-21	-15%	543
3	14	10	75%	✓	Palliative Care	32	41	10	23%	165
6	6	0	1%	✓	Community Based Allied Health	19	19	0	-1%	76
10	10	0	0%	✗	Chronic Disease	31	31	0	0%	125
64	61	-3	-5%	✗	Minor Expenses	160	183	23	12%	731
902	912	9	1%	✓		2,729	2,736	7	0%	10,942
				Referred Services						
25	26	1	4%	✓	Laboratory	79	78	0	-1%	313
659	666	7	1%	✓	Pharmaceuticals	1,963	1,998	35	2%	7,991
684	692	8	1%	✓		2,042	2,076	34	2%	8,304
				Secondary Care						
170	223	53	24%	✓	Inpatients	531	670	139	21%	2,678
136	126	-10	-8%	✗	Radiolgy services	382	377	-5	-1%	1,510
112	114	1	1%	✓	Travel & Accommodation	329	341	11	3%	1,362
1,443	1,425	-17	-1%	✗	IDF Payments Personal Health	4,307	4,276	-31	-1%	17,105
1,861	1,888	27	1%	✓		5,549	5,664	114	2%	22,655
3,447	3,492	45	1%	✓	Primary & Secondary Care Total	10,320	10,475	156	1%	41,902
				Public Health						
13	23	10	45%	✓	Nutrition & Physical Activity	41	70	29	42%	279
15	11	-3	-32%	✗	Tobacco control	37	33	-3	-10%	133
27	34	7	20%	✓	Public Health Total	78	103	25	25%	412
				Mental Health						
7	7	0	0%	✓	Dual Diagnosis A&D	21	21	0	0%	85
0	0	0		✓	Eating Disorders	0	0	0		0
20	20	0	0%	✓	Child & Youth Mental Health Services	60	60	0	0%	240
25	8	-18	-240%	✗	Mental Health Work force	35	23	-13	-58%	90
61	61	0	0%	✓	Day Activity & Rehab	182	182	0	0%	729
11	11	0	0%	✗	Advocacy Consumer	32	32	0	0%	128
81	81	0	0%	✗	Other Home Based Residential Support	243	243	0	0%	970
11	11	0	0%	✓	Advocacy Family	33	33	0	0%	132
10	16	6	38%	✓	Community Residential Beds	29	48	18	38%	190
66	66	0	0%	✓	IDF Payments Mental Health	197	197	0	0%	787
291	279	-12	-4%	✗		832	838	5	1%	3,351
				Older Persons Health						
0	0	0	100%	✓	Needs Assessment	0	0	0	100%	1
98	84	-14	-16%	✗	Home Based Support	305	253	-52	-21%	1,012
8	6	-2	-37%	✗	Caregiver Support	22	18	-4	-25%	70
239	242	3	1%	✓	Residential Care-Rest Homes	718	725	7	1%	2,900
26	9	-17	-184%	✗	Residential Care-Community	28	28	0	-1%	110
356	404	48	12%	✓	Residential Care-Hospital	1,129	1,213	84	7%	4,851
13	10	-2	-25%	✗	Day programmes	35	30	-4	-15%	121
12	11	-1	-12%	✗	Respite Care	27	33	6	18%	132
1	1	0	0%	✓	Community Health	4	4	0	0%	15
5	1	-3	-262%	✗	Minor Disability Support Expenditure	3	4	1	33%	16
99	99	0	0%	✗	IDF Payments-DSS	298	298	0	0%	1,192
857	868	9	1%	✓		2,568	2,605	37	1%	10,419
1,149	1,147	-3	0%	✗	Mental Health & OPH Total	3,400	3,442	43	1%	13,770
4,623	4,674	51	1%	✓	TOTAL EXPENDITURE	13,797	14,021	224	2%	56,084
-6,440	-6,351	89	-1%	✓	NET SURPLUS (neg)	-19,375	-19,054	321	-2%	-76,217





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

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

**DATE:** 27 October 2016

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

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

## 2. RECOMMENDATION

That the Committee;

- i. Notes the Alliance Update.

## 3. SUMMARY

Progress of Note:

### **Alliance Leadership Team (ALT)**

At the last meeting in September the ALT:

- Noted the improvement in Telehealth reporting and the conversations this is generating.
- Noted positive beginnings of work locally towards reducing Alcohol Related Health Harm.
- Noted the positive feedback from both staff and consumers regarding the Buller Mental Health Long Term Conditions Management clinics.
- Discussed the healthy eating service and how they are finding some families struggle to afford the budgets the meals are designed around.
- Noted concerns regarding the impact of ICT constraints on the work of Alliance workstreams.

### **Health of Older Persons**

- Falls Prevention Clinical Lead was employed at the end of April and has been developing relevant resources and processes since then. There have been approximately 40 referrals to this service over the last 6 months.
- Work has commenced on strategies to promote the work of the Health of Older Persons workstream within the organization.

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

- The patient portal trial will be commencing in the next few months after testing is completed. There have also been discussions with Westland Medical around the portal to ensure their system will be able to link in (only non-Medtech practice on the Coast).

- Significant work is now underway to improve systems and process within Home Based Support Services including improvements in the IT system and ways of working. This is part of the primary and community project looking to improve systems and how we can provide the right care at the right time in the right way.
- Project resource has been appointed to work with the Grey ED and primary teams to progress how primary care and ED can work more closely together and prepare for the new building.
- The community representative was welcomed to the Grey IFHS team.
- The Mana Tamariki Mana Mokopuna project has identified barriers to breastfeeding for Maori women and strategies to reduce these. A service delivery model to implement these strategies will be piloted in Buller over the coming months. Discussions are taking place regarding a base from which this programme can be delivered.
- A plan is in place to build the health literacy of Buller males and permission has been obtained to use NZ designed health promotion material. It is clear that a more comprehensive strategy is required to build individual health literacy as well as improve our organisational capability to reduce the unnecessary burden of health literacy for our consumers and their whanau. Thus the Buller IFHS team is also considering medium - long-term strategies for inclusion in next year's work plan.
- Strategies have been identified to increase Community Pharmacy support of Long Term Conditions Management in Buller.

### **Healthy West Coast (HWC)**

- An appointment has been made to one of the additional smoking cessation advisor roles for the new stop smoking service. The 0.6FTE position for the Buller region will be readvertised.
- While all 5 South Island DHBs continue to communicate regarding the development of Alcohol Harm Reduction Strategies, there is a lack of progress across the region mainly due to availability of staff to drive it.
- The new focus on healthy eating in Early Childhood Education Centres & playcentres is going well with 14 centres engaged in this work. There has been good attendance at workshops from both teachers and parents keen to learn about healthy lunchboxes and development of policies to provide the supportive environment.

### **Child and Youth**

- The Youth Health Action Group have reviewed recent data relating to sexual health status of the West Coast as well as information on teenage pregnancies. This has further confirmed the positive work done in this area in recent years. A Sexual Health Champion has been invited to join the group to help monitor progress of the MoH Sexual and Reproductive Health Action Plan.
- Positive steps have been made to progress the Buller Community of Wellbeing group which is being developed to address the gap for vulnerable families who do not meet the criteria for statutory agency referral.
- Work is underway to map the various health services provided by agencies inside the school environment in order to better coordinate support responses and identify any gaps.
- West REAP are working with 24 young mentors from across all 4 high schools on the coast, providing mentoring for them to be young leaders of health and well being.

**Report prepared by:**

Jenni Stephenson, Planning & Funding

**Report approved for release by:**

Stella Ward, Chair, Alliance Leadership Team

**WEST COAST DISTRICT HEALTH BOARD MEETING**  
**to be held at St John, Waterwalk Road, Greymouth**  
**on Friday 23 September 2016 commencing at 10.15am**

**KARAKIA****ADMINISTRATION****10.15am**

Apologies

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

**REPORTS****10.20am**

- |     |   |   |                   |
|-----|---|---|-------------------|
| 4.  | <b>Chair's Update<br/>(Verbal Update)</b>             | Peter Ballantyne<br><i>Chairman</i>                               | 10.20am - 10.30am |
| 5.  | <b>Chief Executive's Update</b>                       | David Meates<br><i>Chief Executive</i>                            | 10.30am – 10.45am |
| 6.  | <b>Clinical Leader's Update</b>                       | Karyn Bousfield<br><i>Director of Nursing &amp; Midwifery</i>     | 10.45am – 10.55am |
| 7.  | <b>Finance Report</b>                                 | Mark Newsome<br><i>General Manager, Grey/Westland</i>             | 10.55am – 11.05am |
| 8.  | <b>Maori Health Update</b>                            | Gary Coghlan<br><i>General Manager, Maori Health</i>              | 11.05am – 11.15am |
| 9.  | <b>Disability Action Plan Update</b>                  | Stella Ward<br><i>Disability Lead, Executive Management Team</i>  | 11.15am – 11.25am |
| 10. | <b>Health Target Q4 Report</b>                        | Philip Wheble<br><i>Team Leader, Planning &amp; Funding</i>       | 11.25am – 11.35am |
| 11. | <b>Presentation – Home Based<br/>Support Services</b> | Carolyn Gullery<br><i>General Manager, Planning &amp; Funding</i> | 11.35am – 11.50am |
| 12. | <b>2017 Proposed Meeting Dates</b>                    | Peter Ballantyne<br><i>Chairman</i>                               | 11.50am – 11.55am |
| 13. | <b>Reports from Committee Meetings</b>                |   |                   |
| -   | CPH&DSAC<br>8 September 2016                          | Elinor Stratford<br><i>Chair, CPH&amp;DSA Committee</i>           | 11.55am – 12.00pm |
| -   | Hospital Advisory Committee<br>8 September 2016       | Sharon Pugh<br><i>Chair, Hospital Advisory Committee</i>          | 12.00pm – 12.05pm |
| 14. | <b>Resolution to Exclude the Public</b>               | <i>Board Secretariat</i>  | 12.05pm           |

**INFORMATION ITEMS**

- 2016 Meeting Schedule
- Approval of Annual Plan – Letter from Minister of Health

**ESTIMATED FINISH TIME****12.05pm****NEXT MEETING:** Friday 4 November 2016



# COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE 8 SEPTEMBER 2016

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

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

**DATE:** 23 September 2016

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

This report is provided to the West Coast DHB Board as an interim update on the Community & Public Health & Disability Support Advisory Committee (CPH&DSAC) meeting of 8 September 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 – 8 September 2016.

## 3. SUMMARY

### ITEMS OF INTEREST FOR THE BOARD



## **a) DISABILITY ACTION PLAN UPDATE**

This update is included in today's Board paper's with a recommendation from the Committee.

## **b) PRESENTATION – MANAWANUI IN CHARGE**

Marsha Marshall, Chief Executive, Manawanui In Charge, provided the Committee with a presentation on Manawanui In Charge. The Committee noted the following points in particular:

- The vision where people have absolute authority and autonomy over their disability-related support;
- The mission to create an Individualised Funding management system owned and governed by disabled people;
- The aim to support people to deliver an efficient, effective, and culturally competent Individualised Funding service.
- This gives people the opportunity to:
  - Design a Personal Support Plan that reflects them, their choices and lifestyle;
  - Employ the support staff they want in their life (people who understand their culture, priorities, preferences and lifestyle choices);
  - Set their own timetable to come and go as they want, so they can build stronger relationships and enjoy a better social life.
  - Find support that best benefits their family.
  - Identify new sources of support.
  - Take charge of who enters their life and call the shots when it comes to their priorities.
- Manawanui provides the tools and education to equip people (or their parents and guardians), to manage budgets, staff and ultimately, to take leading roles in the community.
- Referral for Individualised Funding comes through the NASC and locally this is both Lifelinks and the DHB NASC as it crosses the age groups.

The presentation was very well received and whilst the Committee understand that Disability Services are primarily funded by the Ministry of Health they have requested that management look at opportunities going forward to ensure that the West Coast community can take advantage of these services where appropriate for their situation and report back to a future meeting.

The Chair thanked Marsha for her presentation.

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

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

### **Nutrition and Physical Activity**

Community & Public Health 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 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 Community & Public Health 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 West Coast.

Collaborative work around nutrition and physical activity has been a key focus 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.

### **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 ('Ears for Peers'). Ongoing support will be provided 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 16<sup>th</sup> 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**

Community & Public Health 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, Community & Public Health's Smokefree Enforcement Officer conducted tobacco retailer compliance checks throughout the West Coast in July. Following this, Community & Public Health 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. Community & Public Health will be compiling a detailed compliance report on each councils' water supplies over the next six weeks.

### **Healthy Homes Project in Buller**

Community & Public Health 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

Community & Public Health 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.

The report was noted.

## d) 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 99.9% 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.

The report was noted.

## **e) ALLIANCE UPDATE**

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

### **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 Waiora 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 Waiora 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.

The report was noted.

## **f) HEALTH TARGET Q4 REPORT**

This report is included in today's Board papers.

## **g) MAORI HEALTH UPDATE**

This update is included in today's Board papers.

## **h) SUICIDE PREVENTION UPDATE**

Apologies from Dr Cameron Lacey were received and in his absence Philip Wheble, Team Leader, Planning & Funding provided a verbal update on suicide prevention. Mr Wheble advised that:

- the Suicide Prevention Governance Group and Suicide Prevention Action Group Terms of Reference have been refreshed and .updated;
- Links to the Mental Health Leadership Team have been formalised;
- A review of the suicide prevention plan and refresh of ongoing activity is underway;
- The outputs of the postvention group to date include a register of vulnerable people and support initiatives in the Runanga community;
- The Suicide Governance Group have requested a report from the postvention group and agreed activity will be included in the refreshed suicide prevention plan;
- Local media have focused on suicide over the last few months releasing unconfirmed information including exaggerated local suicide rates;
- A pro-active media focus on mental wellbeing/resilience is to be coordinated by Community & Public Health;
- A communication strategy is to be developed by the Suicide Prevention Governance Group and submitted to the Mental Health Leadership Team for review.

The update was noted and the refreshed Terms of Reference and plan will come back to the Committee for their information.

**i) GENERAL BUSINESS**

- i. The Chair advised that KIOSK has been launched but is not yet in the Community. Opportunities are being explored for placement of this in Reefton and Buller.
- ii. As reported at the last meeting 2 workshops were held this week around Accessible Communities with visitors from Taranaki relating their experiences in this area. The workshops were well attended. It was noted that neither Buller or Westland Councils have a Disability Strategy however the following is a link to the Grey Council Strategy:  
<http://www.greycdc.govt.nz/our-council/council-publications/Council%20Publications/Policies/Disabled%20Persons%20Equity%20and%20Access%20Policy.pdf>
- iii. The review of NASC and DIAS is still continuing and is expected at the end of the month.

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 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

## 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
<b>STANDING ITEMS</b>	Karakia  Interests Register  Confirmation of Minutes  Carried Forward Items	Karakia  Interests Register  Confirmation of Minutes  Carried Forward Items	Karakia  Interests Register  Confirmation of Minutes  Carried Forward Items	Karakia  Interests Register  Confirmation of Minutes  Carried Forward Items	Karakia  Interests Register  Confirmation of Minutes  Carried Forward Items	Karakia  Interests Register  Confirmation of Minutes  Carried Forward Items	Karakia  Interests Register  Confirmation of Minutes  Carried Forward Items	Karakia  Interests Register  Confirmation of Minutes  Carried Forward Items
<b>STANDARD REPORTS</b>	Planning & Funding Update  Community & Public Health Update  Alliance Update	Health Target Q2 Report  Maori Health Plan Update  Planning & Funding Update  Community & Public Health Update  Alliance Update	Planning & Funding Update  Community & Public Health Update  Alliance Update	Health Target Q3 Report  Maori Health Plan Update  Planning & Funding Update  Community & Public Health Update  Alliance Update	Planning & Funding Update  Community & Public Health Update  Alliance Update	Health Target Q4 Report  Maori Health Plan Update  Planning & Funding Update  Community & Public Health Update  Alliance Update	Planning & Funding Update  Community & Public Health Update  Alliance Update	Health Target Q1 Report  Maori Health Plan Update  Planning & Funding Update  Community & Public Health Update  Alliance Update
<b>PRESENTATIONS</b>	Mana Tamariki Programme Child & Youth Health		Alliance Workstreams: - Healthy West Coast			Manawanui in Charge	Home Based Support Services	
<b>PLANNED ITEMS</b>		West Coast Public Health Annual Plan		Healthy Food and Drink Policy	Breastfeeding Plan Update	Suicide Prevention Update		
<b>GOVERNANCE AND SECRETARIAT</b>	2016 Work Plan							
<b>DSAC Reporting</b>	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
<b>INFORMATION ITEMS</b>	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
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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.

**DRAFT****THESE DATES ARE STILL TO BE APPROVED BY THE NEW BOARD IN  
DECEMBER 2016****WEST COAST DHB – MEETING SCHEDULE****JANUARY – DECEMBER 2017**

DATE	MEETING	TIME	VENUE
Thursday 26 January 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
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Thursday 14 September 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 14 September 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 29 September 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 26 October 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 26 October 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 26 October 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 3 November 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 23 November 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 23 November 2017	HAC	11.00am	Boardroom, Corporate Office
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