

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



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

**Thursday 1 December 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 1 December 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**

27 October 2016

3. **Carried Forward/ Action Items**

REPORTS/PRESENTATIONS

9.05am

4. **Community and Public Health Update**

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. **Health Target Q1 Report**

Sandy McLean
Team Leader, Planning & Funding

9.35am – 9.45am

8. **Maori Health Update**

Gary Coghlan
General Manager, Maori Health

9.45am – 9.55am

9. **Presentation – Community Energy Action Charitable Trust Update**

Caroline Shone
*Chief Executive
Community Energy Action Charitable Trust*

9.55am – 10.25am

10. **General Business**

Elinor Stratford
Chair

10.25am – 10.30am

ESTIMATED FINISH TIME

10.30am

INFORMATION ITEMS

- Board Agenda – 4 November 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 26 January 2016 (to be confirmed)



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
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 • Chair 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
Sarah Birchfield	<ul style="list-style-type: none"> • West Coast Autism Support Group – Volunteer and Support Person
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 • Information Consultant for West Coast Disability Resource Service
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
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, 27 October 2016 commencing at 9.00am

PRESENT

Elinor Stratford (Chairperson); Lynette Beirne; Sarah Birchfield; Cheryl Brunton; Jenny McGill; Joe Mason; Mary Molloy; Francois Tumahai; John Vaile; Peter Ballantyne

APOLOGIES

There were no apologies

EXECUTIVE SUPPORT

Philip Wheble (Interim General Manager, Grey/Westland); Gary Coghlan (General Manager, Maori Health); Kathleen Gavigan (General Manager, Buller)(via video conference); Sandy McLean (Planning & Funding); and Kay Jenkins (Minutes).

IN ATTENDANCE

Fran Cook (Project Leader, Primary/Community Services) for Item 7.

WELCOME

Gary Coghlan led the Karakia.

The Chair welcomed Sarah Birchfield to her first meeting.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

Lynette Beirne advised that she is now Chair of the West Coast DHB Consumer Council.

Jenny McGill advised that she is an Information Consultant for the West Coast Disability Resource Service.

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 (12/16)

(Moved: Mary Molloy; Seconded: Lynette Beirne - carried)

"That the minutes of the meeting of the Community and Public Health and Disability Support Advisory Committee held on 8 September 2016 be confirmed as a true and correct record."

3. CARRIED FORWARD/ACTION ITEMS

The Carried Forward/Action Items were noted.

4. COMMUNITY & PUBLIC HEALTH UPDATE

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

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 4th October and at New World in Westport on Monday 10th October. This is the third year that Stoptober has been held in New Zealand.

Accessible Communities

Community & Public Health 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

Community & Public Health 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

Community & Public Health 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.

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, Community & Public Health 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.

Compliance Reports - Drinking Water Quality 2015-16

Community & Public Health 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.

Dr Cheryl Brunton provided the Committee with an overview of the process around the testing of drinking water on the West Coast. The Committee noted that this system is quite complex and the amendments to the Drinking Water Act are just starting to be put in place with a rolling schedule for compliance. To comply fully there are a number of requirements with compliance testing being undertaken by Councils. The role of Community & Public Health is to monitor the compliances, hence the letters to Councils mentioned in the report.

The Committee noted that the results of the compliance review will be provided to the Committee once completed.

A query was made regarding the cross agency connections and the Committee noted that once Community & Public Health are notified of issues around water the response is very good and well connected

The report was noted.

5. PLANNING & FUNDING UPDATE

Sandy McLean, 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

- **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.

Discussion took place regarding First Specialist Assessment non-compliance and in particular the issues around orthopaedics which the Committee noted is an issue throughout the South Island.

Discussion also took place regarding the vision & hearing testing in the B4 School Checks. The Committee noted that management is looking at how to create a more robust service in this area.

The report was noted.

6. ALLIANCE UPDATE

Sandy McLean, Planning & Funding presented this report which provided an update of progress made around the West Coast Alliance regarding:

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

- 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 wellbeing.

The report was noted.

7. PRESENTATION – HOME BASED SUPPORT SERVICES

Fran Cook, Project Leader, primary/community Services provided the Committee with the presentation that was provided to the Board at its last meeting.

The presentation was very well received and generated much discussion.

The Chair thanked Fran for the presentation.

8. GENERAL BUSINESS

- i. The Chair advised that more Accessible Community Workshops were to be held on 8 November in Greymouth and 9 November in Westport.
- ii. The Chair also advised that the New Zealand Federation of Disability Information Centres and NASCA have signed a Relationship Agreement
- iii. The Committee noted that Disability Pride Week commences on 27 November at Te Papa and will run through until 3 December.

INFORMATION ITEMS

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

There being no further business the meeting concluded at 10.20am.

Confirmed as a true and correct record:

Elinor Stratford, Chair

Date

CARRIED FORWARD/ACTION ITEMS



COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE CARRIED FORWARD/ACTION ITEMS AS AT 1 DECEMBER 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: 1 December 2016

Report Status – For:	Decision	<input type="checkbox"/>	Noting	<input checked="" type="checkbox"/>	Information	<input type="checkbox"/>
----------------------	----------	--------------------------	--------	-------------------------------------	-------------	--------------------------

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)

November 2016

Smokefree

CPH is pleased to report that we have recruited two new smoking cessation staff to work in the new stop smoking service Oranga Hā – Tai Poutini (Stop Smoking West Coast). One of these staff will be based in Westport at Poutini Waiora's office there and the other in CPH's Greymouth office. Both staff are currently undergoing training for their roles.

A CPH staff member provided information about quitting smoking at a Heath Hui held recently at Community Corrections. Staff from Poutini Waiora and the WCDHB were also available to provide about 15 offenders with a variety of health information and checks including cholesterol, blood pressure, BMI, sexual health and mole checks. Eight people are interested in receiving further information and support to quit smoking.

Alcohol

CPH staff assisted West Coast Police to conduct alcohol controlled purchase operations (CPOs) late last month in Westport and Greymouth. CPOs use underage volunteers who attempt to purchase alcohol and this is done under Police supervision. None of the off and on-licence premises visited in either CPO sold to the underage volunteers which is a pleasing result.

Te Hā o Kawatiri Healthy Homes Curtain Bank project

CPH coordinated with Community Energy Action (CEA) to bring a few boxes of curtains from the Christchurch curtain bank to Westport as a 'starter kit' for a curtain bank which is under-development in Westport. A venue is currently being finalised through WCDHB. CPH will work with Poutini Waiora and others to make arrangements regarding how it will operate.



Kawatiri Wellbeing Hui

CPH is working with Poutini Waiora, WCDHB and WCPHO to organise a Wellbeing Hui in Kawatiri on the 23rd of November. CPH is providing fruit, nutrition, alcohol and smokefree resources and we will be there on the day. The hui is an opportunity to increase awareness around the Te Hā o Kawatiri Healthy Homes project, including the curtain bank.

Nutrition and Physical Activity

CPH have continued focussing on Early Childhood Nutrition by running a workshop with a group of mothers at West REAP. Fifteen mothers with children under the age of two attended. Many topics were covered, including label reading, which the group had requested. We talked about how cooking kai from scratch and making baby food could be both more nutritious and easier on the wallet. This group said that some practical baby food cooking sessions might be helpful for the group next year. The Healthy Kai for Under 5's resource, which has been designed to use in conjunction with early childhood nutrition sessions, is nearly complete and ready to go to a graphic designer. From here it will go through CPH's resource approval process before being printed and used.

CPH presented at the Transition to School meeting in Hokitika. This included teachers of new entrant school children and a teacher from each Early Childhood Centre. We spoke about the resource we have been working on and the support we can provide, alongside the Heart Foundation. These programmes include the Healthy Heart Award (for Early Childhood Centres) and Food for Thought (Schools). Both of these programmes are free. A Health Promotor from the Heart Foundation is coming over in a couple of weeks. CPH has arranged for them to meet with Early Childhood Centres as there are a few that are interested in signing up. CPH is able to support this by providing professional development for teachers and parents to assist them to gain this award.

Two Appetite for Life courses are currently underway in Greymouth, reaching 10 people. There are no shortage of referrals but the continuing challenge of decreasing DNA's. Those attending the course seem to be getting a lot out of it. CPH is also running nutrition sessions with Alternative Education in Greymouth. This is four sessions, with the focus being on healthier meals they can cook themselves at home over the summer break.

Community Wellbeing – Runanga Action Group

CPH staff liaised with John Kirwan before his recent visit to the West Coast to promote depression awareness. This was done to ensure that he was aware of and promoted the three key messages from the Runanga Action Group: mates looking after mates, seeking help, and the importance of community connectedness. He was happy to do this and his visit was well received.

Drinking Water

CPH's West Coast Trainee Drinking Water Assessor (DWA) will be undergoing an external accreditation audit later this month. This process is part of the accreditation of the South Island Drinking Water Assessment Unit which is run by CPH under contract to the Ministry of Health. It is designed to ensure that all work carried out by DWAs complies with legislation and best practice.

Kaikoura Earthquake Response

CPH West Coast staff have supported business as usual functions while our Christchurch Office moved into emergency response mode as the result of the 14th November 7.8 magnitude earthquake centred in North Canterbury. Our West Coast team Leader has travelled to Christchurch to cover duties as Operations Manager and one of our HPOs will also be involved. This experience will help to strengthen our local emergency response capacity.

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

SOURCE: Planning & Funding

DATE: 1 December 2016

Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
----------------------	-----------------------------------	--	--------------------------------------

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

- **Cardiovascular and Diabetes Checks:** West Coast DHB continued to surpass the 90% target for Cardiovascular and Diabetes Checks for the period to 30 September 2016 - with 91.0% of the eligible enrolled West Coast population having had a cardiovascular risk assessment (CVDRA) in the last 5 years. This is the fifth quarter in a row where the West Coast PHO teams have met the national target.
- **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 October 2016.
- **Elective Services Health Target:** As at the end of September, West Coast DHB was 17 discharges ahead of year-to-date progress target. Ultimately we aim to deliver 1,906 elective and arranged discharges in 2016/17.

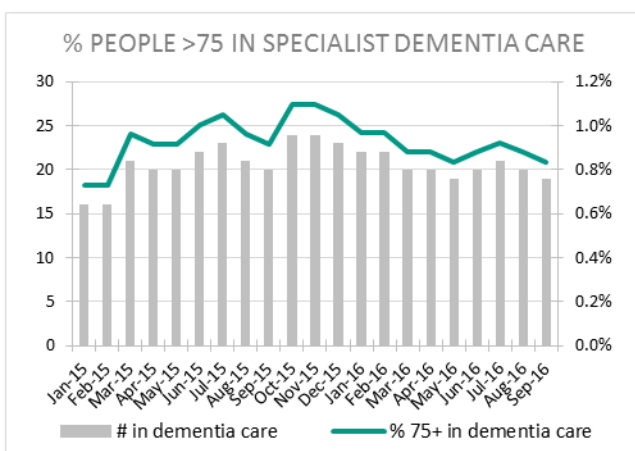
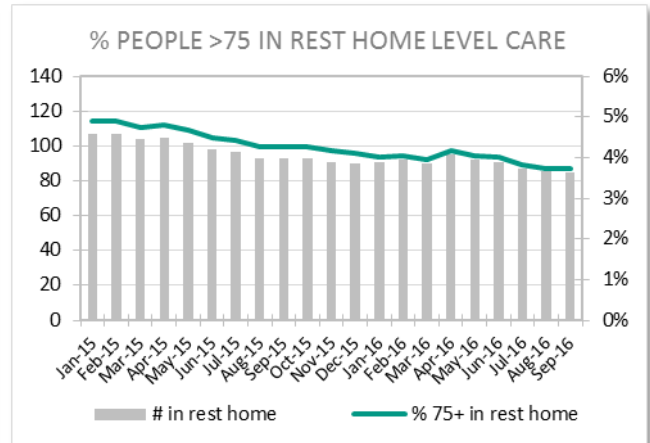
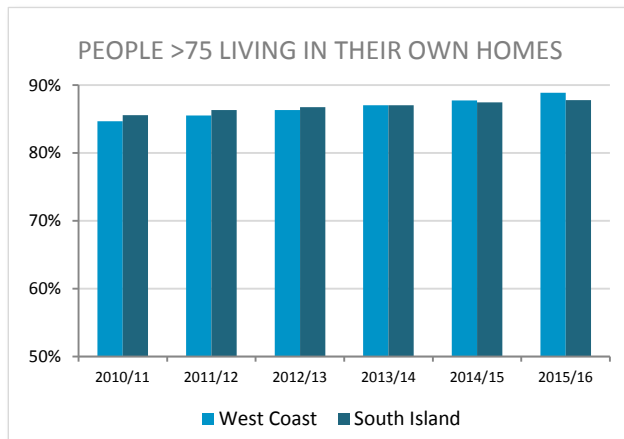
✗ Key Issues & Associated Remedies

- **B4 School Check Coverage:** During September and October, fifty-one children have completed their B4 School Check. This brings the result to 21% of the total children eligible during 2016/17, against a 30% year-to-date target. The total for the High Deprivation group is now 25%.
- **Health Target Primary Care Smoking:** West Coast health practitioners have reported giving 4,587 smokers cessation advice in the 15 months ending September 2016. This represents 84% of smokers against our 90% target.
- **ESPI 2 | FSA (First Specialist Assessment):** Non-complaint ESPI 2 patient numbers have dropped from 23 in August to three in September. Two orthopaedic and one ophthalmology patient remained non-compliant against the maximum 120 days' wait time target for their FSA in September.
- **ESPI 5 | FSA to Treatment:** Non-complaint ESPI 5 patient numbers dropped from 16 in August to 7 in September. One dental, three general surgeries, two plastic and one paediatric surgical patient exceeded the 120-day maximum wait times from FSA to surgical treatment in September.

Report prepared by: Planning & Funding

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

Health of Older Persons



Achievements / Issues of Note

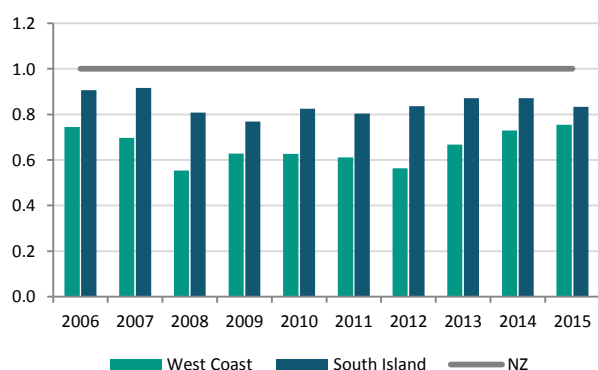
Data collection processes for Community Falls Prevention Service have been implemented and work continues to map pathways through primary and secondary services.

There have been 5 people from Coasters HBSS that have completed the Walking in Another's Shoes (WIAS) programme in the last quarter.

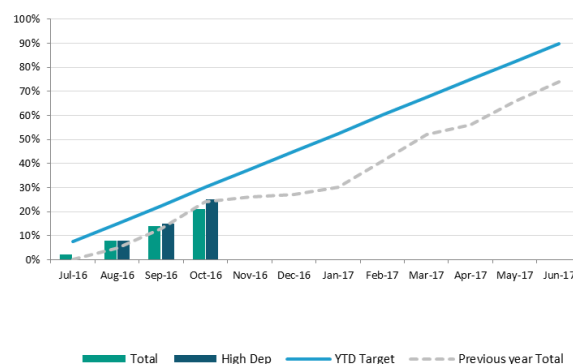
¹ Note: People >75 Living in Their Own Homes - The definition of this measure has recently been updated and is not comparable to previously reported results.

Child, Youth & Maternity

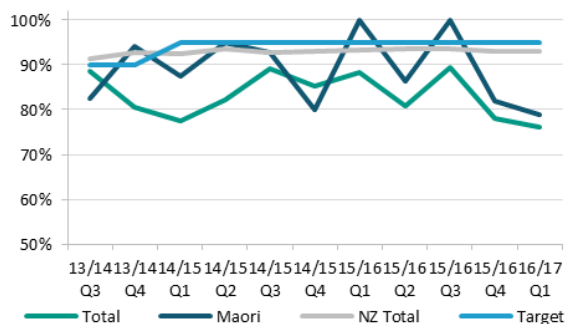
ACUTE MEDICAL DISCHARGE RATE, CHILDREN (0-14)



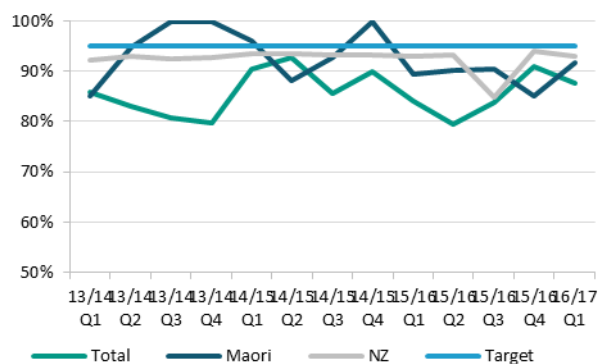
B4 SCHOOL CHECK COVERAGE



HEALTH TARGET:
% 8-MONTH-OLDS FULLY IMMUNISED



% 24-MONTH-OLDS FULLY IMMUNISED



Achievements / Issues of Note

Immunisation: West Coast DHB's quarter one two-year-old immunisation result is 88%. This quarter saw strong outcomes for Pacific and Asian children with all children being immunised. However, we did not reach target for New Zealand European (NZE), Māori or Other.

During quarter one there were 97 children eligible for vaccination; 85 consented to the vaccination, 7.2% opted off and 5.2% declined; this is a combined total of 12.4% or 12 children who were not able to be immunised – thereby dropping our result to 88%.

All consenting children were reached this quarter

B4 School Check Coverage: During September and October, fifty-one children have completed their B4 School Check. This brings the result to 21% of the total children eligible during 2016/17, against a 30% year-to-date target. The total for the High Deprivation group is now 25%.

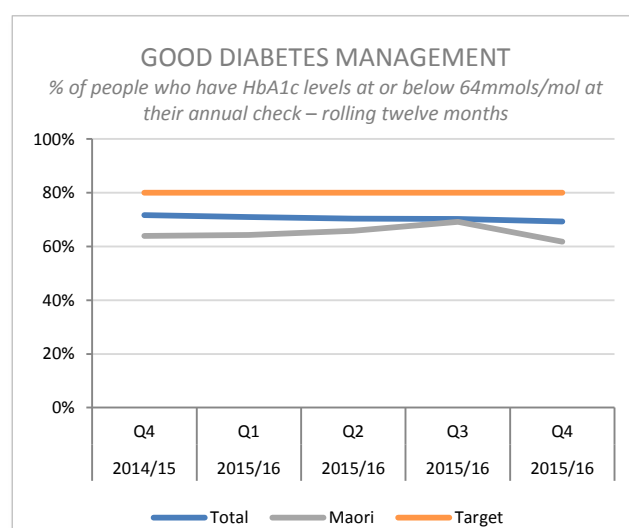
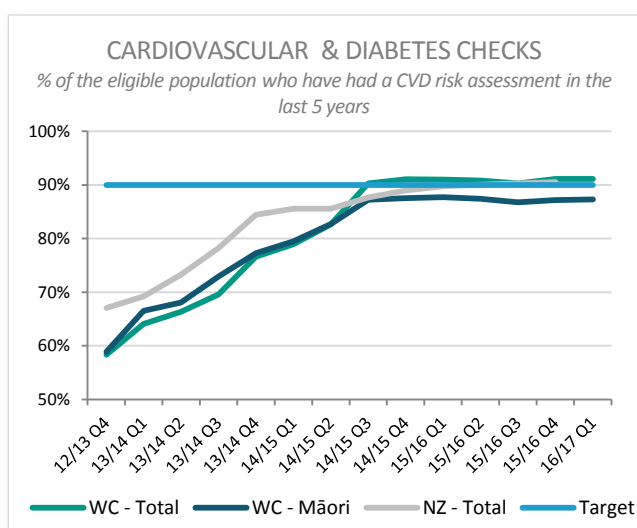
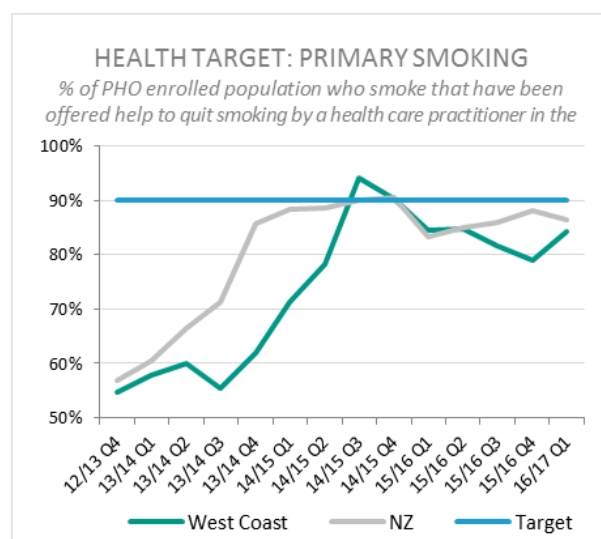
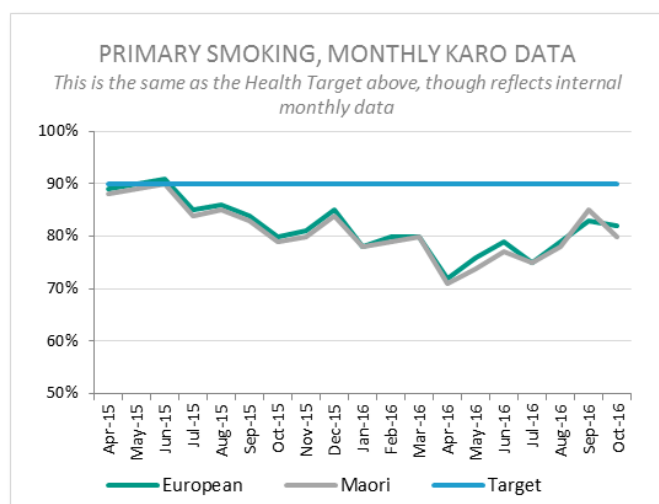
Twenty-eight children received a B4 School Check at Gloriavale during October. Inclusion of these in the total brings the result to 28%.

Mental Health

Achievements / Issues of Note

The Mental Health Service has been doing significant preparatory work in anticipation of moving to a more community focussed approach. Stakeholders, including the workforce will be re-engaged in discussions about the future configuration with primary and community essential components of a whole of system approach.

Primary Care & Long-Term Conditions



Achievements / Issues of Note

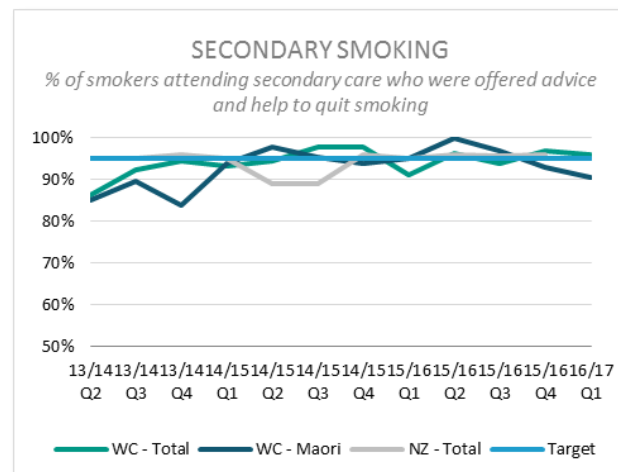
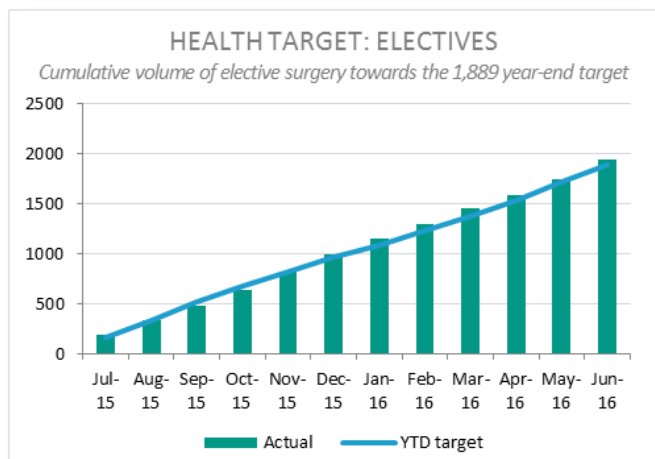
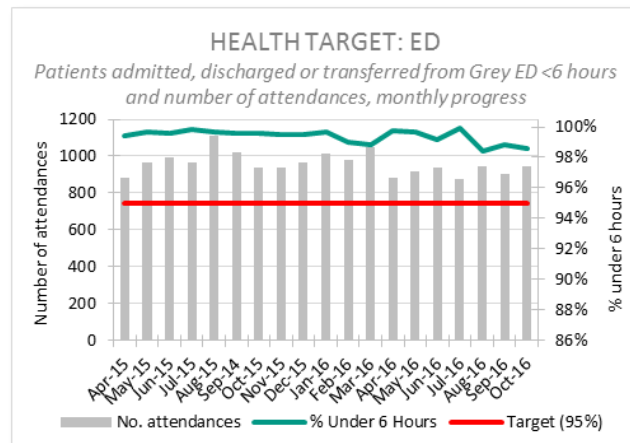
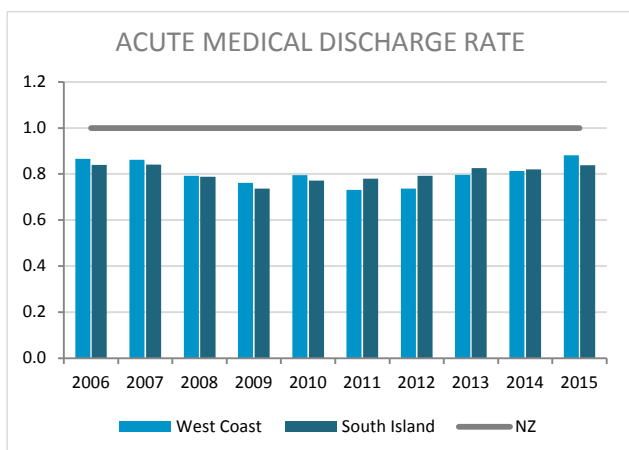
Health Target | Primary Care Smoking: West Coast health practitioners have reported giving 4,587 smokers cessation advice in the 15 months ending September 2016. This represents 84% of smokers against our 90% target.

While the DHB is disappointed to still be below target, this represents a 5% increase on last quarter and a good improvement in performance.

Cardiovascular and Diabetes Checks: West Coast DHB continued to achieve a result of 91% of the eligible enrolled West Coast population having had a cardiovascular and diabetes risk assessment (CVDRA) in the last 5 years as at the end of September 2016 (target: 90%). While continuing to be monitored, this measure ceased to be one of the formal six National Health Targets with effect from 1 July 2016.

Diabetes Management: 69.3% of people with diabetes had good management of disease in the twelve months to 30 September 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%. 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 98.8% of patients admitted, discharged or transferred from Grey Base ED within six hours during October 2016. Of those attending, 90.1% of people were seen within just four hours during the month. (92.0% for the 4 months year-to-date).

Secondary Smoking: During Quarter One, West Coast DHB staff provided 96.0% of hospitalised smokers with smoking cessation advice and support against the 95% 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 17 discharges ahead of year-to-date progress target as at the end of September (up by 4%). 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): Non-complaint ESPI 2 patient numbers have dropped from twenty-three in August to 3 in September. Two orthopaedic and one ophthalmology patient remained non-compliant against the maximum 120 days' wait time target for their FSA in September. The ophthalmology non-compliance case was due to patient-led delay (not being able to attend their scheduled FSA appointment). While this is completely beyond the DHB's control, this nevertheless still gets counted toward ESPI non-compliance by the Ministry of Health. This patient was subsequently seen at clinic during the first week of October. 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): Non-complaint ESPI 5 patient numbers dropped from 16 in August to 7 in September. One dental, three general surgery, two plastic and one paediatric surgical patient exceeded the 120-day maximum wait times from FSA to surgical treatment in September. The two plastic surgery cases were due to capacity issues for visiting specialist operating time. Plans are in place to resolve outstanding treatments for patients waiting longer than 120 days for these services. The remaining cases

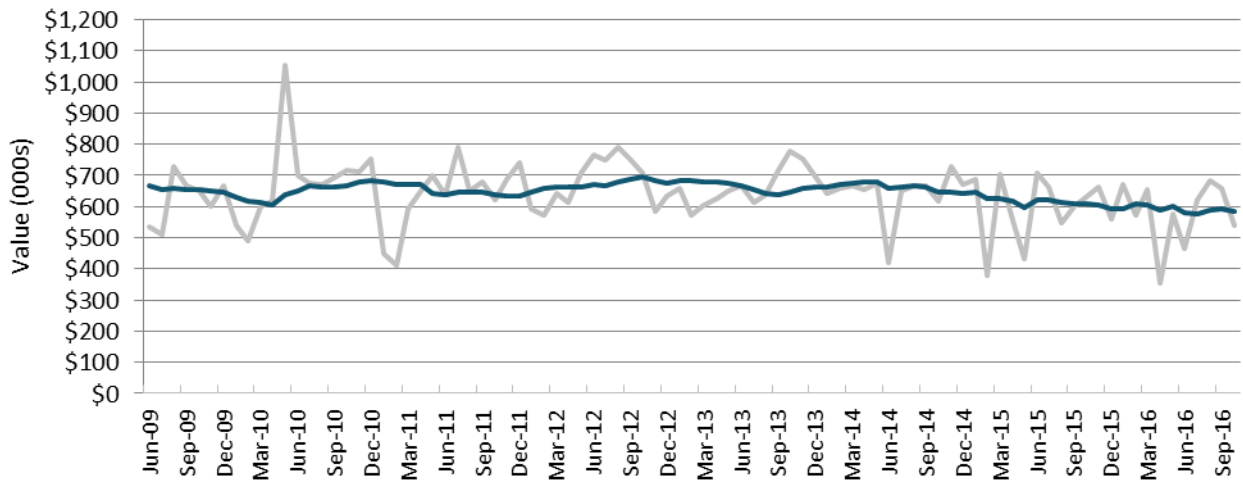
were patient-led delays, where the patients were either sick or otherwise unavailable for surgery that was offered to them. Such cases continue to be counted toward ESPI non-compliance for our DHB, as they remain on the list of patients waiting to be provided with surgery.

Financials

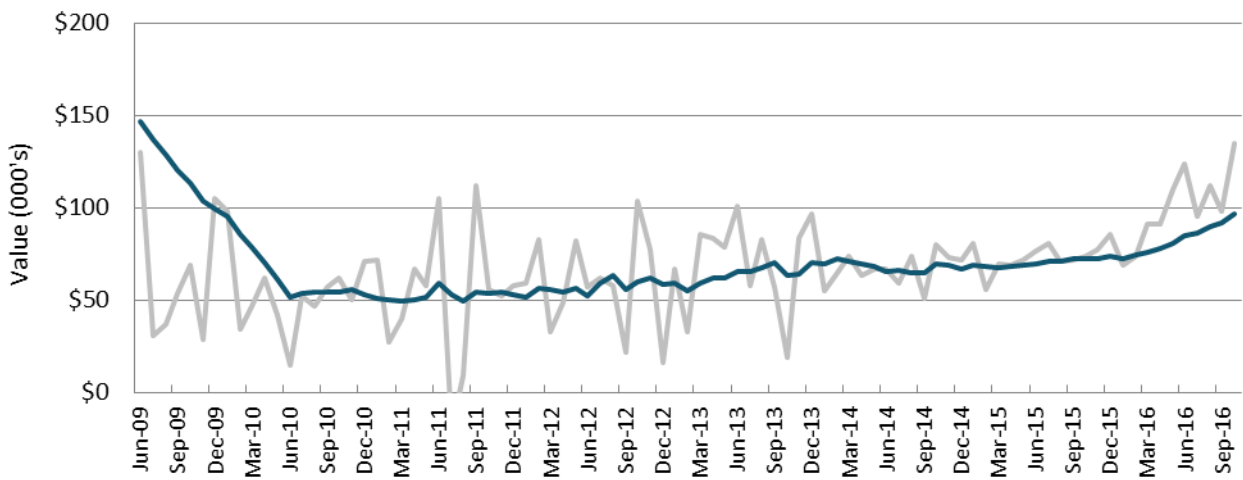
Planning and Funding Division Month Ended October 2016

Current Month				Year to Date				2016/17
Actual	Budget	Variance		SERVICES	Actual	Budget	Variance	Annual Budget
\$000	\$000	\$000	%		\$000	\$000	\$000	\$000
				EXPENDITURE				
				Primary Care				
24	28	4	15%	Dental-school and adolescent	106	113	7	340
8	21	13	62%	Maternity	83	85	2	256
1	1	0	0%	Pregnancy & Parent	5	5	0	15
0	0	0		Sexual Health	0	0	0	0
2	4	2	54%	General Medical Subsidy	7	17	9	50
516	522	7	1%	Primary Practice Capitation	2,097	2,089	-8	6,267
91	91	0	0%	Primary Health Care Strategy	364	364	0	1,093
87	87	0	0%	Rural Bonus	350	350	0	1,049
6	4	-2	-48%	Child and Youth	21	17	-4	50
3	10	7	68%	Immunisation	22	42	20	125
5	5	0	1%	Maori Service Development	19	19	0	57
52	45	-7	-15%	Whanua Ora Services	209	181	-28	543
18	14	-4	-29%	Palliative Care	49	55	6	165
8	6	-2	-26%	Community Based Allied Health	27	25	-2	76
10	10	0	0%	Chronic Disease	42	42	0	125
23	61	38	62%	Minor Expenses	183	244	60	731
855	912	57	6%		3,584	3,647	64	10,942
				Referred Services				
25	26	1	3%	Laboratory	104	104	0	313
537	666	129	19%	Pharmaceuticals	2,500	2,664	163	7,991
563	692	129	19%		2,604	2,768	164	8,304
				Secondary Care				
75	223	149	67%	Inpatients	605	893	287	2,678
146	126	-21	-16%	Radiology services	529	503	-26	1,510
94	114	20	17%	Travel & Accommodation	423	454	31	1,362
1,572	1,425	-146	-10%	IDF Payments Personal Health	5,879	5,702	-177	17,105
1,887	1,888	1	0%		7,436	7,552	116	22,655
3,304	3,492	188	5%	Primary & Secondary Care Total	13,624	13,967	343	41,902
				Public Health				
13	23	10	45%	Nutrition & Physical Activity	54	93	39	279
8	11	4	32%	Tobacco control	44	44	0	133
20	34	14	41%	Public Health Total	98	137	39	412
				Mental Health				
7	7	0	0%	Dual Diagnosis A&D	28	28	0	85
0	0	0		Eating Disorders	0	0	0	0
20	20	0	0%	Child & Youth Mental Health Services	80	80	0	240
5	8	2	33%	Mental Health Work force	40	30	-10	90
61	61	0	0%	Day Activity & Rehab	243	243	0	729
11	11	0	0%	Advocacy Consumer	43	43	0	128
81	81	0	0%	Other Home Based Residential Support	323	323	0	970
11	11	0	0%	Advocacy Family	44	44	0	132
10	16	6	38%	Community Residential Beds	39	63	24	190
66	66	0	0%	IDF Payments Mental Health	262	262	0	787
271	279	9	3%		1,103	1,117	14	3,351
				Older Persons Health				
0	0	0	100%	Needs Assessment	0	0	0	1
135	84	-50	-60%	Home Based Support	440	337	-103	1,012
5	6	0	8%	Caregiver Support	27	23	-4	70
204	242	37	15%	Residential Care-Rest Homes	922	967	44	2,900
9	9	0	2%	Residential Care-Community	37	37	0	110
361	404	43	11%	Residential Care-Hospital	1,490	1,617	127	4,851
27	10	-17	-170%	Day programmes	62	40	-22	121
7	11	4	36%	Respite Care	34	44	10	132
1	1	0	0%	Community Health	5	5	0	15
0	1	1	101%	Minor Disability Support Expenditure	3	5	3	16
99	99	0	0%	IDF Payments-DSS	397	397	0	1,192
850	868	17	2%		3,417	3,473	56	10,419
1,120	1,147	25	2%	Mental Health & OPH Total	4,520	4,590	70	13,770
4,445	4,674	229	5%	TOTAL EXPENDITURE	18,242	18,695	452	56,084

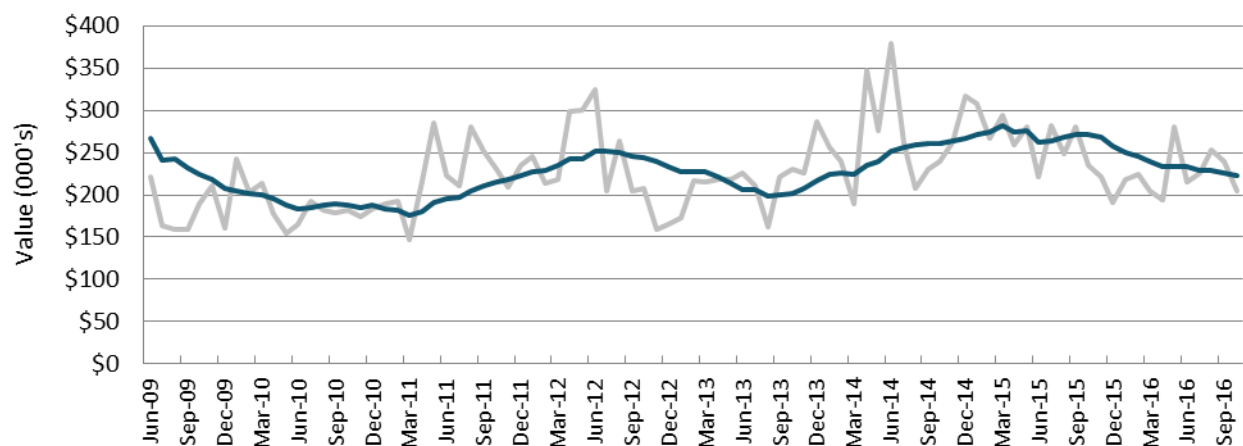
PHARMACY EXPENDITURE

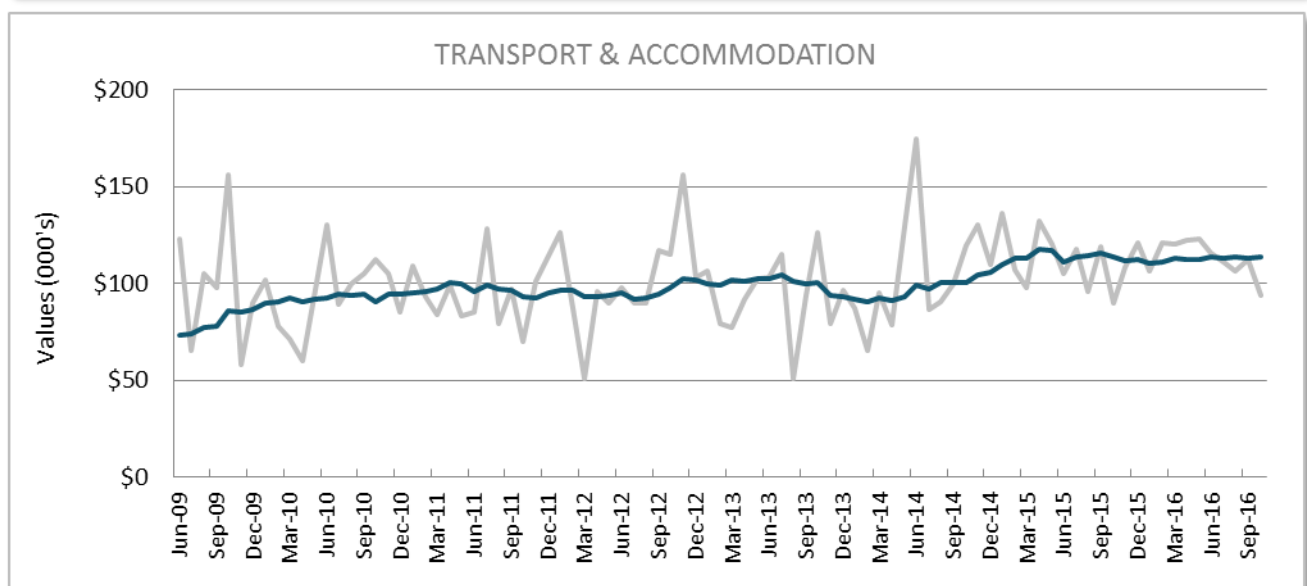
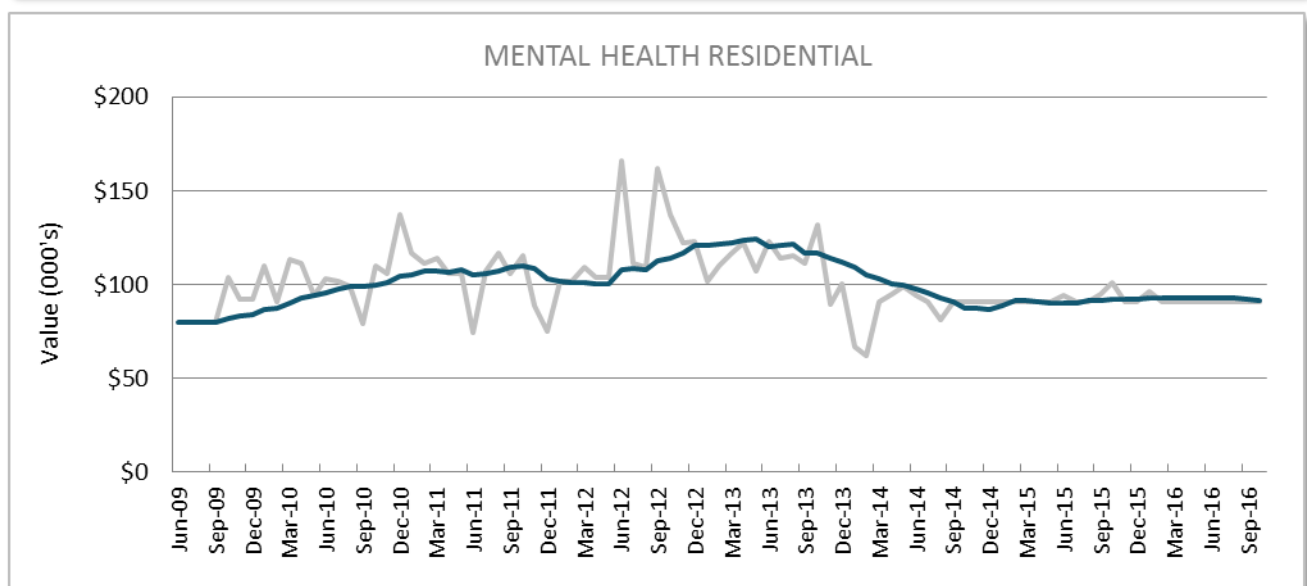
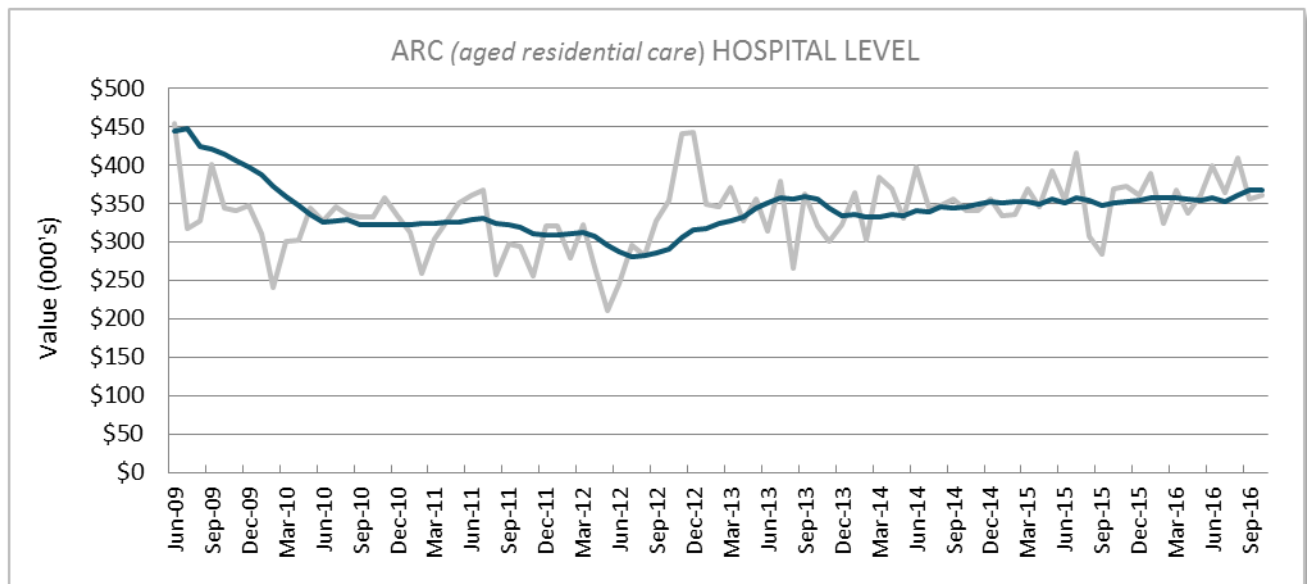


HOME SUPPORT



ARC (aged residential care)





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

SOURCE: Planning & Funding
Alliance Leadership Team

DATE: 1 December 2016

Report Status – For:	Decision	<input type="checkbox"/>	Noting	<input checked="" type="checkbox"/>	Information	<input type="checkbox"/>
----------------------	----------	--------------------------	--------	-------------------------------------	-------------	--------------------------

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 October the ALT:

- Noted the presentation given by Gary Coghlan regarding use of the HEAT tool throughout planning and the need to increase visibility of activity that is aiming to reduce inequity.
- Noted the agreement of the ALT to the System Level Measures Framework Improvement Plan.
- Noted the additional resource dedicated to supporting the Primary & Community project.

Health of Older Persons

- The membership of the workstream is being reviewed and has been expanded to include key community partners in order to drive wider collaboration.
- Work is underway to refine and improve data collection as well as improving data quality in support of clearer referral pathways.
- 17 people have been referred and accepted on to the Falls Champion Service in Quarter 1.
- 100% of people entering Aged Residential Care have had an InterRAI assessment.

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

- A first draft of a plan to engage the community in the work that the Grey/Westland workstream is undertaking has been developed. The workstream felt that focused, issues based, meetings with community would be the most effective way of engaging with people

and the workstream is working with DHB communications to develop the plan with this in mind.

- The patient portal is undergoing some security testing before going live so it is expected that it will go live early in 2017.
- The primary and community team is now in place with a project lead. The project lead is currently working with team members to develop a plan to deliver on the objective of an integrated primary and community service that provides the right care, at the right time in the right place.
- A trial with St John's where PRIME nurses attend all St John call outs and go with the St John volunteer (effectively double crewing) is underway to see if, working as a single health team, we can achieve better outcomes for the community. It will also assess any additional burden on staff and costs to the DHB.

Healthy West Coast (HWC)

- The first Early Childhood Centre to take part in the Little Lungs Smokefree environments initiative has taken part in staff training and discussion about how best to promote smokefree homes and cars with their school community.
- Development of an Oral Health Promotion Plan is well underway looking at maximising the opportunistic times when oral health messages can be reinforced as well as ensuring consistency of messaging.

Child and Youth

- Child & Youth Workstream members have been invited to provide input to a stocktake of respite care options available for families of children and young people with disabilities.
- Work is underway to develop options for a package of targeted support and intervention for families where a child is identified as high needs in regard to their oral health. A working group is preparing to work with a pilot family to understand the drivers for positive behaviour change.

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: 1st December 2016

Report Status – For:	Decision	<input type="checkbox"/>	Noting	<input checked="" type="checkbox"/>	Information	<input type="checkbox"/>
----------------------	----------	--------------------------	--------	-------------------------------------	-------------	--------------------------

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 (July-September 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 1, the West Coast has:

- Achieved the **Shorter Stays in ED** health target, with 99% 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 103.7% of the expected delivery, providing 408 elective surgeries.
- Partially achieved the **Faster Cancer Treatment** target with 63.2% 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 and quality of the data and improving patient pathways has improved DHB performance.
- Partially achieved the **Better Help for Smokers to Quit – Primary Care** health target, reaching 84% of patients who smoke, a 5% increase on the previous quarter's performance. The Smokefree Services Coordinator continues to support General Practices across the Coast to meet the target.
- Partially achieved the **Raising Health Kids** health target with 40% of four-year-olds identified as in above the 98th percentile for their BMI (a ratio measure of height to weight) referred for clinical assessment and healthy lifestyle intervention. A Healthy Weight in Childhood approach is being implemented across the West Coast DHB. This approach includes the introduction of the BeSmarter tool (a goal setting resource that enables positive engagement about appropriate supports for healthy growth in childhood) and access to supports such as clinical supports, Green Prescription, nutrition courses and parenting classes through General Practice.
- Did not achieved the **Immunisation** health target immunising 76% of eight-month-olds this quarter however strong results were achieved for Pacific and Asian (100%) ethnicities. Just three children were missed this quarter.

4. APPENDICES

Appendix 1: Health Target Report – Quarter One

Report prepared by: Jessica Wise, Accountability Coordinator, Planning & Funding

Report approved by: Carolyn Gullery, GM Planning & Funding

National Health Targets Performance Summary

Quarter 1 2016/17 (July - September 2016)

Target Overview

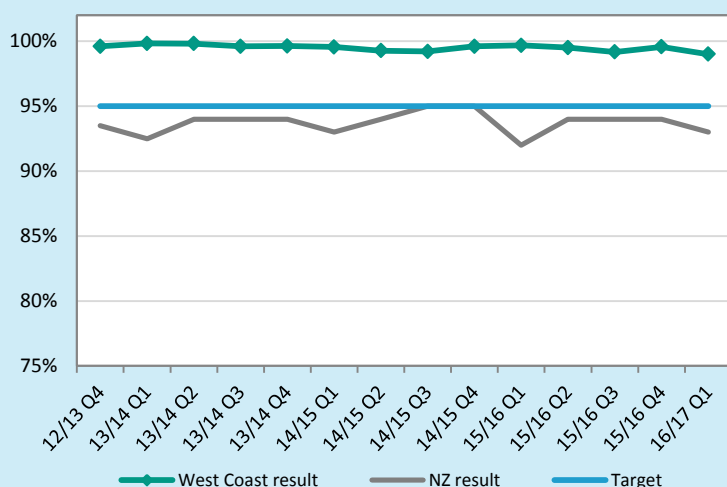
Target	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Target	Status	Pg
Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours	100%	99%	100%	99%	95%	✓	2
Improved Access to Elective Surgery West Coast's volume of elective surgery ¹	978	1,442	1,942	480	1,889	✓	2
Faster Cancer Treatment Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	71%	75%	80%	63%	85%	✗	3
Increased Immunisation Eight-month-olds fully immunised	81%	89%	78%	76%	95%	✗	3
Better Help for Smokers to Quit Smokers offered help to quit smoking by a primary care health care practitioner in the last 15 months	85%	82%	79%	84%	90%	✗	4
Raising Healthy Kids Percent of obese children identified at B4SC will be offered a referral for clinical assessment and healthy lifestyle interventions	New	New	New	40%	95%	✗	5

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% of patients admitted, discharged or transferred from ED within 6 hours during quarter one.

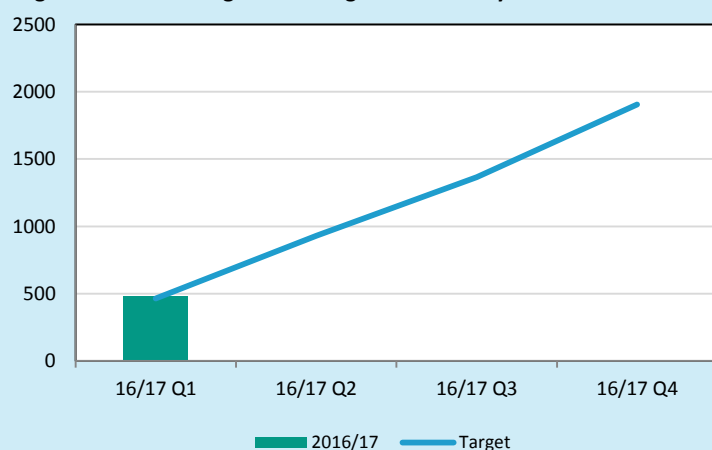
The ED team continues to work closely with community organisations, our discharge planning group and acute admitting wards to ensure the smooth flow of patients. We are working with St John to improve the timeliness of shared information.

Improved Access to Elective Surgery

Target: 1,889 elective surgeries in 2015/16



Figure 2: Elective surgical discharges delivered by the West Coast DHB ¹



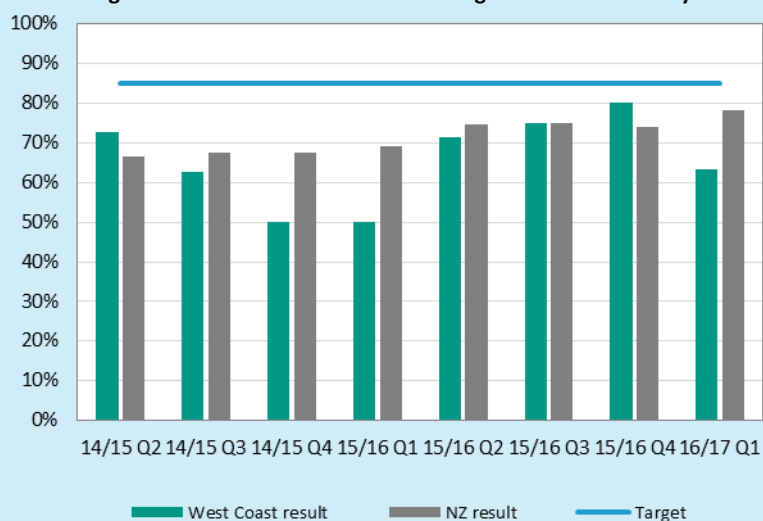
This quarter, West Coast DHB provided 480 elective surgical discharges, delivering 103.7% of planned discharged against target.

¹ 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 decreased this quarter with 63.2% of patients receiving their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer.

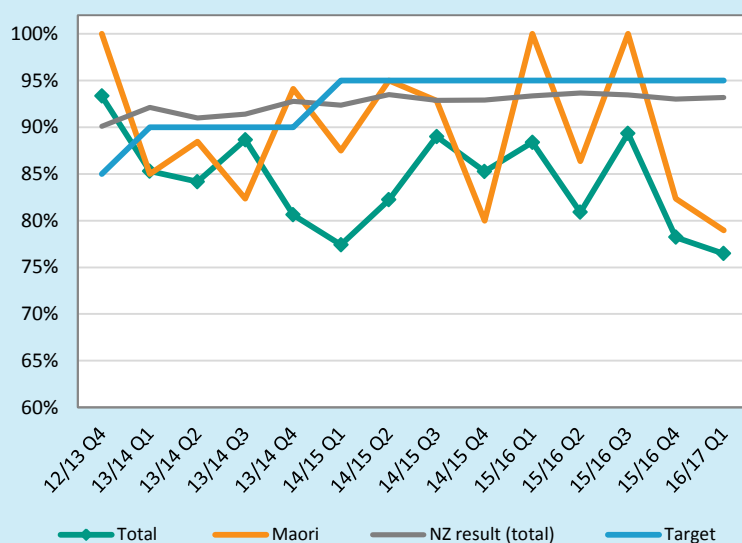
Small numbers are a challenge and this result reflects only four patients whom were non-compliant. Audits into patient pathways have taken place with no capacity issues identified.

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, 76% of all eight-month-olds were fully immunised. Strong results were achieved for Pacific (100%) and Asian (100%).

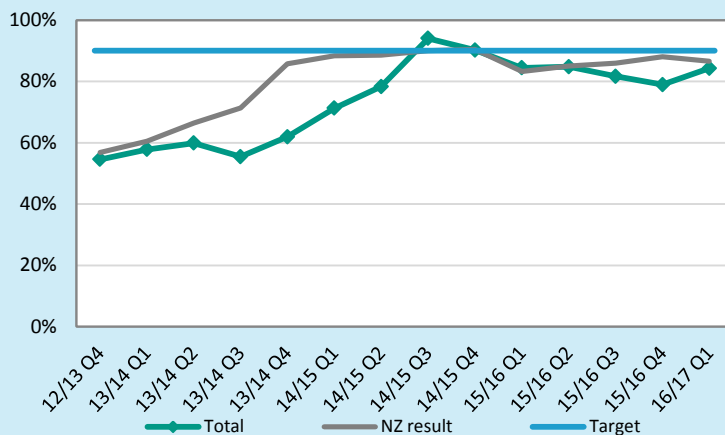
Opt-offs (12.9%) and declines (7.1%) increased slightly this quarter to a combined 20%, this continues to make meeting the target impossible.

Only three children were missed this quarter.

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 4,587 smokers cessation advice in the 15 months ending September 2016. This represents 84% of smokers against our 90% target.

The DHB is pleased to have improved performance by 5% against this target since the previous quarter.

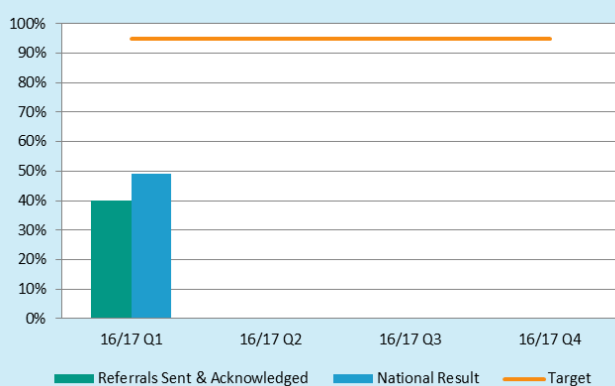
Three of our eight General Practices are performing at or above target with a further three above 80%. All practices that are below target have shown positive improvement this quarter.

Raising Healthy Kids

Target: 95% of obese children identified at B4SC will be offered a referral for clinical assessment and healthy lifestyle intervention



Figure 7: Percentage of obese children identified at B4SC will be offered a referral for clinical assessment and healthy lifestyle intervention.



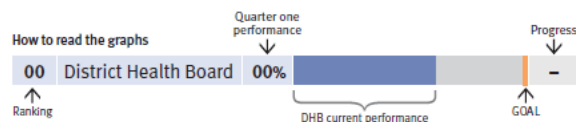
This quarter, 40% of four-year-olds identified as in above the 98th percentile for their BMI (a ratio measure of height to weight) were referred for clinical assessment and healthy lifestyle intervention.

A Healthy Weight in Childhood approach is being implemented across the West Coast DHB. This approach includes the introduction of the BeSmarter tool (a goal setting resource that enables positive engagement about appropriate supports for healthy growth in childhood) and access to supports such as clinical supports, Green Prescription, nutrition courses and parenting classes through General Practice. We anticipate that the small numbers of children on the West Coast should allow for our services across the system to follow up and work closely with families at an individual level. However so far a number of families have declined referral.

National Health Targets Performance Table – Quarter 1 2016/17 (July - September 2016)



2016/17 QUARTER ONE (JULY-SEPTEMBER 2016) RESULTS



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



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 one performance (%)	Change from previous quarter
1 West Coast	99	▲
2 Waitemata	97	▲
3 South Canterbury	96	▲
4 Wairarapa	96	▲
5 Tairāwhiti	96	▲
6 Counties Manukau	96	▲
7 Nelson Marlborough	96	▲
8 Auckland	95	▲
9 Whanganui	94	▲
10 Bay of Plenty	94	▲
11 Taranaki	94	▲
12 Hutt Valley	94	▲
13 Canterbury	93	▲
14 Northland	93	▲
15 Hawke's Bay	92	▲
16 MidCentral	91	▲
17 Lakes	91	▲
18 Southern	90	▲
19 Waikato	89	▲
20 Capital & Coast	85	▲
All DHBs	93	▲



Improved access to elective surgery

The target is an increase in the volume of elective surgery by an average of 4,000 discharges per year. DHBs planned to deliver 49,227 discharges for the year to date, and have delivered 2,395 more.

	Quarter one performance (%)	Progress against plan (discharges)
1 Northland	125	▲
2 Tairāwhiti	122	▲
3 Whanganui	121	▲
4 Taranaki	112	▲
5 MidCentral	112	▲
6 Counties Manukau	110	▲
7 Waikato	108	▲
8 Hutt Valley	108	▲
9 Nelson Marlborough	107	▲
10 Lakes	106	▲
11 Waitemata	105	▲
12 Southern	105	▲
13 West Coast	104	▲
14 Bay of Plenty	103	▲
15 Canterbury	99	▲
16 Capital & Coast	97	▲
17 Hawke's Bay	97	▲
18 Wairarapa	94	▲
19 Auckland	93	▲
20 South Canterbury	91	▲
All DHBs	105	▲



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, increasing to 90 percent by June 2017. Results cover those patients who received their first cancer treatment between 1 April 2016 and 30 September 2016.

	Quarter one performance (%)	Change from previous quarter
1 Waitemata	86	▲
2 Capital & Coast	84	▲
3 Nelson Marlborough	83	▲
4 Bay of Plenty	82	▲
5 Waikato	81	▲
6 Southern	79	▲
7 Auckland	79	▲
8 Lakes	78	▲
9 Canterbury	78	▲
10 MidCentral	77	▲
11 South Canterbury	77	▲
12 Whanganui	76	▲
13 Northland	76	▲
14 Counties Manukau	75	▲
15 Taranaki	74	▲
16 Tairāwhiti	74	▲
17 Wairarapa	73	▲
18 Hawke's Bay	66	▲
19 Hutt Valley	65	▲
20 West Coast	63	▲
All DHBs	78	▲



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 July and September 2016 and who were fully immunised at that stage.

	Quarter one performance (%)	Change from previous quarter
1 Hutt Valley	96	▲
2 Hawke's Bay	95	▲
3 South Canterbury	95	▲
4 Canterbury	95	▲
5 MidCentral	95	▲
6 Southern	95	▲
7 Whanganui	94	▲
8 Capital & Coast	94	▲
9 Wairarapa	94	▲
10 Auckland	94	▲
11 Counties Manukau	94	▲
12 Waitemata	94	▲
13 Waikato	92	▲
14 Taranaki	92	▲
15 Northland	91	▲
16 Tairāwhiti	91	▲
17 Lakes	90	▲
18 Nelson Marlborough	89	▲
19 Bay of Plenty	86	▲
20 West Coast	76	▲
All DHBs	93	▲



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.

The hospital target is no longer a health target, results will continue to be reported on the Ministry's website along with the maternity target results.

	Quarter one performance (%)	Change from previous quarter
1 Lakes	90	▲
2 Nelson Marlborough	89	▲
3 Counties Manukau	89	▲
4 Tairāwhiti	89	▲
5 Canterbury	89	▲
6 Bay of Plenty	88	▲
7 Waitemata	87	▲
8 Waikato	87	▲
9 Auckland	87	▲
10 MidCentral	87	▲
11 Wairarapa	87	▲
12 South Canterbury	86	▲
13 Taranaki	86	▲
14 Capital & Coast	85	▲
15 Whanganui	85	▲
16 West Coast	84	▲
17 Northland	84	▲
18 Southern	83	▲
19 Hawke's Bay	81	▲
20 Hutt Valley	80	▲
All DHBs	87	▲



Raising healthy kids

The target is that by December 2017, 95 percent of obese children identified in the Before School Check programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions. Data is based on all acknowledged referrals for obese children up to the end of the quarter from Before School Checks occurring in the six months between 1 March and 31 August 2016.

	Quarter one performance (%)	Change from previous quarter*
1 Waitemata	83	NA
2 Auckland	79	NA
3 South Canterbury	71	NA
4 Northland	70	NA
5 MidCentral	66	NA
6 Lakes	62	NA
7 Tairāwhiti	56	NA
8 Hutt Valley	53	NA
9 Southern	49	NA
10 Whanganui	47	NA
11 Waikato	47	NA
12 Canterbury	46	NA
13 West Coast	40	NA
14 Nelson Marlborough	33	NA
15 Counties Manukau	29	NA
16 Wairarapa	29	NA
17 Taranaki	28	NA
18 Hawke's Bay	27	NA
19 Capital & Coast	25	NA
20 Bay of Plenty	17	NA
All DHBs	49	NA

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.

*As this is the first time these results are being reported there is no comparison with the previous quarter.

New Zealand Government

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

SOURCE: General Manager, Maori Health

DATE: 1 December 2016

Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
----------------------	-----------------------------------	--	--------------------------------------

1. ORIGIN OF THE REPORT

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

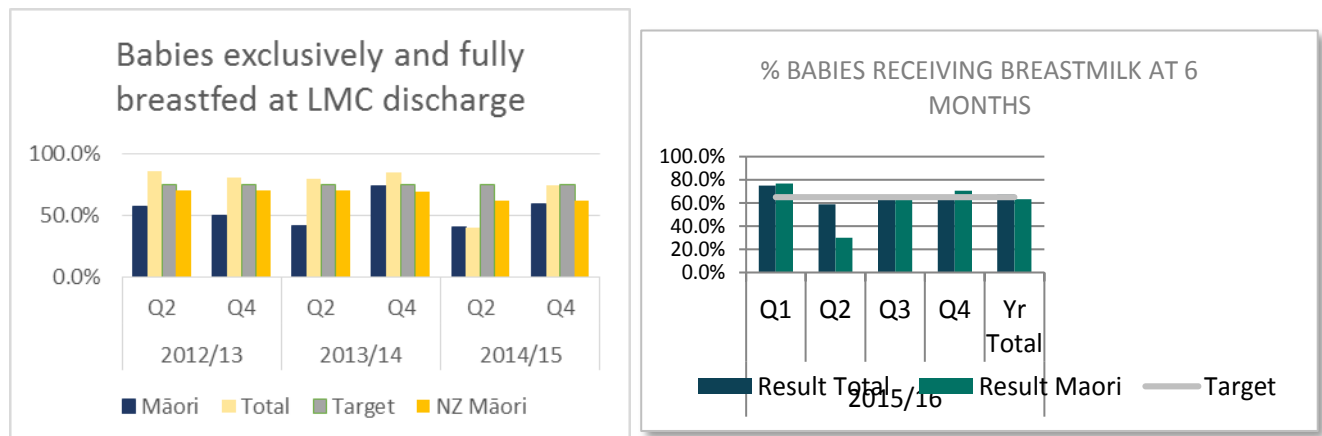
2. RECOMMENDATION

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

- i notes the Maori Health Plan Update.

Maori Health Quarterly Report – Q1, 2016/17

Tamariki Health and Wellbeing



Comments: At year end for 2015/2016 the result for Maori was 63.2% at 6 months which is just 2% away from the 65% target.

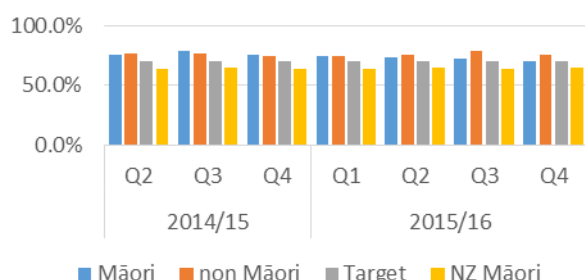
The current Breastfeeding Priority Plan is due to be reviewed and updated. Planning and funding will lead this process alongside the Breastfeeding Interest Group with input from the Child and Youth Workstream, Maternity Quality and Safety group and the Public Health Workstream.

The Mama and Pepi service continues to focus on providing breastfeeding support to Maori mums. Additionally the Maori health team are working with a small group of Maori mums to provide feedback to Plunket that will inform the delivery of Pregnancy and Parenting education for Maori whanau.

The Buller Workstream are developing local strategies aimed at engaging Maori mothers in breastfeeding education to increase breastfeeding rates.

Cancer

Women aged 50-69y, who have had a breastscan once in the last two years



Comments: We are still just achieving target for our Breastscreening rates for Maori women however there has been a steady decline from previous quarters. A meeting was held with Breastscreen South Regional Manager and the Pacific and Maori Co-ordinators who work from Christchurch. Links were made at that meeting with Poutini Waiora Nurse and Kaiarataki and this connection has resulted in a more seamless approach to tracking those Maori overdue and linking them back with Breastscreen South.

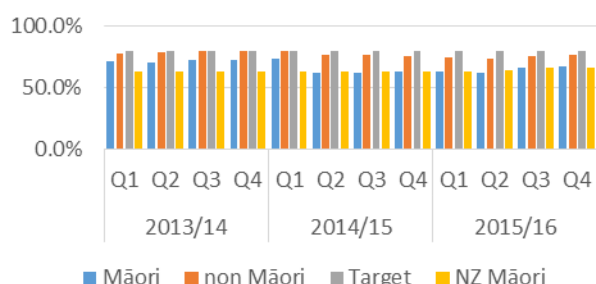
Table 1: BSA coverage (%) in the two years ending 30 September 2016 by ethnicity, women aged 50–69 years, West Coast District Health Board

Ethnicity	Population	Women screened in last 2 years	2-year coverage	Additional screens to reach 70% target
Māori	373	261	70.0%	
Pacific	20	7	35.0%	7
Other	4,178	3,254	77.9%	
Unspecified		28		
Total	4,571	3,550	77.7%	

**For the total population the number of additional screens is the number required to move the total population coverage to 70%. This may not be the same as the sum of additional screens required for each ethnic group to reach 70%.*

Total includes women of unknown ethnicity, and therefore is greater than the sum of Māori, Pacific and Other.

Women aged 25-69y, who have had a cervical smear once in the last three years



Comments: Q1 results show that there are 123 additional screens required to meet the target for Maori. There has been a real effort by Poutini Waiora to work closely with practice teams and the DHB Outreach service to improve this number however it is taking a while for this effort to translate into improvement in the data.

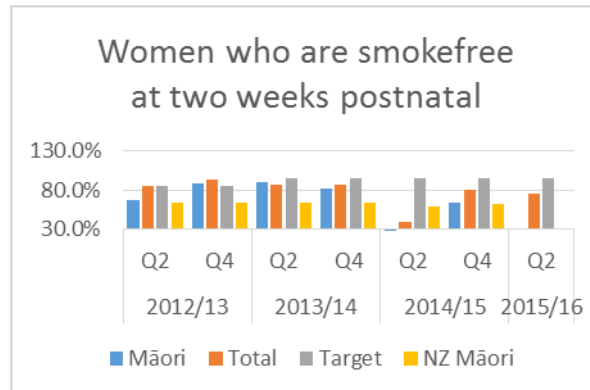
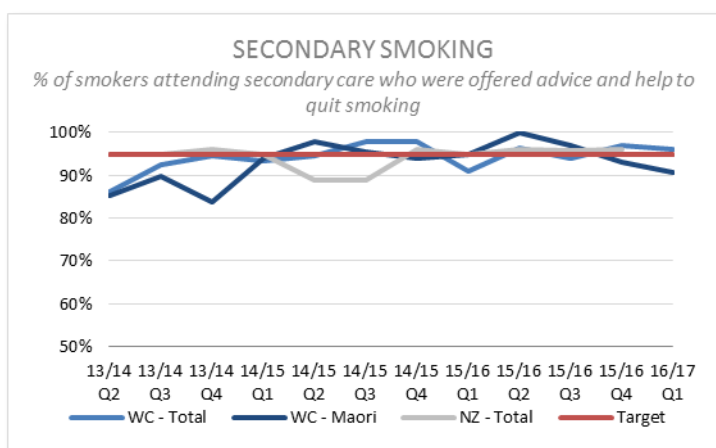
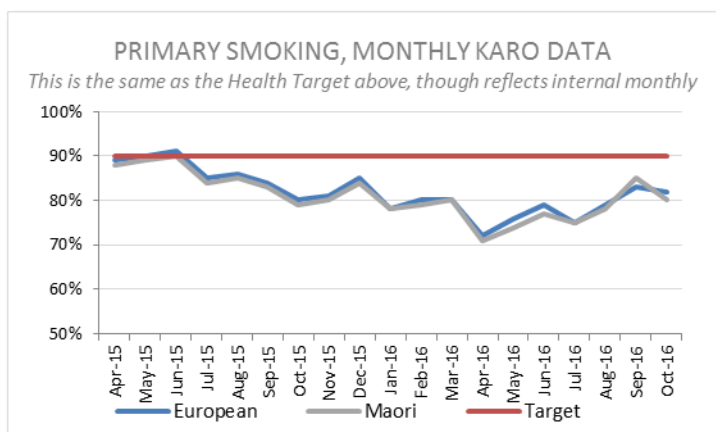
The Cancer Nurse Navigator and Poutini Waiora continue to work collectively to identify opportunities for Hui to improve health literacy around benefits to screening.

Table 1: NCSP coverage (%) in the three years ending 30 September 2016 by ethnicity, women aged 25–69 years, Total Coverage

Ethnicity	Population	Women screened in last 3 years	3-year coverage	Additional screens to reach target*
Māori	873	575	65.90%	123
Pacific	85	53	62.40%	15
Asian	368	190	51.60%	104
Other	7,211	5,726	79.40%	42
Total	8,537	6,544	76.70%	285

*For the total population the number of additional screens is the number required to move from the total population coverage to 80%. This may not be the same as the sum of additional screens required for each ethnic group to reach 80%.

Smoking



Health Target | Primary Care Smoking:

West Coast health practitioners have reported giving 4,587 smokers cessation advice in the 15 months ending September 2016. This represents 84% of smokers against our 90% target.

Secondary Smoking: During Quarter One, West Coast DHB staff provided 96.0% of hospitalised smokers with smoking cessation advice and support against the 95% 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.

New Stop Smoking Service

An appointment has been made for the Grey rohe with an appointment in the Buller rohe imminent. A strong focus will be on improving access and rates for Maori to cessation services and the appointments that have been made to these roles reflect that priority and the commitment to that objective.

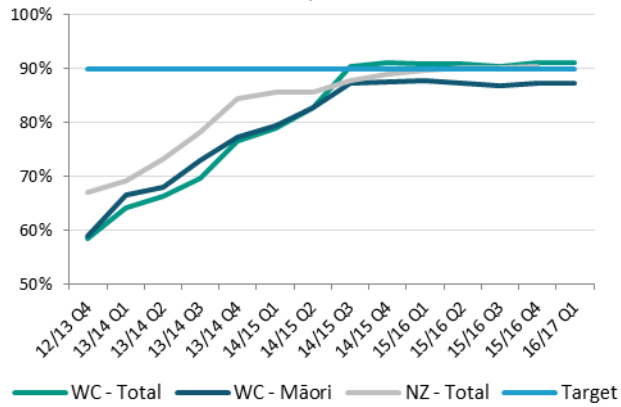
Coast Quit

In Quarter 1 14 Maori were enrolled in the Coastquit programme compared to 121 Non-maori and 1 Pacific Island enrollment. Maori enrollments make up 10.7% of all enrollments in Quarter 1. 38% of the people phoned for their follow-up were still smokefree in the 3-4 month period since commencing the Coast Quit programme.

Adult Health

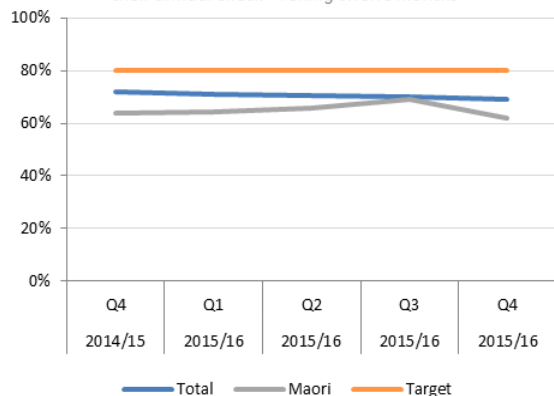
CARDIOVASCULAR & DIABETES CHECKS

% 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



Cardiovascular and Diabetes Checks: West Coast DHB continued to achieve a result of 91% of the eligible enrolled West Coast population having had a cardiovascular and diabetes risk assessment (CVDRA) in the last 5 years as at the end of September 2016 (target: 90%). While continuing to be monitored, this measure ceased to be one of the formal six National Health Targets with effect from 1 July 2016.

A total of 559 cardiovascular risk assessments were conducted this quarter (this doesn't include patients with known diabetes).

Maori make up 9.3% of completed CVRAs this quarter. By comparison, Maori make up 10% (1,062) of the eligible cohort for CVRA on the West Coast. (The eligible age range for Maori is male 35-74 years and for female 45-74 years). 87% of those eligible Maori have been screened: this includes 83% of eligible males and 92% of eligible females.

The smoking profile for CVRAs completed this quarter for Maori is 69% not smoking compared with other ethnicities screened not smoking 77%.

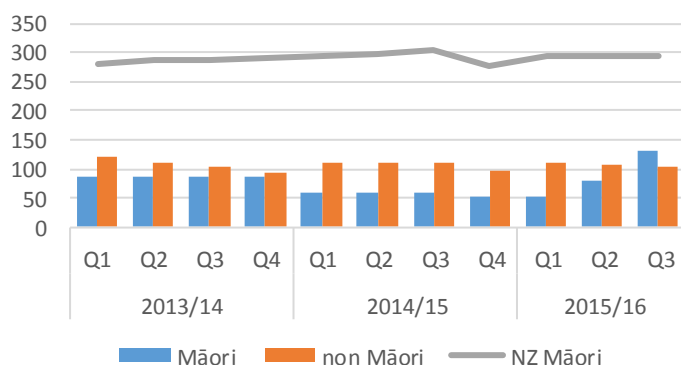
CVD Annual Reviews: 4% of the annual reviews conducted year to date was for Maori. For comparison Maori make up 6.5% of the enrolled population aged 45+ years – the prime age group of people in the LTC programme. 417 annual reviews were completed this quarter, 16 were for Maori (4%).

Diabetes Management: 69.3% of people with diabetes had good management of disease in the twelve months to 30 September 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%. This measure is only updated quarterly

293 reviews were conducted this quarter (293 year-to-date) as part of the LTC programme. 7.9% of the annual reviews conducted YTD were for Maori. For comparison Maori make up 6.5% of the enrolled population aged 45+ years – the prime age group of people in the LTC programme.

Mental Health

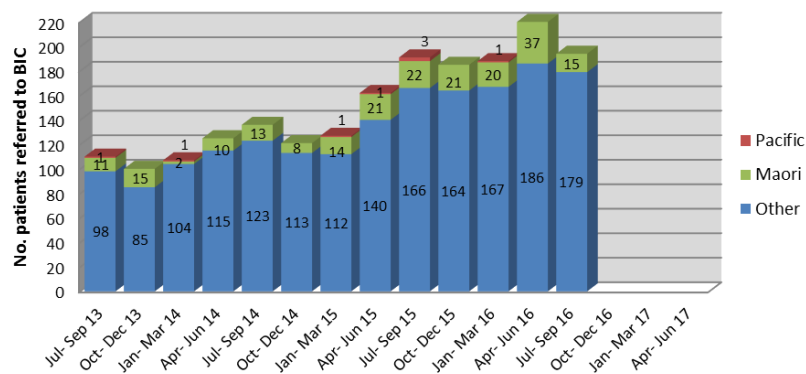
Population under Mental Health Act:
s29 Community Treatment Orders,
rate per 100 000 population



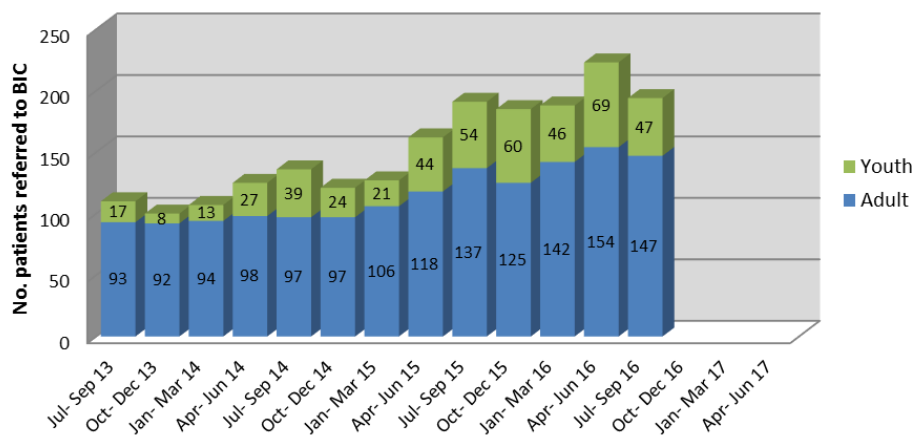
There were 339 new requests processed this quarter, with 33 (10%) of these people identifying as Maori. The number of people receiving counselling packages of care this quarter was 196 with 47 (24%) of these being young people aged 12-19 years. Requests for counselling for children younger than 12, who presented with mild to moderate mental health concerns, continued along with requests from adults for relationship counselling. This reflected gaps in availability of these services in the community.

The number of people attending an assessment or an assessment and one session of counselling (BIC) was 16. Wait list was 69 at the end of the quarter and includes people we are trying to contact to offer an appointment. This rise in number reflected the increasing demand for Brief Intervention

Patients - brief intervention counselling (BIC)



Patients - brief intervention counselling



The GM Maori health has been asked to support two significant hui this month. One a health and well being hui targeting Maori in Westport at the Solid Energy centre on the 25th of November.

The other a hui was held at Te Turaka A Maui Marae in Bruce Bay on the 27th of November. The Kaupapa of this hui is strongly focused on Tikanga Maori

Health Equity Lens

The GM Maori was asked to present to the Alliance leadership team on the use Equity Lens at their meeting in November. The South Island Alliance is looking to standardise and roll out across all the DHBs. The presentation was well received and initiated some very useful and constructive discussion. The ALT made a decision to look at projects currently underway to which the Equity lens could be applied. There was also agreement to reiterate to the workstreams, the importance of applying the HEAT tool and the thinking behind it, when undertaking their planning for 17/18.

Nurse Workforce

We are currently working with nurse educators looking at opportunities for our teams to work together to support one another. Particularly developing ways for informal cultural support for the Workforce Development team (Nurse Educators, etc.) and to enhance cultural competence and promote integration of the Maori world view, Te Ao Maori in teaching, resource development, staff interactions. Another goal is greater clarification about process for initiating cultural support with Māori new graduate nurses and/or other Māori staff

Whanau ora Hospital Services

A mihi whakatau was held to introduce the new Whanau ora Hospital Service in the Grey Base Hospital. Poutini Waioara Social Worker Maegan Cameron will take a lead in the hospital to identify all Maori inpatients and offer their support to Poutini Waioara services. The intention is to link Maori patients to the Maori Health Provider Poutini Waioara on admission to hospital – through this approach we would expect to see an improvement in post discharge planning and continuity of care.

Health Workforce New Zealand – Hauora Maori training

Recruitment is underway for the 2017 year for Maori who want to undertake study. The funding is targeted at the Māori non-regulated health and disability workforce. Therefore, allied health staff, cultural workers, managers etc. (excluding clinical staff) can apply if they are:

- Employed by a District Health Board or by a health and disability service (NGO) that is funded by the District Health Board or the Ministry of Health.
- Iwi/Maori providers, primary health care, aged care (community, all levels of residential care facilities) and rural health care.
- Have whakapapa and/or cultural links with Te Ao Māori and Māori communities.
- Meet the entry criteria required by the training provider as well as supported by the trainee's employer.

The purpose of this fund is to improve access to relevant training opportunities for the non-regulated Māori health and disability workforce by supporting them to obtain entry into and through relevant education opportunities.

Healthy Homes

Investing in Outcomes

November 2011 – November 2014

Caroline Shone
Community Energy Action Trust (CEA)
Chief Executive
caroline.shone@cea.co.nz
03 374 7222

Greg Hamilton and Kathleen Johns
Canterbury District Health Board (CDHB)
Planning & Funding Department
greg.hamilton@cdhb.health.nz
03 364 4161

Summary of Findings

- Research has shown improvements in housing (especially insulation) result in better physical and mental health and wellbeing.
- The Canterbury health system has worked with Community Energy Action (CEA) for a number of years. In 2011, the Canterbury District Health Board (DHB) invested in a Healthy Housing programme with CEA and other funders (EECA, ECAN, PHOs, Orion, Main Power and Rata Foundation) to improve housing conditions in greater Christchurch post-quake and help manage demand on reduced hospital bed numbers as a result of the quake.
- The majority of this investment focused on providing insulation to Canterbury people with high health needs; those with two or more admissions for diagnoses affected by cold living conditions, such as respiratory disease.
- From a list of people with high health need provided by Canterbury DHB, 900 homes were insulated.
- The health of this group of people was considerably improved following home insulation.
 - **There was a 29% reduction in the number of hospital bed days in the 12 months following insulation compared with the 12 months prior.**
 - **This equates to a reduction in hospital costs of over \$900,000 in the first year – equivalent to the investment made by Canterbury DHB to insulate the homes of the high health need people.**
- The return on investment for Health was achieved within 12 months and, assuming similar benefits over time, the total return on investment for all funders will be achieved within five years based on hospital admission benefits alone.
- There are also numerous other unmeasured benefits for the high need population and their families.
- This targeted approach to the provision of insulation required cross-sectoral trust and collaboration. This programme has been extremely successful at providing support to those who can benefit most.

Background to Programme

Housing is a key determinant of health and is well recognised by the World Health Organization as having a profound impact on people's physical and mental health, and overall well-being ¹. Research has shown low indoor temperatures, poor quality housing, dampness and mould in particular affect the respiratory health of children ². In New Zealand, two recent studies have demonstrated improvements in respiratory health with improved home insulation^{3,4}.

People who use the health system frequently, and those living with them, demonstrate better health if they live in warm housing. The health system in turn benefits from improved chronic care management, less use of acute primary and secondary services, reduced entry to aged residential care, and a reduction in medications dispensed.

The loss of 106 acute hospital beds as a result of the February earthquake created an imperative for Canterbury DHB to invest in strategies that could reduce demand on hospital beds. The Canterbury DHB had worked with CEA since the early 2000s, funding smaller projects. With housing compromised following the earthquakes in November 2011, the Canterbury DHB agreed to implement a joint initiative; the Healthy Housing Programme. The objective being a partnership model with health funding of up to \$1.7m over 2.5 years with eligibility defined by high health need criteria. The Canterbury DHB and the three Canterbury Primary Health Care Organisations (PHOs) formed a strategic partnership with Environment Canterbury (ECAN), the Energy Efficiency Conservation Authority (EECA) and Community Energy Action Charitable Trust (CEA) to develop and implement the Healthy Homes Programme.

The programme initially focused on secondary care, with a list of 5000 patients supplied by Canterbury DHB, comprising those who had been admitted to hospital at least twice within a year prior to the programme starting. In July 2013, the programme was extended to include primary care patients, via general practice referrals, e.g. families with children under 17 years of age identified as being at risk and parents with newborn babies.

The \$1.7m funding was split between the two programme elements, approximately \$900k for hospital referrals and \$800k for general practice referrals.

Objectives and Criteria of the Health Homes Programme

- Identify, Target and Invite
 - A Memorandum of Understanding was signed between the Canterbury DHB and CEA to protect the confidentiality of patients.
 - A list of eligible health service users (Canterbury residents with two or more admissions to hospital between 2010 and 2012 with health conditions relating specifically to cold and damp, e.g. asthma and other respiratory illnesses, plus diabetes, coronary, pulmonary, rheumatoid arthritis, lung cancer and chronic depression etc) was provided by the Canterbury DHB.
 - Warm Families were identified via general practice referral.
- Appropriate healthy homes interventions; insulation, heating, Home Energy Check (HEC).

- Strategic Partnership
 - Utilising experience, funding and expertise for the benefit of the community (Government, private and non-government organisations in collaboration with CEA).

The objective was to provide insulation and/or heating installations to high health system users living in Canterbury. The Programme was developed in order to keep people in their own homes and communities rather than hospital services. In part this recognised Canterbury's compromised housing stock following the 2010 and 2011 earthquakes. The Canterbury DHB and partnering organisations understood the potential benefits for frequent users of the health system of living in warm and dry homes, including improved health and well-being.

Initially (from November 2011) the programme used the list of patients received from the CDHB. In July 2013, the programme was extended to include Warm Families, allowing GPs and other medical professionals to refer patients who met the cold-related, chronic health condition criteria regardless of hospital admission.

All eligible patients were contacted initially by Canterbury DHB to inform them of the initiative then contacted and assessed for eligibility. If eligible, a Home Energy Check (HEC) was done by CEA staff to determine interventions required (insulation, heating, curtains, advice, pipe and cylinder wrapping).

All of the partnering organisations, including CEA, provided funding for the Programme. CEA was also the provider of services.

Programme Outcomes

The total programme provided over 1500 insulation installations and 450 heating appliances.

Qualitative analysis of the programme⁵ was completed in April 2015. From that research, the following conclusions were drawn:

- The Programme was founded on existing research that showed warmer and drier homes to have a positive effect on health outcomes. These findings supported existing research, as respondents described the Programme interventions as improving the warmth of their homes and, in turn, their physical and mental well-being.
- The outcomes from living in a warm and dry home can exceed those of improved physical and mental well-being. The clients' descriptions highlight some of the additional "holistic" benefits that the interventions created for them and their families.
- The research suggested that other similar housing improvement programmes could create both improved health outcomes for high health needs people, as well as the wider benefits.

Quantitative Analysis - People Identified as High Health Risk (Secondary Care Element)

The quantitative analysis focused on those identified from hospital admissions. Nearly 5,000 patients were contacted and initially assessed. A large number of these did not require assistance for various reasons.

The homes of eligible people were assessed and insulation and/or heating were installed as required. The Programme was originally targeted to the highest health need service users for two key reasons: one, to address those with the greatest need; and two, to (ultimately) reduce health dollar spend via reduced hospital admissions.

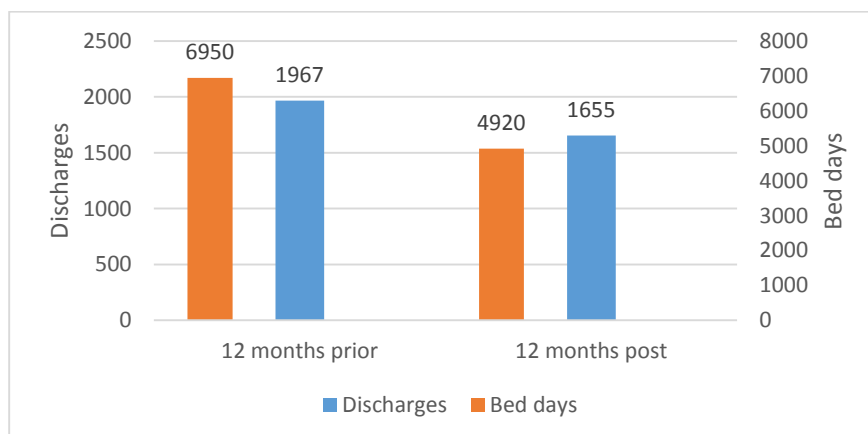
Nine hundred of the highest-need people had interventions generally comprising insulation and, in some cases heating, between November 2012 and November 2014. The ethnicity of this group reflected the Canterbury population. As expected, the largest group was aged over 65 years and there was an approximate 60%:40% split between homeowners and tenants.

Of the Canterbury DHB funding, approximately \$900,000 was allocated to this part of the programme representing 22% of the total cost, with other funders (EECA, CEA, Orion, MainPower and Rata Foundation) providing the remaining 78%. EECA funding during the course of the programme came from both the Heat Smart Scheme and the Warm Up New Zealand scheme.

Impact and Financial Benefits

For the patients identified by the Canterbury DHB as being at risk of health-related admission who received home insulation, there was a significant decrease in hospitalisation and associated bed days in the 12 months following the insulation installation compared with the twelve months prior (see Figure 1).

Figure 1 **Discharges and bed days prior to and post insulation**



The figure above shows that discharges fell by 15.9% when comparing the year prior to and the year following the CEA intervention. This resulted in 312 fewer people having a hospital stay.

There was a **29.2% reduction in hospital bed days**, which allows foregone financial costs associated with hospital utilisation to be calculated. This programme has resulted in a reduction of 4.7 beds per annum which equates to a **savings of approximately \$945,000 per annum** (assuming the operating costs per ward is approximately \$5 million annually).

A control group of over 20,000 with no intervention showed no reduction of discharges or bed days over the same period.

Qualitative Analysis – Other Benefits

The above analysis only takes into account one (i.e. hospitalisation) of a number of benefits which result from home insulation. There are other considerable benefits to this program including:

- Hospital benefits after the first 12 months – a single intervention has a 40 year life span;
- Benefits to partners and others living in the same dwelling;
- Benefits to future occupants;
- Reduction in other primary and community services required for intensive post-discharge rehabilitation;
- Reduction in absenteeism from work/school for all home occupants due to improved overall health;
- People living in their own homes with better wellbeing and feeling safer; and
- Empowerment through improved physical health, mental health and/or an improved general state of mind/well-being.

Concluding Remarks

Without continued support from the EECA's Warm Up New Zealand programme, this activity would not generally be viable. The success of the EECA programmes working in collaboration with other like-minded organisations achieved significant results. Aligned to EECA research, CEA identified that there are still over 30,000 homes in Canterbury with inadequate or no insulation.

CEA is able to meet consumer's needs for readily available and impartial energy advice. Research from the European Union shows that non-government organisations are important intermediaries between household communities and government⁶. In many cases personalised advice can lead to appropriate solutions and overcome barriers to action⁷.

Based on the success of the Healthy Homes Programme, New Zealand Red Cross joined with CEA to undertake two partnership programmes to provide insulation, heating, advice and fuel cost support to vulnerable families.

The success of the Healthy Homes Programme also contributed to the Christchurch City Council undertaking a partnership with CEA to upgrade insulation of their social housing complexes.

During the course of the programme, earthquake affected clients were identified who were awaiting earthquake assessments and repairs. An MOU was developed between the PHO's, CEA and EQC to refer vulnerable high health-need clients to EQC or their private insurer for prioritisation. Partnerships among the organisations enabled service provision to be leveraged; many Healthy Homes clients were linked into other organisations and services, as additional needs were identified.

References

1. Bonnefoy X. Inadequate Housing and Health: An Overview. *Int. J. of Environment and Pollution*, 30, 3/4: 411-429, 2007.
2. J Gillespie-Bennett, M Keall, P Howden-Chapman, M Baker. Improving Health, Safety and Energy Efficiency in New Zealand through Measuring and Applying Basic Housing Standards. *NZMJ*, 126: 1379 2013.
3. Howden-Chapman P, Pierse N, Nicholls S, Gillespie-Bennett J, Viggers H, Cunningham M, Phipps R, Boulic M, Fjallstrom P, Free S, Chapman R, Lloyd B, Wickens K, Shields, D, Baker M, Cunningham C, Woodward A, Bullen C, Crane J. Effects of improved home heating on asthma in community dwelling children: randomised community study. *BMJ*, 337: 852-855, 2008.
4. Howden-Chapman P, Matheson A, Crane J, Viggers H, Cunningham M, Blakely T, Cunningham C, Woodward A, Saville-Smith K, O'Dea D, Kennedy M, Baker M, Waipara N, Chapman R, Davie G. Retrofitting houses with insulation to reduce health inequalities: results of a clustered, randomised trial in community settings. *BMJ*, 334, 460-464, 2007.
5. Aitken, S. Brown, K. Cook, L An Evaluation of the Healthy Homes Programme, Pegasus Health: Christchurch, 2015.
6. Mourik RM, Breukers S, Heiskanen E, Bauknecht D, Hodson M, Barabanova Y, Brohmann B, Bürger V, Feenstra CFJ, Jals M, Johnson M, Maier P, Marvin S, Meinel H, Pariag J, Rask M, Rinne S, Robinson S, Saastamoinen M, Salminen J, Valuntiené I, Vadovics E. . Conceptual framework and model: Synthesis report tailored for policy makers as target group. A practical and conceptual framework of intermediary demand-side practice. Deliverable 6 of the CHANGING BEHAVIOUR project. Available at www.energychange.info/deliverables, 2009.
7. Abrahamse W, Steg L, Vlek C, Rothengatter T. A review of interventions aimed at household energy conservation. *Journal of Environmental Psychology*. 25(3): 273-291, 2005.

WEST COAST DISTRICT HEALTH BOARD MEETING
to be held at St John, Waterwalk Road, Greymouth
on Friday 4 November 2016 commencing at 10.15am

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

Apologies

1. **Interest Register**
2. **Confirmation of the Minutes of the Previous Meetings**
 - 23 September 2016
3. **Carried Forward/Action List Items**
(There are no carried forward items)

REPORTS**10.20am**

- | | | | |
|----|--|---|-------------------|
| 4. | Chair's Update
(Verbal Update) | Peter Ballantyne
<i>Chairman</i> | 10.20am - 10.30am |
| 5. | Chief Executive's Update | David Meates
<i>Chief Executive</i> | 10.30am – 10.45am |
| 6. | Clinical Leaders' Update
(Verbal Update) | Karyn Bousfield
<i>Director of Nursing & Midwifery</i> | 10.45am – 10.55am |
| 7. | Finance Report | Justine White
<i>General Manager, Finance</i> | 10.55am – 11.05am |
| 8. | Reports from Committee Meetings | | |
| | - CPH&DSAC
27 October 2016
<i>(to be circulated separately due to timing of meetings)</i> | Elinor Stratford
<i>Chair, CPH&DSA Committee</i> | 11.05am – 11.15am |
| | - Hospital Advisory Committee
27 October 2016
<i>(to be circulated separately due to timing of meetings)</i> | Sharon Pugh
<i>Chair, Hospital Advisory Committee</i> | 11.15am – 11.25am |
| 9. | Resolution to Exclude the Public | <i>Board Secretariat</i> | 11.25am |

INFORMATION ITEMS

- 2016 Meeting Schedule
- 2017 Proposed Schedule of Meetings

ESTIMATED FINISH TIME**11.25am****NEXT MEETING:** Friday 9 December 2016

COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE 27 OCTOBER 2016



TO: Chair and Members
West Coast District Health Board

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

DATE: 4 November 2016

Report Status – For:	Decision	<input type="checkbox"/>	Noting	<input checked="" type="checkbox"/>	Information	<input type="checkbox"/>
----------------------	----------	--------------------------	--------	-------------------------------------	-------------	--------------------------

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 27 October 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 – 27 October 2016.

3. SUMMARY

The Chair welcomed Sarah Birchfield to her first formal meeting of the Committee.

ITEMS OF INTEREST FOR THE BOARD

a) COMMUNITY AND PUBLIC HEALTH UPDATE

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

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 4th October and at New World in Westport on Monday 10th October. This is the third year that Stoptober has been held in New Zealand.

Accessible Communities

Community & Public Health 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

Community & Public Health 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

Community & Public Health 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.

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, Community & Public Health 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.

Compliance Reports - Drinking Water Quality 2015-16

Community & Public Health 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.

Dr Cheryl Brunton provided the Committee with an overview of the process around the testing of drinking water on the West Coast. The Committee noted that this system is quite complex and the amendments to the Drinking Water Act are just starting to be put in place with a rolling schedule for compliance. To comply fully there are a number of requirements with compliance testing being undertaken by Councils. The role of Community & Public Health is to monitor the compliances, hence the letters to Councils mentioned in the report.

The Committee noted that the results of the compliance review will be provided to the Committee once completed.

A query was made regarding the cross agency connections and the Committee noted that once Community & Public Health are notified the response is very good and well connected.

The report was noted.

b) PLANNING & FUNDING UPDATE

Sandy McLean, 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

- **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.

Discussion took place regarding First Specialist Assessment non-compliance and in particular the issues around orthopaedics which the Committee noted is an issue throughout the South Island.

Discussion also took place regarding the vision & hearing testing in the B4 School Checks. The Committee noted that management is looking at how to create a more robust service in this area.

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)

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

- 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 wellbeing.

The report was noted.

d) PRESENTATION – HOME BASED SUPPORT SERVICES

Fran Cook, Project Leader, primary/community Services provided the Committee with the presentation that was provided to the Board at its last meeting.

The presentation was very well received and generated much discussion.

The Chair thanked Fran for the presentation.

e) GENERAL BUSINESS

- i. The Chair advised that more Accessible Community Workshops were to be held on 8 November in Greymouth and 9 November in Westport.
- ii. The Chair also advised that the New Zealand Federation of Disability Information Centres and NASCA have signed a Relationship Agreement
- iii. The Committee noted that Disability Pride Week commences on 27 November at Te Papa and will run through until 3 December.

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 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 | Cheryl Brunton | 9.05am - 9.15am |
| - Update on Drinking Water Quality | <i>Medical Officer of Health
Community and Public Health</i> | |
| 5. Planning & Funding Update | Sandy McLean | 9.15am - 9.25am |
| | <i>Team Leader, Planning & Funding</i> | |
| 6. Alliance Update | Sandy McLean | 9.25am - 9.35am |
| | <i>Team Leader, Planning & Funding</i> | |
| 7. Presentation – Home Based Support Services | Fran Cook | 9.35am - 10.00am |
| | <i>Project Leader, Primary/ Community Services</i> | |
| 8. General Business | Elinor Stratford | 10.00am - 10.05am |
| | <i>Chair</i> | |

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

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			Manawanui in Charge	Home Based Support Services	Community Energy Action Charitable Trust Update
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 2017 Draft Schedule of Meetings

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
Thursday 26 January 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 26 January 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 10 February 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 9 March 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 9 March 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 9 March 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 24 March 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 27 April 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 27 April 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 27 April 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 12 May 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 8 June 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 8 June 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 8 June 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 23 June 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Thursday 27 July 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
Thursday 27 July 2017	HAC	11.00am	Boardroom, Corporate Office
Thursday 27 July 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 11 August 2017	BOARD	10.15am	St Johns Waterwalk Rd, Greymouth
Thursday 14 September 2017	CPHAC & DSAC	9.00am	Boardroom, Corporate Office
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
Thursday 23 November 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 8 December 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth

The above dates and venues are subject to change. Any changes will be publicly notified.