

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

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

**Friday 10 March 2017  
9.30am**

**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**  
**Friday 10 March 2017 commencing at 9.30am**

## ADMINISTRATION

**9.30am**

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**

*1 December 2016*

3. **Carried Forward/ Action Items**

## REPORTS/PRESENTATIONS

**9.35am**

- |     |                                                                   |                                                                             |                   |
|-----|-------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------|
| 4.  | <b>Community and Public Health Update</b>                         | Claire Robertson<br><i>Team Leader, Community and Public Health</i>         | 9.35am – 9.45am   |
| 5.  | <b>Disability Action Plan Update</b>                              | Kathy O'Neill<br><i>Service Development Manager, Planning &amp; Funding</i> | 9.45am – 9.55am   |
| 6.  | <b>Planning &amp; Funding Update</b>                              | Kathy O'Neill<br><i>Team Leader, Planning &amp; Funding</i>                 | 9.55am – 10.05am  |
| 7.  | <b>Alliance Update</b>                                            | Kathy O'Neill<br><i>Team Leader, Planning &amp; Funding</i>                 | 10.05am – 10.15am |
| 8.  | <b>Health Target Q2 Report</b>                                    | Kathy O'Neill<br><i>Team Leader, Planning &amp; Funding</i>                 | 10.15am – 10.25am |
| 9.  | <b>Maori Health Update</b>                                        | Gary Coghlan<br><i>General Manager, Maori Health</i>                        | 10.25am – 10.35am |
| 10. | <b>Community &amp; Public Health 2017-2018 Public Health Plan</b> | Claire Robertson<br><i>Team Leader, Community &amp; Public Health</i>       | 10.35am – 10.45am |
| 11. | <b>2017 Committee Work Plan</b>                                   | Board Secretariat                                                           | 10.45am – 10.50am |
| 12. | <b>General Business</b>                                           | Elinor Stratford<br><i>Chair</i>                                            | 10.50am – 10.55am |

## ESTIMATED FINISH TIME

**10.55am**

## INFORMATION ITEMS

- Board Agenda – 10 February 2017
- Chair's Report to last Board Meeting
- West Coast DHB 2017 Meeting Schedule

## NEXT MEETING

**Date of Next Meeting:** Thursday 27 April 2017



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

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

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



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

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

Member	Disclosure of Interest
<b>CHAIR</b> Elinor Stratford <b>(Board Member)</b>	<ul style="list-style-type: none"> <li>• Clinical Governance Committee, West Coast Primary Health Organisation</li> <li>• Committee Member, Active West Coast</li> <li>• Chairperson, West Coast Sub-branch - Canterbury Neonatal Trust</li> <li>• Trustee, Canterbury Neonatal Trust</li> <li>• Member, Arthritis New Zealand, Southern Regional Liaison Group</li> <li>• President of the New Zealand Federation of Disability Information Centres</li> </ul>
Lynnette Beirne	<ul style="list-style-type: none"> <li>• Patron of the West Coast Stroke Group Incorporated</li> <li>• Daughter employed as nurse for West Coast DHB</li> <li>• Chair of West Coast DHB Consumer Council</li> <li>• Consumer Representative on WCDHB Falls Coalition Committee</li> <li>• Consumer Representative on WCDHB Stroke Coalition Committee</li> <li>• Running a Homestay for DHB Students</li> </ul>
Sarah Birchfield	<ul style="list-style-type: none"> <li>• West Coast Autism Support Group – Volunteer and Support Person</li> </ul>
Cheryl Brunton	<ul style="list-style-type: none"> <li>• Medical Officer of Health for West Coast - employed by Community and Public Health, Canterbury District Health Board</li> <li>• Senior Lecturer in Public Health - Christchurch School of Medicine and Health Sciences (University of Otago)</li> <li>• Member - Public Health Association of New Zealand</li> <li>• Member - Association of Salaried Medical Specialists</li> <li>• Member - West Coast Primary Health Organisation Clinical Governance Committee</li> <li>• Member – National Influenza Specialist Group</li> <li>• Member, Alliance Leadership Team, West Coast Better Sooner More Convenient Implementation</li> <li>• Member – DISC Trust</li> </ul>
Jenny McGill	<ul style="list-style-type: none"> <li>• Husband employed by West Coast DHB</li> <li>• Peer Support – Mum4Mum</li> <li>• Information Consultant for West Coast Disability Resource Service</li> </ul>
Joseph Mason	<ul style="list-style-type: none"> <li>• Representative of Te Runanga o Kati Wae Wae Arahura</li> <li>• Employee Community and Public Health, Canterbury DHB</li> </ul>
Mary Molloy	<ul style="list-style-type: none"> <li>• Spokesperson for Farmers Against 1080</li> <li>• Executive Member - Ban 1080 Political Party</li> <li>• Director, Molloy Farms South Westland Ltd</li> <li>• Trustee, L.B. &amp; M.E. Molloy Family Trust</li> <li>• Executive Member, Wildlands Biodiversity Management Group Inc.</li> <li>• Chair of the West Coast Community Trust</li> </ul>

Member	Disclosure of Interest
Peter Neame	<ul style="list-style-type: none"> <li>• White Wreath Action Against Suicide – Member &amp; Research Officer</li> </ul>
Francois Tumahai <b>(Deputy Chair)</b> <b>(Board Member)</b>	<ul style="list-style-type: none"> <li>• Te Runanga o Ngati Waewae - Chair</li> <li>• Poutini Environmental - Director/Manager</li> <li>• Arahura Holdings Limited - Director</li> <li>• West Coast Regional Council Resource Management Committee - Member</li> <li>• Poutini Waiora Board - Co-Chair</li> <li>• Development West Coast – Trustee</li> <li>• West Coast Development Holdings Limited – Director</li> <li>• Putake West Coast – Director</li> <li>• Waewae Pounamu – General Manager</li> <li>• Westland Wilderness Trust - Chair</li> <li>• Wife, Lisa Tumahai, is Chair, Tatau Pounamu Advisory Group</li> </ul>
Jenny Black <b>(ex-officio)</b>	<ul style="list-style-type: none"> <li>• Nelson Marlborough District Health Board – Chair</li> <li>• Diabetes new Zealand – Life Member</li> <li>• South Island Board – Chair</li> <li>• National DHB Chairs - Chair</li> </ul>
Chris Mackenzie <b>(ex-officio)</b>	<ul style="list-style-type: none"> <li>• Development West Coast – Chief Executive</li> <li>• Horizontal Infrastructure Governance Group – Chair</li> <li>• Mainline Steam Trust - Trustee</li> </ul>

**DRAFT**  
**MINUTES OF THE COMMUNITY AND PUBLIC HEALTH  
AND DISABILITY SUPPORT ADVISORY COMMITTEE**  
**held in the Board Room, Corporate Office, Grey Base Hospital**  
**on Thursday, 1 December 2016 commencing at 9.00am**

## **PRESENT**

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

## **APOLOGIES**

Apologies were received and accepted from Jenny McGill & Joseph Thomas.

## **EXECUTIVE SUPPORT**

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

## **WELCOME**

Joe Mason led the Karakia.

## **1. INTEREST REGISTER**

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

There were no additions or alterations to the Interest Register

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

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

### **Perceived Conflicts of Interest**

There were no perceived conflicts of interest.

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

### **Resolution (13/16)**

(Moved: Mary Molloy; Seconded: Cheryl Brunton - carried)

“That the minutes of the meeting of the Community and Public Health and Disability Support Advisory Committee held on 27 October 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:

### **Smokefree**

Two new smoking cessation staff have been recruited 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 Community & Public Health staff member provided information about quitting smoking at a Health Hui held recently at Community Corrections. Staff from Poutini Waiora and the West Coast DHB 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**

Community & Public Health 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**

Community & Public Health 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. Community & Public Health will work with Poutini Waiora and others to make arrangements regarding how it will operate.

### **Kawatiri Wellbeing Hui**

Community & Public Health worked with Poutini Waiora, WCDHB and WCPHO to organise a Wellbeing Hui in Kawatiri on 23 November. Community & Public Health provided fruit, nutrition, alcohol and smokefree resources and were in attendance 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**

Community & Public Health 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 Community & Public Health's resource approval process before being printed and used.

Community & Public Health 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. Community & Public Health has arranged for them to meet with Early Childhood Centres as there are a few that are interested in signing up. Community & Public Health 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. Community & Public Health 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**

Community & Public Health 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**

Community & Public Health's West Coast Trainee Drinking Water Assessor (DWA) passed an external accreditation audit last month. This process is part of the accreditation of the South Island Drinking Water Assessment Unit which is run by Community & Public Health 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**

Community & Public Health West Coast staff have supported business as usual functions while our Christchurch Office moved into emergency response mode as the result of the 14<sup>th</sup> 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.

The report was noted.

## **5. PLANNING & FUNDING UPDATE**

Philip Wheble, General Manager, Grey | Westland, 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**

- **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.

The Committee noted the continuing challenges around orthopaedic and plastics.

Discussion took place regarding mental health services and the discussions currently taking place around how this can be moved forward at a more rapid pace. It is intended to engage further with staff and then the community and stakeholders around this. The Committee noted that over the next few months this should become more visible to everyone.

The report was noted.

## 6. ALLIANCE UPDATE

Karen Bousfield, Director of Nursing & Midwifery, presented this update which provided an overview of progress made around the West Coast Alliance. The update covered: the Alliance Leadership Team; Health of Older Persons; Integrated Family Health Service Workstreams; Healthy West Coast; & Child and Youth.

The Committee noted that Gary Coghlan, General Manager, Maori Health, provided a presentation to the Alliance Leadership Team regarding use of the Health Equity Alliance Tool (HEAT) throughout planning and the need to increase visibility of activity that is aiming to reduce inequity. Mr Coghlan provided the Committee with an outline of this work.

Discussion took place regarding Child & Youth Oral Health where 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. The Committee noted that a working group is preparing to work with a pilot family to understand the drivers for positive behaviour change.

The report was noted.

## 7. HEALTH TARGET Q1 REPORT

Philip Wheble, General Manager, Grey|Westland, presented this update. The Committee noted the results against the targets as follows:

- 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 Healthy 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

Discussion took place regarding the Raising Healthy Kids target and the Committee noted that this required the whole health system to work together to provide the best health for our children.

The report was noted.

## 8. MAORI HEALTH UPDATE

Gary Coghlan, General Manager, Maori Health, presented this update which was taken as read.

Maori Health is currently working with nurse educators looking at opportunities for 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 Maori staff.

Mr Coghlan spoke regarding cultural competency training and the Committee noted that on the West Coast in excess of 700 staff have attended this. There is work in progress to develop this further with the support of the Executive management Team.

The update was noted.

## 9. PRESENTATION – COMMUNITY ENERGY ACTION CHARITABLE TRUST UPDATE

Caroline Shrone, Chief Executive, Community Energy Action Charitable Trust, provided the Committee with a presentation on the role and accomplishments of the Trust.

The presentation was very well received and the Chair thanked Caroline for taking the time to come to the West Coast for this.

## 10. GENERAL BUSINESS

- i. On 29 November the Ministry of Disability launched the revised New Zealand Disability Strategy. An open forum is to be held in Wellington on 15 December around the key

milestones and priorities and Enabling Good Lives.

- ii. The Disability Confident campaign, which supports employers to hire and retain disabled employees, was launched on 25 November 2016 by Prime Minister John Key. This campaign is about showcasing the wide range of easily accessible and practical information available to support employers of disabled employees.
- iii. A Special Olympics Open Day will be held on Sunday 4 December between 10am & 2pm at the Westland Recreation Centre.

The Chair thanked the Committee and management for their input to the Committee during the year and wished them a Merry Christmas and Happy New Year.

### **INFORMATION ITEMS**

- Board Agenda – 4 November 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 10.40am.

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 10 MARCH 2017

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
1.	1 December 2016	Water Quality	On-going updates to be provided to the Committee	As required

### UPCOMING PRESENTATIONS

TOPIC	STATUS
Consumer Council	Early – Mid 2017

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

**SOURCE:** Community and Public Health

**DATE:** 10 March 2017

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

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

## 2. RECOMMENDATION

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

## 3. SUMMARY

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

## 4. APPENDICES

Appendix 1: Community and Public Health Update

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

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

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

March 2017

### Smokefree

All three stop smoking practitioners within the new service Oranga Hā – Tai Poutini (Stop Smoking West Coast) have completed their training and are now delivering the cessation service. A Facebook campaign over the January period was successful in increasing the visibility of the service as well as resulting in 61 referrals through the Facebook link during the month of January.

A tobacco controlled purchase operation (CPO) was carried out in Westland, Grey and Buller Districts over two days in January by CPH and Ministry of Health Smokefree Enforcement staff. There were no sales of cigarettes to the underage volunteer in any the premises subject to the CPO. This is a pleasing result, however, CPH will continue to remain vigilant regarding cigarette sales to under 18 year olds.

### Alcohol

CPH staff assisted West Coast Police to conduct alcohol controlled purchase operations (CPOs) in the Westland District in late December. There was one sale to the underage volunteer in Franz Josef and a Police prosecution is pending. The Alcohol Licencing Officer, alongside West Coast Police staff, monitored the Boxing Day horse races in Westport for compliance with the Sale and Supply of Alcohol Act. In line with their colleagues elsewhere in New Zealand, West Coast Police are strongly opposed to allowing BYO alcohol at such events.

With support from the Health Promotion Agency, Nathan Wallis visited students from the 7 West Coast secondary/area schools during the week of the 20<sup>th</sup> – 24<sup>th</sup> February to talk about “Teenagers, Alcohol and the Amazing Brain”. Virtually all Year 9-13 students attended a session with Nathan during the week. There were also three community meetings in Hari Hari, Hokitika and Reefton. Young people’s use of alcohol and the wider drinking culture have been identified by schools and the wider community as a wellbeing priority. This is part of an ongoing project with schools and communities to talk openly about alcohol and for people of all ages to be much more aware of the harms that are associated with alcohol.



***Above: Nathan Wallis outside the Regent Theatre in Hokitika before the community meeting.***

***Below: Nathan Wallis presenting to Year 9-13 Reefton students and Year 11-13 students from Karamea Area School at Reefton Area School on Thursday 23<sup>rd</sup> February***



In April, Rachael Dixon, the Chair of the Health Education Association (NZHEA) will visit the West Coast to run a workshop for schools on how to better include alcohol education in the curriculum.



### **Te Hā o Kawatiri Healthy Homes Curtain Bank**

CPH continues to coordinate with Te Hā o Kawatiri, Community Energy Action (CEA), Poutini Waiora and the WCDHB, with respect to a curtain bank in Westport which will service the West Coast. The curtain bank will be in operation shortly.

### **Falls Prevention**

A weekly tai chi class started in Karamea recently with an instructor who went through the training CPH supported last year. We are also trialling an additional class in Greymouth to support a growth in participant numbers.

### **Accessible West Coast**

CPH has had input into a number of workshop on the West Coast to discuss and scope issues of accessibility across the West Coast. The group has committed to developing a Coalition that will focus on improving accessibility across the West Coast.

### **Westland Safe Community Accreditation**

Community and Public Health is an active member of the Westland Safe Community Coalition. The Coalition has been working towards Westland becoming accredited as a Safe Community for some time. This has now been and was marked at a ceremony at the Westland District Council on the 23<sup>rd</sup> of February.



### **Drinking Water**

CPH's West Coast Trainee Drinking Water Assessor (DWA) passed an external accreditation audit in November. 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.

There have been a number of water transgressions in some West Coast water supplies over the last three months. Adverse weather over the summer has been affecting supplies that are currently not treated, as well as ones where the source water is susceptible to degradation in storm events. However, for one of these at least (Kumara), we note that the Council has recently agreed to fund an upgrade which will significantly improve this water supply. Of most concern is the ongoing history of transgressions in the Punakaiki water supply, which has again been on a boil water notice over the summer period. Buller District Council has been communicating regularly with CPH on this issue, but it is clear that further action needs to be taken to address this pattern of continuing non-compliance with Drinking Water Standards.

### **Emergency Response**

As an emergency response agency, CPH staff were on stand-by for the recent extreme weather event on the West Coast. From a public health perspective the biggest impact of the so-called "weather bomb" event was the impact on water supplies noted above.

### **Mental Wellbeing**

The "Pause Breathe Smile" mindfulness programme is being run this term in Grey Main School with the Year 3-4 class. Sessions are also being run for teaching staff as part of their professional development. This is leading to more of a whole school approach to incorporating mindfulness. Reefton Area School will participate in a similar programme in Term 2 with both staff and students, which will be co-facilitated with BullerREAP.

### **Nutrition**

CPH will host a workshop on Food Security on 26<sup>th</sup> April. Invitations will be sent out shortly to individuals and organisations working with West Coasters who are struggling to provide sufficient nourishing food for themselves and their families. The purpose of the workshop is to start to build a picture of what food insecurity looks like on the West Coast, what activities are already taking place to address this, as well as highlighting any gaps and potential future actions.



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

**SOURCE:** Planning and Funding

**DATE:** 10 March 2017

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Report Status – For:      Decision   ☐      Noting   ☒      Information   ☐

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## 1. ORIGIN OF THE REPORT

This paper provides a summary of activity undertaken, or to be undertaken in progressing the Priority Actions 2016/17 of the Disability Action Plan 2016 -2026. Regular updates were requested by the Community and Public Health & Disability Support Advisory Committee.

## 2. RECOMMENDATION

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

- i. note the activity being undertaken, or to be undertaken in progressing the Priority Actions 2016/17 of the Disability Action Plan 2016 -2026.

## 3. DISCUSSION

As part of the approvals process for the Transalpine Disability Health Action Plan (the Plan) it was identified that wherever possible the Priority Actions would be progressed within existing systems and processes such as the Alliance Leadership Team and via the transalpine approach where resources are shared across the two DHB's e.g. People and Capability. This report summarises the current activity or that which is planned.

For the purpose of being succinct this report groups the 17 objectives from the Disability Action Plan into the following categories.

### 1. Integrating and Addressing Gaps in Services for People with Disabilities

- a. The Work Streams and Service Level Alliances are developing their 2017/18 Work Plans and as a requirement of this, the Work Plans are to include actions that progress the objectives of the Disability Action Plan. The initial drafts are due back to the Alliance Leadership Team on 23 March with final approval due on 11 May 2017.
- b. To address the delay in discharge from hospital settings in the Canterbury DHB of people with disabilities who have complex needs, a series of meetings is being planned to identify a decision matrix and resolution pathway between DSS and the DHB. A draft Terms of Reference has been developed jointly by DSS and Canterbury DHB and will be circulated more widely as it is DSS's intention that if a successful process is identified it could be adapted and adopted across other DHB's. The West Coast DHB will be offered to be part of this process by having input into the draft TOR and participating in the meetings. Once developed the group's recommendations will be taken back to each organisation for the required approvals.

- c. The need for a broader more accessible range of respite options for children with a disability is being progressed within the Child and Youth Work Stream as it was included in their 2016/17 Work Plan. The range of respite options available is being considered as part of the plan, and this is particularly important given DSS data identifies that only 5 children aged between 0-19 years are allocated respite via disability funding on the West Coast.
2. Provide Accessible Information and Improve Communication
  - a. A draft Transalpine DHB Communications Plan has been developed and has been considered at the February Canterbury DHB Disability Steering Group meeting and will have further input from the West Coast through March 2017. The plan includes the rebuilding of 2 DHB most used websites as the starting point to make the 2 DHB's websites fully accessible. The Plan also includes identifying and getting key documents into Easy Read format and setting up regular communication platforms with the disability community by using a variety of tools such as newsletters, websites and social media.
  - b. A detailed plan on the multifaceted approach required to increase staff disability awareness is to be developed and progressed through People and Capability.
  - c. Quality and Patient Safety have the development of a policy on the use of sign language and access to interpreters on their 2016-17 Work Plan, along with having the complaints process available in easy read.
3. Increase the opportunity for employment in the Canterbury DHB and across the health system
  - a. People and Capability are to develop an affirmative action plan that will lead to processes that enables and supports more people that have an impairment to be employed within the Canterbury and West Coast DHB's. Increasing the number of people with disabilities employed is identified as part of their current review of the employee life cycle which includes a focus on improving equity, diversity and inclusion for the workforce and is scheduled to be concluded by late April 2017.
4. Accessible West Coast
  - a. The West Coast Resource Centre has engaged Brian Eriksen, the Taranaki Disability Strategy founder and leader of the Disability coalition partners in Taranaki to lead a series of workshops on developing a West Coast Accessibility Coalition. Currently a draft Terms of Reference is being developed with the intention that this will inform the future collaborative work to address barriers to accessibility across the West Coast. The key coalition partners include the District Councils, Police, Presbyterian Support and the West Coast DHB.
5. Implementing the Plan in Partnership
  - a. The Communication Plan is critical here in ensuring ongoing engagement with the disability community and ensuring they are aware of activity being undertaken to improve the experience and outcomes of people with disabilities of the health system.
  - b. A plan for refreshing the Priority Actions with engagement from the disability sector needs to be planned and the Actions amended if necessary by the end of 2017.

#### **4. CONCLUSION**

The current momentum is expected to accelerate as focused work is progressed, as identified in the section above. A dashboard reporting template is to be developed with the assistance of the Planning and Funding Analyst Team and this will complement written and verbal updates provided to CPH&DSAC quarterly through 2017.

#### **5. APPENDICES**

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

Report approved for release by: Stella Ward, Executive Director of Allied Health, Scientific and Technical, Canterbury and West Coast District Health Boards

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

**SOURCE:** Planning & Funding

**DATE:** 10 March 2017

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

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

## 2. RECOMMENDATION

That the Committee notes the Planning & Funding Update.

## 3. SUMMARY

### ✓ Key Achievements

- **Cardiovascular and Diabetes Checks:** West Coast DHB continued to surpass the 90% target for Cardiovascular and Diabetes Checks for the period to 31 December 2016 - with 91.0% of the eligible enrolled West Coast population having had a cardiovascular risk assessment in the last 5 years. This is the eighth quarter in a row where the West Coast PHO teams have met or exceeded the national target.
- **ED Health Target:** Performance continues to be impressive with 99.8% (100%) of patients admitted, discharged or transferred from Grey Base ED within six hours during January 2017. The West Coast continues to lead the country in performance against this target.
- **Elective Services Health Target:** This quarter, West Coast DHB provided 991 elective surgical discharges, delivering 106.7% of planned discharges against target.
- **Primary Care Smoking Health Target:** West Coast health practitioners have reported giving 4,886 smokers cessation advice in the 15 months ending December 2016. This represents 91% of smokers against a 90% national target.

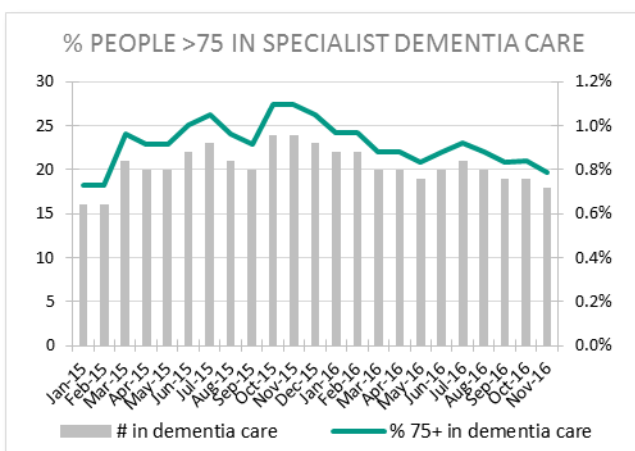
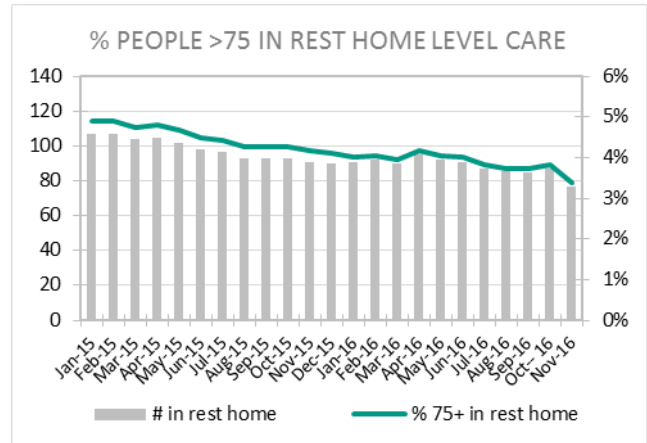
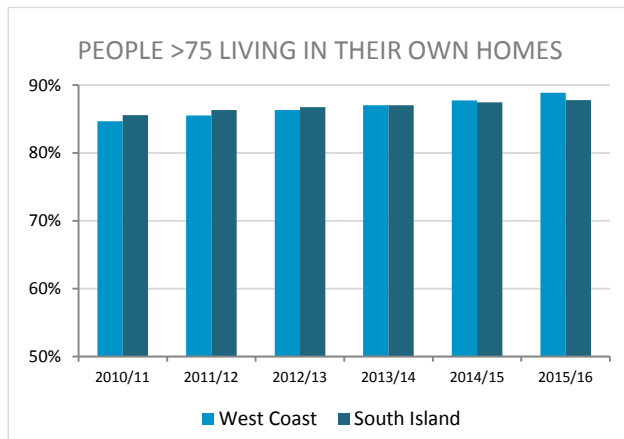
### ✗ Key Issues & Associated Remedies

- **B4 School Check Coverage:** Since November, a further 41 children (5 high deprivation children) have received their B4 School Check bringing the year-to-date result to 31% (38% for high deprivation) of the eligible population so far receiving their Checks.
- **ESPI 2 | FSA (First Specialist Assessment):** The DHB was non-compliant against the maximum 120 days' wait time target for seventeen orthopaedic and seven plastic surgery patients as at 30 December. A number of these patients have since been seen, however delays in assessment for orthopaedic referrals remain an issue, due to transalpine staffing and service constraints. We anticipate a February recovery for plastic surgery cases.
- **ESPI 5 | FSA to Treatment:** Performance against ESPI 5 was more positive with only 5 plastic surgery patients exceeding the 120-day maximum wait times as at the end of December 2016. We anticipate a February recovery for plastic surgery cases.

**Report prepared by:** Planning & Funding

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

## Health of Older Persons



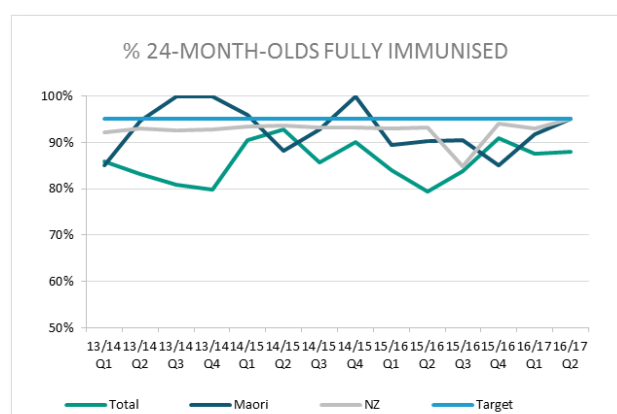
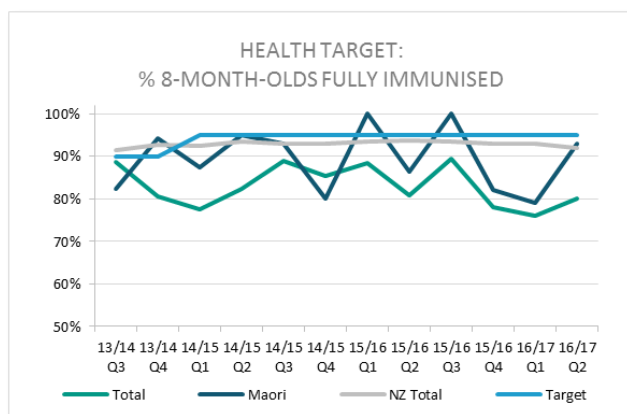
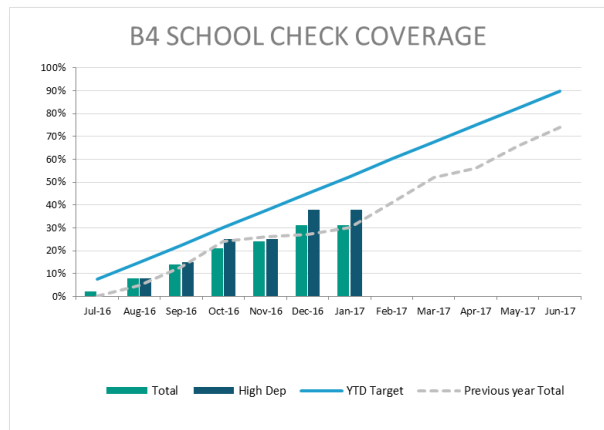
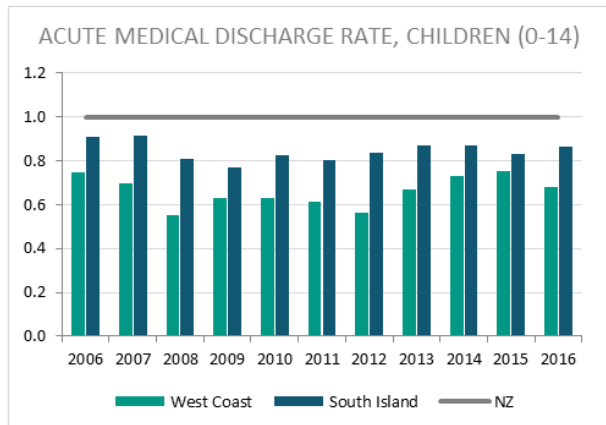
### Achievements / Issues of Note

The Flexible, Integrated, Rehabilitation Scheme (FIRST) pilot will be commencing in late February / early March. Workforce development is now underway in preparation for this.

100% of people entering Aged Residential Care (ARC) facilities have had an InterRAI assessment completed. We are working with both Home Based Support Services (HBSS) and the ARC facilities to ensure that more clients are having InterRAI re-assessments completed within the specified timeframe.

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

# Child, Youth & Maternity



## Achievements / Issues of Note

**Immunisation:** West Coast DHB's Quarter two two-year-old immunisation result was 88%, against the national target of 95%. This quarter saw strong outcomes for all key ethnicity groups. Pacific and Asian children (100%), New Zealand European (NZE) and Maori (95%), which mean the performance target was reached for these key groups. Unfortunately the Other (25%) group was not achieved.

Despite the target not being reached, all consenting children were reached this quarter. Of the 72 eligible children, 63 consented to be vaccinated with 6 opting off and 3 declining immunisation, this is a combined total of 9 children or 12% making it impossible to reach the target.

**B4 School Check Coverage:** Since November, a further 41 children (5 high deprivation children) have received their B4 School Check bringing the year-to-date result to 31% (38% for high deprivation) of the eligible population having so far received their Checks. Twenty-eight children received a B4 School Check at Gloriavale during October. Inclusion of these in the total brings the result to 38%.

Work continues to find eligible children for their checks and the service has increased its flexibility to provide pop up clinics as necessary for example in Westport and Karamea during February

# Mental Health

## IMPROVING THE HEALTH STATUS OF PEOPLE WITH SEVERE MENTAL ILLNESS THROUGH IMPROVED ACCESS - QUARTER 2 2016/17

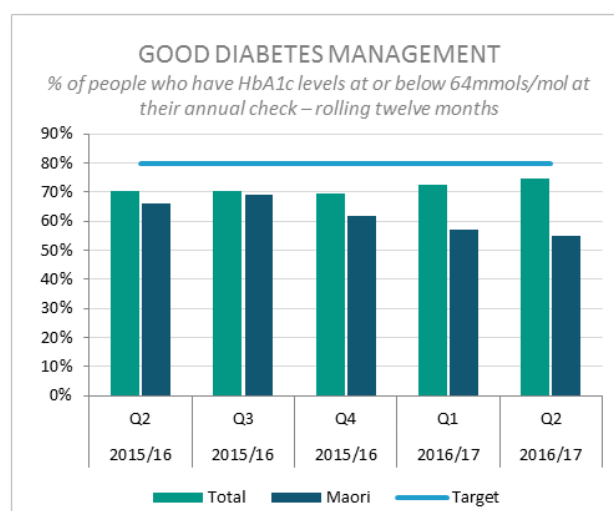
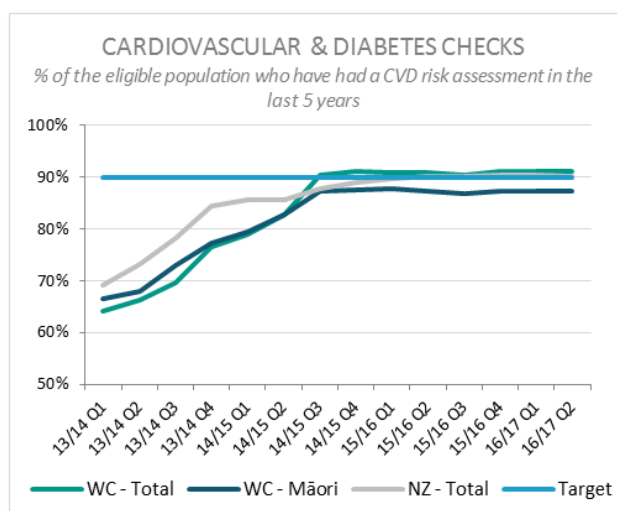
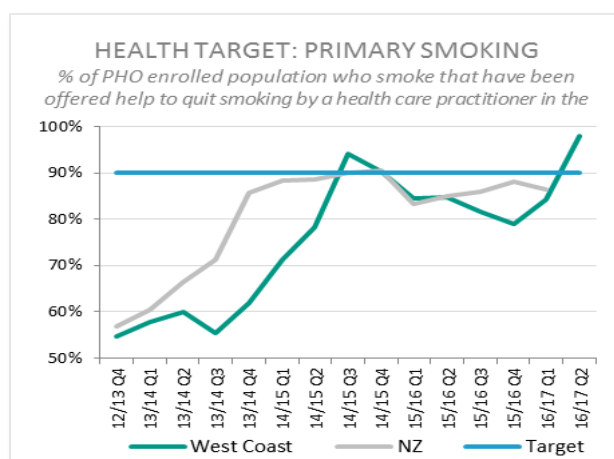
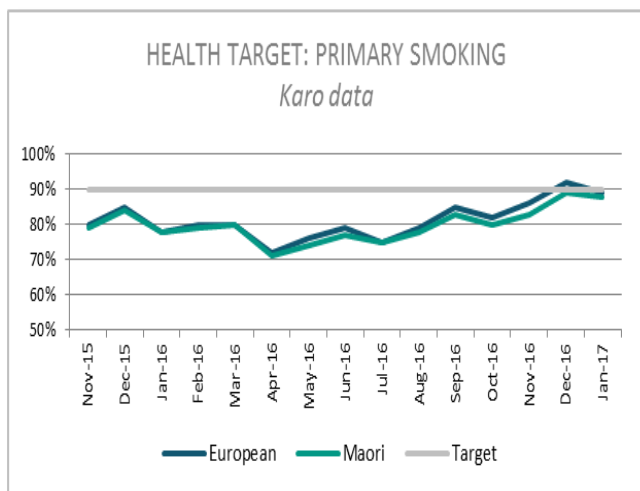
		Target	Q4 1415	Q2 1516	Q4 1516	Q2 1617	Progress
- Age 0-19	o Total	>3.8%	6.1%	6.27%	5.46%	5.16%	-0.3% ▼
	o Maori		8.52%	7.73%	6.86%	5.41%	-1.45% ▼
	o Other		5.53%	5.93%	3%	5.1%	2.1% ▲
- Age 20-64	o Total	>3.8%	4.99%	5.12%	5.24%	5.54%	0.3% ▲
	o Maori		8.45%	7.88%	7.79%	7.96%	0.17% ▲
	o Other		4.61%	4.8%	4.95%	5.26%	0.31% ▲
- Age 65+	o Total	3%	1.6%	1.74%	2.4%	2.33%	-0.07% ▼
	o Maori		1.74%	1.84%	2%	2.59%	0.59% ▲
	o Other		1.59%	1.84%	2.04%	2.32%	0.28% ▲

## Achievements / Issues of Note

Access Rates: Nationally access rates to Specialist Mental Health Services (SMHS) are expected to be at least 3% of the population and the higher figures for our youth and adult populations reflect the limited community options that have traditionally been available on the West Coast. The lower access rates for people over 65 years is thought to be a result of low demand rather than due to barriers to access.

In coming months the DHB is anticipating to commence a transformation project around our mental health services that will see an increase in community based mental health support options for people in our community. Already our Primary Care Long-term Conditions Programme pilot has extended to include people with mental health issues in Westport.

## Primary Care & Long-Term Conditions



### Achievements / Issues of Note

**Health Target | Primary Care Smoking:** The DHB is pleased to note an improvement in performance during quarter 2. West Coast health practitioners have reported giving 4,886 smokers cessation advice in the 15 months ending December 2016. This represents 91% of smokers against the 90% national target.

**Cardiovascular and Diabetes Checks:** The DHB continued to achieve a result of 91% of the eligible enrolled population having had a cardiovascular and diabetes risk assessment in the last 5 years as at the end of December 2016 against the national target of 90%). Results for West Coast Maori remain lower at 87.4%.

**Diabetes Management:** 74.5% of people with diabetes had good management of disease in the twelve months to 31 December 2016 (as defined by having an HbA1c level at or below 64mmols at time of their diabetes check). This was up from 69.3% as at 30 September 2016. Results for our Maori population were well down however, at just 55% for the December quarter.

In line with our West Coast Maori Health Plan, we are actively working with the West Coast Primary Health Organisation (PHO), Poutini Waiora and the Healthy West Coast Workstream to identify opportunities to reduce avoidable hospital admissions (ASH) for Māori adults at an individual patient level. We anticipate that this work, partnered with a focus on prevention, early intervention and culturally appropriate approaches for Maori patients who have conditions such as diabetes and cardiovascular disease will help to improve engagement with screening programmes and improve these rates over the longer-term.



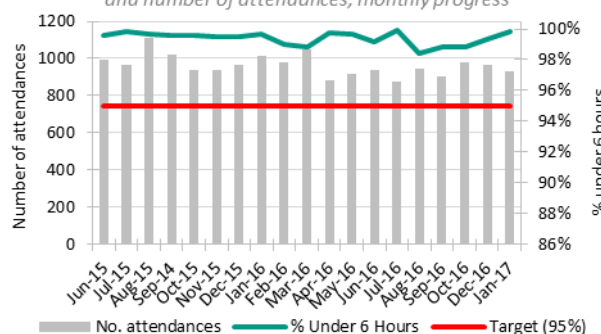
## Secondary Care & System Integration

ACUTE MEDICAL DISCHARGE RATE



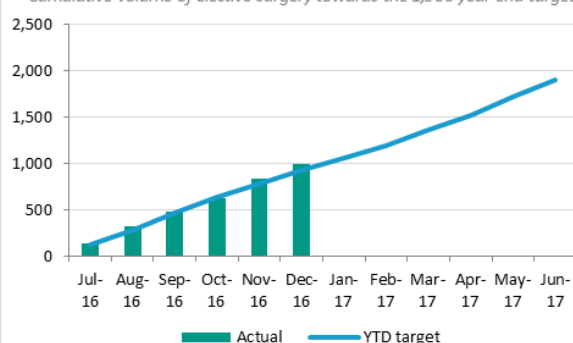
HEALTH TARGET: ED

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



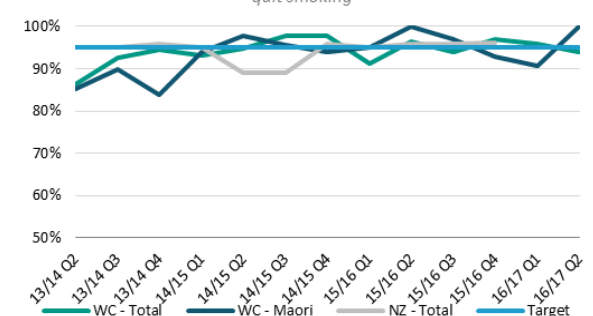
HEALTH TARGET: ELECTIVES

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



SECONDARY SMOKING

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



### Achievements / Issues of Note

**Health Target | ED:** The West Coast DHB continued to achieve impressive results with 99.8% of patients admitted, discharged or transferred from Grey Base ED within six hours during January 2017. Of those attending, 95.1% of people were seen within just four hours during the month.

**Secondary Smoking:** During Quarter 2, West Coast DHB staff provided 94.1% of all hospitalized smokers (100% for Maori) with smoking cessation advice and support against the 95% national target. This equates to 288 smokers receiving advice from 306 who were discharged from hospital during this period.

Best practice initiatives continue, however the impact 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 62 discharges ahead of year-to-date progress target as at the end of December (up by 7% on the previous quarter). West Coast DHB is required to deliver 1,906 elective and arranged discharges in 2016/17.

**ESPI Compliance | ESPI 2 (First Specialist Assessment):** There were 24 non-complaint ESPI 2 patients awaiting outpatient appointments as at the end of December, including 17 orthopaedic and 7 plastic surgery patients. A number of patients who were non-compliant at the end of December have been seen in the interim. Delays in waiting time to assessment for orthopaedic referrals remains an issue and will likely continue in the immediate future due to transalpine staffing and service constraints. Plastic surgery has a recovery plan and we anticipate a February recovery of this situation.

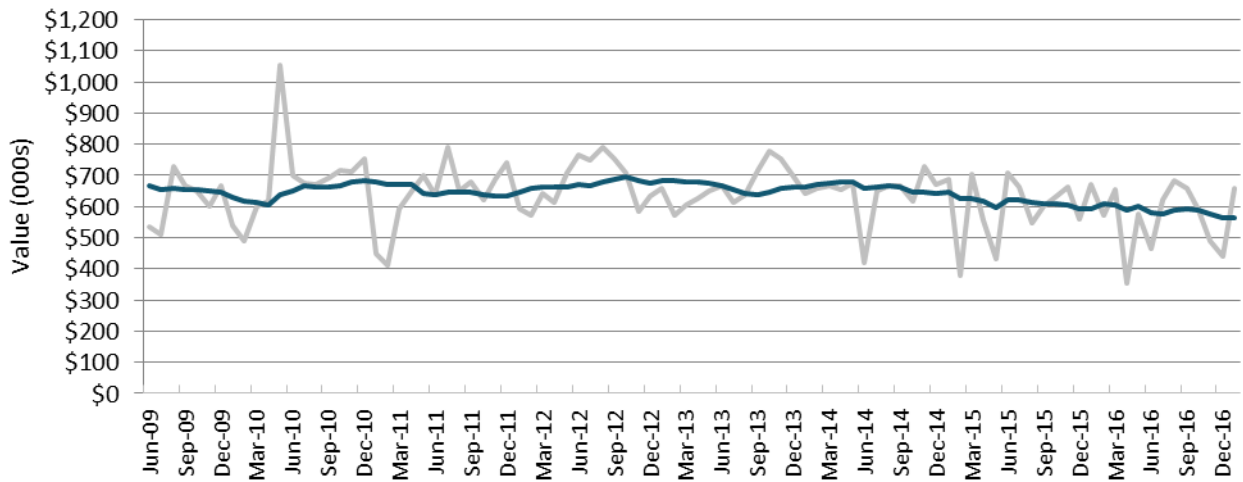
**ESPI Compliance | ESPI 5 (FSA to Treatment):** The DHB exceeded the 120-day maximum wait times from FSA to surgical treatment for five plastic surgery patients in December. As above, plastic surgery has a recovery plan and we anticipate a February recovery of this situation.

# Financials

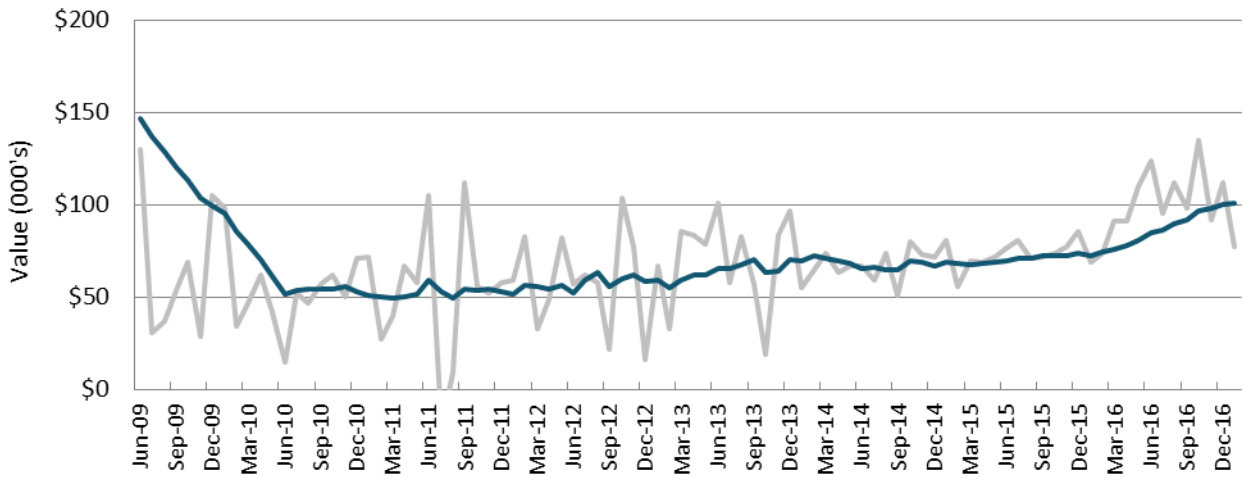
## Planning and Funding Division Month Ended January 2017

Current Month				Year to Date				
Actual	Budget	Variance		SERVICES	Actual	Budget	Variance	
\$000	\$000	\$000	%		\$000	\$000	\$000	%
				<b>EXPENDITURE</b>				
				<b>Primary Care</b>				
18	28	10	35%	Dental-school and adolescent	205	198	-6	-3%
19	21	2	9%	Maternity	133	149	17	11%
1	1	0	0%	Pregnancy & Parent	9	9	0	0%
0	0	0		Sexual Health	0	0	0	
4	4	1	15%	General Medical Subsidy	16	29	13	44%
513	522	9	2%	Primary Practice Capitation	3,684	3,656	-28	-1%
91	91	0	0%	Primary Health Care Strategy	637	638	1	0%
87	87	0	0%	Rural Bonus	612	612	0	0%
6	4	-2	-48%	Child and Youth	36	29	-7	-23%
0	10	10	97%	Immunisation	23	73	50	68%
5	5	0	0%	Maori Service Development	33	33	0	0%
52	45	-7	-15%	Whanau Ora Services	365	317	-48	-15%
25	14	-12	-85%	Palliative Care	104	96	-8	-8%
6	6	0	2%	Community Based Allied Health	58	44	-13	-30%
12	10	-2	-17%	Chronic Disease	73	73	0	0%
25	61	36	60%	Minor Expenses	275	426	152	36%
<b>866</b>	<b>912</b>	<b>46</b>	<b>5%</b>		<b>6,261</b>	<b>6,383</b>	<b>122</b>	<b>2%</b>
				<b>Referred Services</b>				
27	26	-1	-5%	Laboratory	184	183	-1	-1%
659	666	7	1%	Pharmaceuticals	4,089	4,661	572	12%
<b>686</b>	<b>692</b>	<b>6</b>	<b>1%</b>		<b>4,273</b>	<b>4,844</b>	<b>571</b>	<b>12%</b>
				<b>Secondary Care</b>				
200	223	23	10%	Inpatients	1,122	1,562	441	28%
167	126	-41	-33%	Radiology services	1,032	881	-151	-17%
96	114	18	16%	Travel & Accommodation	695	795	100	13%
1,285	1,425	140	10%	IDF Payments Personal Health	9,910	9,978	68	1%
<b>1,748</b>	<b>1,888</b>	<b>140</b>	<b>7%</b>		<b>12,758</b>	<b>13,215</b>	<b>457</b>	<b>3%</b>
<b>3,300</b>	<b>3,492</b>	<b>192</b>	<b>5%</b>	<b>Primary &amp; Secondary Care Total</b>	<b>23,292</b>	<b>24,443</b>	<b>1,150</b>	<b>5%</b>
				<b>Public Health</b>				
13	23	11	45%	Nutrition & Physical Activity	86	163	77	47%
11	11	0	0%	Tobacco control	84	78	-6	-8%
<b>24</b>	<b>34</b>	<b>11</b>	<b>31%</b>	<b>Public Health Total</b>	<b>170</b>	<b>241</b>	<b>71</b>	<b>29%</b>
				<b>Mental Health</b>				
7	7	0	0%	Dual Diagnosis A&D	50	50	0	0%
0	0	0		Inpatients	11	0	-11	
20	20	0	0%	Child & Youth Mental Health Services	140	140	0	0%
5	8	2	33%	Mental Health Work force	109	53	-57	-108%
-41	61	102	167%	Day Activity & Rehab	324	425	102	24%
11	11	0	0%	Advocacy Consumer	75	75	0	0%
169	81	-88	-109%	Other Home Based Residential Support	654	566	-88	-16%
11	11	0	0%	Advocacy Family	77	77	0	0%
10	16	6	38%	Community Residential Beds	68	111	43	38%
66	66	0	0%	IDF Payments Mental Health	459	459	0	0%
<b>257</b>	<b>279</b>	<b>22</b>	<b>8%</b>		<b>1,966</b>	<b>1,955</b>	<b>-11</b>	<b>-1%</b>
				<b>Older Persons Health</b>				
0	0	0	100%	Needs Assessment	0	1	1	100%
77	84	7	9%	Home Based Support	720	590	-130	-22%
7	6	-2	-28%	Caregiver Support	38	41	2	6%
211	242	31	13%	Residential Care-Rest Homes	1,584	1,692	108	6%
9	9	0	-1%	Residential Care-Community	64	64	0	0%
451	404	-47	-12%	Residential Care-Hospital	2,777	2,830	53	2%
9	10	1	14%	Day programmes	96	70	-25	-36%
8	11	3	28%	Respite Care	61	77	15	20%
1	1	0	0%	Community Health	9	9	0	0%
1	1	0	12%	Minor Disability Support Expenditure	9	9	0	2%
99	99	0	0%	IDF Payments-DSS	695	695	0	0%
<b>874</b>	<b>868</b>	<b>-8</b>	<b>-1%</b>		<b>6,054</b>	<b>6,078</b>	<b>24</b>	<b>0%</b>
<b>1,131</b>	<b>1,147</b>	<b>14</b>	<b>1%</b>	<b>Mental Health &amp; OPH Total</b>	<b>8,020</b>	<b>8,032</b>	<b>13</b>	<b>0%</b>
<b>4,455</b>	<b>4,674</b>	<b>218</b>	<b>5%</b>	<b>TOTAL EXPENDITURE</b>	<b>31,482</b>	<b>32,716</b>	<b>1,234</b>	<b>4%</b>

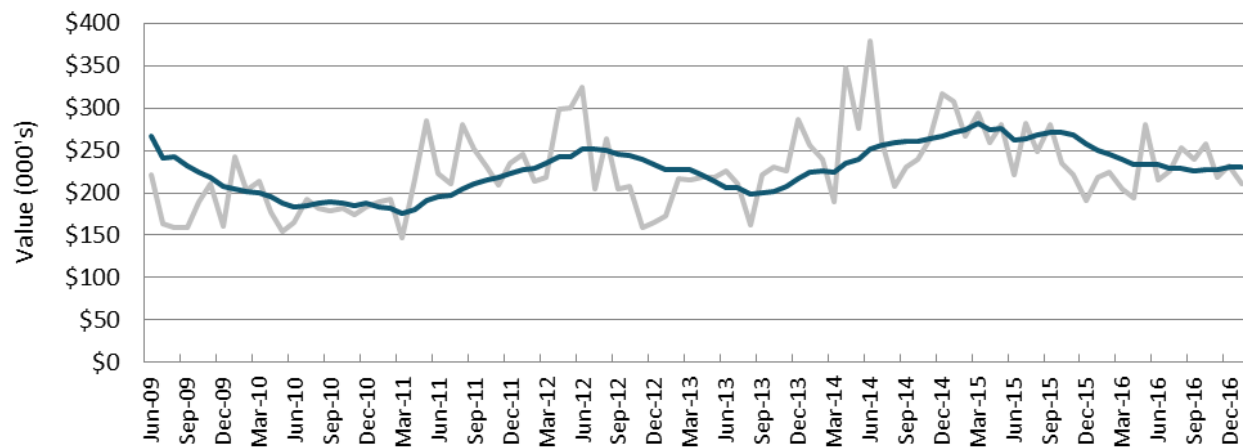
### PHARMACY EXPENDITURE

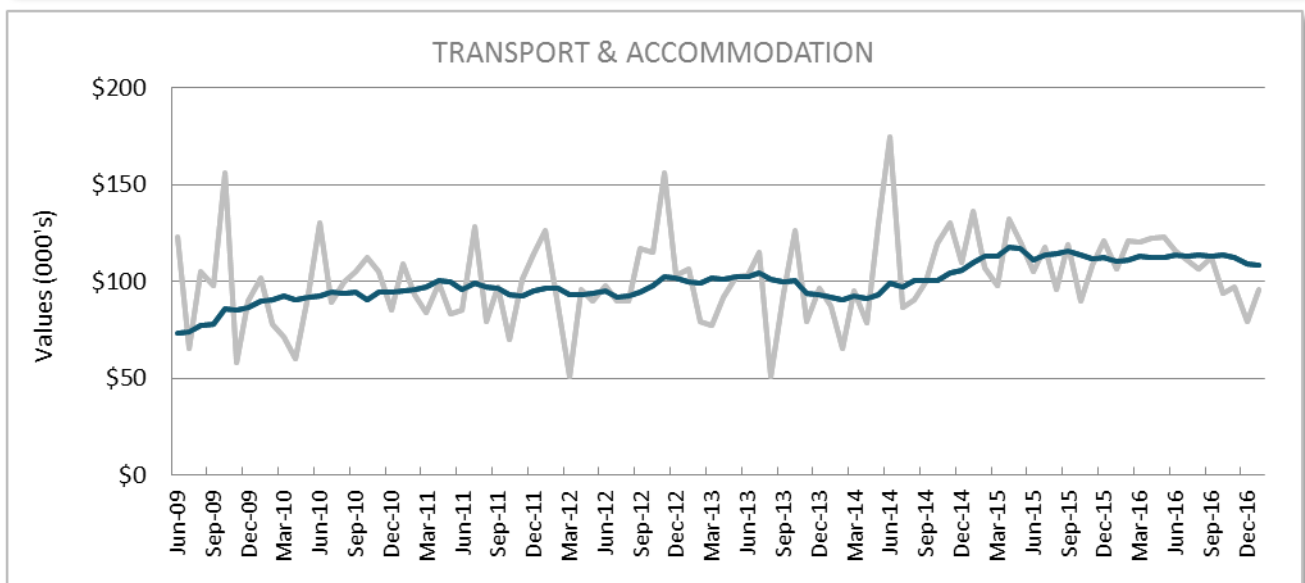
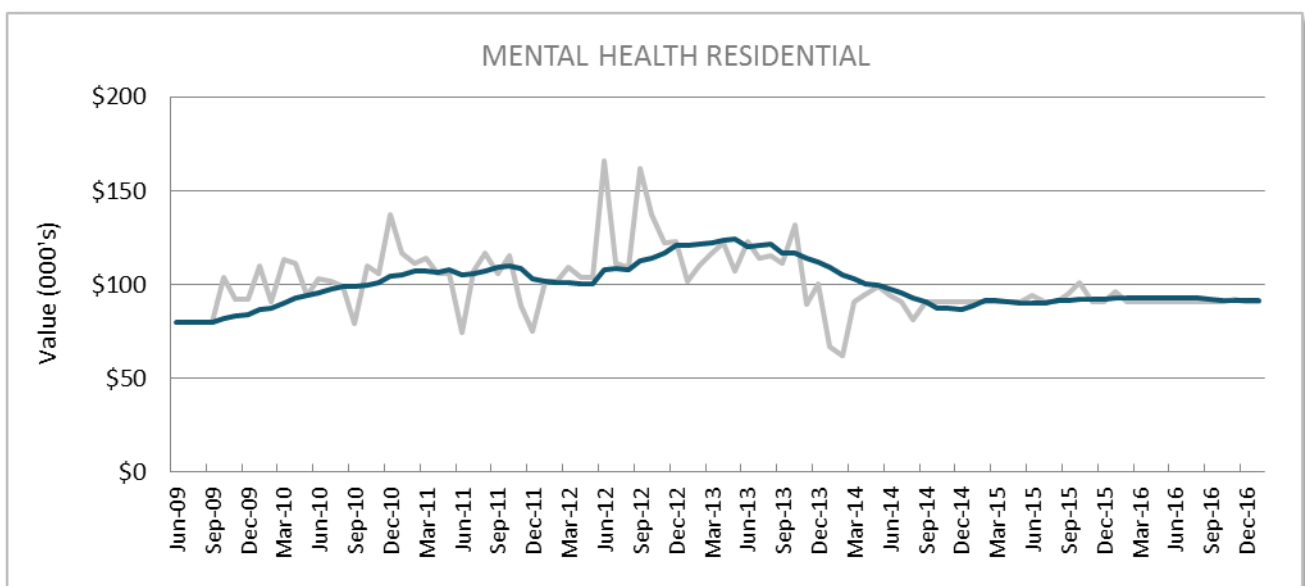
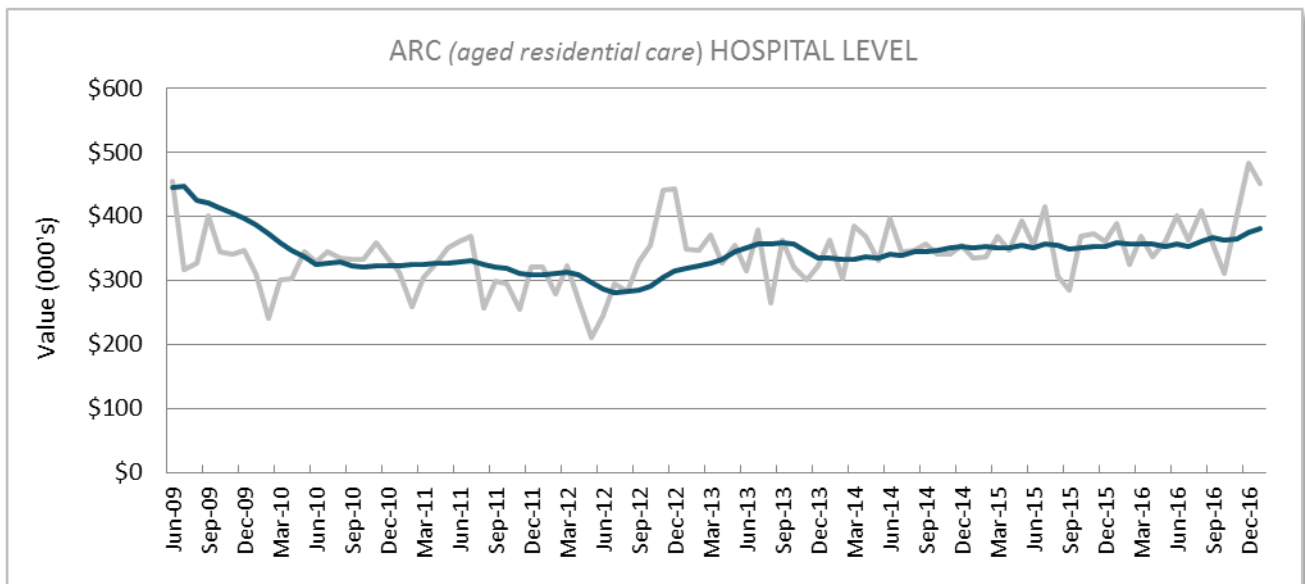


### HOME SUPPORT



### ARC (aged residential care)





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

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

**DATE:** 10 March 2017

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

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

## 2. RECOMMENDATION

That the Committee;

- i. Notes the Alliance Update.

## 3. SUMMARY

Progress of Note:

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

At the last meeting in February the ALT:

- Received a presentation given by Fran Cook about the Primary & Community Project. The ALT noted the scale of this project but were pleased that many of the streams of work will enable the Alliance workstream goals.
- Noted the positive progress of all the workstreams.
- Noted that the Annual Planning process is well underway.

### **Health of Older Persons**

- The membership of the Health of Older Persons Workstream has been reviewed and reinvigorated. The team would like to note there was excellent engagement at the initial planning meeting for 2017-18 Workplan.
- Work continues to refine and improve falls data collection within partners' systems as well as improving data quality in support of clearer referral pathways.
- The team have had preliminary discussions to identify Fracture Liaison Service functions that could be completed by incumbents in other clinical areas in the absence of having an established Falls Liaison Service.
- It has been noted that there has been an increase in 'hits' for the Cognitive Impairment Pathway on HealthPathways.

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

- As an outcome of ongoing discussions within the workstream and with staff regarding greater integration of services based in Reefton, a proposal was put to staff around how the DHB could support this through structural changes, combining of cost centres and administrative functions.
- Feedback was provided by staff and was generally supportive of the direction with a few areas that needed further consideration.
- Single cost centres and an administrative team have been agreed as a first steps that will be implemented.
- A working group will be put together to look at how an integrated nursing team could work in the future while ensuring key core competencies continue to be supported.
- Reefton has also brought on new nursing staff under an integrated position description that allows them to move across services, supporting each as required.

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

- Good work is underway to improve the coordination of the delivery of nutrition support for people in the community and increased support is being provided through the PHO's 'BetaMe' online support and smartphone app which was launched in January.
- The Coast's new Stop Smoking service, Oranga Hā – Tai Poutini has had good success through a Facebook advertising campaign generating over 50 new self referrals to the service. These self referrals bring highly motivated clients and therefore quit rates at 4 weeks (the standard reporting metric required by MoH) are above the 50% target.

## **Child and Youth**

- Both the Child & Youth workstream and the Youth Health Action Group had the opportunity to hear a presentation by Dr Jean Simpson of the NZ Child & Epidemiology Service on their 2015 report "The Health Status of Children & Young People in Canterbury and West Coast". The presentation promoted discussions regarding many of the topics covered but in particular the issues facing young people with mental illness.

**Report prepared by:**

Jenni Stephenson, Planning & Funding

**Report approved for release by:**

Stella Ward, Chair, Alliance Leadership Team

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

**SOURCE:** Planning & Funding

**DATE:** 09 March 2017

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

The purpose of this report is to present the Committee with West Coast's progress against the national health targets for Quarter 2 (October-December 2016). The attached report provides an account of the results and the work underway for each health target.

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

## 2. RECOMMENDATION

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

## 3. SUMMARY

In Quarter 2, the West Coast has:

- Achieved the **shorter stays in ED** health target, with 99.8% of people admitted or discharged within six hours. The West Coast continues to maintain consistent performance against this health target.
- Achieved the **improved access to elective surgery** health target, with 991 elective surgical discharges year-to-date, delivering 106.7% of planned discharges against target.
- Achieved the **better help for smokers to quit** health target, with practitioners giving 4,886 smokers cessation advice in the 15 months ending December 2016. This represents 91% of smokers against the 90% target.
- Improved performance against the **faster cancer treatment health target** with results lifting from 63% to 76.2%. This result reflects only five patients whose treatment was non-compliant with target. Audits into patient pathways have taken place with no capacity issues identified
- Improved performance against the **increased immunisation health target**, missing only three children during this quarter. West Coast vaccinated 80% of the eligible population.

Health target performance has been weaker in the following areas:

- Performance decreased against raising **healthy kids health target** to 0%. Six children were identified as obese and not referred. The result is a concern for us and we have made contact with the Ministry team to discuss this directly.

### ▪ APPENDICES

Appendix 1: Q2 2016/2017 WC Health Target Report.pdf

Report prepared by: Sarah Fawthrop, Planning & Funding

Report approved by: Carolyn Gullery, GM Planning & Funding  
David Meates, Chief Executive

# National Health Targets Performance Summary

Quarter 2 2016/17 (October – December 2016)

## Target Overview

Target	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Target	Status	Pg
<b>Shorter Stays in ED</b> Patients admitted, discharged or transferred from an ED within 6 hours	99%	100%	99%	99%	95%	✓	2
<b>Improved Access to Elective Surgery</b> West Coast's volume of elective surgery <sup>1</sup>	1,442	1,942	480	991	1,906	✓	2
<b>Faster Cancer Treatment</b> Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	75%	80%	63%	76%	85%	✗	3
<b>Increased Immunisation</b> Eight-month-olds fully immunised	89%	78%	76%	80%	95%	✗	3
<b>Better Help for Smokers to Quit</b> Smokers offered help to quit smoking by a primary care health care practitioner in the last 15 months	82%	79%	84%	91%	90%	✓	4
<b>Raising Healthy Kids</b> Percent of obese children identified at B4SC offered a referral for clinical assessment and healthy lifestyle interventions	New	New	40%	0%	95%	✗	4

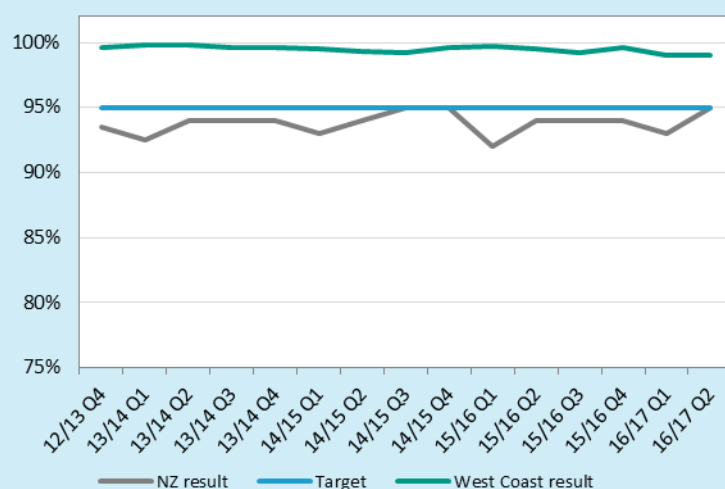


## Shorter Stays in Emergency Departments

**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 99.8% of patients admitted, discharged or transferred from ED within 6 hours during quarter two.

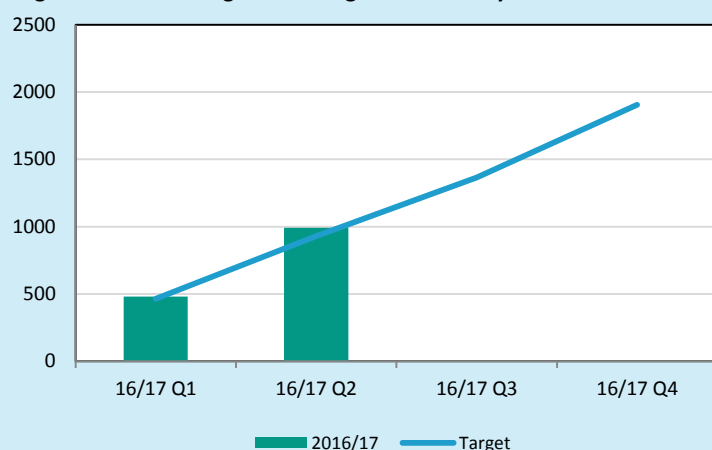
The ED team continues to work closely with General Practice providers to improve access to appointments. Work is currently underway to better understand how our current technology systems such as MedTech and iPM can be developed into an integrated system for the transition to the new Hospital. The same project lead is also conducting work on Heath Connect South and having discharge letters uploaded to this system.

## Improved Access to Elective Surgery

**Target:** 1,906 elective surgeries in 2016/17



**Figure 2: Elective surgical discharges delivered by the West Coast DHB <sup>1</sup>**



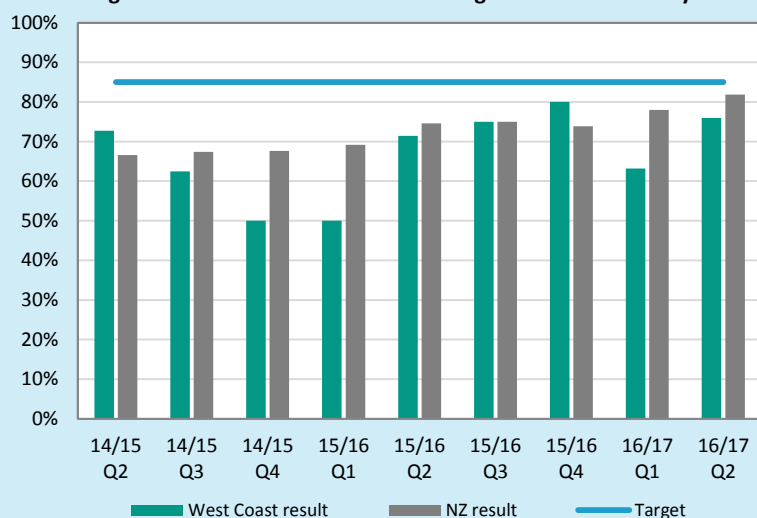
This quarter, West Coast DHB provided 991 elective surgical discharges, delivering 106.7% of planned discharges against target.

<sup>1</sup> Excludes cardiology and dental procedures. Progress is graphed cumulatively.

## Faster Cancer Treatment

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

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



Performance against the health target has increased this quarter to 76.2% of patients receiving their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer.

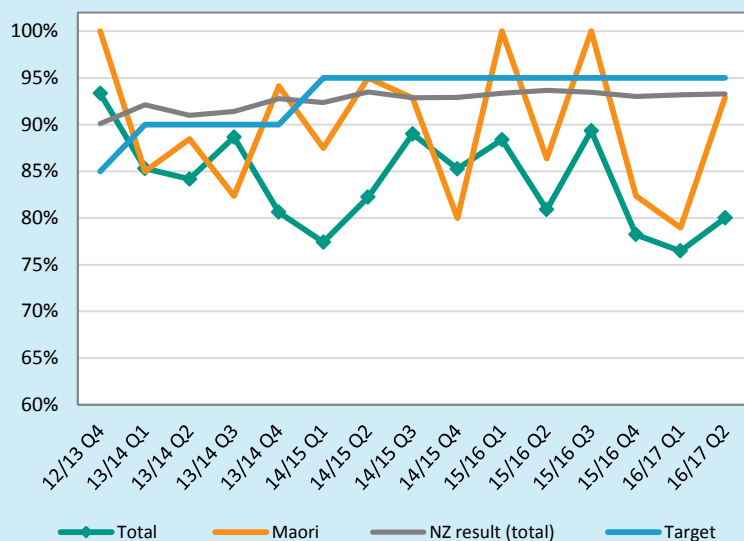
Small numbers are a challenge and this result reflects only five patients whose treatment was non-compliant with target. Audits into patient pathways have taken place with no capacity issues identified.

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 two, 80% of all eight-month-olds were fully immunised.

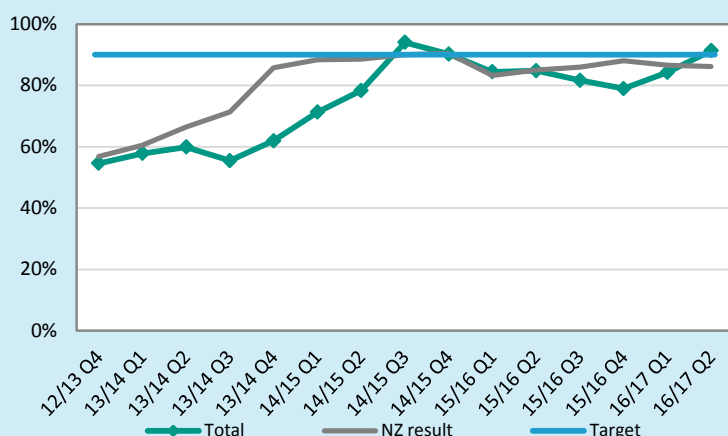
Opt-offs (11) and declines (3) increased slightly this quarter to a combined total of 14 or 16.3%. This continues to make meeting the target impossible.

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**



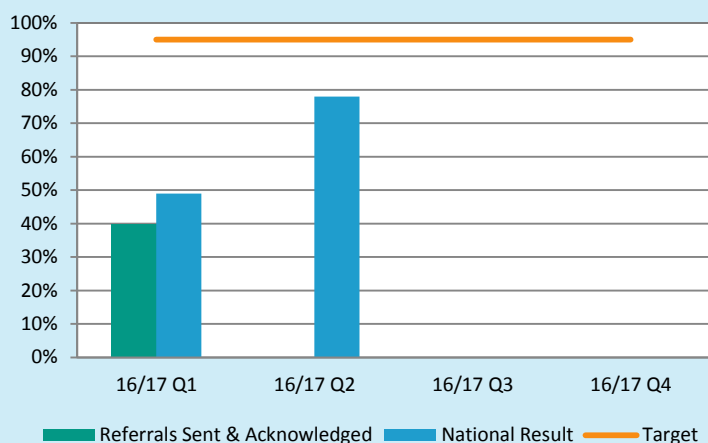
West Coast health practitioners have reported giving 4,886 smokers cessation advice in the 15 months ending December 2016. This represents 91% of smokers against the 90% target.

The DHB is pleased to have improved performance by 7% since the previous quarter and to once again meet the national Health Target

## 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.**



NB: Data for this target is based on all *acknowledged* referrals for obese children



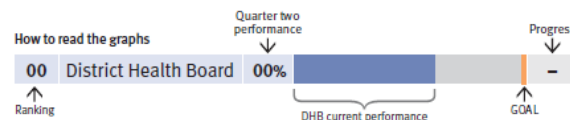
This quarter, six children were identified as obese and not referred. It was expected (due to our small numbers) that results would fluctuate against this new target as the approach is embedded. However this result is a concern for us and we have made contact with the Ministry team to discuss this directly.

We have also met locally to understand this result and staff have identified issues with the accuracy of identifying the correct BMI at the time of the B4 School Check (B4SC) as access to the database is limited by poor connectivity at many of the West Coast clinic sites and the hard copy chart is open to error. This issue has been discussed at a national level and we will be looking to improve database access to allow the result for those children close to 98<sup>th</sup> centile to be confirmed. B4SC staff will also be encouraged to offer referral to children who come close to the 98<sup>th</sup> centile.

# National Health Targets Performance Table – Quarter 2 2016/17 (October- December 2016)



2016/17 QUARTER TWO (OCTOBER-DECEMBER 2016) RESULTS

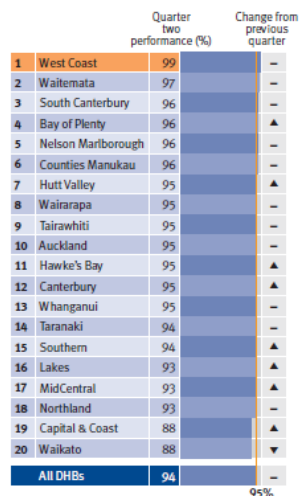


West Coast District Health Board  
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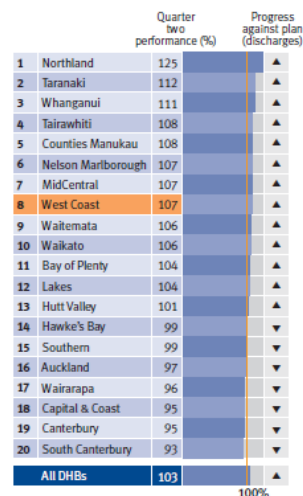
## Shorter stays in Emergency Departments

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.



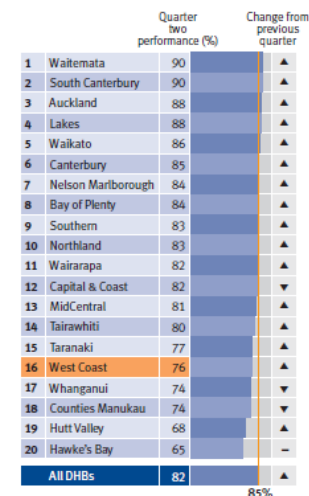
## Improved access to elective surgery

The target is an increase in the volume of elective surgery by an average of 4,000 discharges per year. DHBs planned to deliver 97,092 discharges for the year to date, and have delivered 3,300 more.



## 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. Results cover those patients who received their first cancer treatment between 1 July and 31 December 2016.



## Increased Immunisation

The national immunisation target is 95 percent of eight-month-olds have their primary course of immunisation at six weeks, three months and five months on time. This quarterly progress result includes children who turned eight-months between October and December 2016 and who were fully immunised at that stage.



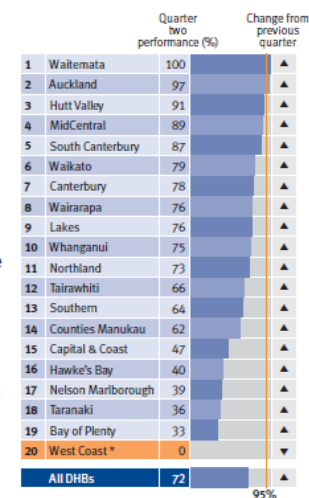
## Better help for smokers to quit

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.



## 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 June to 30 November 2016.



This information should be read in conjunction with the details on the website [www.health.govt.nz/healthtargets](http://www.health.govt.nz/healthtargets)

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

\* This result is based on low volumes, six children identified as obese were not referred.

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

**SOURCE:** General Manager, Maori Health

**DATE:** March 2017

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

This report is provided to 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.

## 3. SUMMARY

### Maori Health Quarterly Report – Q2, 2016/17

#### Health Equity Lens

We are beginning to see the use of the equity tool across the system influencing planning and development. The annual planning process for 2017/18 is now underway with workstreams being instructed to use the equity lens to review and plan their activity for the year. This activity will then be transferred across into the Annual Plan with equity against actions being reported on quarterly.

Additionally the Maori health team are providing support on the use of the tool to workstream leads and others who are planning key pieces of work for the primary and community integration work.

#### Maori Nurse Workforce

In 2016/17, the Office of the Chief Nurse, National Nurses Organisation, and Health Workforce NZ formalised a national goal to match the Maori Nursing workforce to the Maori population by the year 2028. As part of a five point plan to encourage the growth of the Maori nursing workforce, individual DHBs have been tasked to:

- Strengthen DHB regional planning guidance towards increased participation of Maori and Pacific peoples in the health workforce
- Establish Maori Workforce Action Plans for workforce diversity in order to receive contracted HWNZ funding
- Publish regular reports tracking the progress toward matching the local Maori nurse workforce to the local Maori population

Locally this means that by 2028 at least 14% of nurses working within the West Coast Health system should identify as Maori (**55 Maori nurses**). According to records from Jan 2017 only 0.02% (6 nurses) employed with the WCDHB identify as Maori.

In order to meet the WCDHB's commitment to diversity in the nursing workforce, the very beginnings of an action plan has been developed to ensure we are able to meet this target by 2028.

The draft plan incorporates such things as robust ethnicity reporting, working with local iwi to identify opportunities for supported pathways into nursing training, developing a comprehensive plan to ensure a collective and coordinated approach to growing the nursing workforce on the West Coast.

### **Health Workforce New Zealand – Hauora Maori training**

The 2017 year is looking at a full compliment of trainees who have applied to the Hauora Maori HWNZ fund to support their training requirements. There have been 8 applicants 3 within the DHB, 4 from Poutini Waiora and 1 from Community and Public Health. Four are studying to complete the Level 4 Certificate in Hauora Maori, 3 the Level 6 Diploma in Hauora Maori and 1 the Level 4 National Certificate in Tamariki Ora.

### **Tipu Ora – Certificate in Hauora Maori Level 4 – West Coast**

The Level 4 Certificate in Hauora Maori will take place on the West Coast beginning on the 1 March. There are 15 participants undertaking the study which takes place over 20 weeks with 5 three day Wananga.

### **South Island Regional Services Plan**

There has been a commitment across all five South Island DHBs to work towards Maori health equity as a priority. Te Herenga Hauora, the South Island Regional DHB Director/GM Maori Health Leaders will work with the South Island Alliance Programme office (SIAPO) and various partnerships to progress regional work in the 2017/2018 period that supports progressing Maori health equity.

The five South Island DHBs have identified seven key drivers for this work:

- Te Tiriti o Waitangi (1840) the founding document of our nation
- He Korowai Oranga the National Maori Health Strategy
- Equity of health care for Maori Framework and Health Equity Tool
- The size and composition of the Maori population in Te Waipounamu
- A disproportionately high health need for Maori with Te Waipounamu relative to non-Maori
- A commitment across all five South Island DHBs to work towards health equity
- A commitment to build Iwi capacity to respond to their own health needs

Key areas of focus is grouped into these five areas:

- Ensuring a Maori health equity approach is adopted by all South Island Alliance workstreams and each South Island DHB's respective Annual Plan
- Building Maori Health workforce capacity within the sector
- Building cultural responsiveness amongst the health sector
- Working to improve the incidence and impact of cancer on Maori
- Working across sectors to address the wider determinants of health for Maori that cause health inequity

## **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.

## **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.

**Report prepared by:**

Kylie Parkin, Maori Health

**Report approved for release by:**

Gary Coghlan, General Manager Maori Health



# DRAFT WEST COAST DHB PUBLIC HEALTH PLAN 2017-18



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

**SOURCE:** Community and Public Health

**DATE:** 10 March 2017

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

Public Health Annual Plan generated as a Ministry requirement.

## 2. RECOMMENDATION

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

- i. endorse the draft West Coast DHB Public Health Annual Plan, 2017-18

## 3. SUMMARY

The draft West Coast DHB Public Health Annual Plan 2017-18 is prepared as part of the Community and Public Health (C&PH) contract with the Ministry of Health. While primarily focused on the work of C&PH, the scope of the Plan includes other relevant DHB-funded activities. The Plan is structured around five core public health functions agreed by the Public Health Clinical Network.

## 4. DISCUSSION

This draft WCDHB Public Health Annual Plan has been prepared by C&PH, with contributions from the West Coast PHO and the WCDHB Planning and Funding division. The Plan is based on a template which was developed in 2012 and is updated annually by the South Island Public Health Services. While the overall approach is shared across the South Island, the activities presented in the five outcomes and activities tables are specific to each DHB.

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

The Plan has two functions:

1. as a companion document to the WCDHB Annual Plan 2017-18; and
2. as the basis of the C&PH contract with the Ministry of Health.

## 5. CONCLUSION

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

## 6. APPENDICES

Appendix 1:	Draft WCDHB Public Health Plan 2017-18
Report prepared by:	Annabel Begg, Public Health Specialist, C&PH
Report approved for release by:	Evon Currie, General Manager, Community & Public Health



# West Coast District Health Board Public Health Plan 2017-18

**Draft 28<sup>th</sup> February 2017**



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

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## 1. WEST COAST DISTRICT HEALTH BOARD'S PUBLIC HEALTH PLAN FOR 2017–18

- This plan describes public health services provided or funded by the West Coast DHB and its Public Health Unit (PHU), Community and Public Health (CPH).
- It accompanies the West Coast DHB Annual Plan 2017-18 and has been endorsed by the Board of the West Coast DHB [*this statement pending Board review*].
- It describes key relationships with other agencies.
- The plan is based on a planning template agreed by the three South Island PHUs which utilises the Core Public Health Functions framework.

### a. Our Public Health Service

- CPH (a division of the Canterbury DHB) provides public health services throughout the West Coast DHB region, as well as within Canterbury and South Canterbury. Public health services on the West Coast are also provided through the Planning and Funding (P&F) Division of the West Coast DHB and by the West Coast Primary Health Organisation (WCPHO) and Poutini Waiora.
- Public health activities involve working in partnership with health and non-health agencies to improve health outcomes via a determinants approach.
- The plan focuses on the work of CPH, and also includes activities of P&F, the WCPHO and Poutini Waiora, but does not cover non-DHB funded public health providers, such as non-government organisations (NGOs).
- It is estimated that the West Coast DHB will serve a population of 32,600 people in 2017-18 (up from 31,330 at the 2006 Census). This population is spread over a large area from Karamea in the north to Jackson's Bay in the south (and Otira in the east) - as such, it has the most sparse population of the 20 DHBs in New Zealand. The population is spread across three Territorial Authorities (TAs): Buller, Grey and Westland Districts.
- The West Coast population is slightly older than the rest of New Zealand, with a higher proportion of people aged over 65 (16.1% in 2013, which was up from 13.8% in 2006). This differs for the Māori population (more than one in ten West Coasters are Māori), which is younger overall. At the time of the 2013 Census, the West Coast population was more socioeconomically deprived than the total New Zealand population. For example, those in the most deprived groups (NZDep2013 deciles 6 – 10) made up 57% of the West Coast population, compared with less than 50% of the total New Zealand population.
- The work of this plan is guided by the following public health principles:
  - a. focusing on the health of **communities** rather than individuals
  - b. influencing **health determinants**
  - c. prioritising improvements in **Māori health**
  - d. reducing **health disparities**
  - e. basing practice on the best available **evidence**
  - f. building effective **partnerships** across the health sector and other sectors
  - g. remaining **responsive** to new and emerging health threats.

## b. Our Key Priorities

- The West Coast DHB vision is of:  
*“An integrated West Coast health system that is clinically sustainable, financially viable and wraps care around the patient to help them stay well”.*
- In line with this vision – the future model of care for health services on the West Coast will be:
  - People-centred:** Services focused on meeting people’s needs and valuing their time as an important resource.
  - Based on a single system:** Services and providers working in a mutually supportive way for the same purpose, to support people to stay well.
  - Integrated:** The most appropriate health professional available and able to provide care where and when it is needed.
  - Viable:** Achieving levels of efficiency and productivity that allow an appropriate range of services to be sustainably maintained in the long term.

## c. Alignment with National and Regional Strategic Health Priorities

- This plan aligns with national and regional priorities and includes activities that support strategic health initiatives, including those set out in the Ministry’s Statement of Intent 2015-19, the refreshed New Zealand Health Strategy Future Direction (2016), He Korowai Oranga (2014), and Ala Mo’ui: Pathways to Pacific Health and Wellbeing 2014-18.
- The five South Island DHBs together form the South Island Alliance, which is committed to “a sustainable South Island health system focused on keeping people well and providing equitable, and timely, access to safe, effective, high-quality services as close to people’s homes as possible.”<sup>1</sup>
- The plan is aligned with national, regional and local outcomes and outcomes measures work, including the West Coast Health System, System Level Measures Framework 2016-17<sup>2</sup>; and the South Island Alliance’s Outcomes Measures, the latter of which includes measures against the outcome “Improved environments to support health and wellbeing”.
- The plan is aligned with and sits alongside the West Coast DHB Annual Plan 2017-2018. The plan contents reflect Government, Ministry of Health, and West Coast DHB priorities. CPH activities are carried out under the public health service specifications (Tiers One, Two and Three) as agreed by the Ministry of Health.
- The New Zealand Public Health and Disability Act lays out the responsibilities that DHBs have in ensuring Māori health gain as well as Māori participation in health services and decision-making. The West Coast DHB works in partnership with Māori to reduce inequalities and improve the health status of Māori.
- CPH is committed to joined-up working, including via the West Coast Health Alliance and the South Island Alliances.
- CPH is a part of the South Island Alliance’s South Island Public Health Partnership (SIPHP) Workstream, which is a collaboration that includes the manager and clinical director of each South Island PHU, a Māori public health specialist, representatives from the South Island Alliance and the Ministry of Health, and an Alliance sponsor.
- The SIPHP has identified the following regional priorities for public health in 2017-2018:
  - Collective impact
  - Māori health
  - Environmental sustainability
  - Health in All Policies (particularly healthy weight, oral health, clean air, warm homes and alcohol harm reduction), and
  - Rheumatic Fever.
- The regional priority of “collective impact” refers to the establishment in 2017-2018 of a cross-sector, “one team” approach (undertaken by a body termed the “South Island Public Health Alliance”) to address the “wicked problems” of public health in the South Island. Once established, the South Island Public Health Alliance will operate under the auspices of the South Island Alliance to enable collective impact, with expected long term health, equity, social, environmental and economic benefits.
- The clinical director and manager of CPH will be included in the membership of the South Island Public Health Alliance.

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<sup>1</sup> Te Wai Pounamu South Island Health Service Plan 2015-18.

<sup>2</sup> West Coast Health System, Improvement Plan, System Level Measures Framework 2016-17.

- The SIPHP will continue to meet as an entity in 2017-2018, focussing on the regional priorities outlined above, with an emphasis on regional alignment between the three South Island PHUs, where this will be of benefit.
- CPH has statutory responsibilities under the Health Act 1956 that are conducted by Medical Officers of Health, Health Protection Officers, and those acting under delegation from the Ministry of Health.
- This plan also outlines how CPH will meet the statutory responsibilities of a PHU and its designated officers in the West Coast DHB, as specified by the Ministry of Health.
- Reporting against this plan will meet the requirements of the Ministry of Health reporting schedule and 'Vital Few' reporting as outlined in the planning and reporting package for 2017-18.
- CPH will also provide information about population-level measures (noted throughout the plan) alongside other reporting.

#### **d. A Renewed Focus**

- The five core public health functions agreed by the Public Health Clinical Network<sup>3</sup> and included in the Ministry of Health Tier Two and Three Public Health Service Specifications are:
  1. Health assessment and surveillance
  2. Public health capacity development
  3. Health promotion
  4. Health protection
  5. Preventive interventions.
- This plan groups public health initiatives according to their primary public health function. However, the core public health functions are interconnected; core functions are rarely delivered individually. Effective public health service delivery generally combines strategies from several core functions to achieve public health outcomes in one or more public health issue or setting.
- This plan presents (short-term) outcomes, outcome measures and summary activities. In addition to the summary activities presented here, CPH undertakes and will report against all activities outlined in the Environmental and Border Health exemplar and all mandatory (regulatory) activities outlined in the Alcohol exemplar from the PHU annual planning package 2017-18.

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<sup>3</sup> Available at <http://www.cph.co.nz/Files/CorePHFunctionsNZ.pdf>

## 2. KEY RELATIONSHIPS

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

### **Local authorities:**

West Coast Regional Council  
Buller District Council  
Grey District Council  
Westland District Council  
District Licensing Committees

### **Government agencies:**

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

### **Māori/Iwi agencies:**

Te Runanga o Ngati Waewae  
Te Runanga o Maakaawhio  
Poutini Waiora  
Te Hā o Kawatiri

### **Education institutions:**

Education Facilities and Settings  
Tai Poutini Polytechnic  
Front-Line

### **West Coast DHB:**

Community and Public Health Advisory Committee/Disability Support Advisory Committee  
Falls Prevention Coalition  
Immunisation Coordinator  
Immunisation Advisory Group  
Infection Control Nurse Specialist, Grey Hospital  
Infection Prevention and Control Committee  
Public Health Nurses

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

**Non-government organisations/networks:**

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

### 3. HEALTH ASSESSMENT AND SURVEILLANCE

“understanding health status, health determinants and disease distribution”

#### a. Strategies

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

#### b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
<b>Health assessment</b>	Robust population health information available for planning health and community services	Availability of information for planning (narrative)	Monitor, analyse and report on key health determinants, including: -alcohol-related harm -smoking status (e.g. from ASH Year 10 data, 2013 Census, and WCPHO reports).	CPH, P&F WCDHB, WCPHO
			Develop health status reports and health needs analyses for specific populations as required.	CPH
			Develop disease-specific reports for conditions of concern, as required.	CPH
			Contribute to related work of partner organisations, e.g. WCPHO and WCDHB through the Healthy West Coast workstream of the West Coast Health Alliance.	CPH, WCPHO, Poutini Waioara, WCDHB
	Improved public understanding of health determinants	Availability of information to public (narrative)	Disseminate information in existing and dedicated reports (e.g. WCDHB Quality Accounts, WCDHB website, WCDHB Community Report, print, broadcast and social media, and in one-off reports).	CPH, WCDHB Communications Team, WCPHO
<b>Surveillance</b>	Prompt identification and	Surveillance system in place	Review (via EpiSurv and other sources), analyse, and report on communicable	CPH



	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
	analysis of emerging disease trends, clusters and outbreaks	(narrative) Timeliness of reports for trends and outbreaks of concern (narrative)	diseases data, including via web applications and written reports (e.g. PHI Quarterly, weekly reports on notifiable diseases and influenza – May to September).	
			Produce disease-specific reports for communicable diseases of concern, e.g. Pertussis, other diseases causing outbreaks.	CPH
			Review, analyse and report on other disease and determinants data (e.g. alcohol-related harm, and diseases relevant to West Coast context).	CPH, P&F WCDHB
			Provide reports to P&F for MoH on SI rheumatic fever incidence.	CPH, SIPHP

## 4. PUBLIC HEALTH CAPACITY DEVELOPMENT

“enhancing our system’s capacity to improve population health”

### a. Strategies

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

### b. Outcomes and Activities table

	Short Term Outcomes (the results that we’re working towards)	Short Term Outcome Measures (how we’ll monitor progress towards the results)	Activities (what we’ll do to get the result)	Responsibilities (who will do it and when)
<b>Public health information systems</b>	Public health information accessible to public health, partner organisations and the public	Availability and accessibility of public health information (narrative)	Review, implement and maintain public health information systems (CFS; databases; intranet, extranet and public websites, including Healthscape, SIPHAN, GIS systems, Health Pathways, NIR, Community Health Information, Emergency Information Systems).	CPH, P&F WCDHB, WCPHO
			Contribute to development and implementation of national, regional and local public health information systems, including providing support to other PHUs that are adopting Healthscape.	CPH, WCPHO, WCDHB
<b>Partnerships with iwi, hapū, whānau and</b>	Effective partnerships with iwi, hapū, whānau and Māori	Joint approaches and initiatives (narrative)	Take a whānau ora approach to working with local iwi, hapū, whānau and Māori around: -health information and analysis -proposals and policies with health implications	CPH

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
<b>Māori</b>			-health determinants and outcomes.  Develop, implement and report on CPH Māori Health Plan.	CPH (DLT Māori Health Rōpū)
<b>Partnerships with Pacific and other ethnic leaders and communities</b>	Effective partnerships with Pacific and other ethnic communities	Joint approaches and initiatives (narrative)	Work with local Pacific and other ethnic leaders and communities around: -health information and analysis -proposals and policies with health implications -health determinants and outcomes.  Contribute to WCDHB ethnic specific plans as appropriate.	CPH  CPH, P&F WCDHB, WCPHO
<b>Human resources</b>	A highly skilled public health workforce	% Staff with appropriate or relevant public health qualifications (quantitative) Development/training provided and to whom (narrative)	Implement the CPH Workforce Development Plan, including promoting a focus on specific competencies, progressing a Te Tiriti based approach to public health, and contributing to SI workforce development and national networks.  Facilitate training for CPH staff in the Treaty, inequalities, HiAP, Te Reo, Hauora Māori, and undergraduate and postgraduate study in public health as appropriate to staff development needs.  Carry out in-house training on the new Health Protection Amendment Act 2016 utilising the Guidance on Infectious and Communicable Disease Management under the Health Act 1956 document.	CPH, SIPHP  CPH  CPH
<b>Research, evaluation, economic analysis</b>	Information available on priority public health issues and effectiveness of public health interventions	Research / evaluation reports, publications and presentations (narrative)	Support public health research and evaluation with a particular focus on improving Māori health and reducing health disparities.  Share research (e.g. Buller Community Profile) with relevant agencies to assist in dealing with the impacts of job losses on the West Coast.  Media releases about items of interest including Year 10 ASH data, alcohol trends, etc.  Systematically identify opportunities for conference presentations and peer-reviewed	CPH  CPH  CPH  CPH

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
			publication where appropriate.	
<b>Planning and advising on public health programmes</b>	Population health interventions are based on best available evidence and advice	Planning advice / reports (narrative)	Develop reports and advice for health and non-health organisations to support robust public health interventions, with a focus on improving Māori health and reducing health disparities, including evidence reviews, needs assessments, GIS analysis.	CPH, P&F WCDHB, WCPHO, SIPHP
			Contribute to national, regional and local public health infrastructure and supports, including Public Health Association, Health Promotion Forum, SIPHP, National Public Health Clinical Network, National HPS Group, New Zealand College of Public Health Medicine, Healthy West Coast Workstream, Promoters Advocating Sexual Health in Aotearoa NZ, West Coast Tobacco Free Coalition, Active West Coast, WCDHB Child & Youth Health Workstream, West Coast Immunisation Advisory Group, WCDHB Suicide Prevention Governance and Action Groups.	CPH
<b>Quality management</b>	A continuous improvement culture and robust quality systems for all public health work	Quality improvement plan reports (narrative) Accreditation results (narrative +/- quantitative)	Review and deliver the quality improvement plan including: policy and procedure maintenance, on-call documents available and accessible electronically and off-site, internal audit plan and schedule progressed, and provision of information, training and support to staff.	CPH
			Maintain CFS work plan. Complete all remaining CFS team and folder migrations.	CPH
			Complete CFS team audits.	CPH
			Present annual quality report to CPH DLT.	CPH
			Applications of Health Excellence for CPH.	CPH
			Contribute to the WCDHB organisation-wide quality programme and Quality Accounts.	CPH
			Maintain IANZ accreditation of drinking water unit and plan to ensure sufficient accredited Drinking Water Assessors (DWAs) at all times.	CPH/SIDWAU
			Address IANZ issued Corrective Action Requests responded to within allocated timeframes.	CPH/SIDWAU
	Effective regional delivery of public health core functions	Reports of SI Public Health Partnership (narrative)	Contribute to management and regional work groups as needed, such as the: -SIPHP Workstream -SI Public Health Alliance -SIPHP Alignment Group	CPH

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
			<ul style="list-style-type: none"> <li>-SI Public Health Analysts' Network</li> <li>-SIPHP Alcohol Workgroup</li> <li>-SIPHP Sustainability Workgroup</li> <li>-SIPHP Workforce Development Network.</li> </ul>	

## 5. HEALTH PROMOTION

“enabling people to increase control over and improve their health”

### a. Strategies

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

### b. Outcomes and Activities table

	Short Term Outcomes (the results that we’re working towards)	Short Term Outcome Measures (how we’ll monitor progress towards the results)	Activities (what we’ll do to get the result)	Responsibilities (who will do it and when)
<b>The South Island Population Level Measures:</b> (The following population-level measures are impacted by a range of strategies throughout the plan) Percentage of the population over 15 who smoke Percentage of Year 10 students who have never smoked Percentage of the population over 15 who are obese Percentage of children caries free at 5 years Percentage of Māori children caries free at 5 years Percentage of adults who consume recommended daily intake of fruit and vegetables Percentage of adults who are physically active				
<b>Building Healthy Policy</b>	Increased numbers of sustainable policies	New and reviewed strategies, plans and policies	Develop and make available resources to support health impact assessment (HIA) and a “health in all policies” (HiAP) approach.	CPH (Policy)

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
	and practices that support health and wellbeing, improve Māori health, and reduce disparities	reflect health priorities (narrative)	Support health and non-health sector staff with appropriate tools and customised advice to support a HiAP approach, e.g. Te Pae Mahutonga, Health Promotion and Sustainability Through Environmental Design, Broadly Speaking training etc. Ensure these tools are available to all partner agencies and support their implementation.	CPH (Policy)
			Support settings (workplaces, sports clubs, schools) to develop policies which support health.	CPH
			Engage with and co-ordinate efforts of key external agencies, including local iwi, to identify and support HiAP opportunities, including relevant MoE initiatives, housing, community resilience and wellbeing in response to job losses.	CPH
			Develop joint work plans with a range of stakeholders including: -Healthy West Coast work plan -West Coast Tobacco Free Coalition work plan -WCDHB Māori Smoking Cessation work plan -WCDHB Youth Health Plan -WCDHB Suicide Prevention Plan.	CPH, WCDHB, WCPHO, Poutini Waiora
			Support and coordinate development of WCDHB and regional position statements and submissions on public health issues.	CPH, SIPHP
<b>Built Environments</b>	Built environments promote health, and support healthy choices and behaviours	Evidence of Public Health contribution in key decisions (narrative)	Encourage the development of well-designed built environments (including transport networks and public spaces) that are universally accessible and promote health.	CPH
			Submissions on the four Councils' Annual Plans.	CPH
<b>Creating supportive environments</b>	Settings that support healthy choices and behaviours	Number and type of settings that embed a systems approach to improving health (quantitative, narrative)	Assist organisations and communities interested in gardening and growing food to achieve their goals.	CPH
			Advocate for environments that support active transport, play and community connectedness.	CPH

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
<b>Education settings</b>	ECECs, schools and tertiary settings that support healthy choices and behaviours	Education settings' evaluation reports, including environment changes achieved (quantitative, narrative)	Develop and support HPS initiatives reflecting national strategic direction and guided by the service specification.	CPH, WCDHB PHNs
			Support school initiatives that meet health and wellbeing needs identified by the school such as promoting student voice, healthy lifestyles and environments, emotional and mental wellbeing, improved attendance, hygiene, and whānau engagement.	CPH
			Work with young people to encourage healthy choices e.g. Smokefree, alternatives to alcohol.	CPH
			Continue to utilise the Good Memories No Regrets campaign, raising awareness of safe sex and safe drinking.	CPH
<b>Workplaces</b>	Workplaces that support healthy choices and behaviours	Workplace initiatives evaluation reports, including environment changes achieved (quantitative, narrative)	Work with priority workplaces to develop health promoting workplaces.	CPH
			Work with workplaces to encourage smoking cessation among staff.	CPH, WCPHO, Poutini Waiora
<b>Marae and Other Māori Settings</b>	Marae and other Māori settings that support healthy choices and behaviours	Marae and other settings initiatives evaluation reports, including environment changes achieved (quantitative, narrative)	Work in a whānau ora approach with Māori in settings to support healthy choices and make healthy lifestyle changes. Settings include: Kohanga Reo, Marae and Poutini Waiora.	CPH, WCPHO, Poutini Waiora
<b>Other community settings</b>	Other community settings that support healthy choices and behaviours	Evaluation reports, including environment changes achieved (quantitative, narrative)	Work with event organisers and other community groups to develop health promoting settings e.g. Waitangi Day, Relay for Life, Waka Ama Festival, Kapa Haka festival.	CPH, WCDHB, WCPHO, Poutini Waiora
			Support active transport through advocacy and membership on West Coast Road Safety Committee.	CPH, WCDHB
			Work with ECECs to promote health and wellbeing, with a particular focus on nutrition and oral health.	CPH, WCDHB, WCPHO
<b>Community</b>	Effective community	Changes achieved by community partnerships	Support communities to address priority issues, including community engagement initiatives and development of sound health promotion projects, e.g. community	CPH, WCDHB, WCPHO



	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
<b>action</b>	action initiatives	(narrative)	resilience and wellbeing in response to job losses, supporting delivery of the Prime Minister's Youth Mental Health initiative, WCDHB Suicide Prevention Plan.	
			Encourage community members to participate in submission-making process including submissions on Alcohol Licence applications.	CPH
			Support the Te Pūtahitanga – funded Te Hā o Kawatiri project in the Buller District.	CPH
<b>Develop personal skills</b>	People with skills to enable healthy choices and behaviours	Lifestyle change support delivered (with success rates if available) (narrative +/- quantitative) Evaluation of other initiatives (narrative +/- quantitative)	Enable the delivery of integrated smoking cessation services on the West Coast.	CPH, WCDHB, WCPHO, Poutini Waiora
			Develop and deliver other lifestyle intervention support (e.g. Appetite for Life, Green Prescription, fall prevention programmes, breastfeeding support, cooking programmes).	CPH, WCDHB, WCPHO, Poutini Waiora
			Support mental wellbeing initiatives. Support delivery of the Prime Minister's Youth Mental Health initiative and WCDHB Suicide Prevention Plan.	CPH, WCPHO (Primary Mental Health Team) and other WCDHB Teams/Services (e.g. Mental Health)
			Deliver sexual health resources to priority groups and identify and facilitate training where appropriate.	CPH, WCDHB
	Communities aware of health issues and healthy choices and behaviours	Impact of communications, including number of hits, community feedback etc (narrative, quantitative)	Develop and implement CPH public health communications strategies.	CPH
			Deliver/support relevant and timely public health information and campaigns (including World Smokefree Day, Mental Health Awareness Week, National Heart Week, White Ribbon Day, 'It's Not OK' campaign, Matariki, Waitangi Day and Ask a Professional columns in the Messenger).	CPH, WCDHB, WCPHO, Poutini Waiora
<b>Reorient health service</b>	Preventative and population approaches support healthy choices and behaviours in	ABC coverage in primary and secondary care (quantitative) Healthcare initiatives and evaluation reports	Maintain ABC coverage in primary and secondary care including quit card, hospital cessation service, Coast Quit and Oranga Hā – Tai Poutini.	WCDHB, WCPHO, CPH
			Work with hospital and community healthcare providers to develop health promoting settings (e.g. promoting active transport, Smokefree, and West Coast Health System Healthy Food and Beverage Policy).	CPH, WCPHO, WCDHB, Poutini Waiora

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
	healthcare settings	(narrative)	<p>SI: Promote a population health approach to tackling obesity with other parts of our DHB and via SI Service Level Alliances and workstreams.</p> <p>Develop WCDHB Alcohol Harm Reduction Strategy.</p> <p>Top three physical activity and nutrition priorities:</p> <ul style="list-style-type: none"> <li>-Work in partnership with stakeholders to improve and support opportunities for physical activity</li> <li>-Create supportive environments in ECECs and school communities</li> <li>-Deliver community nutrition &amp; cooking programmes with vulnerable/high needs groups.</li> </ul>	<p>CPH, WCPHO, WCDHB, Poutini Waioara</p> <p>WCDHB, WCPHO, CPH</p> <p>CPH</p>

## 6. HEALTH PROTECTION

“protecting communities against public health hazards”

### a. Strategies

- Developing and reviewing public health laws and regulations<sup>4</sup>.
- Supporting, monitoring and enforcing compliance with legislation.
- Identifying, assessing, and reducing communicable disease risks, including management of people with communicable diseases and their contacts.
- Identifying, assessing and reducing environmental health risks, including biosecurity, air, food and water quality, sewage and waste disposal, and hazardous substances.
- Preparing for and responding to public health emergencies, including natural disasters, hazardous substances emergencies, bioterrorism, disease outbreaks and pandemics.

### b. Outcomes and Activities table

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
<b>Communicable disease control</b>	Reduced incidence of notifiable diseases  Reduced incidence of influenza	Notifiable diseases and influenza rates, outbreak rates and trends (quantitative)  Reach and impact of prevention information and initiatives (quantitative, narrative)  Outbreaks controlled (quantitative, narrative)	Investigate cases and contacts as per protocols and Communicable Disease Control Manual 2012, including timely identification and investigation of notifiable diseases and outbreaks.	CPH, WCDHB (PHNs, RNSs and Infection Control Service)
			Quality data entry in EpiSurv in a timely manner.	CPH
			Carry out internal audits of selected cases for adherence to protocols.	CPH
			Investigate outbreaks as outlined in the Outbreak Response Procedure and ESR guidelines.	CPH, WCDHB (PHNs, RNSs and Infection Control Service)
			Provide public information and advice, aimed at reducing	CPH, WCDHB Infection

<sup>4</sup> Public health legislation covers a wide variety of issues, including communicable disease control, border health protection, food quality and safety, occupational health, air and drinking water quality, sewerage, drainage, waste disposal, hazardous substances control, control of alcohol, tobacco and other drugs, injury prevention, health information, screening programmes, and control of medicines, vaccines and health practitioners.

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
			incidence of communicable disease, including promoting immunisation, hand hygiene and condom distribution.	Control Committee, West Coast Immunisation Advisory Group
			Work with priority settings and communities to increase immunisation and improve infection control.	CPH
			Provide vaccinator and programme authorisations as per Medicines Regulations.	CPH
			Progress to an electronic processing platform enabling accurate processing data reporting for authorised vaccinators as well as programme authorisations.	CPH (Protection, Information)
			Continue to implement SI Rheumatic Fever Prevention Plan (reported through SIPHP).	SIPHP
			Maintain the rheumatic fever register. Undertake 6-monthly reviews of prophylaxis compliance in primary care.	CPH
Drinking water quality	Optimised adequacy, safety and quality of drinking water on West Coast	Prioritised plan agreed with TAs (narrative) Improvements achieved in water quality, water infrastructure, quality assurance systems (narrative) Number of supplies with approved and implemented Water Safety Plans (quantitative)	Implement the requirements of the Drinking Water Standards for New Zealand as required (e.g. P2 assignments, catchment risk assessments, secure ground water assessments).	CPH/SIDWAU
	Prevention of spread of disease to the public through reticulated water supplies	Number/size waterborne disease outbreaks (quantitative, narrative)	Review and prioritise all community supplies and work with prioritised communities and TAs and regional bodies to improve water quality.	CPH
			Carry out functions and duties of a DWA as defined under the Health Act.	CPH

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
			Identify and investigate incidents, complaints and notification of adverse drinking water quality (or adequacy) of tankers and networked and temporary drinking water supplies.	CPH
			Carry out public health grading of drinking water supplies on request.	CPH
			Undertake water carrier registration where required.	CPH
			Respond promptly to notified drinking water transgressions.	CPH
			Respond promptly to suspected cases and potential outbreaks of water-borne disease.	CPH
Sewage	Reduced incidence and impact of environmental hazards from the treatment and disposal of sewage	Sewage-related outbreaks (quantitative, narrative) Environmental contamination events (quantitative, narrative)	Work with councils to promote and ensure safe sewage disposal, including making submissions on regional plans and policies, district plans and policies, resource consents.	CPH
			Liaise with councils to provide public advice on safe sewage disposal, sewage overflows, and waterways contamination.	CPH
			Liaise with councils to ensure that sewage overflows that pose a significant public risk are managed appropriately.	CPH
Recreational water	Reduced incidence and impact of environmental hazards associated with recreational water	Beach and river water monitoring results, including improvements achieved (quantitative, narrative) Waterborne disease outbreaks (see above)	Encourage local authorities to clearly identify and notify publically recreational waters which do not meet minimum microbiological water quality guidelines. Completed through agreed recreational water protocols with councils annually.	CPH
			Provide input into regional and local activities associated with recreational water quality. Provide public and stakeholders with appropriate public health advice relating to recreational water.	CPH
			Investigate cases of suspected or confirmed illness including any toxic shellfish poisoning.	CPH
			Respond to recreational water (including swimming pool) incidents and enquiries as required.	CPH

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
			Promote NZS5862 to Councils and pool managers to maintain or improve pool water quality during any investigations.	CPH
<b>Housing</b>	Less disease caused by inadequate housing	Housing quality improvements (narrative) Improvements achieved in protection and support for householders, especially tenants (quantitative, narrative)	Work with national, local and community organisations to ensure warm and dry housing, especially for vulnerable groups (including identification and referral of vulnerable households). (Also see Air Quality, under Resource Management.)	CPH, WCDHB P&F, WCPHO, Te Hā o Kawatiri, CEA
<b>Resource management</b>	Public health issues are identified and addressed in decisions made on the sustainable management of natural and physical resources and social environments	Evaluation of council decisions, implementation and enforcement (narrative) Air quality monitoring results (quantitative)	Encourage and assist Councils to develop and implement policies through processes, such as the review of district plans, including variations or plan changes or Council Long Term Plans that address the wider determinants of health.	CPH
			Provide other agencies and the public with information about the public health aspects of sustainable resource management.	CPH
			Liaise and, where appropriate, undertake joint projects with consent authorities and affected communities to ensure that public health aspects of planning and resource management are considered.	CPH
			Provide technical advice and information to regional councils and territorial authorities as required.	CPH
			Work with stakeholders to identify and address potential health issues.	CPH
<b>Hazardous substances</b>	Public protected from exposure to hazardous substances	Reports of public exposure (narrative)	Use the priority criteria in the Hazardous Substances Action Plan, and injury surveillance data, to guide work to reduce public exposure to hazardous substances.	CPH
		Management of emergency events (narrative)	Maintain effective risk management strategies and response plans for hazmat incidents and emergencies.	CPH
		Safeguards in place, including interagency work, agreed protocols, and exercises (narrative)	Represent public health interests at meetings of the Area Hazmat Coordination Committee when this is established.	CPH
		Promotion of the HSDIRT reporting process to GPs, hospitals and others (narrative)	Promote hazardous substances injury notification by GPs.	CPH

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
		Reach and impact of public information (narrative) Number & nature of VTA permits issued and results of audits (quantitative, narrative)	Report all notifications of hazardous substances injuries to the science provider in the format required (HSDIRT), including GP notifications. Investigate notifications as required.  Provide public information and advice on the risks of environmental and non-occupational exposures to hazardous substances and products, including asbestos in the non-occupational environment.  Give advice to and encourage and/or assist territorial authorities and Regional Councils to address public health issues related to contaminated land.  Process applications for permission for use of VTAs.  Undertake field or desktop audits of all VTA permissions.	CPH       CPH  CPH
<b>Early childhood education centres</b>	Reduced incidence and impact of health issues in ECECs	Compliance with ECEC regulations, including infection control and lead exposure (mainly narrative, including changes achieved)	Conduct and report on pre-licensing inspections of ECECs, including compliance by the licensee of the premises with the Education (Early Childhood Centres) Regulations 1998  Work with councils to ensure appropriate placement of new ECECs.  Investigate/inspect and report on ECECs in response to complaints.	CPH  CPH  CPH
<b>Emergency preparedness</b>	WC districts prepared for emergencies impacting on public health	Effective emergency responses as required (narrative) Safeguards in place, including interagency work, agreed protocols, and exercises (narrative) Reach and impact of public information (narrative)	Review and maintain emergency plans.  Participate in emergency responses on an as-needed basis.  Deliver MoH Emergency Management training to new staff and refresher training to established personnel (e.g. CIMS in Health, Health EMIS).  Complete CPH West Coast Business Continuity Plan and share with other PHUs.	CPH, WCDHB, WCPHO  CPH  CPH  CPH
<b>Sustainability</b>	Greater understanding	Evidence of increased awareness and	Raise awareness regarding sustainability and climate disruption,	CPH, SIPHP

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
	of and action on sustainability	development of sustainable approaches within our DHBs and partner organisations (narrative)	including both adaptation and mitigation strategies. Submissions to Councils where appropriate.	Sustainability Workgroup CPH
<b>Tobacco</b>	Reduced tobacco sales, especially to minors Reduced exposure to second-hand smoke	Retailer display compliance at inspection (quantitative)	Respond to public complaints.	CPH
		Retailer compliance during CPOs (quantitative)	Complete education visit/compliance check prior to CPO/complaint.	CPH
		Number and nature of workplace complaints (quantitative, narrative)	Conduct CPOs.	CPH
			Provide public and retailer information and advice.	CPH
<b>Alcohol</b>	Less alcohol-related harm	<b>Population level measures:</b> ED presentations (quantitative, pending data availability) Hazardous drinking (quantitative) Hospitalisations wholly attributable to alcohol (quantitative) Alcohol related motor vehicle crashes (quantitative) Injury related outcomes of alcohol-related motor vehicle crashes (quantitative)		
		Improvements in licensing environment, including LAPs, accords, monitoring, enforcement, and other interagency work (narrative)	Support and continuously improve ED alcohol data collection system.	WCDHB, CPH
		Reach and impact of public information (narrative)	Undertake or work with other agencies to undertake monitoring visits of high risk premises as per PHU risk rating tool and/or based on local data, complaints or other intelligence, including requests from police or licensing inspectors.	CPH
		Nature and impact of DHB alcohol harm reduction strategies (narrative) Number and impact of licence application	Inquire into all on-, off-, club, and special licence applications and provide Medical Officer of Health reports to DLCs, either where there are matters in opposition or recommendations (on the basis	CPH



	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
		reports and hearings (quantitative, narrative) Retailer compliance during CPOs (quantitative)	<p>of application of the relevant risk assessment tool in the Public Health Alcohol Regulatory Officer Toolkit, May 2013).</p> <p>Collaborate in police-led CPOs to reduce sale of alcohol to minors.</p> <p>Work with special licence event organisers and support them to adopt and implement appropriate alcohol management plans or alcohol harm reduction practices.</p> <p>Provide education as part of re-licensing and new licensing processes, including:            -educating retailers, employers and their staff and volunteers (club licences) about their Sale and Supply of Alcohol Act 2012 responsibilities            -contributing to formal training of Duty Managers.</p> <p>Liaise with and, where appropriate, undertake joint projects to influence other local authority alcohol related policies and bylaws prior to the formal consultation process.</p> <p>Support West Coast councils to develop, implement and monitor their LAPs.</p> <p>Work with SIPHP to facilitate the development of DHB Alcohol Harm Reduction Strategies.</p>	<p></p> <p>CPH</p> <p>CPH</p> <p>CPH</p> <p>CPH</p> <p>CPH</p> <p>CPH, SIPHP (Alcohol Workstream)</p>
<b>Other psychoactive substances</b>	Improved compliance with Psychoactive Substances Act 2013	Retailer compliance during CPOs (quantitative)	Work with Police and other agencies including CPH Canterbury staff to undertake regulatory activities in line with the Psychoactive Substances Act 2013 and Regulations.	CPH
<b>Other</b>	Public protected from other health hazards	Impact of work (narrative)	Undertake other regulatory health protection work using a risk-based approach and in accordance with the Environmental Health Protection Manual.	CPH

## 7. PREVENTIVE INTERVENTIONS

“population programmes delivered to individuals”

### a. Strategies

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

### b. Outcomes and Activities table

	Short Term Outcomes (the results that we’re working towards)	Short Term Outcome Measures (how we’ll monitor progress towards the results)	Activities (what we’ll do to get the result)	Responsibilities (who will do it and when)
Immunisation	Increased immunisation coverage, especially for priority groups	Immunisation rates: <b>SI Population Level Measures:</b> Percentage 5 year olds fully vaccinated Percentage of Māori 5 year olds fully vaccinated Percentage 65+ who receive flu vaccination <b>West Coast Health System contributory measures:</b> % of high need enrolled persons 65+ who have received an influenza vaccine (30 June 2017 target 65%)	Immunisation coordination - work strategically to improve immunisation coverage especially for tamariki and rangatahi.	CPH, WCDHB (P&F, PHNs, RNSs, West Coast Immunisation Advisory Group), WCPHO
			Immunisation promotion e.g. Pertussis vaccination among frontline healthcare workers, immunisation within ECECs and schools.	CPH, WCDHB (Communications Team, PHNs and Outreach Co-ordinator), WCDHB Immunisation Advisory Group, WCPHO
			Immunisation delivery.	WCPHO, WCDHB (Outreach Co-ordinator, PHNs, RNSs)
Lifestyle interventions	Systematic identification of and response to risk factors	Completeness of practice and hospital information on smoking, alcohol intake, and physical activity (quantitative)	Work with the Maternity Quality and Safety Programme to enhance coverage and effectiveness of Smokefree ABC interventions with pregnant women who smoke.	WCDHB, WCPHO, CPH

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
		<b>West Coast Health System contributory measure:</b> % of enrolled patients who identify as smokers offered advice and support to quit within last 15 months (30 June 2017 target 90%) % eligible adult population who have had a CVD risk assessment in the last 5 years (30 June 2017 target 90%)	Continue to implement West Coast Smoking Cessation Strategy in primary care and the community. Meet West Coast Health System Improvement Plan smoking targets, including delivery of brief advice and cessation support to smokers. Deliver Coast Quit smoking cessation initiatives. Deliver Oranga Hā-Tai Poutini smoking cessation services.	WCDHB, WCPHO, CPH WCPHO, WCDHB WCPHO, CPH
Screening and early detection	Early detection of cancer	Coverage rates for cervical and breast cancer screening: <b>SI Population Level Measures:</b> Percentage of women aged 50-69 who have had a breast screen in the last 2 years Percentage of Māori women aged 50-69 who have had a breast screen in the last 2 years Percentage of women who have had a cervical smear once in the last 3 years Percentage of Māori women who have had a cervical smear once in the last 3 years <b>West Coast Health System contributory measure:</b> % eligible women who have had a cervical smear in the last 3 years (30 June 2017 target 84%)	Work to meet West Coast Health System target including by participating in Cervical Screening Strategic and Working Groups to develop regional strategies to increase uptake. Maintain current levels of uptake of breast screening through a planned approach.	WCPHO, WCDHB, Poutini Waiora, CPH WCPHO, WCDHB, Poutini Waiora, CPH
	Early detection of health,	Coverage rates for Before School	Implement, and/or undertake activities to increase	

	Short Term Outcomes (the results that we're working towards)	Short Term Outcome Measures (how we'll monitor progress towards the results)	Activities (what we'll do to get the result)	Responsibilities (who will do it and when)
	behavioural, social, or developmental concerns.	Checks (quantitative)	uptake of, Before School Checks.	
	Early detection of diabetes and cardiovascular disease	Coverage of diabetes and CVD screening programmes: <b>SI Population Level Measures:</b> Percentage of people aged 45-74 who have had their cardiovascular risk assessed in the last 5 years <b>West Coast Health System contributory measure:</b> % eligible adult population who have had a CVD risk assessment in the last 5 years (30 June 2017 target 90%)	Work to meet West Coast Health System CVD risk assessment target, including by promoting CVD risk assessments and diabetes screening in primary care settings and the community to increase uptake.	WCPHO, WCDHB

## 8. GLOSSARY/DEFINITIONS

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

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

CEA – Community Energy Action

CFS – Common File Structure

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

CPH – Community and Public Health

CPO – Controlled Purchase Operation. One CPO equals one total organised operation that targets a number of premises.

CVD – Cardiovascular Disease

DHB – District Health Board

DLC – District Licensing Committee

DLT – Divisional Leadership Team

DWA - Drinking Water Assessor

ECEC – Early Childhood Education Centre

ED – Emergency Department

EpiSurv – National notifiable disease surveillance database

ESR – Institute of Environmental Science and Research

GIS – Geographical Information Systems

GM – General Manager

GP – General Practitioner

Health EMIS – Emergency Management Information System

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

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

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

HiAP – Health in All Policies

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

HPS – Health Promoting Schools

HSDIRT – Hazardous Substances Disease and Injury Reporting Tool

IANZ – International Accreditation New Zealand

LAP - Local Alcohol Policy

MoE – Ministry of Education

MoH – Ministry of Health

NGO – Non-Government Organisation

NIR – National Immunisation Register

NZDep2013 – New Zealand Deprivation Index (2013)

P&F – Planning and Funding

PHI – Public Health Information

PHN – Public Health Nurse

PHO – Primary Health Organisation

PHU – Public Health Unit

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

RNS – Rural Nurse Specialist

SI – South Island

SIDWAU – South Island Drinking Water Assessment Unit

SIPHAN – South Island Public Health Analysis Network (online communication and document storage tool)

SIPHP - South Island Public Health Partnership

TA – Territorial Authority

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

VTA – Vertebrate Toxic Agent

WC – West Coast

WCDHB – West Coast District Health Board

WCPHO – West Coast Public Health Organisation

## WORKPLAN FOR CPH&DSAC 2017 (*WORKING DOCUMENT*)

	10 March	27 April	8 June	28 July	14 September	26 October	23 November
<b>STANDING ITEMS</b>	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items
<b>STANDARD REPORTS</b>	Health Target Q2 Report 2016/17 Maori Health Plan Update Planning & Funding Update Community & Public Health Update Alliance Update 2017 Committee Work Plan	Planning & Funding Update Community & Public Health Update Alliance Update	Health Target Q3 Report 2016/17 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 2016/17 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 2017/18 Maori Health Plan Update Planning & Funding Update Community & Public Health Update Alliance Update
<b>PRESENTATIONS</b>	As required	As required	As required	As required	As required	As required	As required
<b>PLANNED ITEMS</b>	West Coast Public Health Annual Plan						
<b>GOVERNANCE AND SECRETARIAT</b>							
<b>DSAC Reporting</b>	Disability Action Plan	As available	As available	As available	As available	As available	As available
<b>INFORMATION ITEMS</b>	Latest Board Agenda Chair's Report to Board from last meeting 2017 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2017 Schedule of Meetings C&PH 6 Monthly report to MoH (July – Dec 2016)	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2017 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2017 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2017 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan C&PH 6 Monthly report to MoH (Jan – July 2017) 2017 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2018 Schedule of Meetings

**WEST COAST DISTRICT HEALTH BOARD MEETING**  
**to be held at St John, Waterwalk Road, Greymouth**  
**on Friday 10 February 2017 commencing at 10.15am**

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

Apologies

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

**REPORTS****10.20am**

- |     |                                                 |                                                                                                                                      |                   |
|-----|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 4.  | <b>Chair's Update</b><br><b>(Verbal Update)</b> | Jenny Black<br><i>Chairperson</i>                                                                                                    | 10.20am – 10.30am |
| 5.  | <b>Chief Executive's Update</b>                 | David Meates<br><i>Chief Executive</i>                                                                                               | 10.30am – 10.45am |
| 6.  | <b>Clinical Leader's Update</b>                 | Karyn Bousfield<br><i>Director of Nursing &amp; Midwifery</i><br>Mr Pradu Dayaram<br><i>Medical Director, Facilities Development</i> | 10.45am – 10.55am |
| 7.  | <b>Finance Report</b>                           | Justine White<br><i>General Manager, Finance</i>                                                                                     | 10.55am – 11.05am |
| 8.  | <b>Wellness Health &amp; Safety Report</b>      | Michael Frampton<br><i>General Manager, People &amp; Capability</i>                                                                  | 11.05am – 11.15am |
| 9.  | <b>Committee Membership</b>                     | Jenny Black<br><i>Chairperson</i>                                                                                                    | 11.15am – 11.25am |
| 10. | <b>Delegations</b>                              | Justine White<br><i>General Manager, Finance</i>                                                                                     | 11.25am – 11.35am |
| 11. | <b>Loans conversion to Equity</b>               | Justine White<br><i>General Manager, Finance</i>                                                                                     | 11.35am – 11.45am |
| 12. | <b>Resolution to Exclude the Public</b>         | <i>Board Secretary</i>                                                                                                               | 11.45am           |

**INFORMATION ITEMS**

- 2017 Meeting Schedule
- List of Common Acronyms – Working Document

**ESTIMATED FINISH TIME****11.45am****NEXT MEETING:** Friday 24 March 2017



# COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE 1 DECEMBER 2016



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

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

**DATE:** 9 December 2016

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

This report is provided to the West Coast DHB Board as an interim update on the Community & Public Health & Disability Support Advisory Committee (CPH&DSAC) meeting of 1 December 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 – 1 December 2016.

## 3. SUMMARY

### ITEMS OF INTEREST FOR THE BOARD

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

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

### **Smokefree**

Community & Public Health (CPH) was pleased to report that they 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 Community & Public Health staff member provided information about quitting smoking at a Heath Hui held recently at Community Corrections. Staff from Poutini Waiora and the West Coast DHB 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**

Community & Public Health 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**

Community & Public Health 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. Community & Public Health will work with Poutini Waiora and others to make arrangements regarding how it will operate.

### **Kawatiri Wellbeing Hui**

Community & Public Health worked with Poutini Waiora, WCDHB and WCPHO to organise a Wellbeing Hui in Kawatiri on the 23<sup>rd</sup> of November. Community & Public Health provided fruit, nutrition, alcohol and smokefree resources and were in attendance 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**

Community & Public Health 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 Community & Public Health's resource approval process before being printed and used.

Community & Public Health 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. Community & Public Health has arranged for them to meet with Early Childhood Centres as there are a few that are interested in

signing up. Community & Public Health 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. Community & Public Health 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**

Community & Public Health 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**

Community & Public Health's West Coast Trainee Drinking Water Assessor (DWA) passed an external accreditation audit last month. This process is part of the accreditation of the South Island Drinking Water Assessment Unit which is run by Community & Public Health 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**

Community & Public Health West Coast staff have supported business as usual functions while our Christchurch Office moved into emergency response mode as the result of the 14<sup>th</sup> 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.

The report was noted.

## **b) PLANNING & FUNDING UPDATE**

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

### **Key Achievements**

- **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.

The Committee noted the continuing challenges around orthopaedic and plastics.

Discussion took place regarding mental health services and the discussions currently taking place around how this can be moved forward at a more rapid pace. It is intended to engage further with staff and then the community and stakeholders around this. The Committee noted that over the next few months this should become more visible to everyone.

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 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.

The report was noted.

#### **d) HEALTH TARGET Q1 REPORT**

This report is included in today's Board papers.

#### **e) MAORI HEALTH UPDATE**

This update is included in today's board papers.

#### **f) PRESENTATION – COMMUNITY ENERGY ACTION CHARITABLE TRUST**

Caroline Shone, Chief Executive, Community Energy Action Charitable Trust, provided the Committee with a presentation on the role and accomplishments of the Trust.

The presentation was very well received and generated much discussion. A copy of the presentation will be provided to the Board on receipt from the presenter.

The Chair thanked Caroline for the presentation.

#### **g) GENERAL BUSINESS**

- On 29 November the Ministry of Disability launched the revised New Zealand Disability Strategy. An open forum is to be held in Wellington on 15 December around the key milestones and priorities and Enabling Good Lives.
- The Disability Confident campaign, which supports employers to hire and retain disabled employees, was launched on 25 November 2016 by Prime Minister John Key. This campaign is about showcasing the wide range of easily accessible and practical information available to support employers of disabled employees.

- iii. A Special Olympics Open Day will be held on Sunday 4 December between 10am & 2pm at the Westland Recreation Centre.

The Chair thanked the Committee and management for their input to the Committee during the year and wished them a Merry Christmas and Happy New Year.

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 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 *9.05am – 9.15am*  
*Medical Officer of Health*  
*Community and Public Health*

### 5. Planning & Funding Update

Sandy McLean *9.15am – 9.25am*  
*Team Leader, Planning & Funding*

### 6. Alliance Update

Sandy McLean *9.25am – 9.35am*  
*Team Leader, Planning & Funding*

### 7. Health Target Q1 Report

Sandy McLean *9.35am – 9.45am*  
*Team Leader, Planning & Funding*

### 8. Maori Health Update

Gary Coghlan *9.45am – 9.55am*  
*General Manager, Maori Health*

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

Caroline Shone *9.55am – 10.25am*  
*Chief Executive*  
*Community Energy Action Charitable Trust*

### 10. General Business

Elinor Stratford *10.25am – 10.30am*  
*Chair*

## 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 2017 Draft Meeting Schedule

## NEXT MEETING

**Date of Next Meeting:** Thursday 26 January 2016 (to be confirmed)



## WEST COAST DHB – MEETING SCHEDULE

### JANUARY – DECEMBER 2017

DATE	MEETING	TIME	VENUE
Friday 10 February 2017	BOARD	10.15am	St John, Waterwalk Rd, Greymouth
Friday 10 March 2017	CPHAC & DSAC	9.30am	Boardroom, Corporate Office
Friday 10 March 2017	HAC	11.00am	Boardroom, Corporate Office
Friday 10 March 2017	QFARC	1.30pm	Boardroom, Corporate Office
Friday 24 March 2017	BOARD	10.15am	West Coast PHO Boardroom
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	Arahura Marae
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.