



West Coast

– District Health Board –

Te Poari Hauora a Rohe o Tai Poutini

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

26 October 2017

9.30am

**Board Room, Corporate Office
Grey Base Hospital**

**AGENDA AND
MEETING PAPERS**

**ALL INFORMATION CONTAINED IN THESE COMMITTEE
PAPERS IS SUBJECT TO CHANGE**

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

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

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

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

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

The aim of the Committee's advice must be:

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

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

COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING
To be held in the Board Room, Corporate Office, Greymouth Hospital
Thursday 26 October 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**

27 July 2017

3. **Carried Forward/ Action Items**

REPORTS/PRESENTATIONS

9.35am

- | | | | |
|----|---|--|-------------------|
| 4. | Disability Action Plan Update | Kathy O'Neill | 9.35am – 9.45am |
| | Verbal Update | <i>Team Leader, Planning & Funding</i> | |
| 5. | Community and Public Health Update | Gail McLauchlan | 9.45am – 9.55am |
| | | <i>Community and Public Health</i> | |
| 6. | Drinking Water Systems and Protection – Presentation | Cheryl Brunton | 9.55am – 10.15am |
| | | <i>Community and Public Health</i> | |
| 7. | Planning & Funding Update | Carolyn Gullery | 10.15am – 10.25am |
| | | <i>General Manager, Planning & Funding</i> | |
| 8. | Alliance Update | Carolyn Gullery | 10.25am – 10.35am |
| | | <i>General Manager, Planning & Funding</i> | |
| 9. | General Business | Elinor Stratford | 10.35am – 10.40am |
| | | <i>Chair</i> | |

ESTIMATED FINISH TIME

10.40am

INFORMATION ITEMS

- Board Agenda – 29 September 2017
- Chair's Report to last Board Meeting
- 2017 Committee Work Plan (Working Document)
- West Coast DHB 2017 Meeting Schedule
- Disability Support Services Newsletter – August 2017
- Health Target Report (as provided at Board meeting)
- Maori Health Report (as provided at Board meeting)

NEXT MEETING

Date of Next Meeting: Thursday 23 November 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
CHAIR Elinor Stratford (Board Member)	<ul style="list-style-type: none"> • Clinical Governance Committee, West Coast Primary Health Organisation • Committee Member, Active West Coast • Chairperson, West Coast Sub-branch - Canterbury Neonatal Trust • Trustee, Canterbury Neonatal Trust • Member, Arthritis New Zealand, Southern Regional Liaison Group • President of the New Zealand Federation of Disability Information Centres
Lynnette Beirne	<ul style="list-style-type: none"> • Patron of the West Coast Stroke Group Incorporated • Daughter employed as nurse for West Coast DHB • Chair of West Coast DHB Consumer Council • Consumer Representative on WCDHB Falls Coalition Committee • Consumer Representative on WCDHB Stroke Coalition Committee • Running a Homestay for DHB Students
Sarah Birchfield	<ul style="list-style-type: none"> • West Coast Autism Support Group – Volunteer and Support Person • West Coast Special Olympics Steering Committee – Member • Parkinsons New Zealand – West Coast Committee Member
Cheryl Brunton	<ul style="list-style-type: none"> • Medical Officer of Health for West Coast - employed by Community and Public Health, Canterbury District Health Board • Senior Lecturer in Public Health - Christchurch School of Medicine and Health Sciences (University of Otago) • Member - Public Health Association of New Zealand • Member - Association of Salaried Medical Specialists • Member - West Coast Primary Health Organisation Clinical Governance Committee • Member – National Influenza Specialist Group • Member, Alliance Leadership Team, West Coast Better Sooner More Convenient Implementation • Member – DISC Trust
Jenny McGill	<ul style="list-style-type: none"> • Husband employed by West Coast DHB • Peer Support – Mum4Mum • Information Consultant for West Coast Disability Resource Service
Joseph Mason	<ul style="list-style-type: none"> • Representative of Te Runanga o Kati Wae Wae Arahura • Employee Community and Public Health, Canterbury DHB

Mary Molloy	<ul style="list-style-type: none"> • Spokesperson for Farmers Against 1080 • Executive Member - Ban 1080 Political Party • Director, Molloy Farms South Westland Ltd • Trustee, L.B. & M.E. Molloy Family Trust • Executive Member, Wildlands Biodiversity Management Group Inc. • Chair of the West Coast Community Trust
Peter Neame	<ul style="list-style-type: none"> • White Wreath Action Against Suicide – Member & Research Officer • Author and Publisher of “Suicide, Murder, Violence Assessment and Prevention” 2017 and four other books.
Francois Tumahai (Deputy Chair) (Board Member)	<ul style="list-style-type: none"> • Te Runanga o Ngati Waewae - Chair • Poutini Environmental - Director/Manager • Arahura Holdings Limited - Director • West Coast Regional Council Resource Management Committee - Member • Poutini Waiora Board - Co-Chair • Development West Coast – Trustee • West Coast Development Holdings Limited – Director • Putake West Coast – Director • Waewae Pounamu – General Manager • Westland Wilderness Trust - Chair
Jenny Black (ex-officio)	<ul style="list-style-type: none"> • Nelson Marlborough District Health Board – Chair • Diabetes new Zealand – Life Member • South Island Alliance Board – Chair • National DHB Chairs - Chair
Chris Mackenzie (ex-officio)	<ul style="list-style-type: none"> • Development West Coast – Chief Executive • Horizontal Infrastructure Governance Group – Chair • Mainline Steam Trust – Trustee • Christchurch Mayors External Advisory Group - Member

DRAFT
**MINUTES OF THE COMMUNITY AND PUBLIC HEALTH
AND DISABILITY SUPPORT ADVISORY COMMITTEE**
held in the Board Room, Corporate Office, Grey Base Hospital
on Thursday 27 July 2017 commencing at 9.30am

PRESENT

Elinor Stratford (Chairperson); Lynnette Beirne; Sarah Birchfield; Cheryl Brunton; Joe Mason; Peter Neame; Jenny Black

APOLOGIES

Apologies were received and accepted from Jenny McGill, Mary Molloy and Francois Tumahai.

EXECUTIVE SUPPORT

Kathy O'Neill (Planning & Funding)(via video conference), Karen Bousfield (Director of Nursing) Catherine MacKmurdie (Planning & Funding); and Kay Jenkins (Minutes).

WELCOME

Joe Mason led the Karakia.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

There were no alterations or additions 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 (4/17)

(Moved: Cheryl Brunton; Seconded: Sarah Birchfield - carried)

“That the minutes of the meeting of the Community and Public Health and Disability Support Advisory Committee held on 8 June 2017 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

Derek Benfield, Community & Public Health, presented this update on the following topics:

Smokefree – Little Lungs

Staff from CPH and the West Coast Primary Health Organisation have recently begun a roll out of the Little Lungs – Pūkahukahu Iti programme to West Coast early childhood centres. Little Lungs is a smokefree initiative to support smokefree homes and cars. A workshop was held recently with twelve staff from the Active Explorers Shakespeare Street, Active Explorers Nelson Street and Learning Adventures Cobden (formerly Scenicland Preschools). Early childhood centres are provided with resources and support to help them have those tricky conversations with parents and whānau to encourage them not to smoke around their children. The aim of the project is to reduce the health effects of second hand smoke on children's developing lungs.

Oranga Hā – Tai Poutini (Stop Smoking Service)

The Ministry of Health recently released national results from quarter 3 (January – March 2017) for the new Stop Smoking Services. For the West Coast service, Oranga Hā – Tai Poutini, this was the first quarter that the service was fully staffed with 3x 0.6FTE practitioners. Oranga Hā had some pleasing results for this quarter including; 6.2% of people who smoke enrolled in the service (target 5%) for this quarter, 35% enrolled were Māori, 41% were quit 4-weeks after their target quit date, with a quit rate of 57% for Māori (target 50%). These targets are challenging to achieve and the service will be continuing to work hard and explore new strategies to maintain this level of performance.

Alcohol Licensing

CPH's Alcohol Licensing Officer (ALO) and the West Coast Police Prevention Manager are having regular discussions with the three District Licensing Inspectors in respect to alcohol licence applications in their respective areas. As the Licence Controller Qualification (LCQ) course at Tai Poutini Polytechnic has now changed from two days in the classroom to one day, the ALO has spoken to the LCQ facilitator and has been allocated time to address students. The ALO has conducted licence premises monitoring visits of Grey District premises with the West Coast Police Prevention Manager and Licensing Inspector and visits of Westland District licensed premises are planned for later this month.

Drinking Water

West Coast District Councils are currently compiling their drinking water compliance monitoring results for the 2016/17 year in preparation for the Ministry of Health's Annual Drinking Water Survey. The CPH Drinking Water Assessor is busy examining this data and will prepare a compliance report for each Council and follow these up late in the year.

New West Coast Team Leader Appointed

Freedom Preston has been appointed to a one year position as the CPH West Coast Team Leader covering Claire Robertson's maternity leave. Freedom will commence on 2nd August.

Pause Breathe Smile Mindfulness Programme

CPH and BullerREAP staff co-facilitated two "Pause Breathe Smile" eight week mindfulness programmes with Year 4-5 and 5-7 classes at Reefton Area School, involving 43 students. In addition, half hour staff sessions were also held weekly to support staff wellbeing and ensure staff could support the skills taught in the programme. Feedback has been positive and CPH will continue to support the school with this mahi. *"Many, many thanks for the work you've been doing with our students and staff. I'm pretty sure you're equipping us with great tools to help out in the burly burly of living in our village. It is greatly appreciated"* is just one example of the positive feedback that has been received.

Nutrition

CPH staff ran two 'Delicious Nutritious Low Cost Evening Meals' workshops in Greymouth and Hokitika. These were well attended, reaching about 25 people (mostly parents of children under 5).

Working with the Hokitika Public Health Nurse, CPH staff ran a Nutrition Stand targeting oral health and portion sizes at Harper Park Early Childhood Centre.

CPH staff also attended the recent Kowhitirangi Play Day, held at the local hall and run by WestREAP.

CPH advised that they have appointed an additional 0.8FTE nutrition health promoter on a two year contract. She will start work later in August and will increase the capacity in community nutrition and the ability to support the Ministry's Raising Healthy Kids target.

Submissions

Following on from submissions regarding the Grey and Buller District Councils draft 2017/18 Annual Plans, CPH has recently submitted on the West Coast Regional Council's Draft Annual Plan indicating strong support regarding the new structure for Civil Defence and Emergency Management.

In February, CPH staff coordinated the Healthy West Coast submission regarding the *Draft New Zealand Energy Efficiency and Conservation Strategy 2017-2022*. Amongst other recommendations, the submission strongly recommended that the Warm Up New Zealand: Heat Smart Programme be reinstated for home owners (as well as landlords) to ensure that the New Zealand housing stock is continually improved, as the draft strategy did not include actions to support home owners. Following this consultation, the Energy Minister has announced that Warm Up New Zealand will once again be extended to low income home owners as well as landlords. This is particularly significant for the West Coast where we have relatively high home ownership, compared to other regions.

Planning and Reporting

The Ministry of Health has signed off the 2017/18 WCDHB Public Health Plan and CPH's 2016/17 Annual Report has been submitted for Ministry feedback.

Copies of the publication 'Nourishing Futures with Better Kai' were provided to Committee members who were impressed with the document complimenting CPH on the layout and overall quality of the publication. The Committee noted that other DHB's have expressed interest in using the publication in their areas.

The report was noted.

5. PLANNING & FUNDING UPDATE

Kathy O'Neill, Team Leader, Planning & Funding, presented this update. The report provided the Committee with an update on progress made on the Minister of Health's Health and Disability priorities and the West Coast DHBs Annual Plan key priority areas as follows:

Key Achievements

- **ED Health Target:** Performance continues to be impressive with 99.3% of patients admitted, discharged or transferred from Grey Base ED within six hours in June. The same result was achieved for the 2016/17 financial year. The West Coast continues to lead the country in this target.
- **Elective Services Health Target:** The West Coast DHB has exceeded target, delivering 1,770 elective surgical discharges to 31 May - 103% of planned discharges against the year-to-date target.
- **ESPI 5 | First Specialist Assessment (FSA) to treatment:** The West Coast DHB remains within compliance tolerance levels for ESPI 5, with only three patients exceeding the 120-day maximum wait time for receiving surgery as at the end of May 2017 (two plastic surgery patients and one gynaecology patient).
- **B4 School Check Coverage:** When including all children that engaged with the B4SC service, the DHB is pleased to have met the year-end 90% B4SC target for 2016/17.

- Mental Health: Consultation with key stakeholders and the public on the model of care document and crisis response has begun West Coast wide. Overall, this has been met with a positive response.

Key Issues & Associated Remedies

- ESPI 2/First Specialist Assessment (FSA): For a second month, the West Coast DHB is exceeding the maximum 120 days national wait time target for ESPI 2, with 24 orthopaedic patients overdue for FSA as of 31 May 2017. A recovery plan for orthopaedic services is being developed as part of transalpine arrangements.
- Aged Residential Care Services: Nursing staff from Canterbury were deployed at Granger House to help with an outbreak of resident and staff illness. Admissions are still limited to ensure that staff are able to focus on the needs of the current residents.

The Committee noted that there is a recovery plan in place and it is anticipated ESPI 2 will go 'Yellow' in July and will avoid any financial penalty.

Feedback posted on the B4 Schools Facebook page was raised and the Committee noted that it is the B4 Schools Coordinator who administers the Facebook page so the service is aware of all feedback posted, and they also answer any queries.

The report was noted.

6. HEALTH TARGETS – QUARTER 3

Kathy O'Neill, Team Leader, Planning & Funding also presented this report which was taken as read.

The report was noted.

7. ALLIANCE UPDATE

Kathy O'Neill, Team Leader, Planning & Funding, also 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.

Alliance Leadership Team (ALT)

At the last meeting in May the ALT:

- Acknowledged and were pleased with the good progress of the change work in Mental Health.
- Recognised the good work being carried out by ISG and noted the inability of some work to progress as a result of financial constraints.
- Noted the delay and impact in the implementation of the Shared Care Plan, currently two years behind schedule.
- Agreed to and endorsed the 17/18 Workstream plans, the 17/18 Annual Plan and the 17/18 System Level Measures Improvement Plan.
- Were pleased to note the positive progress across all workstreams against the 16/17 plans.

Health of Older Persons

- Work has commenced for Home Based Support Services that employ Care and Support Workers to implement the pay equity settlement announced by the Ministry of Health in April. This work has been prioritised by the relevant teams in order to meet with Ministry of Health timelines.

- A regular networking forum has been initiated with the management teams of the Aged Residential Care facilities.
- Several cohorts of healthcare professionals are currently enrolled in the person-centred dementia education programme; Walking in Another's Shoes. Over 30 students across the system are working towards completion. A master class was provided in Quarter 3 with 12 students attending, including Enrolled and Registered Nurses, Diversional Therapists and Support Workers.

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

- The Primary & Community Model of Care document consultation took place during June with feedback being received and collated by early July.
- The Greymouth Medical Centre/Rural Academic General Practice merger was completed on 3 July as planned.
- A comprehensive Allied Health Integration Project Plan has been developed to guide the work required between now and the end of the year. This has also been added to the primary & community project plan for reference.

Healthy West Coast (HWC)

- Positive progress is being made towards implementing the Tobacco Harm Reduction Pathway tool in community mental health teams. Teams have been briefed on the pathway and the possibility to use it with clients of the service who are keen to reduce their tobacco use.
- The planned Transalpine Oral Health Steering Group led workshop was rescheduled and took place on 18 July. A report will be provided to the Committee in due course

Child and Youth

- The workstream were pleased to note that the MoH has decided to continue funding for regional Well Child Tamariki Ora (WCTO) Quality Improvement managers. This role has supported work across the South Island to improve access to the full complement of WCTO services and the continuation will see further improvements in this area.

The report was noted.

8. DISABILITY SUPPORT SERVICES RESPITE STRATEGY 2017-2022

Kathy O'Neill, spoke to the Disability Support Services Respite Strategy and commented that this work was commenced a couple of years ago around Enabling Good Lives.

A brief discussion took place regarding the document and the flexibility it offers for those eligible. The Committee noted the improvements made to the provision of respite over the past 10 years.

The Committee also noted the release of a Cabinet Paper, "System Transformation for a New Disability Support System". This looks at different approaches to how services will be provided with moves towards individualised funding. It is proposed that this will be rolled out first at Mid Central DHB commencing in July 2017. The link to this paper has been provided to Board and Committee members (<http://www.enablinggoodlives.co.nz/system-transformation/>)

Discussion took place regarding the transformation of respite care and the issues around fiscal sustainability for respite facilities.

Discussion also took place regarding references to NASC and DIAS when it is not yet clear what these will look like going forward and could have a huge influence on respite funding. It was

agreed that a close eye would be kept on this.

9. GENERAL BUSINESS

Chair, Elinor Stratford, tabled the new New Zealand Disability Strategy and provided copies to members.

The Chair informed the Committee that the next Accessible West Coast Strategic meeting will be held in Westport on Thursday 10 August.

INFORMATION ITEMS

- Board Agenda - 23 June 2017
- Chair's Report to last Board meeting
- 2017 Committee Workplan
- West Coast DHB 2017 Meeting Schedule

There being no further business the meeting concluded at 10.15am.

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 26 OCTOBER 2017

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
1.	27 July 2017	Water Quality	On-going updates to be provided to the Committee	As required
2.	8 June 2017	Breastfeeding chart to be included in reporting	To remain on carried forward until reporting developed.	In progress

UPCOMING PRESENTATIONS

TOPIC	STATUS
Drinking Water Systems and Protection	On Today's Agenda
Consumer Council	November 2017
Outcomes around Alcohol Project	November 2017
Oral Health	Early 2018

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

SOURCE: Community and Public Health

DATE: 26 October 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, 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 approved for release by: Dr Cheryl Brunton, Public Health Specialist
Community and Public Health

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

August 2017

Hauora Explorer – Wellbeing Expo

The inaugural 'Hauora Explorer' Expo was held on 7th August at Greymouth High School. The event featured community organisations that support the wellbeing of our young people. Students visited the 17 stalls, which all promoted ways to enhance the four dimensions of hauora/wellbeing, using Te Whare Tapa Whā model of health. Students completed challenges and activities connected to their mental and emotional, physical, social and spiritual wellbeing. CPH staff attended the event and promoted positive wellbeing, healthy food options and smokefree lifestyles.



Other organisations involved in 'Hauora Explorer' included PACT, West Coast PHO, Infant, Child and Adolescent Mental Health Service, CCS Disability Action, Emerge Aotearoa, The Shed, the Cancer Society, Poutini Waiora, and the Grey/Westland Te Rito Family Violence Prevention Network. Year 10 and Level 2 Health classes also hosted stalls at the event. Greymouth High School acknowledged CPH's Health Promoting Schools Coordinator, for enhancing wellbeing in the school. The Hauora Explorer event was an initiative from community network partnerships set up this year between Greymouth High School's pastoral team and the community agencies that support young people. 'Hauora Explorer' may become an annual event.

Oranga Hā – Tai Poutini (Stop Smoking Service)

The Oranga Hā team reports that for the last quarter 93% of those referred (n=107) enrolled in the cessation programme, with more than half of those attempting to quit and 45% achieving that at four-weeks. This success in quitting is largely the result of cessation workers' effective engagement with clients, including targeting their supporting whānau members.

Another Oranga Hā initiative has also begun with Greymouth's The Warehouse, where management is committed to creating a smoke free work place by 1 January 2018. In the lead up to this, an incentive programme for customers and staff begins on 2nd September in the lobby of the store. West Coasters who sign up to stop smoking at The Warehouse that day will go into the draw to win a BBQ donated by The Warehouse. This initiative is being followed closely by The Warehouse's national headquarters to see if something similar can be rolled out nationally.

Teenagers, Alcohol and the Amazing Brain

The report 'Alcohol use by West Coast young people – a survey of young people's and adult's views' is ready for release. The report is based on surveys completed by 920 young people aged 12-18 years and 66 adults who work with young people. CPH staff will visit secondary and area schools and alternative education to present the findings of the report. It is hoped that the report will inform future planning by schools and that young people will be supported to make use of the report's findings in their studies and school projects. The report should also be useful to a wide range of community groups and agencies working to reduce alcohol-related harm in West Coast communities.

Alcohol Licensing

CPH's alcohol licensing officer has been involved in discussions with Westland Racing Club and Kumara Racing Club in regards to the alcohol licences proposed for the Westland Racing Club's annual race meeting during January 2018 in Hokitika and Kumara Races during January 2018. These discussions also involved the Westland District Licensing Inspector and the West Coast Police Prevention Manager. All three agencies are keen to ensure that these events are successful and enjoyable for those who attend and that alcohol-related harm is minimised

The Alcohol Licensing Officer continues to meet regularly with Police and District Licensing Inspectors. As a result of these discussions, all three West Coast councils are now using the same alcohol licence application forms which makes it easier for all reporting agencies by providing consistent information and enabling more efficient assessment of applications.

Joint licensed premises monitoring by the three agencies has been conducted in Grey and Westland districts. A good response was received from licensees and Duty Managers, especially at some of the more isolated rural licensed premises visited. Joint agency monitoring will occur in Grey District and Westland Districts on a three monthly basis and a process is being developed for similar monitoring to be carried out in Buller District.

Nutrition

CPH staff ran an Early Childhood nutrition workshop at WestREAP with the Mums 'n' Bubs group. Eight mums and their babies (aged 3-12 months) attended. There were lots of questions around brushing teeth, iron and building healthy lunchboxes as their babies move through the different solids textures. The team also presented '*Healthy eating and nutrition in pregnancy and early childhood*' to 30 health professionals at a Lead Maternity Carer development day. This talk was rated as the most preferred and well-presented session of the day. This month, CPH also welcomed a new nutrition health promoter, Carina Schill, to our team. Amongst other things, Carina will be working to support the WCDHB to achieve the Ministry's Healthy Kids target.

West Coast Accessibility Coalition

CPH is a member of this group which is currently developing a Terms of Reference. A workshop will be held 28th September to expose participants to relevant Disability Strategies that will guide and inform the Coalition's work in future.

**REPORT to CPHAC/DSAC
COMMUNITY AND PUBLIC HEALTH (CPH)
September 2017**

Drinking Water

The last two months have been particularly busy with drinking water issues. In addition to the annual drinking water survey in August, CPH staff have also been responding to two major drinking water incidents on the Coast.

The water supply for the Ross township was affected by a major landslip in the catchment after heavy rain at the end of August and residents have been asked to conserve water. One of the two water intakes was affected by the slip and this has resulted in problems with the treatment plant's filters. CPH has been involved in the response to this incident, liaising with the Westland District Council, Westroads and the Ministry of Health. The Ross treatment plant was built with the help of a Ministry of Health capital assistance grant.

In early September, consumers on the Westport/Carters Beach water supply were placed on 'Essential Use' water restrictions due to the reduction in water levels in the reservoirs serving the townships. The reservoir levels had fallen since the collapse of the main tunnel feeding water to them and the alternative water sources had a more limited capacity. CPH staff have been working since then as part of the emergency response to this incident. Our role has included the provision of emergency public health advice, working with WCDHB on contingency planning, issuing emergency registration to water carriers, supporting and liaising with Buller District Council staff, and monitoring and reporting on the situation to the Ministry of Health. Water levels in the reservoirs have recovered and restrictions have been eased but a long term solution to the problem is unlikely to be in place for at least 6-12 months. Throughout the incident, water quality has been maintained and a boil water notice has not been necessary.

Oranga Hā – Tai Poutini (Stop Smoking Service)



CPH is delighted to report that Trish Hunt, one of the cessation workers with Oranga Hā, has completed her NZQA qualification in Health and Wellbeing Support. The Ministry of Health now requires smoking cessation workers to hold this qualification. The two other Oranga Hā cessation workers are also close to completing the coursework required for this qualification.

Oranga Hā and other smoking cessation services on the West Coast are seeing a high number of referrals resulting in programme enrolments. West Coast now has 8.9% of the target population enrolled making it a national leader among Ministry of Health funded services for the last quarter.

West Coast Accessibility Coalition

CPH contributed to the organisation of the West Coast Accessibility Coalition workshop held on 28th of September facilitated by Kathy O'Neill. The 15 participants from across the Coast used the NZ Disability Strategy to workshop potential areas of focus for the West Coast Coalition.

Nutrition

CPH ran an Early Childhood nutrition workshop in Cobden with the Melody Makers group in conjunction with WestREAP, with twelve mums and their children (aged 2-5 years) in attendance. There were lots of questions about vegetarianism, getting enough iron, fussy eating and milk choice. The team have completed delivery of a full course of Appetite for Life in Greymouth with ten participants. CPH also worked with the Blue Light team and delivered a nutrition presentation to the boot camp participants at Greymouth High School, which saw eight students and their parents attend and was well received. Our new Nutrition Health Promoter has delivered a presentation in Ross, extending the team's reach, including the promotion of evidence based nutrition and Appetite for Life. Ten Early Childhood Centres in Hokitika and Greymouth have been visited this month, supporting the hosting of Heart Foundation staff to encourage achievement of Healthy Heart Awards. All ten have either achieved a Healthy Heart Award or are working towards one.

Teenagers, Alcohol and the Amazing Brain

The report 'Alcohol use by West Coast Young People – a Survey of Young People's and Adult's Views' has been presented to all contributing groups of students and staff at seven secondary and area schools on the West Coast. Initial discussions with schools about possible next steps have begun. Some of the ideas from students and school staff have included developing resources that can be accessed online by teachers, students and others about alcohol and its impact on the developing brain; senior students working with younger students in health classes; students creating a song, rap or drama about alcohol-related issues; schools reviewing their alcohol policies, and much more. Given that senior students are working towards final exams between now and the end of the year, this work will start in Term 1 of 2018.

Presentations are also being scheduled with a range of community groups and agencies who support young people and also those working to reduce alcohol-related harm on the West Coast. The summary (including infographic) and full versions of the report are available online on the West Coast DHB and Community and Public Health websites. An infographic with the key findings of the survey is attached for information.

Alcohol Licensing

CPH's Alcohol Licensing Officer has joined the Westland District Licensing Inspector and the West Coast Police Prevention Manager in continuing discussions with the Westland Racing Club and Kumara Racing Club regarding the licences for events during January 2018. The focus of the discussions is to fully inform the clubs of their responsibilities in respect of the Sale and Supply of Alcohol Act 2012 and to ensure that events can be successful and enjoyable without any alcohol-related harm.

The implementation of the new combined West Coast Council Alcohol Licence application forms (the same form for Buller, Grey and Westland) has been seamless and the new forms are being welcomed by reporting agencies.



Alcohol use by West Coast young people

A survey of young people's views

August 2017

Young people's interactions with alcohol

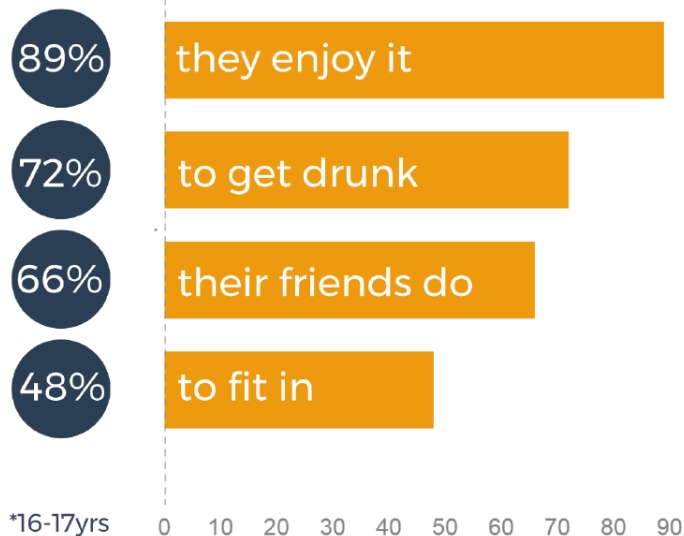


Community & Public Health West Coast

a division of
Canterbury District Health Board

Why do West Coast young people drink alcohol?

Young people* said they drink alcohol because ...



+ Local context



Economic situation



Unemployment



Deprivation

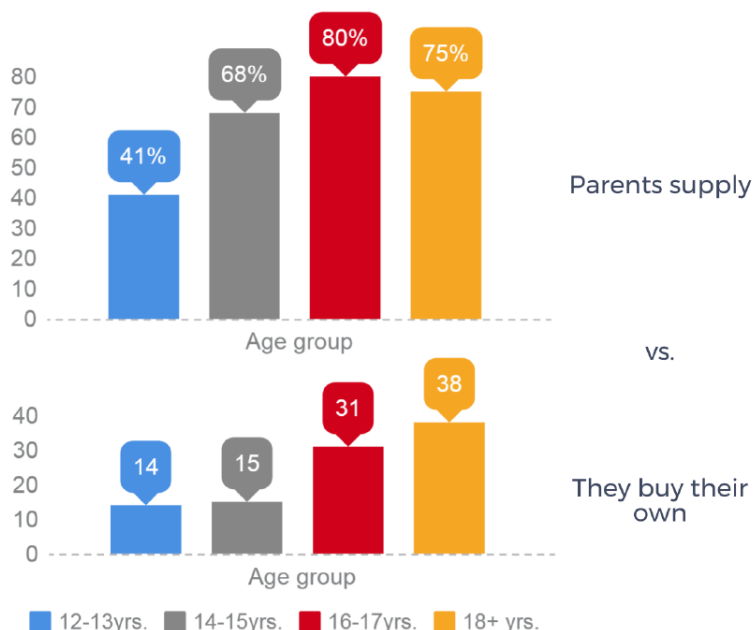


Geographical isolation + population outflow

= Vulnerabilities | Increased sensitivity to alcohol harm

Where do West Coast young people get their alcohol from?

Parents/caregivers supply vs purchasing own alcohol, by age group.



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

SOURCE: Planning & Funding

DATE: 26 October 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

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

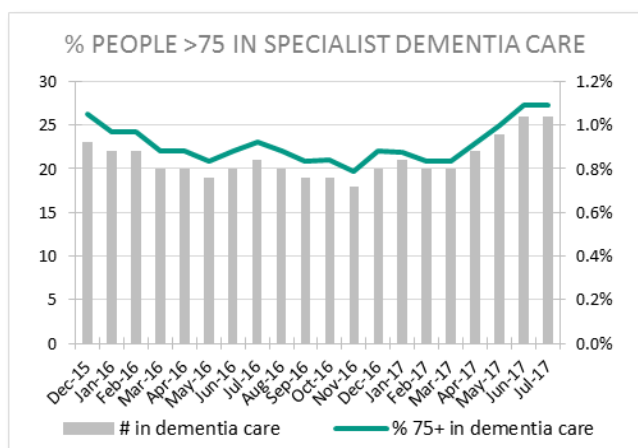
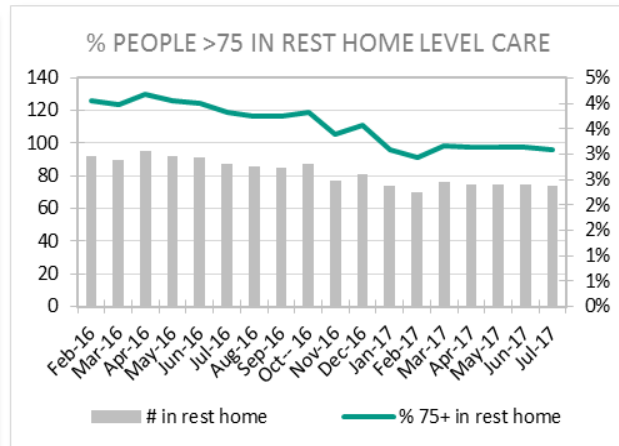
- **ED Health Target:** Performance remains impressive with 99.4% of patients admitted, discharged or transferred from Grey Base ED within six hours in September. A result of 99.0% has been achieved for the 2017/18 financial year to date. The West Coast continues to lead the country in this target.
- **Elective Services Health Target:** The West Coast DHB was 24 discharges ahead of the year-to-date target for elective and arranged surgeries at the end of August 2017.
- **ESPI 5 | First Specialist Assessment (FSA) to treatment:** The West Coast DHB remains within compliance tolerance levels for ESPI 5, with only one patient (dental case) exceeding the 120-day maximum wait time for receiving surgery as at the end of August 2017. This person has since been provided with their surgery.

✗ Key Issues & Associated Remedies

- **ESPI 2 | First Specialist Assessment (FSA):** There were 14 orthopaedic patients waiting over 120 days for their outpatient First Specialist Assessment as of the end of August. Work is ongoing to schedule additional outpatient clinics to clear the backlog.

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

Health of Older Persons



Achievements / Issues of Note

Aged Residential Care: The ARC Forum was well attended and attendees were enthusiastic about the HealthLearn portal being made available to ARC Staff as well as other groups within the health sector.

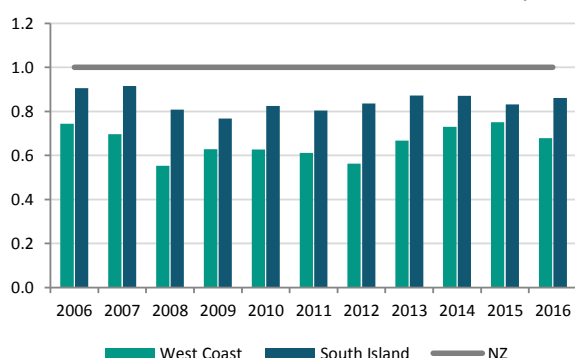
Following completion of the HealthCert audit, Granger House has been recertified for another year. The DHB is working with the facility to allow new admissions. It remains under receiver management and we continue to monitor the care of residents.

Health Service Review: A stocktake on services / groups / activities available to Older People has been sent to stakeholders and responses are being received.

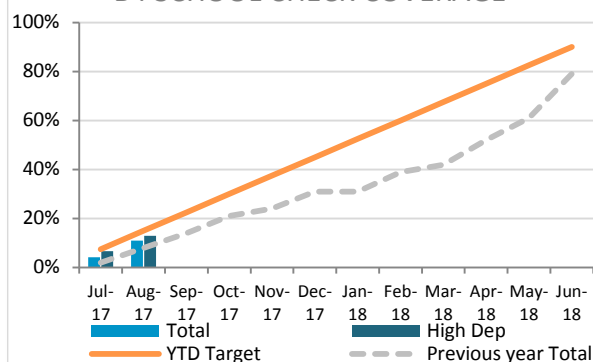
Stroke Clinical Nurse Specialist: The work of the Stroke Service is being highlighted and work continues to raise the profile of the Stroke CNS role within the community and among other health services.

Child, Youth & Maternity

ACUTE MEDICAL DISCHARGE RATE, CHILDREN (0-14)

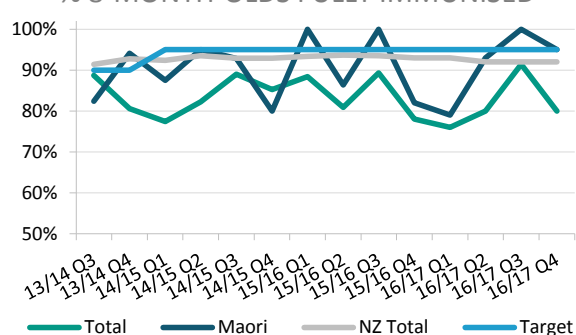


B4 SCHOOL CHECK COVERAGE

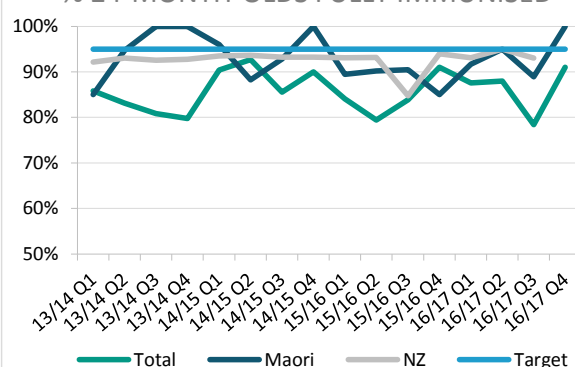


HEALTH TARGET:

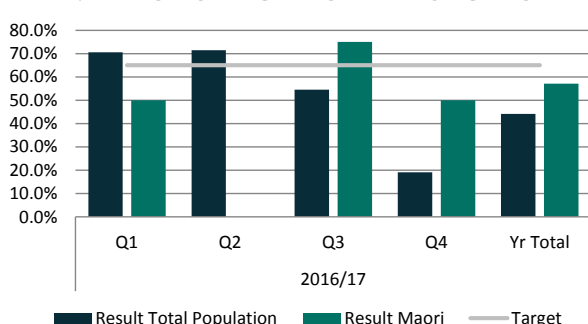
% 8-MONTH-OLDS FULLY IMMUNISED



% 24-MONTH-OLDS FULLY IMMUNISED



% BABIES RECEIVING BREASTMILK AT 6 MONTHS



Achievements / Issues of Note

Immunisation: This quarter 80% of all eight-month-olds were fully immunised with only 4 children missed. 95% of Māori children were fully immunised, our rate dropping from 100% due to 1 opt-off.

Opt-offs (8) and declines (4) increased this quarter to a combined 15%. This high percentage is due to the unique community that choose to opt their children off the NIR and decline vaccination.

B4 School Check Coverage: 41 children (including 4 high deprivation children) have received their B4 School Check at the end of August 2017. This brings the result to 11% (13% high deprivation) against a year to date target of 15%. Work continues to find eligible children and the service has increased its flexibility to provide pop up clinics as necessary. We have improved coverage on this time last year.

Breastfeeding: The Ministry of Health is now releasing data on breastfeeding rates at three months old on a quarterly basis. This data will, for the first time, include all Well Child Tamariki Ora service providers. The first data set has not yet been released however preliminary data suggests the West Coast region is tracking well against the national average.

Locally, work will continue to reproduce this data set in a more real time way and by provider, to support quality improvement.

Mental Health

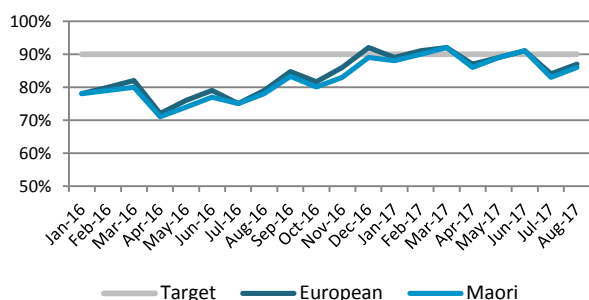
Achievements / Issues of Note

Future Services Project: The information gathered on crisis response will become part of the future model for mental health that is being developed over the coming months. The next focus area is Community Mental Health Teams with co-design workshops planned for late October.

Primary Mental Health: These services, provided via the PHO, are an integral part of the system. The team has a variety of expertise that supports responsive services for people with mild to moderate mental health challenges. There is potential to expand their role, particularly as they work well with NGOs and can be part of community based wrap around services.

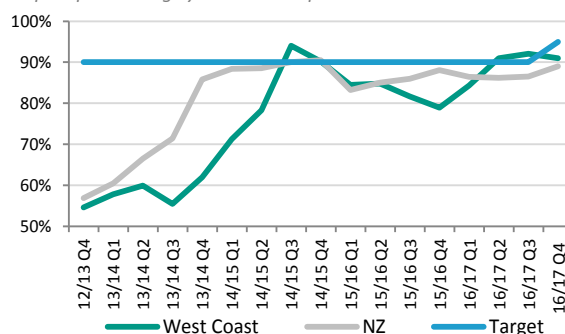
Primary Care & Long-Term Conditions

% PHO REGISTERED SMOKERS OFFERED
ADVICE & HELP TO QUIT



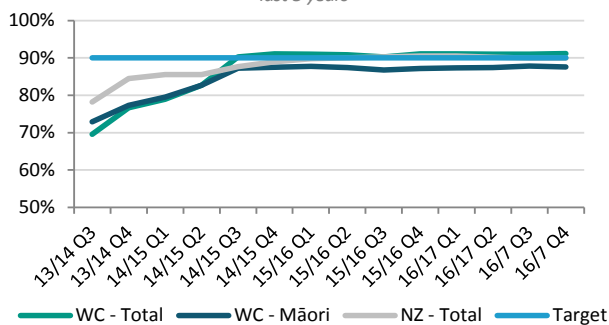
HEALTH TARGET: PRIMARY SMOKING

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



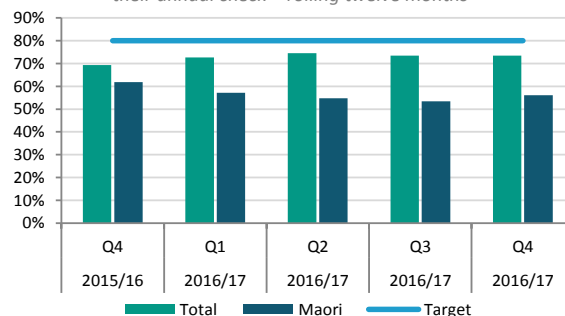
CARDIOVASCULAR & DIABETES CHECKS

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



GOOD DIABETES MANAGEMENT

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



Achievements / Issues of Note

Health Target | Primary Care Smoking: The DHB is pleased to report that the target was again exceeded in Quarter 4 for total population as well as Māori and High Needs.

Cardiovascular and Diabetes Checks: The West Coast DHB continued to maintain overall performance in Quarter 4 2016/17, with 91% of the eligible enrolled population having had a cardiovascular and diabetes risk assessment against the 90% target. Results for West Coast Māori remained slightly lower at 87.6%. Data for the first quarter of the 2017/18 financial year is due in the coming weeks.

Diabetes Management: Diabetes and its complications are a significant and growing risk to the health of the West Coast population. 1,023 people in the 15-74 year age group with established diabetes had an annual review during 2016/17. 73.5% of these had good management of their disease (defined by having an HbA1c level at or below 64mmol/L). The result for Māori was lower at 56.1%.

The Ministry of Health estimate 1,388 West Coast residents have diabetes. Using this Ministry estimate rather than the number of people who had an annual review, there are potentially a further 365 who have, but haven't had an annual review. In addition to this, it is estimated that there are around 1,200 further people on the West Coast who are pre-diabetic or who have significant risk factors for developing diabetes.

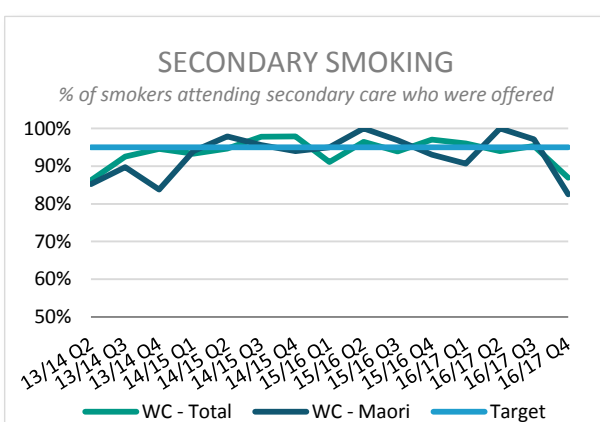
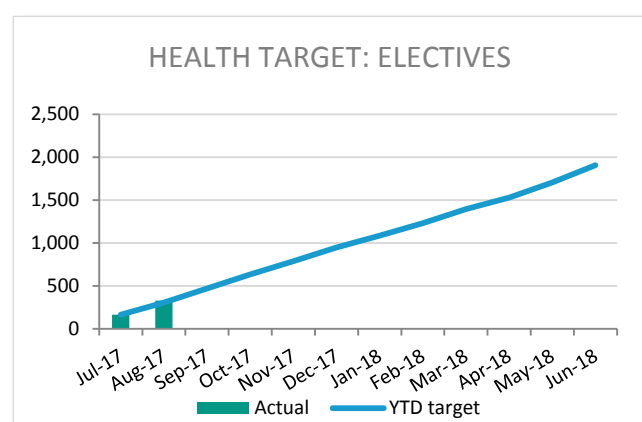
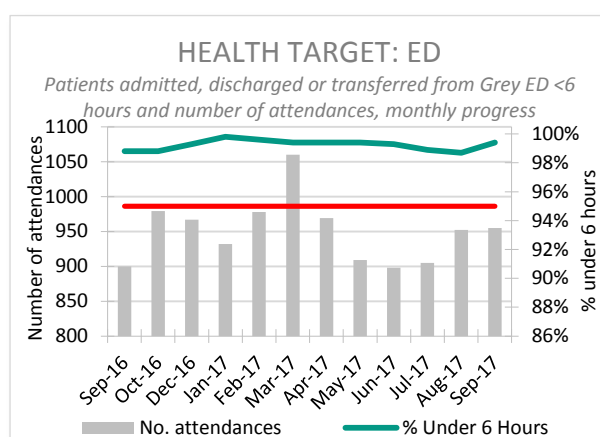
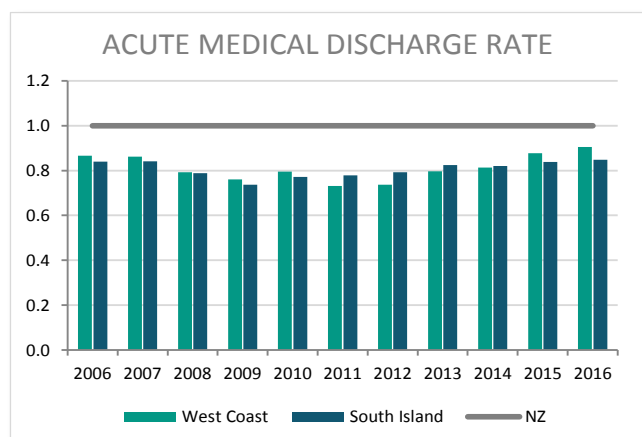
The West Coast PHO and Poutini Waiora staff are working closely together to better engage with Māori and their whānau to encourage closer care in diabetes self-management. We are also working together to focus on prevention by identifying and reducing risk factors for Māori who are pre-diabetic.

Liaison, planning and integration is occurring between practices, nurse specialists, and Poutini Waiora to improve health outcomes for Māori. This provides opportunity to focus on diabetes education and prevention through improving lifestyle factors.

A programme is being developed to provide expertise around nutrition, smoking cessation and exercise for Māori with complex needs (in partnership with Community Public Health, the PHO, and Sport West Coast). Clinics are held between these services to achieve identified health outcomes for Māori including: LTC enrolment, follow-up, healthy lifestyle intervention referrals, improving self-management and other health care needs.

Poutini Waiora nurses work in general practices across the West Coast specifically to connect Māori who are not accessing health services through their Practice – this includes undertaking Diabetes Annual Reviews and Diabetes Education. Whānau Ora nurses connect patients with the Diabetes Nurse Specialists when their needs are complex.

Secondary Care & System Integration



Achievements / Issues of Note

Health Target | ED: The West Coast DHB continues to achieve this target with 99.3% of patients admitted, discharged or transferred from Grey Base ED within six hours in the month of September and 99% for the 2017/18 financial year to date (against the 95% target). Of those attending, 94% of people were seen within just four hours in September (91.9 % in the year to date). Confirmed quarter one results are expected in the next few weeks.

Secondary Smoking: During Quarter 4, the West Coast DHB staff provided 86.9% of all hospitalised smokers with smoking cessation advice and support against the 95% national target (82.5% for Māori). This represents a drop in performance and the Smokefree Services Coordinator has been working with specific departments where performance against the target has changed, to review the ABC data capture process.

Health Target | Electives: The West Coast DHB was 24 discharges ahead of target at the end of August, with 329 elective and arranged surgeries having been undertaken (108% of year-to-date target). The West Coast DHB is required to deliver 1,905 elective and arranged discharges in 2017/18. This target remains unchanged from 2016/17.

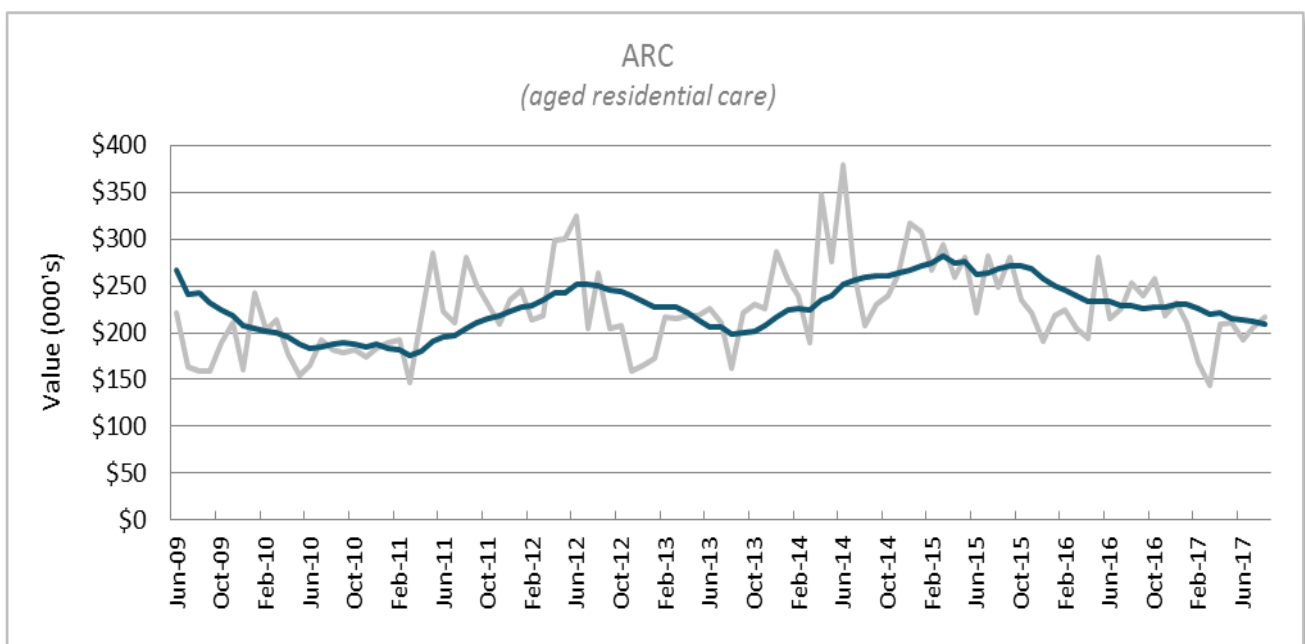
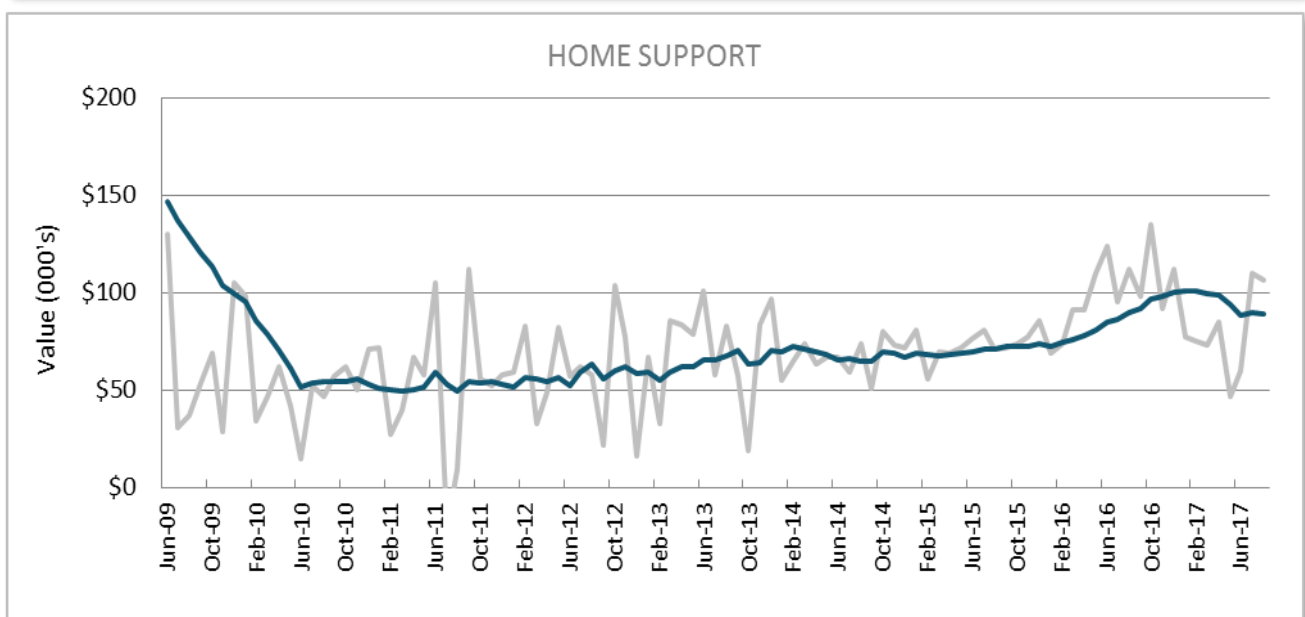
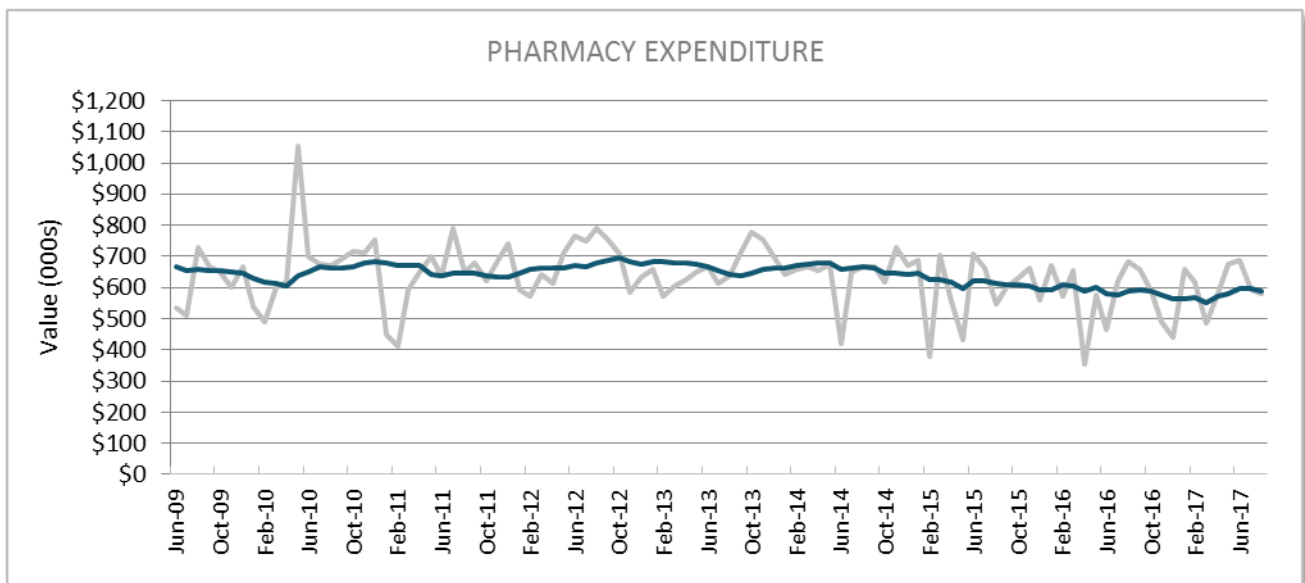
ESPI Compliance | ESPI 2 (First Specialist Assessment): There were 14 orthopaedic patients waiting over 120 days for their outpatient First Specialist Assessment as of the end of August. Both the West Coast and Canterbury DHB orthopaedic services continue to face similar non-compliance issues due to service constraints, with the problem extending into September. Work is ongoing to schedule additional outpatient clinics to clear the backlog.

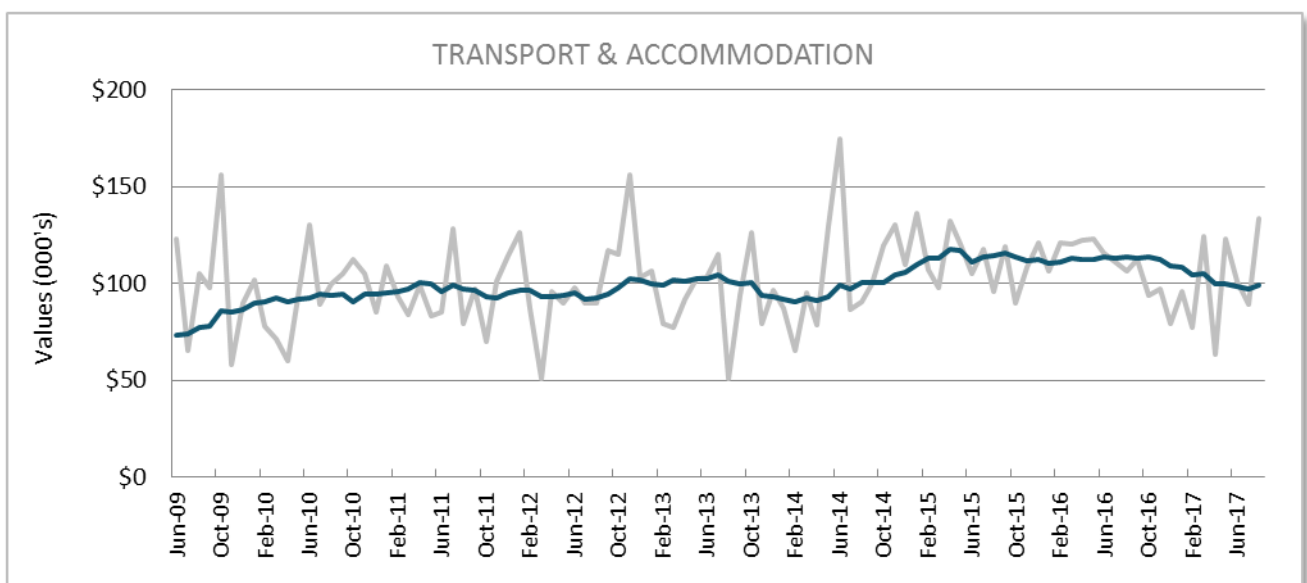
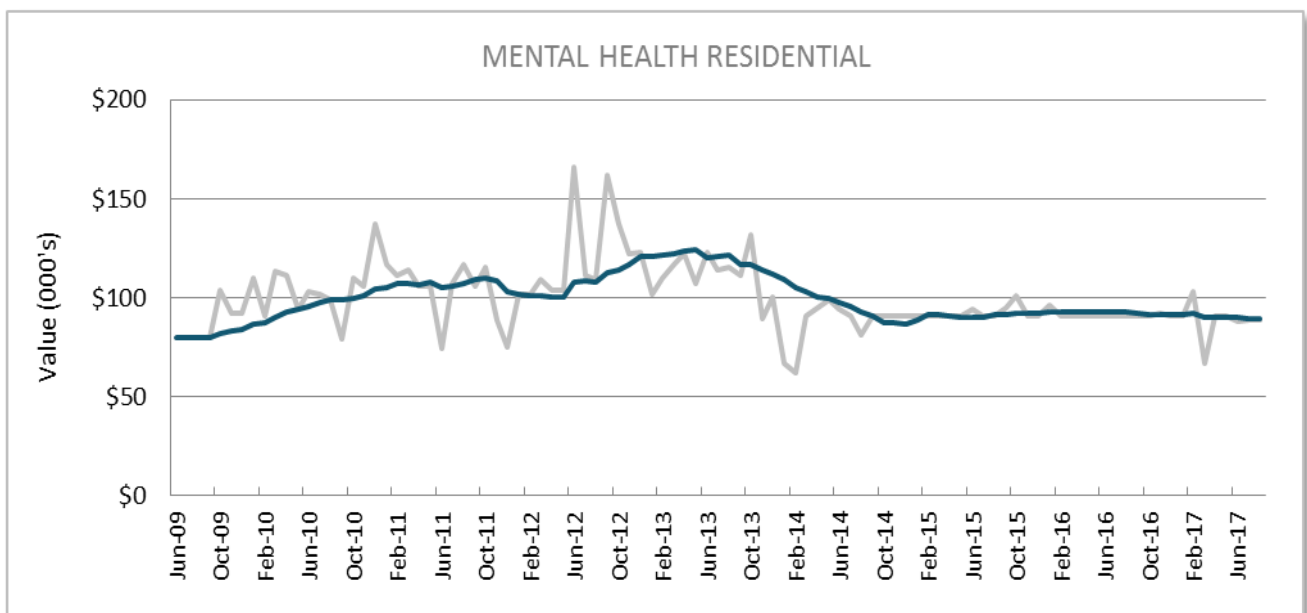
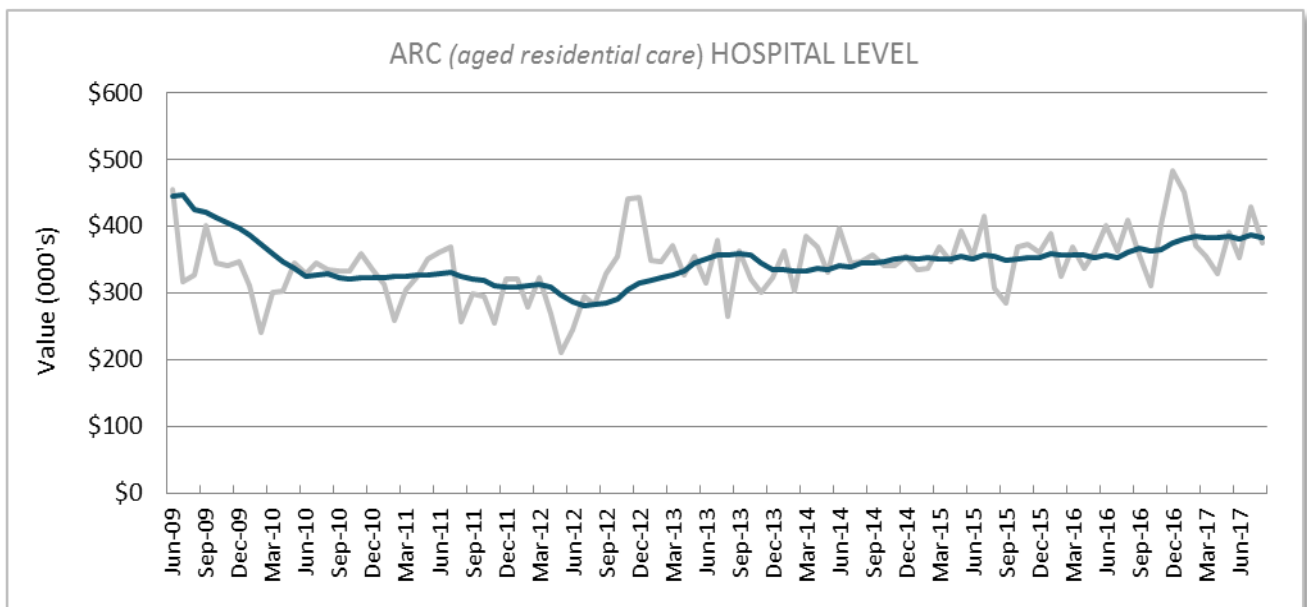
ESPI Compliance | ESPI 5 (FSA to Treatment): One dental case exceeded the 120-day maximum wait time from FSA to surgical treatment as at the end of August 2017. The patient has since undergone surgery.

Financials

Planning and Funding Division Month Ended August 2017

Current Month				Year to Date				
Actual	Budget	Variance		SERVICES	Actual	Budget	Variance	
\$000	\$000	\$000	%		\$000	\$000	\$000	%
				EXPENDITURE				
				Primary Care				
41	29	-12	-43%	Dental-school and adolescent	71	57	-14	-24%
20	22	2	9%	Maternity	45	43	-2	-5%
1	1	0	21%	Pregnancy & Parent	4	3	-1	-50%
0	0	0		Sexual Health	0	0	0	
4	5	1	21%	General Medical Subsidy	8	9	2	17%
511	526	15	3%	Primary Practice Capitation	1,062	1,052	-9	-1%
98	98	0	0%	Primary Health Care Strategy	196	196	0	0%
87	88	1	1%	Rural Bonus	175	176	2	1%
4	4	0	-3%	Child and Youth	10	8	-2	-21%
-6	6	11	202%	Immunisation	8	12	4	32%
5	5	0	2%	Maori Service Development	9	10	0	2%
52	52	0	1%	Whanua Ora Services	104	105	1	1%
5	14	9	67%	Palliative Care	5	28	22	81%
9	8	-1	-9%	Community Based Allied Health	10	17	7	40%
16	14	-2	-15%	Chronic Disease	29	28	-1	-3%
36	28	-8	-29%	Minor Expenses	66	55	-10	-19%
882	900	17	2%		1,802	1,800	-3	0%
				Referred Services				
21	28	7	26%	Laboratory	49	56	7	12%
580	636	57	9%	Pharmaceuticals	1,171	1,261	90	7%
601	665	64	10%		1,220	1,317	97	8%
				Secondary Care				
225	174	-51	-29%	Inpatients	361	348	-13	-4%
139	155	16	10%	Radiology services	286	309	23	7%
133	105	-28	-27%	Travel & Accommodation	222	211	-12	-6%
1,501	1,499	-2	0%	IDF Payments Personal Health	3,002	2,997	-5	0%
1,998	1,933	-65	-3%		3,872	3,865	-7	0%
3,481	3,497	16	0%	Primary & Secondary Care Total	6,894	6,982	88	1%
				Public Health				
18	13	-5	-39%	Nutrition & Physical Activity	36	26	-10	-39%
11	11	0	1%	Tobacco control	22	22	0	1%
29	24	-5	-20%	Public Health Total	58	48	-10	-20%
				Mental Health				
7	7	0	1%	Dual Diagnosis A&D	14	14	0	1%
0	0	0		Eating Disorders	0	0	0	
20	20	0	1%	Child & Youth Mental Health Services	40	40	0	1%
6	8	2	21%	Mental Health Work force	12	15	3	21%
37	61	24	39%	Day Activity & Rehab	75	123	48	39%
11	11	0	-2%	Advocacy Consumer	22	22	0	-2%
103	82	-21	-26%	Other Home Based Residential Support	206	163	-42	-26%
11	11	0	1%	Advocacy Family	22	22	0	1%
10	16	6	39%	Community Residential Beds	20	32	12	39%
67	67	0	0%	IDF Payments Mental Health	133	133	0	0%
272	282	11	4%		543	565	22	4%
				Older Persons Health				
78	123	44	36%	Pay Equity Settlement	154	245	91	37%
0	0	0		Needs Assessment	0	0	0	
106	111	4	4%	Home Based Support	217	222	5	2%
8	6	-2	-34%	Caregiver Support	11	12	0	3%
217	246	29	12%	Residential Care-Rest Homes	422	492	70	14%
25	8	-17	-214%	Residential Care-Community	35	16	-18	-114%
374	435	60	14%	Residential Care-Hospital	803	869	66	8%
14	10	-4	-38%	Day programmes	23	20	-2	-12%
15	12	-3	-26%	Respite Care	27	25	-2	-10%
0	1	1	100%	Community Health	0	3	3	100%
1	1	0	-1%	Minor Disability Support Expenditure	3	3	0	-6%
123	123	0	0%	IDF Payments-DSS	246	246	0	0%
963	1,076	111	10%		1,940	2,152	212	10%
1,234	1,358	122	9%	Mental Health & OPH Total	2,483	2,717	234	9%
4,744	4,879	135	3%	TOTAL EXPENDITURE	9,436	9,747	312	3%





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

SOURCE: Alliance Leadership Team

DATE: 26 October 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 by the West Coast Alliance.

2. RECOMMENDATION

That the Committee;

- i. Notes the Alliance Update.

3. SUMMARY

Progress of Note:

Alliance Leadership Team (ALT)

At their meeting in August the ALT:

- Acknowledged the good work being carried out by the Takarangi Cultural Competency Training and fully supports its continuation. The ALT is committed to weaving the three elements of management support, peer support and cultural support into our workstreams.
- Acknowledged the Lessons Learnt Report as being a powerful document that highlights both the 16/17 successes as well as those areas where further action is needed.
- Agreed that engagement with the Consumer Council and the wider community is needed to ensure better feedback from our local populations. The ALT is determined to improve overall engagement and communication.

In September, members of the ALT were pleased to represent the Alliance at the WCDHB Board Planning Day, where the achievements, challenges and priorities from an Alliance point of view were put forward for consideration.

Health of Older Persons

- Progress has been made in collaboration between the Transalpine Palliative Care Leadership Team and the Health of Older People Service Review Project to align objectives. Support will be provided by the Service Review Project Team to the Leadership Team to enhance resourcing for projects.
- Management of Community Dementia services has been transitioned from Mental Health to the Complex Community Care Network.
- A preliminary audit of patients with fractured NOF has been completed by the Geriatrician. Work continues to provide the functions of a Fracture Liaison Service.

- The Aged Residential Care (ARC) Forum was well attended. Attendees were enthusiastic about the HealthLearn portal being made available to ARC staff as well as other groups within the health sector.

Integrated Family Health Service (IFHS) Workstreams (Primary & Community Project, Buller & Reefton)

- The Model of Care feedback has been distributed. A sub group from the Primary & Community Project Team has met to look at the required changes into the model of care document as a result of the feedback. This updated document is expected to be tabled in late October for endorsement.
- The Urgent Care Proposal for Change consultation closed on 20 September. Feedback has been collated and tabled with the Urgent Care project team for further consideration and discussion of any required changes. Once the feedback summary has been completed it will be tabled for endorsement prior to circulation in October
- Unfortunately the Buller District Council has declined the Buller IFHS workstream submission to its Annual Plan to introduce a Variable Rates Scheme to increase home insulation.

Healthy West Coast (HWC)

- Following full recruitment to the community nutrition and dietitian FTE, the Nutrition and Physical Activity Plan is now under development.
- Following closer collaboration between the nutrition services and the increase in resource, HealthPathways will be updated to reflect the range of support available to the community. The services have established an informal clinician to clinician referral so that West Coast residents receive the correct level of support for their needs.

Child and Youth

- The DHB is has worked alongside the Ministry for Vulnerable Children Oranga Tamariki and the Ministry of Education to review and gather feedback on current arrangements for the coordination of the Gateway service and confirm future arrangements.
- A review of the Youth Health Action Group membership has taken place to ensure this includes appropriate young consumer feedback as well as providers that can support the activity in the workplan.
- There was high engagement in the Child Services Review Hui on 15th September. There was strong will to move forward with a vision for shared governance of the various pieces of work supporting children and vulnerable families across the West Coast

Pharmacy

- A meeting was held with a couple of Grey based community pharmacists and the PHO to look at opportunities for community pharmacy to be incorporated in the planning and development for primary & community care, with some of their ideas for initiatives being recognised within the Primary & Community project plan. This has drawn attention to scripting issues that offer an opportunity to undertake some quality improvements with general practice. An initial meeting between the PHO, general practice and pharmacists is planned for October.

Report prepared by:

Jenni Stephenson, Planning & Funding

Report approved for release by:

Stella Ward, Chair, Alliance Leadership Team

WEST COAST DISTRICT HEALTH BOARD MEETING
to be held at St John, Water Walk Road, Greymouth
on Friday 29 September 2017 commencing at 1.00pm

KARAKIA	1.30pm
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ADMINISTRATION	1.35pm
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Apologies

1. Interest Register
2. Confirmation of the Minutes of the Previous Meetings
 - 11 August 2017
3. Carried Forward/Action List Items

REPORTS FOR NOTING	1.40pm
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- | | | | |
|-----|--|--|-----------------|
| 4. | Chair's Update (Verbal Update) | Jenny Black
<i>Chairperson</i> | 1.40pm – 1.45pm |
| 5. | Chief Executive's Update | David Meates
<i>Chief Executive</i> | 1.45pm – 2.00pm |
| 6. | Clinical Leader's Update | Karyn Bousfield
<i>Director of Nursing</i>
Stella Ward
<i>Executive Director, Allied Health</i>
Dr Cameron Lacey
<i>Medical Director</i>
Mr Pradu Dayaram
<i>Medical Director, Facilities Development</i> | 2.00pm – 2.10pm |
| 7. | Finance Report | Justine White
<i>General Manager, Finance</i> | 2.10pm – 2.20pm |
| 8. | Wellbeing Health & Safety Update (Verbal Update) | Michael Frampton
<i>General Manager, People & Capability</i> | 2.20pm – 2.30pm |
| 9. | Health Target Q4 Report | Carolyn Gullery
<i>General Manager, Planning & Funding</i> | 2.30pm – 2.40pm |
| 10. | Maori Health Update | Gary Coghlan
<i>General Manager, Maori Health</i> | 2.40pm – 2.50pm |
| 11. | Resolution to Exclude the Public | <i>Board Secretary</i> | 2.50pm |

INFORMATION ITEMS

- 2017 Meeting Schedule

ESTIMATED FINISH TIME	2.50pm
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NEXT MEETING: Friday 3 November 2017

COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE 27 JULY 2017



TO: Chair and Members
West Coast District Health Board

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

DATE: 11 August 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 provided to the West Coast DHB Board as an interim update on the Community & Public Health & Disability Support Advisory Committee (CPH&DSAC) meeting of 27 July 2017.

For the Board's information the functions of CPH&DSAC, in accordance with their Terms of Reference and the New Zealand Public Health and Disability Act 2000:

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

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

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

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

The aim of the Committee's advice must be:

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

The Committee's advice to the Board must be consistent with the priorities identified in the New Zealand Health Strategy, the New Zealand Disability Strategy and with the Strategic Plan and the Disability Support Action Plan of the West Coast District Health Board.”

2. RECOMMENDATION

That the Board:

- i. notes the Community & Public Health & Disability Support Advisory Committee Meeting Update – 27 July 2017.

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 – Little Lungs

Staff from CPH and the West Coast Primary Health Organisation have recently begun a roll out of the Little Lungs – Pūkahukahu Iti programme to West Coast early childhood centres. Little Lungs is a smokefree initiative to support smokefree homes and cars. A workshop was held recently with twelve staff from the Active Explorers Shakespeare Street, Active Explorers Nelson Street and Learning Adventures Cobden (formerly Scenicland Preschools). Early childhood centres are provided with resources and support to help them have those tricky conversations with parents and whānau to encourage them not to smoke around their children. The aim of the project is to reduce the health effects of second hand smoke on children's developing lungs.

Oranga Hā – Tai Poutini (Stop Smoking Service)

The Ministry of Health recently released national results from quarter 3 (January – March 2017) for the new Stop Smoking Services. For the West Coast service, Oranga Hā – Tai Poutini, this was the first quarter that the service was fully staffed with 3x 0.6FTE practitioners. Oranga Hā had some pleasing results for this quarter including; 6.2% of people who smoke enrolled in the service (target 5%) for this quarter, 35% enrolled were Māori, 41% were quit 4-weeks after their target quit date, with a quit rate of 57% for Māori (target 50%). These targets are challenging to achieve and the service will be continuing to work hard and explore new strategies to maintain this level of performance.

Alcohol Licensing

CPH's Alcohol Licensing Officer (ALO) and the West Coast Police Prevention Manager are having regular discussions with the three District Licensing Inspectors in respect to alcohol licence applications in their respective areas. As the Licence Controller Qualification (LCQ) course at Tai Poutini Polytechnic has now changed from two days in the classroom to one day, the ALO has spoken to the LCQ facilitator and has been allocated time to address students. The ALO has conducted licence premises monitoring visits of Grey District premises with the West Coast Police Prevention Manager and Licensing Inspector and visits of Westland District licensed premises are planned for later this month.

Drinking Water

West Coast District Councils are currently compiling their drinking water compliance monitoring results for the 2016/17 year in preparation for the Ministry of Health's Annual Drinking Water Survey. The CPH Drinking Water Assessor is busy examining this data and will prepare a compliance report for each Council and follow these up late in the year.

New West Coast Team Leader Appointed

Freedom Preston has been appointed to a one year position as the CPH West Coast Team Leader covering Claire Robertson's maternity leave. Freedom will commence on 2nd August.

Pause Breathe Smile Mindfulness Programme

CPH and BullerREAP staff co-facilitated two "Pause Breathe Smile" eight week mindfulness programmes with Year 4-5 and 5-7 classes at Reefton Area School, involving 43 students. In addition, half hour staff sessions were also held weekly to support staff wellbeing and ensure staff could support the skills taught in the programme. Feedback has been positive and CPH will continue to support the school with this mahi. *"Many, many thanks for the work you've been doing with our students and staff. I'm pretty sure you're equipping us with great tools to help out in the burly burly of living in our village. It is greatly appreciated"* is just one example of the positive feedback that has been received.

Nutrition

CPH staff ran two 'Delicious Nutritious Low Cost Evening Meals' workshops in Greymouth and Hokitika. These were well attended, reaching about 25 people (mostly parents of children under 5).

Working with the Hokitika Public Health Nurse, CPH staff ran a Nutrition Stand targeting oral health and portion sizes at Harper Park Early Childhood Centre.

CPH staff also attended the recent Kowhitirangi Play Day, held at the local hall and run by WestREAP.

CPH advised that they have appointed an additional 0.8FTE nutrition health promoter on a two year contract. She will start work later in August and will increase the capacity in community nutrition and the ability to support the Ministry's Raising Healthy Kids target.

Submissions

Following on from submissions regarding the Grey and Buller District Councils draft 2017/18 Annual Plans, CPH has recently submitted on the West Coast Regional Council's Draft Annual Plan indicating strong support regarding the new structure for Civil Defence and Emergency Management.

In February, CPH staff coordinated the Healthy West Coast submission regarding the *Draft New Zealand Energy Efficiency and Conservation Strategy 2017-2022*. Amongst other recommendations, the submission strongly recommended that the Warm Up New Zealand: Heat Smart Programme be reinstated for home owners (as well as landlords) to ensure that the New Zealand housing stock is continually improved, as the draft strategy did not include actions to support home owners. Following this consultation, the Energy Minister has announced that Warm Up New Zealand will once again be extended to low income home owners as well as landlords. This is particularly significant for the West Coast where we have relatively high home ownership, compared to other regions.

Planning and Reporting

The Ministry of Health has signed off the 2017/18 WCDHB Public Health Plan and CPH's 2016/17 Annual Report has been submitted for Ministry feedback.

Copies of the publication 'Nourishing Futures with Better Kai' were provided to Committee member who were impressed with the document complimenting CPH on the layout and overall quality of the publication. The Committee noted that other DHB's have expressed interest in using the publication in their areas.

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

- **ED Health Target:** Performance continues to be impressive with 99.3% of patients admitted, discharged or transferred from Grey Base ED within six hours in June. The same result was achieved for the 2016/17 financial year. The West Coast continues to lead the country in this target.

- **Elective Services Health Target:** The West Coast DHB has exceeded target, delivering 1,770 elective surgical discharges to 31 May - 103% of planned discharges against the year-to-date target.
- **ESPI 5 | First Specialist Assessment (FSA) to treatment:** The West Coast DHB remains within compliance tolerance levels for ESPI 5, with only three patients exceeding the 120-day maximum wait time for receiving surgery as at the end of May 2017 (two plastic surgery patients and one gynaecology patient).
- **B4 School Check Coverage:** When including all children that engaged with the B4SC service, the DHB is pleased to have met the year-end 90% B4SC target for 2016/17.
- **Mental Health:** Consultation with key stakeholders and the public on the model of care document and crisis response has begun West Coast wide. Overall, this has been met with a positive response.

Key Issues & Associated Remedies

- **ESPI 2 | First Specialist Assessment (FSA):** For a second month, the West Coast DHB is exceeding the maximum 120 days national wait time target for ESPI 2, with 24 orthopaedic patients overdue for FSA as of 31 May 2017. A recovery plan for orthopaedic services is being developed as part of transalpine arrangements.
- **Aged Residential Care Services:** Nursing staff from Canterbury were deployed at Granger House to help with an outbreak of resident and staff illness. Admissions are still limited to ensure that staff are able to focus on the needs of the current residents.

The Committee noted that there is a recovery plan in place and it is anticipated ESPI 2 will go 'Yellow' in July and will avoid any financial penalty.

Feedback posted on the B4 Schools Facebook page was raised and the Committee noted that it is the B4 Schools Coordinator who administers the Facebook page so the service is aware of all feedback posted, and they also answer any queries.

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 May the ALT:

- Acknowledged and were pleased with the good progress of the change work in Mental Health.
- Recognised the good work being carried out by ISG and noted the inability of some work to progress as a result of financial constraints.
- Noted the delay and impact in the implementation of the Shared Care Plan, currently two years behind schedule.
- Agreed to and endorsed the 17/18 Workstream plans, the 17/18 Annual Plan and the 17/18 System Level Measures Improvement Plan.
- Were pleased to note the positive progress across all workstreams against the 16/17 plans.

Health of Older Persons

- Work has commenced for Home Based Support Services that employ Care and Support Workers to implement the pay equity settlement announced by the Ministry of Health in April. This work has been prioritised by the relevant teams in order to meet with Ministry of Health timelines.

- A regular networking forum has been initiated with the management teams of the Aged Residential Care facilities.
- Several cohorts of healthcare professionals are currently enrolled in the person-centred dementia education programme; Walking In Another's Shoes. Over 30 students across the system are working towards completion. A master class was provided in Quarter 3 with 12 students attending, including Enrolled and Registered Nurses, Diversional Therapists and Support Workers.

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

- The Primary & Community Model of Care document consultation took place during June with feedback being received and collated by early July.
- The Greymouth Medical Centre/Rural Academic General Practice merger was completed on 3 July as planned.
- A comprehensive Allied Health Integration Project Plan has been developed to guide the work required between now and the end of the year. This has also been added to the primary & community project plan for reference.

Healthy West Coast (HWC)

- Positive progress is being made towards implementing the Tobacco Harm Reduction Pathway tool in community mental health teams. Teams have been briefed on the pathway and the possibility to use it with clients of the service who are keen to reduce their tobacco use.
- The planned Transalpine Oral Health Steering Group led workshop was rescheduled and took place on 18 July. A report will be provided to the Committee in due course

Child and Youth

- The workstream were pleased to note that the MoH has decided to continue funding for regional Well Child Tamariki Ora (WCTO) Quality Improvement managers. This role has supported work across the South Island to improve access to the full compliment of WCTO services and the continuation will see further improvements in this area.

The update was noted.

d) DISABILITY SUPPORT SERVICES RESPITE STRATEGY 2017-2022

The Disability Support Services Respite Strategy 2017 to 2022 was presented by Kathy O'Neill, Team Leader Planning & Funding.

A brief discussion took place regarding the document and the flexibility it offers for those eligible. The Committee noted the improvements made to the provision of respite over the past 10 years.

The Committee also noted the release of a Cabinet Paper, "System Transformation for a New Disability Support System". This looks at different approaches to how services will be provided with moves towards individualised funding. It is proposed that this will be rolled out first at Mid Central DHB commencing in July 2017. The link to this paper has been provided to Board and Committee members.

Discussion took place regarding the transformation of respite care and the issues around fiscal sustainability for respite facilities.

Discussion also took place regarding references to NASC and DIAS when it is not yet clear what these will look like going forward and could have a huge influence on respite funding. It was agreed that a close eye would be kept on this.

The update was noted,

e) GENERAL BUSINESS

The Chair informed the Committee that the next Accessible West Coast Strategic meeting will be held in Westport on Thursday 10 August.

The Committee noted the possibility of a joint meeting with the Hospital Advisory Committee on the next meeting date - Thursday 14 September 2017.

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

AGENDA



COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING To be held in the Board Room, Corporate Office, Greymouth Hospital Thursday 27 July 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**

8 June 2017

3. **Carried Forward/ Action Items**

REPORTS/PRESENTATIONS

9.35am

4. **Community and Public Health Update**

Derek Benfield
*Community and Public Health
West Coast Regional Manager*

9.35am – 9.45am

5. **Planning & Funding Update**

Carolyn Gullery
General Manager, Planning & Funding

9.45am – 9.55am

6. **Alliance Update**

Carolyn Gullery
General Manager, Planning & Funding

9.55am – 10.05am

7. **Disability Support Services Respite Strategy 2017-2022**

Kathy O'Neill
Team Leader, Planning & Funding

10.05am –
10.15am

8. **General Business**

Elinor Stratford
Chair

10.15am –
10.20am

ESTIMATED FINISH TIME

10.20am

INFORMATION ITEMS

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

NEXT MEETING

Date of Next Meeting: Thursday 14 September 2017

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

	10 March	27 April	8 June	28 July	14 September	26 October	23 November
STANDING ITEMS	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items
STANDARD REPORTS	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	Community & Public Health Update Planning & Funding 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
PRESENTATIONS	As required	As required	As required	As required	As required	Drinking Water Systems & Protection	Outcomes around Alcohol Project Consumer Council
PLANNED ITEMS	West Coast Public Health Annual Plan						
GOVERNANCE AND SECRETARIAT							
DSAC Reporting	Disability Action Plan	As available	As available	Disability Support Services Respite Strategy	Disability Action Plan Update	Disability Action Plan Update	As available
INFORMATION ITEMS	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 2017 Schedule of Meetings Health Target Q4 Report 2016/17 Maori Health Update	Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2018 Schedule of Meetings

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	1.15pm	West Coast Regional Council
Thursday 27 July 2017	CPHAC & DSAC	9.30am	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	9.30am	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	9.30am	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	9.30am	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.

HEALTH TARGET REPORT QUARTER 4



TO: Chair and Members
West Coast District Health Board

SOURCE: Planning & Funding

DATE: 29 September 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 the West Coast's progress against the national health targets for Quarter 4 (April-June 2017). 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 4 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 4, the West Coast has:

- Achieved the **shorter stays in ED health target**, with 99.4% of people admitted or discharged within six hours. The West Coast continues to maintain consistent performance against this health target and leads the country.
- Achieved the **improved access to elective surgery health target**, with 1,976 elective surgical discharges year-to-date, delivering 103.8% of planned discharges against target.
- Achieved the **better help for smokers to quit health target**, with practitioners giving 4,743 smokers cessation advice in the 15 months ending June 2017. This represents 90.9% of smokers against the 90% target.
- Improved performance against the **raising healthy kids health target**, lifting from 17% to 81% against the 95% target. The DHB continues to work towards this target in conjunction with the West Coast PHO.
- Decreased performance against the **immunisation health target** to 80%. Noting 94% of the consenting population were immunised with only four children missed.
- Not met the **faster cancer treatment health target** with 55.6% against the 85% target. This reflects just four non-compliant patients. A breach analysis will occur and every non-compliant case individually followed up.

4. APPENDICES

Appendix 1: Q4 2016/2017 WC Health Target Report.pdf

Report prepared by: Planning & Funding

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

National Health Targets Performance Summary

Quarter 4 2016/17 (April – June 2017)

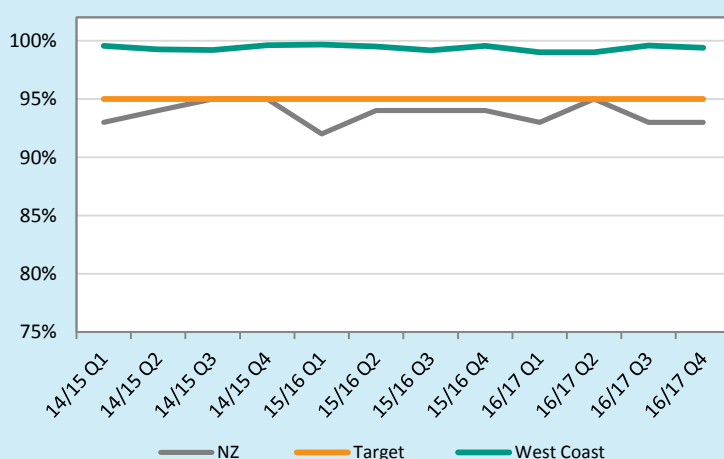
Target Overview

Target	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Target	Status	Pg
Shorter Stays in ED Patients admitted, discharged or transferred from an ED within 6 hours	99%	99%	100%	99%	95%	✓	2
Improved Access to Elective Surgery West Coast's volume of elective surgery ¹	480 YTD	991 YTD	1,441 YTD	1,979	1,906	✓	2
Faster Cancer Treatment Patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer	63%	76%	83%	56%	85%	✗	3
Increased Immunisation Eight-month-olds fully immunised	76%	80%	91%	80%	95%	✗	3
Better Help for Smokers to Quit Smokers offered help to quit smoking by a primary care health care practitioner in the last 15 months	84%	91%	92%	91%	90%	✓	4
Raising Healthy Kids Percent of obese children identified at B4SC, a referral offered and acknowledged for clinical assessment and healthy lifestyle interventions	40%	0%	17%	81%	95%	✗	4

Shorter Stays in Emergency Departments

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

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



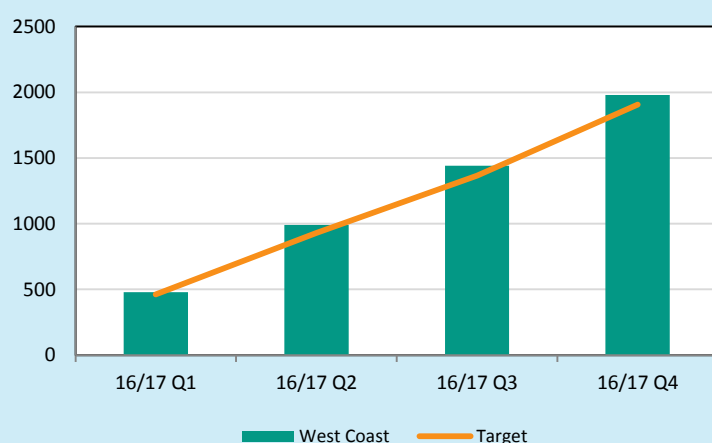
The West Coast continues to achieve the ED health target, with 99% of patients admitted, discharged or transferred from ED within 6 hours during quarter four.

The DHB-owned primary care practice has extended its hours to 8am- 6pm and are now providing an unplanned care facility for those with urgent care needs. This has led to a reduction in triage five presentations at Grey Hospital ED.

Improved Access to Elective Surgery

Target: 1,906 elective surgeries in 2016/17

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

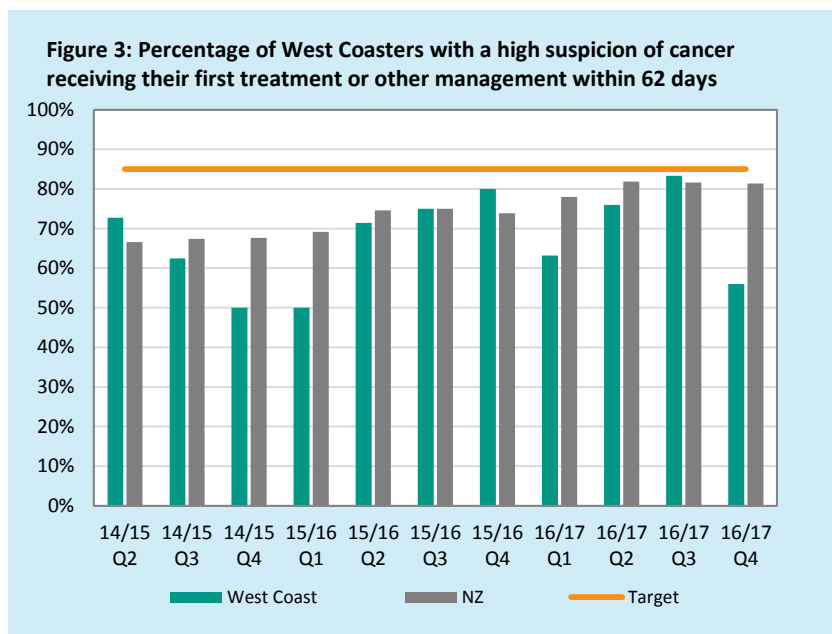


This quarter, the West Coast DHB provided 1,979 elective surgical discharges, delivering 103.8% of planned discharges and meeting the year-end target.

¹ Excludes cardiology and dental procedures. Progress is graphed cumulatively.

Faster Cancer Treatment

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

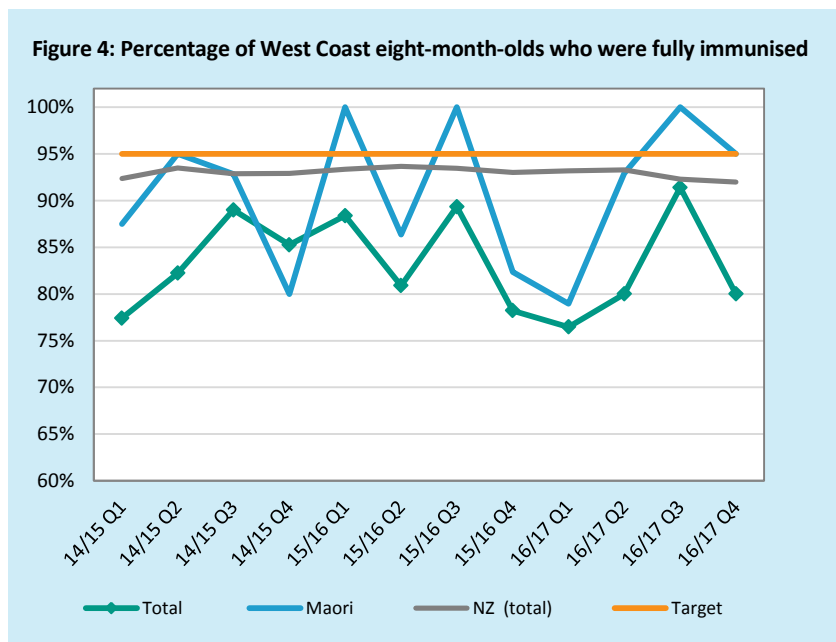


Performance decreased this quarter to 56% of patients receiving their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer.

Small numbers are challenging with this result reflecting only four non-compliant patients. A breach analysis is underway and every non-compliant case individually followed up. Most non-compliant cases are physically, psychologically, and diagnostically challenging.

Increased Immunisation

Target: 95% of eight-month-olds are fully immunised



During quarter four 80% of all eight-month-olds were fully immunised.

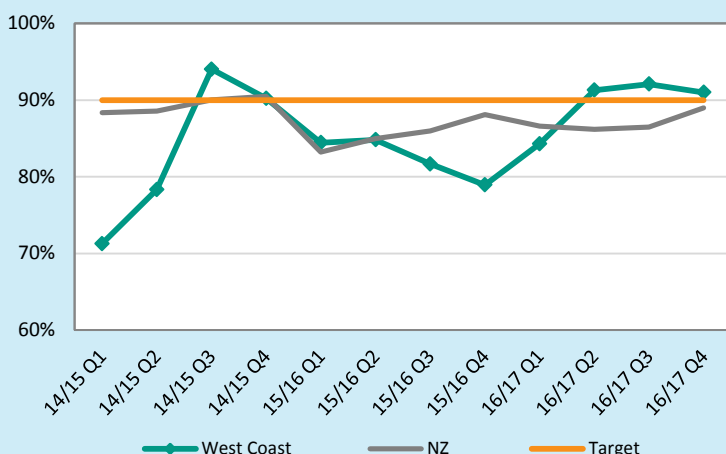
Opt-off and declines doubled this quarter to a combined 15% (12 children). This continues to make meeting the target impossible.

We are pleased that 94% of our consenting population were immunised this quarter, with just four children missed.

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



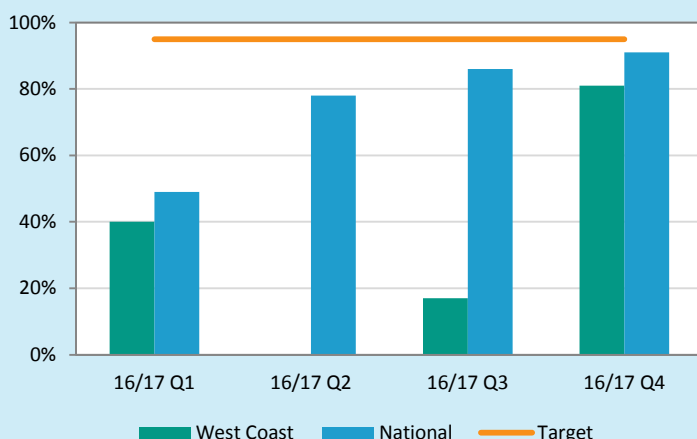
West Coast health practitioners have reported giving 4,743 smokers cessation advice in the 15 months ending June 2017. This represents 91% of smokers against the 90% target.

The DHB is pleased to have exceeded the target this quarter not only for total population but also for Māori and High Needs. A number of practices have shown significant improvements and have been supported by the Smokefree Services Coordinator and PHO Clinical Manager.

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 offered a referral for clinical assessment and healthy lifestyle intervention.²



This quarter, sixteen children were identified as obese with three referred, two acknowledged, and eleven declined. This represents 81% coverage and a huge 64% increase on the previous quarter.

We are pleased to have had a significant increase in our identification and referral of obese children but recognise that the large number of declines needs to be addressed. This is something the DHB is working on in conjunction with the PHO who have committed to supporting this target with their Dietician.

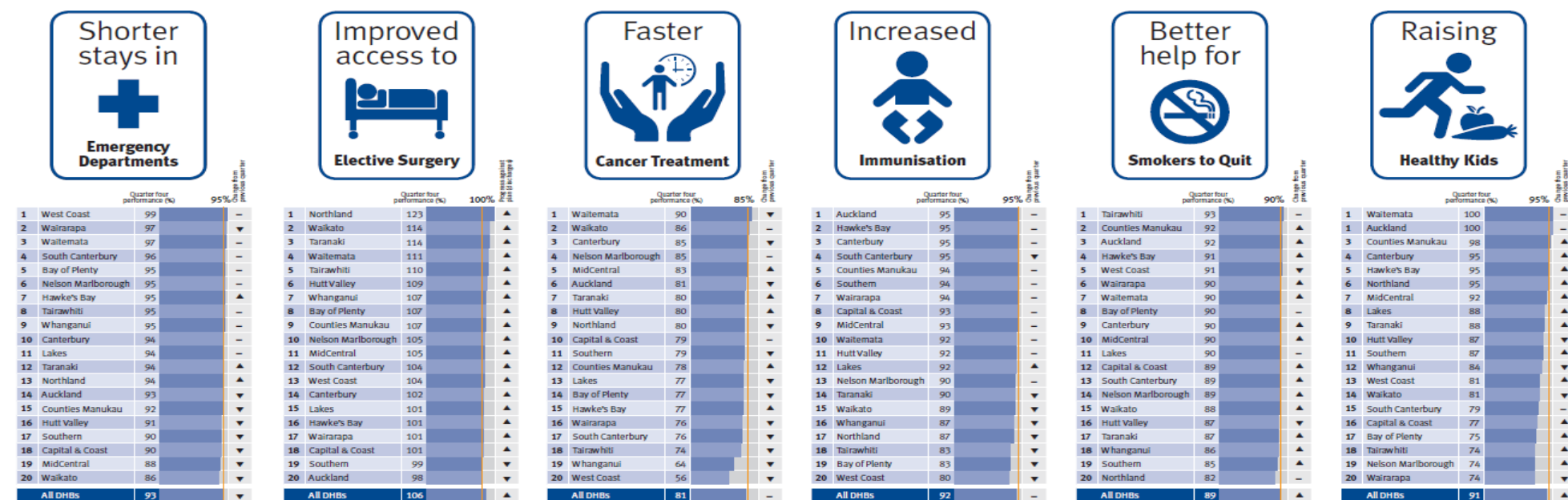
² Results are based on all **acknowledged** referrals for obese children

National Health Targets Performance Table – Quarter 4 2016/17 (April – June 2017)

How is My DHB performing?

2016/17 QUARTER FOUR (APRIL–JUNE 2017) RESULTS

www.health.govt.nz/healthtargets



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 192,237 discharges for the year to date, and have delivered 117,98 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 January to 30 June 2017.

Note: From 1 July 2017 the faster cancer treatment target goal will increase to 90 percent. Quarter one 2017/18 results will be against the 90 percent target.

Increased immunisation

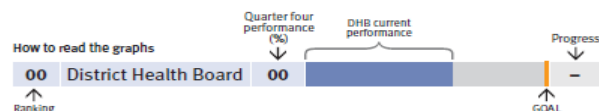
The national immunisation target is 95 percent of eight-month-olds have their primary course of immunisation at six weeks, three months and five months on time. This quarterly progress result includes children who turned eight-months between 1 April and 30 June 2017 and who were fully immunised at that 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 December 2016 to 30 May 2017.



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

This information should be read in conjunction with the details on the website www.health.govt.nz/healthtargets

New Zealand Government

Disability Support Services e-newsletter

No. 66 August 2017

ISSN 2253-1386

From Toni Atkinson Group Manager Disability Support Services

Welcome to our mid-year newsletter.

The DSS team has been busy over the last couple of months, working hard to ensure we are well placed for the introduction of the pay equity settlement for our disability support workers. This significant settlement sees a country-wide increase in disability support workers' pay and recognises the value these workers add to the lives of people with a disability. We are excited to be able to deliver this new funding across the health sector.

The system transformation co-design process undertaken earlier in the year was an enjoyable experience. It was great to consult with sector colleagues (disabled people, family members, providers and other agencies) on how we can make the system better for its users. There was great energy and commitment over the two months of the co-design process, and I look forward to the next steps of the system transformation work.

We were also pleased to land Transforming Respite – the Ministry of Health's new respite strategy. I would like to thank everyone from the health sector who helped us develop this strategy – your feedback and willingness to share your stories helped us focus on where we needed to make changes.

The Community Residential Strategy and the Whāia Te Ao Mārama (Māori Disability Action Plan) refresh have also been out for consultation over the past month or so, and we are now working through the feedback to finalise these documents. Again I want to thank all of you who provided input and considerable time and energy to get these strategies over the line.

Our focus over the new financial year will be to make sure we are able to progress the strategies while looking forward to the system transformation work and discussing options for what support might look like in the future. We welcome you on this journey with us.

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Enabling Good Lives

Christchurch

Joanna Martino: EGL lead, Ministry of Health

Christchurch's Enabling Good Lives (EGL) team are amazed at how this year is racing by. It has been a busy quarter, following up with schools to capture young people who might not have been referred and ensuring that these later referrals have a good start to their EGL journey.

Our independent facilitators have been super busy supporting our participants with self-directed planning, making connections and activating participants' individual budgets. The collaboration between the facilitators, LifeLinks Needs Assessment and Service Coordination (NASC) and providers is supporting great outcomes as young people create the 'Good Lives' of their choosing. Our young participants are linked into many mainstream community groups, performing their music, making local connections with people in their communities, completing their studies, planning their next steps and managing their own budgets. There has been nearly 100 percent uptake of independent facilitation by this year's participants.

Our facilitators are also exploring local opportunities for community development by visiting Christchurch and surrounding community centres to share the EGL principles and vision and explain what we do. This also enables teams to build and share resources and has resulted in invitations from and connections with various networks.

As I leave the Ministry of Health, I wish everyone well and remain excited by the transformation of the disability system, which will be based on the EGL vision, principles and approach.

Waikato

Initial planning for the EGL Waikato demonstration clearly emphasised the importance of engaging with Māori. A report was recently conducted to describe the EGL Waikato approach to working with Māori.

The approach

The leadership group made a clear decision to ensure that disabled Māori and their whānau could access the demonstration. The original co-design plan identified working with disabled Māori and their whānau as one of the four important action areas of the demonstration. A Māori action plan was developed, with the following clear goals and strategies.

- Connectors/Tūhono are skilled, committed and responsive to Māori.
- Information is provided to disabled Māori and their whānau in an appropriate and timely manner.
- Connectors/Tūhono and EGL Waikato develop strong relationships with hapū, iwi, Māori organisations and Māori provider networks across Waikato.
- EGL Waikato ensures disabled Māori can access EGL so that EGL outcomes benefit Māori and their whānau.
- Disabled Māori leadership is promoted and supported.

Actions that worked well

Working in ways consistent with tikanga was important. We focused on developing good relationships and processes.

Having a clear intention and an action plan with deliverables and targets was an advantage – all actions in the plan were completed.

Early on, we ensured that we included the voices of disabled Māori, whānau and Māori providers in our leadership group. A key local kaumātua, Tame Pokaia, was approached and generously offered to support the demonstration. In addition, two of the five Connector/Tūhono staff appointed were Māori. This brought extensive local connections, experience, knowledge and credibility to the team. We also worked to connect with Māori networks and disabled Māori and their whānau across the Waikato region. As a result, many disabled Māori taking part in the demonstration have been supported to develop leadership in their lives.

The Waikato evaluation was co-designed locally, and a local Māori evaluator was contracted to assist. One of the six key evaluation questions related specifically to Māori and their whānau. The evaluation found that disabled Māori were well represented and early adopters of EGL Waikato.

Areas for improvement

The leadership group recognised that they could have started connecting with Māori earlier: while they were willing, they were also uncertain about where to start. The size of the co-design workload also contributed to action being slower to begin.

While disabled Māori leadership has been promoted and supported in the demonstration, this effort has generally focused on individuals and their whānau. We held two successful gatherings for Māori participants to meet and share their experiences. However, more hui opportunities could have been created.

The leadership group believes we are only just beginning to provide adequate support for Māori providers to develop a range of local hosting options for disabled Māori.

Contact: Kate.Cosgriff001@msd.govt.nz

DSS system transformation

The high-level design to transform the disability support system has been shared with the sector in a Cabinet paper.

A co-design group, including disabled people, family/whānau, disability representatives and officials, worked intensively between April and June to create the framework. The framework differs from the current system in a number of ways.

- It takes an **explicit social investment approach**, which means investing early to ensure better long-term outcomes.
- It aims to transform the existing system (rather than adding a new layer).
- It is across government and will enable disabled people and their families/whānau to receive seamless government disability support.

It builds on what we have learned from the EGL demonstrations in Waikato and Christchurch and innovative practices from New Zealand and overseas and will include:

- an information hub with a number of ways to make contact and be contacted
- capability funding for disabled people and their families/whānau to build their skills
- a new funding model that reduces assessment and provides opportunities for investment, as well as increasing choice and control
- supports to expand peer and family/whānau networks
- an easy-to-use information collection tool that tracks how things are going for disabled people, their families/whānau, providers and the system
- a personal information profile managed by disabled people and their families/whānau
- a monitoring approach that reduces compliance and is proportionate to the amount of funding people receive
- national and local governance groups with disabled people and family/whānau representatives.

There is still a lot to do before the framework is rolled out in MidCentral* on 1 July 2018. The team will be working on the detailed design of the system, creating the Enabling Good Lives team, gathering data on costs and outcomes, testing the design's effectiveness, establishing and working with the MidCentral leadership group and engaging with the local disability community.

There is no change to contracts at this stage, and the team is committed to working with NASCs, DIAS, providers and service organisations so disabled people and their families/whānau have the supports they need. Every part of the system seems engaged with and excited about this work!

If you are interested in taking part in the detailed design phase, please contact us at **STfeedback@moh.govt.nz**

Contact: Sacha O'Dea, Programme Lead, Ministry of Health

* The MidCentral area includes Palmerston North, Horowhenua, Manawatu, Otaki and Tararua districts.

Pay equity settlement rolls out

Most of New Zealand's eligible care and support workers have now received their first pay under the new minimum wage rates guaranteed by the Care and Support Worker (Pay Equity) Settlement Bill.

The Government announced the \$2 billion settlement on 18 April 2017 to redress the systemic undervaluation of 55,000 care and support workers in New Zealand's aged and disability residential care and home and community support services.

The settlement also supports increased qualifications and reduced turnover in the sector, which will result in better care for New Zealanders.

From 1 July, eligible workers received a pay rise of between 15 and 50 percent, depending on their qualifications and/or experience. Workers on the minimum wage of \$15.75 per hour moved to at least \$19 per hour – a 21 percent pay rise. This will result in increases to their take-home pay of at least \$100 a week, or more than \$5,000 a year.

See the care and support workers pay equity settlement page on the Ministry of Health website www.health.govt.nz/new-zealand-health-system/care-and-support-workers-pay-equity settlement for more information.

Contact: Joanna_Martin@moh.govt.nz

Information now available for people with low vision

The Ministry of Health has produced a new *Living with Low Vision* guide for people experiencing reduced or low vision.

The guide provides information about managing daily tasks, types of equipment that may help, as well as low vision rehabilitation options. Losing vision doesn't mean giving up your usual activities, but it can mean finding new ways of doing them.

It's estimated that around 54,000 New Zealanders live with low vision and blindness. Low vision is sight loss, reduced vision or vision loss that cannot be corrected or improved by glasses, medicine or surgery. It makes everyday tasks difficult.

People with low vision may lose their perception of depth, making it difficult to identify the position of steps, for example. Their peripheral vision may be reduced, making them more prone to bumping into things. Their central vision could be blocked by spots, which makes it hard to identify landmarks or obstacles. They may lose their ability to see contrast so they cannot see a hole in a pavement or a kerb at the edge of a street. People with low vision can also have difficulty reading and writing, identifying faces or seeing at a distance.

The publication sets out a number of practical ways people can manage their daily tasks including clever ways of using lighting, contrast and inexpensive aids and devices. Inexpensive aids and devices include large-print books, large-numbered clocks and different-coloured measuring cups. There is also a range of computerised or electronic equipment that can help, including large-print keyboards, speech recognition software and electronic magnifiers.

The guide includes contact details for organisations that can help. It is available in both audio and print from the Ministry of Health website at:
www.health.govt.nz/publication/living-low-vision

Contact: Marianne Linton, Development Manager, (04) 496 2201

DSS provider invoice rejections

Over the last few months, we have noticed an increase in provider invoice rejections. There are four things to check if your payment invoices are being rejected.

1. Do you have a valid service authorisation from the NASC that gives you the authority to invoice for the services you have provided?
2. Are the services you are invoicing for within the service period detailed in your service authorisation?
3. Have you already been paid (on a previous invoice) for the services being invoiced?
4. Have you invoiced (and been paid) for more support than is detailed in your service authorisation?

If you believe there is an issue with your service authorisation details, please contact the NASC. If changes need to be made, the NASC will generate a new service authorisation.

If you have any queries about this process, or about any invoice rejection, please contact your Contract Relationship Manager.

Contact: Christy Richards, Contract Relationship Manager, (04) 816 3436.

Celebrating providers who do great work

If you provide a DSS-funded service and you want others to know how your service makes a difference, please tell us about it.

Once again, to mark the International Day of Persons with Disabilities on 3 December 2017, DSS will be publishing a special edition newsletter showcasing providers' innovative practices.

We are looking for:

- a story or article prepared as a Word document of up to 300 words, describing what you are doing and how it makes a difference
- a photograph (high resolution please) that relates to your work
- confirmation that you have formal permission from your organisation and from any person or people presented in either the story or the photograph.

Please submit your story or article to us by Friday 29 September 2017.

We cannot guarantee that we will be able to include your article or story in the newsletter, but we are always very pleased to receive all stories. We will email you a copy of the newsletter at the time of publication and will also post it on the Ministry of Health's website.

We look forward to hearing about the great work under way in the sector!

Contact: Cheryll Graham, Senior Advisor, (04) 816 2358

DSS sector feedback

Thank you for your feedback on the refresh of Whāia Te Ao Mārama

The Ministry of Health sent the draft Whāia Te Ao Mārama 2017–2022 (the Māori disability action plan) to key sector stakeholders for their feedback in early June and has now received feedback from a range of disabled people, family/whānau and providers. We are working with the Te Ao Mārama Group, our Māori disability advisory group, to update the document before its release in October 2017.

We are also working with the system transformation team to ensure that the work currently underway on the transformation is linked to the action plan and that it develops support that fits the requirements of our Māori disabled – tangata whaikaha.

Contact: Lara Penman, Manager Quality, (04) 816 3367

We would love your feedback on the review of the Health and Disability Services Standards 2017

The Ministry of Health certifies providers of health and disability services under the Health and Disability Services (Safety) Act 2001 (the Act). Section 24 of the Act requires regular review of the service standards to assess whether existing standards should continue without amendments, be amended or be replaced. The current standards were last revised in 2008, and the next review has begun.

The Ministry has developed a survey, seeking feedback on what changes to the standards are required. The survey ends Friday 25 August 2017.

For more information and a link to the survey, see the Ministry's webpage:
www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/services-standards

Contact: Lara Penman, Manager Quality, (04) 816 3367

Upcoming disability events

DSS provider forums

DSS will host five provider forums in October/November 2017. All DSS contracted providers are invited to attend a forum.

Day	Date	Time	Venue	City
Wednesday	25 October 2017	9 am–4 pm	Jet Park Airport Hotel	Auckland
Thursday	26 October 2017	9 am–4 pm	Airport Conference Centre	Hamilton
Monday	6 November 2017	9 am–4 pm	Te Papa	Wellington
Tuesday	7 November 2017	9 am–4 pm	Sudima Hotel, Airport	Christchurch
Wednesday	8 November 2017	9 am–4 pm	Dunedin Centre	Dunedin

In response to feedback, this year's forums will provide DSS information updates and our strategic direction and incorporate some workshop sessions to help DSS plan for the future. Agenda and supporting papers will be sent out to those who have registered, closer to the date.

If you wish to attend a forum, please email susan_fernandes@moh.govt.nz with the following details. Confirmation will be emailed to you within two days of registering.

- Name • Organisation • Contact email • Contact phone • Forum location (city)
- Requirement for a New Zealand Sign Language interpreter (Note: Interpreters will only be provided on request and with at least three weeks' notice of the need for an interpreter.)
- Any special dietary or other requirements – if so please specify.

The last date for registration is Wednesday 11 October 2017.

Contact: Lara Penman, Manager Quality, (04) 816 3367.

DSS project updates

Transforming Respite

We were delighted to release the disability respite strategy on 19 July 2017.

Transforming Respite sets the future direction for improving disability respite support. Changes to the respite model will include:

- offering disabled people and their families/whānau a flexible respite budget that they can use to take breaks in the ways that suit them best
- increasing the range of quality respite options available – this includes the development of new and expanded respite services
- recognising the value of respite and taking a lifelong approach to allocation and funding
- making the administration and payment methods easier
- providing better access to information about respite and support to find and use the respite options available.

The strategy responds directly to what disabled people and their families/whānau told us about their aspirations for the future. We are very thankful to those who shared their experiences with us.

To discuss any aspect of the strategy, please email us at **respitestategy@moh.govt.nz**

Transforming Respite is available on the Ministry's website:

www.health.govt.nz/publication/transforming-respite-disability-support-services-respite-strategy-2017-2022

Contact: Deborah Mills, Development Manager, (04) 816 3956

A perspective on Local Area Coordination

Local Area Coordination (LAC) is the model of independent facilitation with the longest operational history in New Zealand. LAC is based on sound principles that map closely to the principles of EGL, delivering independent assistance and support to disabled people, their families/whānau and communities in the regions of Western and Eastern Bay of Plenty, Lakes (Central North Island), Hutt Valley, Dunedin and Southland.

LAC is a connection point on two levels.

- Anyone can contact a LAC for information – there is no criteria for this connection.
- Local Area Coordinators also ‘walk alongside’ a number of individuals and their families/whānau in an ongoing relationship. The nature, extent, longevity, activity and outcomes of this relationally based support varies depending on individual requirements. It moves well beyond connecting people with formal service-related options, as most individuals and their families/whānau understand that much of what the good life has to offer simply cannot be bought.

Local Area Coordinators have been developed, trained, supervised and supported in New Zealand since 2010, and in that time, a lot has been learnt about what will be required of the people who undertake these independent facilitation roles into the future.

There are many examples of how the role and function of LAC has been a catalyst for change within individual and family/whānau lives and also where communities have been positively affected. If you would like to learn more, please contact one of the three organisations leading this work, ImagineBetter (Bay of Plenty and Lakes), LIFE Unlimited (Hutt Valley) or Access Ability (Otago/ Southland).

Contact: Tony Mclean, ImagineBetter, tony.mclean@imaginebetter.co.nz

Contact Disability Support Services

Email: disability@moh.govt.nz Phone: 0800 DSD MOH (0800 373 664)

Web: www.health.govt.nz/disability

To be added to the email list of this newsletter, or if you no longer wish to receive this newsletter, please email disability@moh.govt.nz.

TO: Chair and Members
West Coast District Health Board

SOURCE: General Manager, Maori Health

DATE: 29 September 2017

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

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

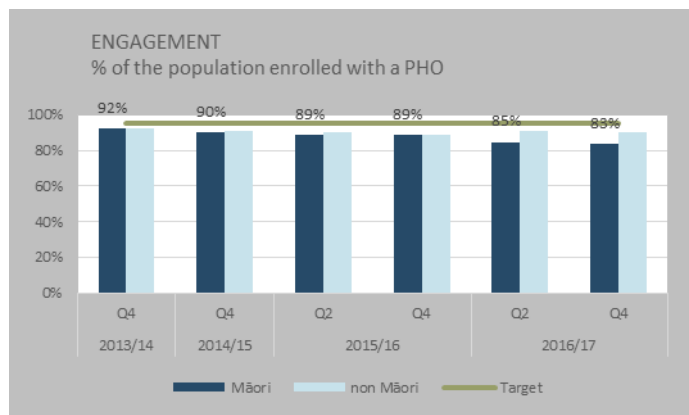
2. RECOMMENDATION

That the Board:
i notes the Maori Health Plan Update.

3. DISCUSSION

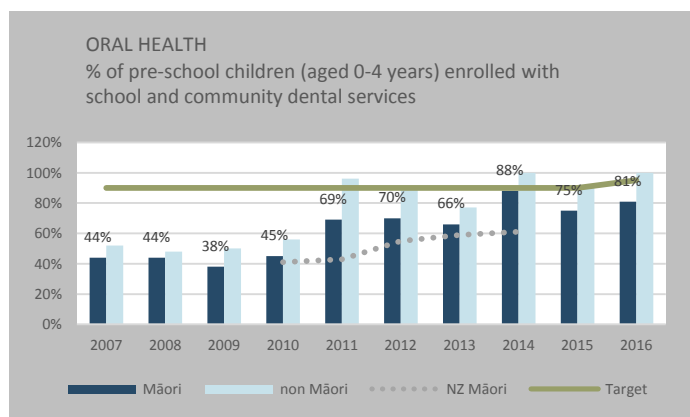
Maori Health Quarterly Report – Q4, 2016/17

Enrolment with a PHO



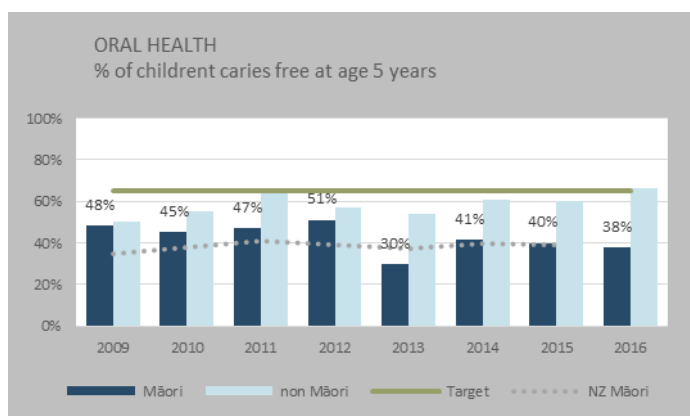
Comments: 3246 Maori are enrolled in the PHO as at the end of June 2017 which is a decrease. Overall enrolment has dropped slightly over the last two years with 3321 Maori enrolled this time last year and 3312 in 2015/16. Comparatively there are 26,240 European and 243 Pacific enrolled in the PHO. It is a similar situation with other ethnicities continuing to decline also.

Oral Health



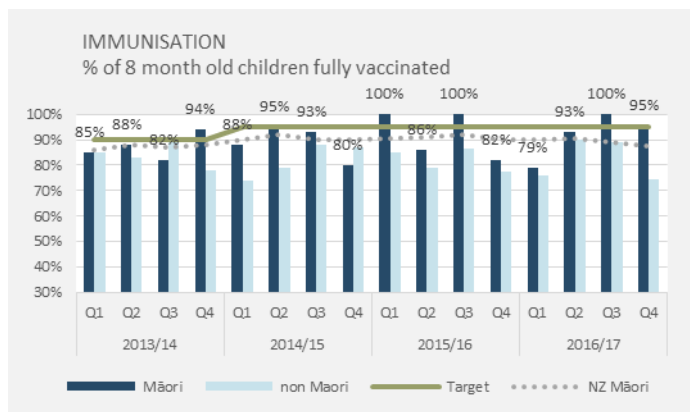
Enrolment rates in the pre-school oral health service continue to rise with 87.1% non-Māori and 75.2% Māori pre-schoolers enrolled at the end of 2016.

Children Caries free at 5 years of age is continuing to trend down with a 2% drop from 40% in 2015 to 38% in 2016. Non-Māori rates have also dropped significantly from 90% in 2015 to 61% in 2016.

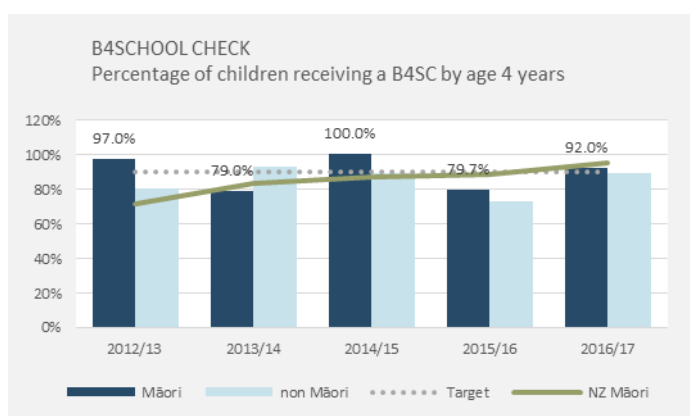


A targeted focus within the WCDHB System level measures framework will see strategies focused on increasing the percentage of pre-school children receiving their annual dental check on time and an all system approach to reducing the rate of dental decay among our Tamariki through targeted intervention with families, health promotion and oral health education provision for all health professionals who come into contact with children from 0-5.

Immunisation



8 Month Immunisation: In Quarter 4 95% of Māori babies were immunised on time (15 out of 15 eligible). 75% of non-Māori babies



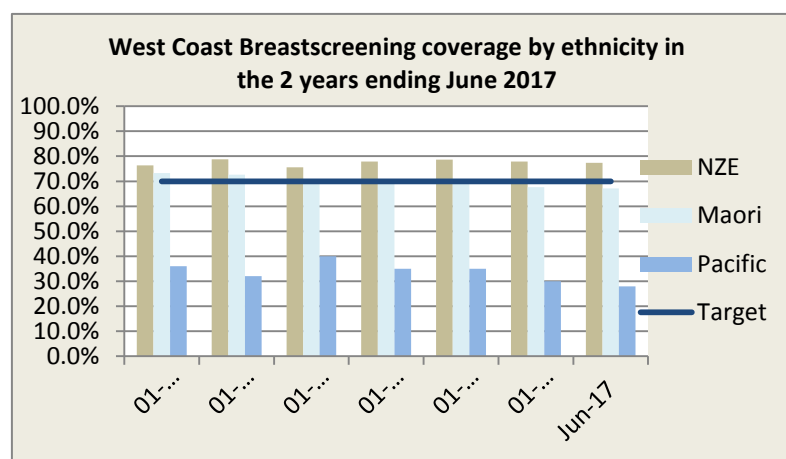
B4 School Check: In Quarter 4 89% of Māori children received their B4 School Check compared to 89% of non-Māori children.

Cancer

Table 1: BSA coverage (%) in the two years ending 31 June 2017 by ethnicity, women aged 50–69 years, West Coast Coverage

Ethnicity	Population	Women screened in last 2 years	2-year coverage	Additional screens to reach target*
Māori	380	255	67.10%	11
Pacific	25	7	28.00%	10
Other	4,215	3,262	77.40%	
Unspecified		20		
Total	4,620	3,544	76.70%	

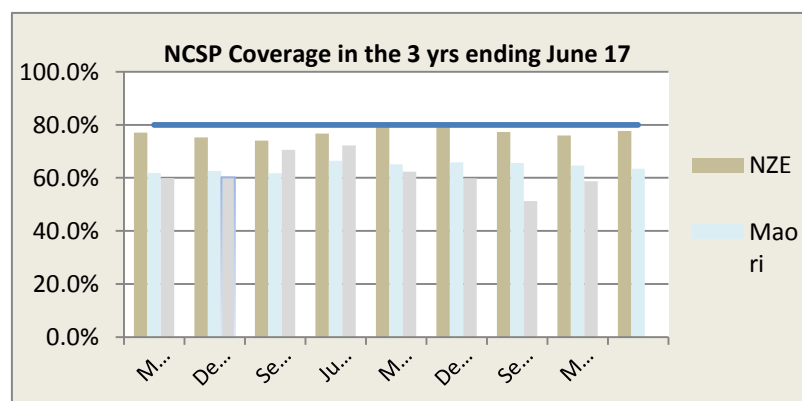
*For the total population the number of additional screens is the number required to move from the total population coverage to 70%. This may not be the same as the sum of additional screens required for each ethnic group to reach 70%.



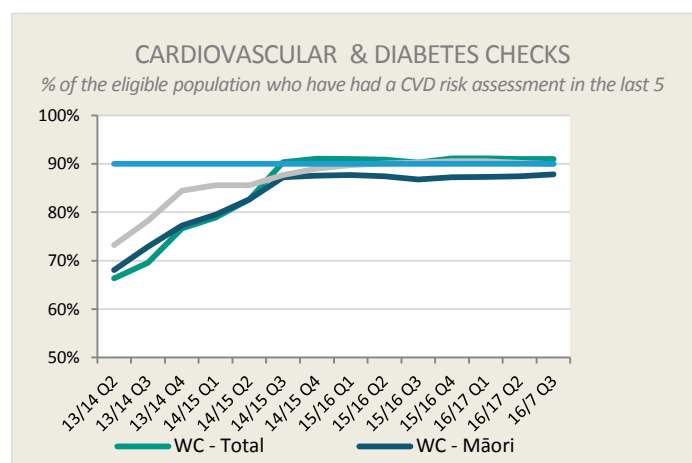
Comments: A meeting was held with Breastscreen South Regional Manager and the Pacific and Maori Co-ordinators who work from Christchurch. Links were made at that meeting with Poutini Waiora Nurse and Kaiarataki and this connection has resulted in a more seamless approach to tracking those Maori overdue and linking them back with Breastscreen South.

Table 1: NCSP coverage (%) in the three years ending 31 March 2017 by ethnicity, women aged 25–69 years, Total Coverage

Ethnicity	Population	Women screened in last 3 years	3-year coverage	Additional screens to reach target*
Māori	887	562	63.40%	147
Pacific	92	54	58.70%	19
Asian	378	191	50.50%	111
Other	7,062	5,489	77.70%	160
Total	8,419	6,296	74.80%	439

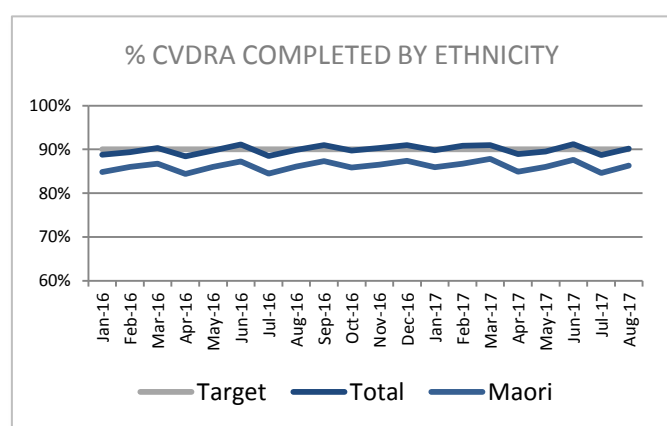


Comments: Q4 results show that there are 147 additional screens required to meet the target for Maori. Cross service interventions are currently being explored to ensure a robust pathway and provision of a range of access routes for women.



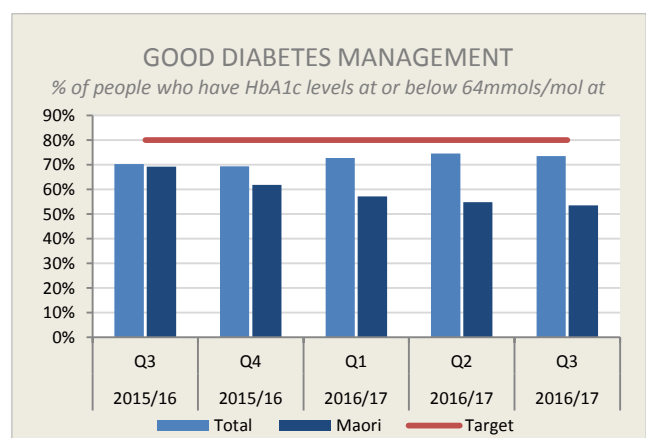
Cardiovascular and Diabetes Checks: West Coast DHB continued to achieve a result of 91% of the eligible enrolled West Coast population having had a cardiovascular and diabetes risk assessment (CVDRA) in the last 5 years as at the end of March 2017 (target: 90%). While continuing to be monitored, this measure ceased to be one of the formal six National Health Targets with effect from 1 July 2016.

A total of 436 cardiovascular risk assessments were conducted this quarter (this doesn't include patients with known diabetes). 42 of those risk assessments were for Maori (9.6%). By comparison Maori make up 10% (1074) of the eligible cohort for CVRA on the West Coast. (The eligible age range for Maori is male 35-74 years and for female 45-74 years). 88% of those eligible Maori have been screened: this includes 85% of eligible males and 90% of eligible females.



The smoking profile for CVRAs completed this quarter for Maori is 57.6% not smoking compared with other ethnicities screened not smoking 77%.

CVD Annual Reviews: 5% of the annual reviews conducted year to date was for Maori. For comparison Maori make up 6.5% of the enrolled population aged 45+ years – the prime age group of people in the LTC programme. 297 annual reviews were completed this quarter, 19 were for Maori (6.4%).



Diabetes Management:

247 reviews were conducted this quarter (1077 year-to-date) as part of the LTC programme. 10% of the annual reviews conducted YTD were for Maori an increase from 6.7% in the last quarter (110 year-to-date). For comparison Maori make up 6.5% of the enrolled population aged 45+ years – the prime age group of people in the LTC programme.