

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



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

24 January 2013

**AGENDA
AND
MEETING PAPERS**

All information contained in these committee papers is subject to change

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

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

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



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

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

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

| Member | Disclosure of Interest |
|---|--|
| CHAIR Elinor Stratford (Board Member) | <ul style="list-style-type: none"> Clinical Governance Committee, West Coast Primary Health Organisation Committee member, Active West Coast Chairperson, West Coast Sub-branch-Canterbury Neonatal Trust Deputy Chair of Victim Support, Greymouth Committee Member, Abbeyfield Greymouth Incorporated Trustee, Canterbury Neonatal Trust Board's Representative on Tatau Pounamu Committee Member of C.A.R.E. Committee Member of MS/Parkinson West Coast Member of sub-Committee for Stroke Conference |
| DEPUTY CHAIR Kevin Brown (Board Member) | <ul style="list-style-type: none"> Councillor, Grey District Council Trustee, West Coast Electric Power Trust Wife is a Pharmacy Assistant at Grey Base Hospital Member of CCS Co Patron and Member of West Coast Diabetes Trustee, West Coast Juvenile Diabetes Association |
| 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 |
| Jenny McGill | <ul style="list-style-type: none"> Employment with Lifelinks working with Ministry of Health contracted providers, including West Coast DHB. Husband employed by West Coast DHB |
| John Ayling | <ul style="list-style-type: none"> Chair of West Coast Primary Health Organisation Chair of Access Home Health, a subsidiary of Rural Women New Zealand which has a contract with the West Coast District Health Board Shareholder/Director in Split Ridge Associates Limited (which provides services to the disability sector). |
| John Vaile (Board Member) | <ul style="list-style-type: none"> Director, Vaile Hardware Limited |
| Lynnette Beirne | <ul style="list-style-type: none"> President West Coast Stroke Group Incorporated Member South Island Regional Stroke Foundation Committee Partner in Chez Beirne (provider of catering and home stay services for the West Coast DHB and West Coast Primary Health Organisation) Contract for the Café and Catering at Tai Poutini Daughter employed as nurse for West Coast DHB |
| Marie Mahuika-Forsyth | <ul style="list-style-type: none"> Promoter for Healthy Eating Healthy Action (20 hours per week) Executive Member of Makaawhio Member of Tatau Pounamu |

| Member | Disclosure of Interest |
|--------------------------------------|--|
| Mary Molloy (Board Member) | <ul style="list-style-type: none"> • Director - Molloy Farms South Westland Ltd • Trustee - L.B. & M.E Molloy Family Trust • Spokes woman - Farmers Against Ten Eighty • Executive member - Wildlands Biodiversity Management Group Incorporated • Deputy Chair of West Coast Community Trust |
| Robyn Moore | <ul style="list-style-type: none"> • Family member is the Clinical Nurse Manager of Accident and Emergency • Member of the West Coast Clinical Board |

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, 22 November 2012 commencing at 9.00am

PRESENT

Elinor Stratford (Chairperson); Kevin Brown (Deputy Chair); John Ayling; Lynette Beirne, Dr Cheryl Brunton; Marie Mahuika-Forsyth; Jenny McGill; Mary Molloy; Robyn Moore; John Vaile; and Peter Ballantyne (ex-officio by video conference)

APOLOGIES

An apology for lateness was received from Peter Ballantyne

An Apology for absence was received and accepted from Dr Paul McCormack (ex-officio).

EXECUTIVE SUPPORT

Carol Horgan (Team Leader, Planning & Funding); Gary Coghlan (General Manager, Maori Health); Michael Frampton (Programme Director – by video conference); Karyn Kelly (Director of Nursing & Midwifery); Brian Jamieson (Communications Officer); and Kay Jenkins (Minutes).

Item 7

Jennie Hasson (Financial Accountant) & David Green (Financial Controller, CDHB)

WELCOME

The Chair welcomed everyone and asked Gary Coghlan, General Manager, Maori Health to lead the Karakia.

1. INTEREST REGISTER

Jenny McGill's advised that her husband is employed by the DHB.

2. MINUTES OF THE PREVIOUS MEETING

Resolution

(Moved: John Vaile; Seconded: John Ayling - carried)

“That the minutes of the meeting of the Community and Public Health and Disability Support Advisory Committee held on 11 October 2012 be confirmed as a true and correct record subject to a correction in the spelling of Tariana Turia”

3. CARRIED FORWARD/ACTION ITEMS

There are two items are to be carried forward for the next meeting:

1. the Human Rights Commission report “caring counts” - the Committee requested a report on the implications of this Report for the West Coast community and Age Related Services. The report back will also contain information regarding national work undertaken in this regard.

2. Disability paper presented to the Canterbury DHB CPH&DSAC Committee. Any changes or updates to be provided to this committee.

4. PHO QUARTERLY REPORT

Anthony Cook, Chief Executive, West Coast PHO presented the PHO quarterly report. He highlighted smoking cessation results and commented that when more smokers are identified this changes the denominator which changes the percentages. He also commented regarding professional development and the Committee noted that a very successful workshop was held earlier in November with a variety of speakers. The open forum held at the end of the day for GPs and nurses discussed in particular: recruitment; nursing resourcing and access to allied health.

The comment was made that there is a desire by practices to have more access to Allied Health in Primary Care settings and that this was a driver for BSMC. He added that it is concerning that we have not been able to achieve this considering that the focus of our Annual Plan is to build a stronger Primary Care service on the West Coast.

The Chief Medical Officer commented that the DHB has recently been able to recruit an occupational therapist and also a locum physiotherapist (6 months) into Westport. She added that workforce in Allied Health has been difficult as has the recruitment of GPs.

A query was made regarding progress in relation to new graduates from the UK and it was agreed that an update would be provided at the next meeting by the Director of Allied Health.

Discussion took place regarding waiting times for medical centres/clinics. Anthony Cooke clarified that the information provided on page 8 show 4 indicative sets of conditions to enable comparison with previous data. He added that it is difficult to know how to measure access and the work done 2 years ago determined these sets of conditions.

The report was noted.

5. PLANNING & FUNDING UPDATE

Carol Horgan, Team Leader, Planning & Funding spoke to this report which highlighted the key achievements and issues facing the DHB. The report was taken as read.

An upcoming point of interest was that the mental Health Service is running a stakeholder meeting later in November (at the time of the meeting this had just taken place) to identify the opportunities for change to increase access, responsiveness and flexibility of the wider mental health system, including Primary Care. The Chief Medical Officer commented that moving mental health services into primary care settings was discussed at the meeting and a report on the outcomes of the meeting is awaited.

Attention was drawn to the smoking targets on page 6 and the Chief Medical Officer commented that the DHB is working to improve the recording of this target. A comment was also made about encouraging smoking cessation for staff.

The report was noted

6. CLINICAL LEADERSHIP REPORT

Dr Carol Atmore presented the Clinical Leadership Report which was taken as read. Dr Atmore reported that the Clinical Board had now met for the third time since its inception and are now

starting to come together as a group⁰. She also commented on the Recent Quality conference held in Auckland and focus on better patient experiences and better health outcomes for communities at a lower cost. In addition she commented on the Serious & Sentinel Events report which currently focuses on hospital settings and that the Health & Safety Quality Commission is keen to extend this to primary care settings.

The report was noted.

7. FINANCE REPORT

Jennie Hasson, Financial Accountant, and David Green, Financial Controller, CDHB, spoke to this report which was taken as read. Jenny commented that there are some areas with significant impacts on our financial results and we are currently looking at a process of readdressing budgets and what will be done about this situation.

Michael Frampton, Programme Director, confirmed that further information would be provided at the next meeting regarding the readdressing of the budgets which is a challenge for the whole organisation. He commented that the exercise currently taking place would determine what opportunities are available and what changes could be made to address this.

Resolution

(Moved John Ayling/seconded Mary Molloy – carried)

That the Committee endorse the approach being taken by management to address these financial issues.

Discussion took place regarding whether any thought has been given to how this will be managed with external providers. It was confirmed that the DHB is working with providers in this regard.

Peter Ballantyne joined the meeting by video conference at 10.05am

The Committee noted the report.

8. BETTER SOONER MORE CONVENIENT AND ALLIANCE LEADERSHIP TEAM UPDATE

Dr Carol Atmore spoke to this report which was taken as read. She commented on the following items which were raised:

- the process of establishing practice management for DHB primary practices is underway;
- the Alliance Leadership Team has not met since August and the next meeting will be in early December. This meeting will look at next year's work plan and membership of the Team;
- the Grey IFHS is linked with Regional hospital work and there will be further focus on primary care in the new year;
- the minivan service is transporting a variable number of people (between 1 & 15) and there is a need to wait and see how this goes;
- in regard to the funding provided by the Ministry for a cancer nurse we have been allowed a dispensation due to what we already have in place.
- community pharmacists will have a presence in primary practices to critique records and provide advice around multiple medications.

The update was noted

9. GENERAL BUSINESS

- Maori Health Initiatives

Gary Coghlan, General Manager, Maori Health, provided the Committee with a verbal update on Maori Health initiatives and provided some information around how better input could be provided into the Maori Health Plan.

Discussion took place regarding the monitoring of the Maori Health Plan and also the need for more alignment between primary & secondary care.

He also spoke about the recent Kaizen workshop and commented on how successful this had been.

The update was noted.

INFORMATION ITEMS

- Chair's report to last Board meeting
- Committee Terms of Appointment
- West Coast DHB draft Meeting Schedule 2013

There being no further business the meeting concluded at 10.45am.

Confirmed as a true and correct record:

Elinor Stratford
Chair

Date

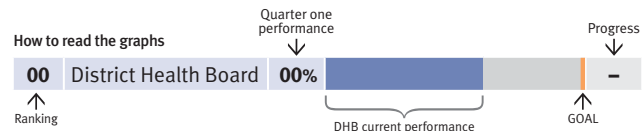
CARRIED FORWARD/ACTION ITEMS



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

COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE CARRIED FORWARD/ACTION ITEMS AS AT 24 JANUARY 2013

| | DATE RAISED | ACTION | COMMENTARY | STATUS |
|----|--------------|--|------------|--|
| 1. | 12 July 2012 | <p>Human Rights Commission Report “Caring Counts”</p> <p>The Committee requested a report on the implication of this Report for the West Coast Community and Age Related Services. Report to include information regarding work being undertaken at a national level.</p> | | Verbal Update to be provided at this meeting. |
| 2. | 12 July 2012 | <p>Disability Support Update</p> <p>The Chair tabled a copy of the Disability Support Update discussed at the Canterbury DHB CPH&DSAC 3 July 2012 meeting for the information of members.</p> | | Report will be provided late 2013 re position on West Coast. |



Shorter stays in



Emergency Departments

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.

The target has changed, we are targeting eight-month-olds

Increased



Immunisation

Increased Immunisation

The national immunisation target is 85 percent of eight-month-olds have their primary course of immunisation at six weeks, three months and five months on time by July 2013. This quarterly progress result includes children who turned eight months between July and September 2012 and who were fully immunised at that stage.

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

| | Quarter one performance (%) | Change from previous quarter |
|----------------------|-----------------------------|------------------------------|
| 1 West Coast | 99 | — |
| 2 South Canterbury | 97 | — |
| 3 Counties Manukau | 97 | — |
| 4 Tairāwhiti | 97 | — |
| 5 Nelson Marlborough | 97 | ▼ |
| 6 Wairarapa | 97 | — |
| 7 Waikato | 96 | — |
| 8 Whanganui | 96 | ▼ |
| 9 Canterbury | 94 | ▼ |
| 10 Hawke's Bay | 94 | ▼ |
| 11 Taranaki | 92 | ▲ |
| 12 Auckland | 92 | ▼ |
| 13 Northland | 92 | ▼ |
| 14 Bay of Plenty | 89 | — |
| 15 Lakes | 88 | — |
| 16 MidCentral | 88 | ▼ |
| 17 Hutt Valley | 86 | ▼ |
| 18 Southern | 86 | ▼ |
| 19 Waikato | 86 | ▼ |
| 20 Capital & Coast | 82 | ▼ |
| All DHBs | 92 | ▼ |

Improved access to



Elective Surgery

Improved access to elective surgery

The target is an increase in the volume of elective surgery by at least 4000 discharges per year. DHBs planned to deliver 38,097 discharges for the year to date, and have delivered 2002 more.

This is the first time primary care data is included alongside hospital data

Better help for



Smokers to Quit

Better help for smokers to quit

The target is 95 percent of patients who smoke and are seen by a health practitioner in public hospitals, and 90 percent of patients who smoke and are seen by a health practitioner in primary care, are offered brief advice and support to quit smoking.

| | Quarter one performance (%) | Change from previous quarter |
|-----------------------|-----------------------------|------------------------------|
| 1 Capital & Coast | 93 | — |
| 2 Southern | 93 | — |
| 3 Waitemata | 92 | — |
| 4 Canterbury | 91 | — |
| 5 Hutt Valley | 91 | — |
| 6 South Canterbury | 91 | — |
| 7 Whanganui | 90 | — |
| 8 Auckland | 89 | — |
| 9 MidCentral | 89 | — |
| 10 Wairarapa | 88 | — |
| 11 Hawke's Bay | 87 | — |
| 12 Taranaki | 87 | — |
| 13 Nelson Marlborough | 86 | — |
| 14 Tairāwhiti | 84 | — |
| 15 Lakes | 83 | — |
| 16 Bay of Plenty | 83 | — |
| 17 Counties Manukau | 82 | — |
| 18 Waikato | 80 | — |
| 19 West Coast | 79 | — |
| 20 Northland | 75 | — |
| All DHBs | 87 | —1 |

| | Quarter one performance (%) | Progress against plan (discharges) |
|-----------------------|-----------------------------|------------------------------------|
| 1 Lakes | 119 | ▲ |
| 2 Bay of Plenty | 117 | ▲ |
| 3 Taranaki | 113 | ▲ |
| 4 Wairarapa | 112 | ▲ |
| 5 Northland | 110 | ▲ |
| 6 Counties Manukau | 110 | ▲ |
| 7 Waikato | 108 | ▲ |
| 8 Whanganui | 107 | ▲ |
| 9 Canterbury | 106 | ▲ |
| 10 Hawke's Bay | 106 | ▲ |
| 11 MidCentral | 106 | ▲ |
| 12 Nelson Marlborough | 105 | ▲ |
| 13 South Canterbury | 105 | ▲ |
| 14 Waitemata | 105 | ▲ |
| 15 West Coast | 104 | ▲ |
| 16 Hutt Valley | 103 | ▲ |
| 17 Auckland | 99 | ▼ |
| 18 Capital & Coast | 98 | ▼ |
| 19 Tairāwhiti | 92 | ▼ |
| 20 Southern | 90 | ▼ |
| All DHBs | 105 | ▲ |

| | Change from previous quarter | Primary care | Quarter one performance (%) | Hospitals | Change from previous quarter |
|----|------------------------------|--------------|-----------------------------|-----------|------------------------------|
| — | — | 52 | 1 Lakes | 100 | ▲ |
| — | — | 60 | 1 Wairarapa | 100 | ▲ |
| — | — | 52 | 3 Hawke's Bay | 98 | ▲ |
| — | — | 29 | 4 Hutt Valley | 98 | ▲ |
| — | — | 58 | 5 Capital & Coast | 97 | — |
| — | — | 43 | 6 South Canterbury | 97 | ▲ |
| — | — | 35 | 7 Waitemata | 96 | ▲ |
| — | — | 32 | 8 Nelson Marlborough | 96 | — |
| — | — | 40 | 9 Counties Manukau | 95 | ▲ |
| — | — | 38 | 10 Northland | 95 | — |
| — | — | 40 | 11 Tairāwhiti | 94 | ▲ |
| — | — | 44 | 12 Bay of Plenty | 93 | ▼ |
| — | — | 34 | 13 Auckland | 93 | — |
| — | — | 42 | 14 Waikato | 93 | ▲ |
| — | — | 35 | 15 Whanganui | 93 | ▼ |
| — | — | 47 | 16 MidCentral | 92 | — |
| — | — | 40 | 17 West Coast | 91 | — |
| — | — | 31 | 18 Southern | 90 | ▼ |
| — | — | 27 | 19 Canterbury | 88 | ▼ |
| — | — | 53 | 20 Taranaki | 87 | ▼ |
| 2= | — | 40 | All DHBs | 94 | — |

The target has changed, we are targeting radiotherapy and chemotherapy wait times

Shorter waits for



Cancer Treatment

Shorter waits for cancer treatment

The target is all patients, ready-for-treatment, wait less than four weeks for radiotherapy or chemotherapy. Six regional cancer centre DHBs provide radiation oncology services. These centres are in Auckland, Hamilton, Palmerston North, Wellington, Christchurch and Dunedin. Medical oncology services are provided by the majority of DHBs.

More



Heart and Diabetes Checks

More heart and diabetes checks

This target is 90 percent of the eligible population will have had their cardiovascular risk assessed in the last five years to be achieved in stages by July 2014. The current stage is to achieve 75 percent by July 2013.

| | Quarter one performance (%) | Change from previous quarter |
|----------------------|-----------------------------|------------------------------|
| 1 Northland | 100 | — |
| 1 Waitemata | 100 | — |
| 1 Auckland | 100 | — |
| 1 Counties Manukau | 100 | — |
| 1 Waikato | 100 | — |
| 1 Lakes | 100 | — |
| 1 Bay of Plenty | 100 | — |
| 1 Tairāwhiti | 100 | — |
| 1 Hawke's Bay | 100 | — |
| 1 Taranaki | 100 | — |
| 1 MidCentral | 100 | — |
| 1 Whanganui | 100 | — |
| 1 Capital & Coast | 100 | — |
| 1 Hutt Valley | 100 | — |
| 1 Wairarapa | 100 | — |
| 1 Nelson Marlborough | 100 | — |
| 1 West Coast | 100 | — |
| 1 Canterbury | 100 | — |
| 1 South Canterbury | 100 | — |
| 1 Southern | 100 | — |
| All DHBs | 100 | —1 |

| | Quarter one performance (%) | Change from previous quarter |
|-----------------------|-----------------------------|------------------------------|
| 1 Bay of Plenty | 65 | ▲ |
| 2 Wairarapa | 64 | ▼ |
| 3 Taranaki | 63 | ▲ |
| 4 Hawke's Bay | 61 | ▲ |
| 5 West Coast | 60 | ▲ |
| 6 Waikato | 60 | ▲ |
| 7 Lakes | 60 | ▲ |
| 8 Whanganui | 59 | ▼ |
| 9 Waitemata | 58 | ▲ |
| 10 Northland | 58 | ▲ |
| 11 Capital & Coast | 56 | ▲ |
| 12 Tairāwhiti | 54 | ▲ |
| 13 Auckland | 53 | ▲ |
| 14 Counties Manukau | 53 | — |
| 15 Nelson Marlborough | 53 | ▲ |
| 16 Southern | 51 | ▲ |
| 17 South Canterbury | 50 | ▲ |
| 18 MidCentral | 46 | ▲ |
| 19 Hutt Valley | 39 | ▲ |
| 20 Canterbury | 25 | ▲ |
| All DHBs | 52 | ▲ |

1 No change from previous quarter is displayed because the target has changed.

2 No change from previous quarter is displayed because this is the first time primary care data is included alongside hospital data.

National Health Targets

Quarter 1 2012/13 Performance Summary

| Target | Q4 11/12 | Q1 12/13 | Target | Status |
|---|-----------------|-----------------|--------|--------|
| Shorter Stays in ED: Patients admitted, discharged or transferred from an ED within 6 hours | 100% (99.6%) | 100% (99.7%) | 95% | ✓ |
| Improved Access to Elective Surgery: West Coast's volume of elective surgery | 1751 | 447 | 1592 | ✓ |
| Shorter Waits for Cancer Radiotherapy Treatment: People needing cancer radiation therapy having it within four weeks | 100% | 100% | 100% | ✓ |
| Increased Immunisation: Children fully immunised at eight month of age* | New Target | 79% | 85% | ✗ |
| Better Help for Smokers to Quit: Hospitalised smokers receiving help and advice to quit | 90% | 91% | 95% | ✗ |
| Better Help for Smokers to Quit: Smokers attending general practice receiving help and advice to quit | 39% | 40% | 90% | ✗ |
| More Heart and Diabetes Checks: Eligible adult population having their cardiovascular risk assessed once every five years ** | 57% | 60% | 75% | ✗ |

*New Health Target for 2012/13

**Result for the period ending September 2012.



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

SOURCE: Planning and Funding

DATE: 24 January 2013

Report Status – For: *Decision* *Noting* *Information*

1. ORIGIN OF REPORT

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

2. RECOMMENDATION

That the Committee notes the Planning and Funding Update.

3. SUMMARY

✓ Key Achievements

- West Coast continues to achieve the **Cancer Treatment Health Target**, with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks.
- The latest available finalised data for the period to October 2012 shows delivery against the **Electives Health Target** is ahead of target by 9 cases.
- The **ED Health Target** continues to be met, with 99.6% of people admitted or discharged within 6 hours in the financial year-to-date 31 December 2012. The longer-term aim for this measure is also being met, with 96% of people admitted or discharged within 4 hours.
- The new **Gateway Assessment Service**, linking the West Coast DHB, Child Youth and Family (CYFS), and Ministry of Education for the provision of care to vulnerable children and young people, has now commenced.

* Key Issues & Associated Remedies

- The **B4 School Check (B4SC)** November 2012 result is lower than the percentage of the year gone. Plans to increase the coverage include conducting extra B4SC clinics in 2013, working closely with other agencies to ensure eligible children are referred to the B4SC programme, following up on children who Did Not Attend (DNA) their scheduled appointments, and promoting the B4SC programme during Children's Day/Week in March this year.
- The WCDHB has received notice that the **Warm Up West Coast programme** has had to discontinue due to increasing financial constraints on the project partners. Arrangements have been made, through Healthy West Coast, for the final homes that have applied to the programme and met eligibility requirements, to be insulated in the New Year. 300 homes will be insulated under the project of the planned 500. Discussions regarding alternative options for a continued home insulation project on the West Coast are underway.

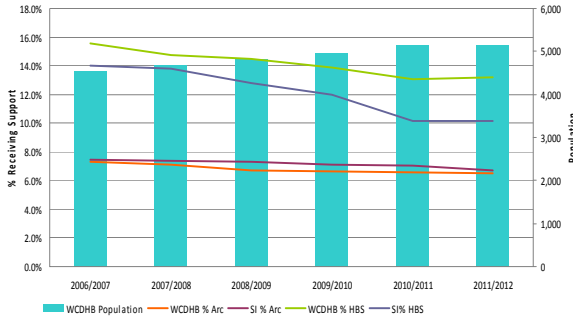
ⓘ Upcoming Points of Interest

- **InterRAI training** for West Coast ARC providers will commence in the week of 4 March 2013.
- West Coast DHB is actively promoting the uptake and use of the volunteer **Red Cross transportation option for Buller patients**, and the 3-month trial period for the service has been extended into February 2013 to give the pilot every possible opportunity to become established and self-sustaining if demand proves its need.

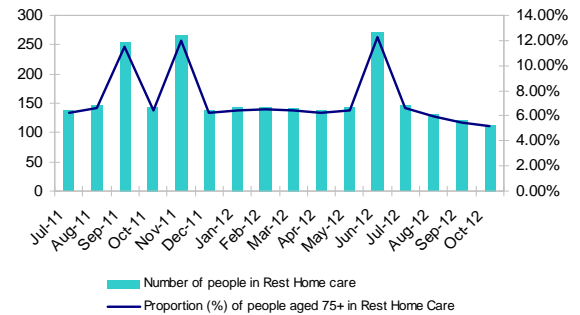
Report approved for release by: Carolyn Gullery, General Manager, Planning & Funding

Older Persons' Health

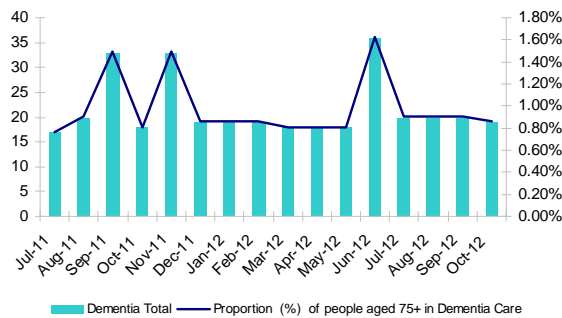
People 65+ Receiving Home-based support vs. in ARC



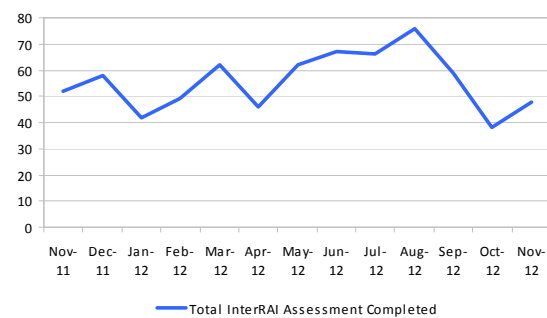
Proportion of people aged 75+ admitted in Rest Home level care



Proportion of people aged 75+ in Specialist Dementia Care



Number of interRAI assessments completed



ACHIEVEMENTS/ISSUES OF NOTE

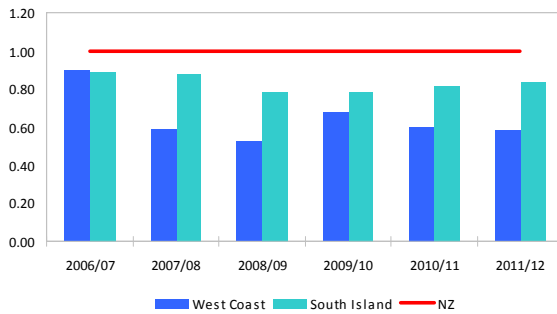
Maximising independence model for homecare: Work on a new restorative homecare model continues to be on track as part of the CCCN project. Dr Michelle Dhanak, geriatrician, has been confirmed as clinical lead for HOP from 2013 at 0.6FTE after confirmation that Jackie Broadbent will not be returning to work on the Coast. Dr Dhanak continues to lead Interdisciplinary Team (IDT) meetings, with at least 6 cases presented to this group weekly, and all patients now referred to ARC facilities having had an IDT review/sign-off by the geriatrician. Diane Brockbank has been appointed as CCCN manager. She will commence in the role on 4 February 2013.

Initial discussions have commenced with home based support services and primary care about restorative home based support services and what this means going forward.

InterRAI in rest homes: The initial meeting between Brigette Meehan (MoH), West Coast rest homes and Planning and Funding has been held to discuss the rollout of the national project to use InterRAI within aged residential care. Training for the West Coast ARC providers will commence in the week of 4 March 2013.

Child, Youth & Maternity

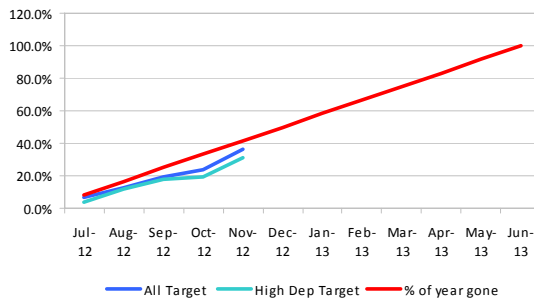
Acute medical discharge rates for children (age 0-14)



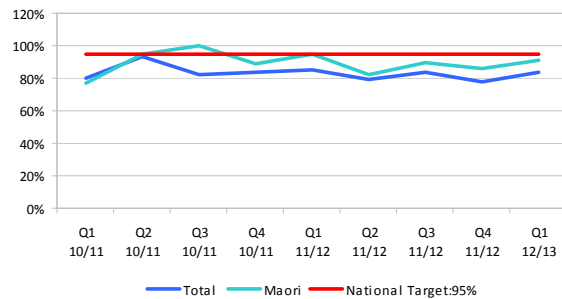
Immunisation HT: Eight-month-olds fully immunised Quarter 1 2012/13

| | No. eligible | Fully immunised | % |
|----------------|--------------|-----------------|------|
| NZE | 58 | 50 | 86% |
| Māori | 20 | 19 | 95% |
| Pacific | 4 | 4 | 100% |
| Asian | 3 | 3 | 100% |
| Other | 24 | 10 | 42% |
| Total | 109 | 86 | 79% |

B4 School Check coverage



Two-year-olds fully immunised



ACHIEVEMENTS/ISSUES OF NOTE

Eight-month-old immunisation: With the support of the Primary Health Organisation and practices, the National Immunisation Register Administrator will be working closely with a key person in every practice to identify children who have not been enrolled with a practice, and notify the practices to follow up on children who are due or overdue for an immunisation.

All practices will now be using a suggested process timeline for their guidance to ensure timely immunisation for children by 8 months of age.

Two-year-old immunisation: The WCDHB continues to work on reducing the decline rates and achieving the highest possible immunisation coverage rate by working closely with other Well Child service providers to locate and vaccinate hard-to-reach children before they turn two years of age.

B4 School Check (B4SC): By November 2012, 36% of the whole target population and 31% of the high-needs target population had completed B4SC checks. The plan to increase coverage for the programme includes conducting extra clinics in 2013; continuing to work closely with other agencies like Work and Income, Plunket and WestREAP to have referrals from them; identifying and visiting families who Did Not Attend (DNA) their children's B4SC scheduled appointments; and promotion of the B4SC during Children's Day/Week in March this year.

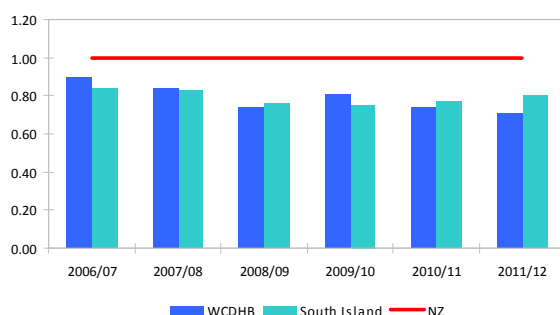
Mental Health

ACHIEVEMENTS/ISSUES OF NOTE

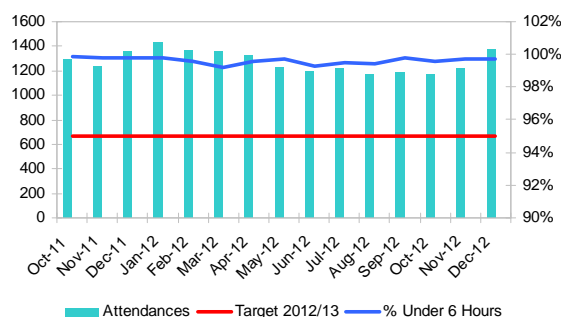
Identifying opportunities: The November stakeholder meeting to consider where there are opportunities for improvement across the wider mental health and addiction system was well attended. Priority areas were identified, including increasing support options for people in the community so that the likelihood of inpatient admissions is reduced. There is enthusiasm for a collaborative, consumer-focussed approach across primary, specialist and NGO services. This work will be followed up with the establishment of small focussed groups to develop more detailed plans that will be circulated for review and comment.

Urgent Care

Acute Medical Discharge Rate



Emergency Department: Attendances & <6 Hours Health Target

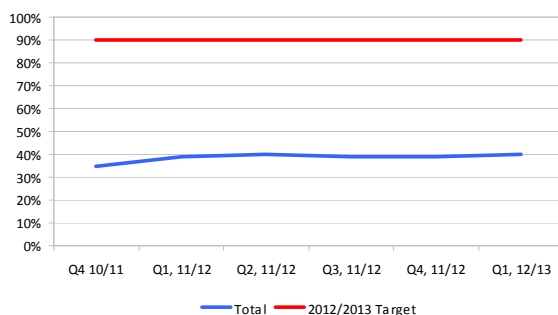


ACHIEVEMENTS/ISSUES OF NOTE

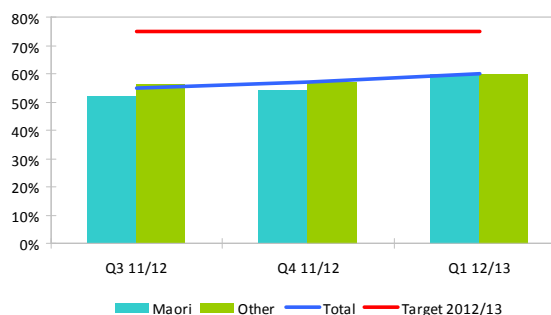
ED Health Target: West Coast DHB continues to deliver on the Health Target of over 95% of people seen, treated and discharged from Emergency Department services within 6 hours. Results for the financial year-to-date to 31 December 2012 are 99.62% of patients were seen, treated and discharged within 6 hours and 96.05% seen, treated and discharged within just 4 hours.

Primary Care & Long-Term Conditions

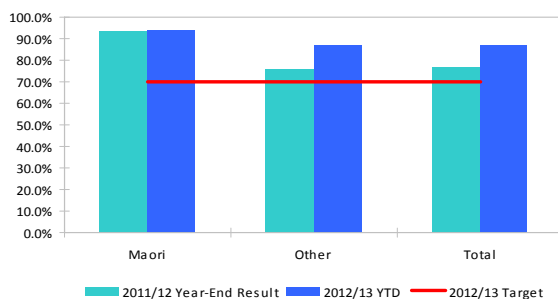
Primary Smokefree Health Target: Smokers attending primary care given advice & help to quit



CVD Health Target: % of eligible PHO population having had a CVD risk assessment in the last 5 years

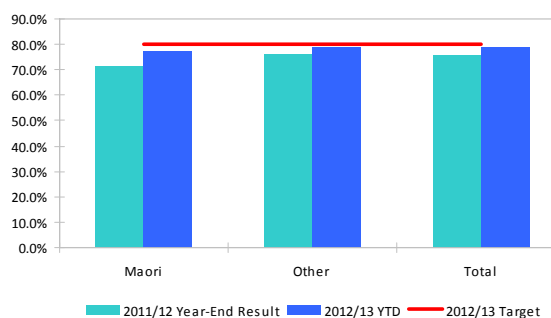


Diabetes Detection: % of people estimated to have diabetes who have had their annual check during the current year



Data for period to 30 September 2012 (latest available data). Estimates for the population expected to have diabetes having increased from 1,204 for 2011/12 to 1,309 for 2012/13

Diabetes Good Management: % of people who have HBA1c levels at or below 8.0 when assessed at their annual check



Data for period to 30 September 2012 (latest available data).

ACHIEVEMENTS/ISSUES OF NOTE

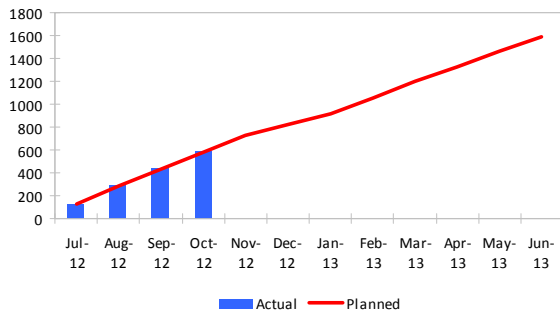
Primary Smokefree Health Target: Starting with Buller and Reefton, the PHO has employed a suitably trained person, based within the practices, to support them to improve Brief Advice coding and to link patients to cessation support. A similar process will be rolled out in Greymouth practices over the coming weeks, with the purpose of closing the gap between As (asking) and Bs (brief advice to quite) and improving performance on the Primary Smokefree Tobacco Target.

Quarter 2 quit rates for the primary cessation programme Coast Quit have improved from the previous quarter, with a quit rate of 36% at three months (48% excluding those not contacted).

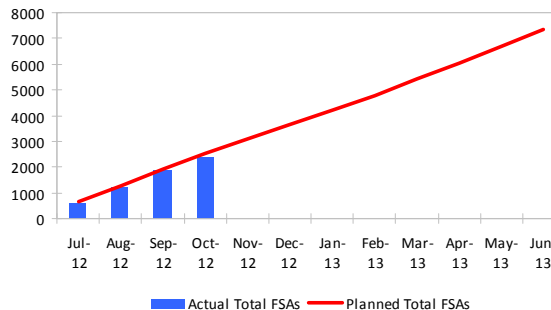
Warm Up West Coast – Home Insulation Project: The WCDHB has received notice that the Warm Up West Coast programme has had to discontinue due to increasing financial constraints on the project partners. Arrangements have been made, through Healthy West Coast, for the final homes that have applied to the programme and met eligibility requirements, to be insulated in the New Year. 300 homes will be insulated under the project of the planned 500. Discussions regarding alternative options for a continued home insulation project on the West Coast are underway.

Secondary Care & System Integration

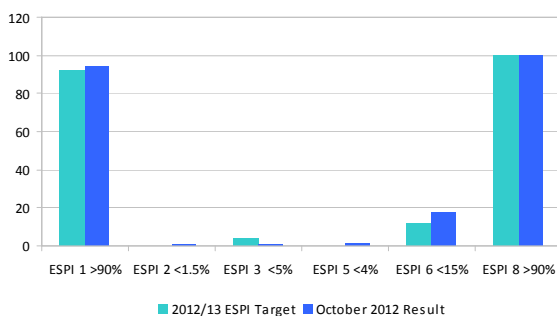
Electives Health Target: Elective surgical discharges



Ambulatory Initiative Throughput (Specialist Outpatients)

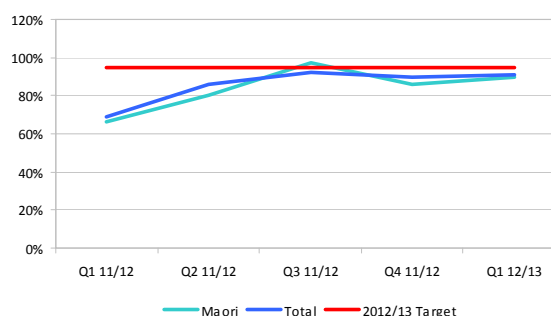


Elective Service Performance Indicators (ESPIs)



Final results to 31 October 2012 (as updated by Ministry of Health, 19 December 2012).

Secondary Smokefree Health Target: Hospitalised smokers given quit advice & help



ACHIEVEMENTS/ISSUES OF NOTE

Red Cross transportation option for Buller patients: West Coast DHB is actively sending out contact information flyers with all outpatient appointment letters for people from the Buller region - and as an additional temporary interim measure, following up with phone calls to prospective patients - to help promote and encourage the uptake and use of the volunteer Red Cross transportation option for Buller patients. The service has taken two weeks of leave over the Christmas and New Year holiday period. Given this, it has been agreed to extend the 3-month trial period for the service into February 2013 in order to give the pilot every possible opportunity to become established and self-sustaining if demand proves its need. The service is being run one day a week during the trial period while demand, mode of transportation needs, and volunteer availability are piloted.

Cancer Treatment: West Coast DHB continues to achieve the Cancer Treatment Health Target, with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks for the current financial year to 16 December 2012.

Secondary Smokefree Health Target: The Smokefree Services Coordinator spoke at a recent Senior Nurses meeting and has been working with Clinical Nurse Managers to support them to provide leadership to their staff around the target. This includes working with coders to pick up files of patients where brief advice to a smoker has not been delivered and providing this information back to the Clinical Nurse Manager. This will be helpful information in reaching the health target of 95%, as one identified smoker provided with brief advice can be more than one percent of the health target, due to the relatively small numbers involved.

Elective Services National Health Target: West Coast DHB remains on track to meet the Health Target. The year-to-date (YTD) report as of 31 October 2012 shows that 588 actual raw surgical discharges were delivered overall by West Coast DHB, which is 101.6% of (or 9 cases above) the YTD planned target of 579 surgical discharges. This is 37% of the way toward the full-year target of 1,592 discharges to be delivered by West Coast DHB for the year. Throughput within individual surgical specialties has fluctuated significantly from plan, with those under-produced being offset by over-runs in others, both as ESPI compliance is balanced, and as the transalpine orthopaedic service is further

evolved.

Elective Services: Ambulatory Initiative Throughput (Specialist Outpatients)

First specialist outpatient assessment (FSA) services delivery for all specialties is 2,379 attendances for the YTD 31 October. This is 94.8% of (or 131 cases lower than) the planned YTD target of 2,510, and is 32.4% of the way toward the full 2012/13 year's planned delivery. As with elective inpatient surgery, outpatient FSA throughput within specialties is varied, with over-production in some offsetting under-production in other specialties (particularly among medical specialties).

Surgical first specialist outpatients for the month have been delivered at 102.2% of planned YTD volume (1,833 FSAs delivered compared to 1,793 planned), which is equivalent to 35% of the 2012/13 total planned surgical FSAs.

Elective Service Performance Indicators (ESPIs)

West Coast DHB was non-compliant in the ESPI 5 measure (no patients given commitment to surgery wait longer than 6 months for treatment) at the end of October 2012, with 5 patients over the 6-month maximum waiting period. However, preliminary results published by the Ministry of Health on 19 December indicated that this was successfully eliminated by the end of November, with no patients waiting beyond the 6-month period.

In the ESPI 2 measure (no patients wait more than 6 months for First Specialist Assessment), there were 15 patients who exceeded the target wait time. All were patients awaiting orthopaedic FSA. Work is being undertaken with the orthopaedic service to remove this waiting time problem.

DHBs are expected to reduce elective waiting times for both ESPI 2 and ESPI 5 to a maximum of 5 months by the end of June 2013 and throughout the 2013/14 year ahead.



DHB logo

XXX District Health Board's

SMOKEFREE / AUAHI KORE POSITION STATEMENT

September 2012

This position statement is consistent with those of Nelson Marlborough, West Coast, Canterbury, South Canterbury, and Southern District Health Boards (DHB)¹. This position statement has been developed collaboratively by the South Island Public Health Units and represents the South Island DHBs working together to support the South Island to be a place where Smokefree lifestyles are the norm and harm from and exposure to tobacco smoke is minimised.

The purpose of this statement is to describe the commitment of the XXX DHB to the Government's goal of a Smokefree Aotearoa New Zealand by 2025 and the strategies to achieve this. This goal was determined at a national level in response to the 2011 Māori Affairs Select Committee Inquiry into the tobacco industry and the effects of tobacco on Māori. This position statement is informed by the Smokefree Aotearoa/New Zealand 2025 logic model (Appendix A) and aligns with the XXX DHB's Tobacco Control Plan.

The XXX DHB recognises the extensive harm from tobacco use that is experienced by people within the XXX district and that the burden of this harm is carried disproportionately by some population groups. Tobacco use is a major risk factor for numerous health conditions and is a significant cost to the health system.

¹ Individual DHBs: delete own DHB from this list as appropriate.

XXX DHB POSITION

- **XXX** DHB supports the Government’s goal of achieving a Smokefree Aotearoa New Zealand by 2025.
- **XXX** DHB aims to reduce the tobacco-related harm experienced by people within the **XXX** district by actively focussing on these outcomes:
 - Protect children from exposure to tobacco
 - Reduce the demand for and supply of tobacco, and
 - Increase successful quitting.

XXX DHB STRATEGIES

- Provide leadership and facilitate effective implementation of evidence-based strategies to support local populations to be Smokefree.
- Support and prioritise initiatives that address health inequalities by reducing smoking prevalence in Māori communities, and other priority populations including: Pacific People, pregnant women and their whānau, children, mental health consumers, rural populations and economically disadvantaged people.
- Work towards achieving the health target ‘Better Help for Smokers to Quit’ in primary and secondary care by implementing the ABC Strategy² for Smoking Cessation.
- Be a Smokefree role model in the community by reducing smoking initiation, supporting people to quit smoking and providing a Smokefree environment.
- Support the development of strong relationships with other community organisations to achieve the Smokefree Aotearoa 2025 goal.
- Develop and implement local solutions to achieve these strategies through its Tobacco Control Plan.

² The New Zealand Smoking Cessation Guidelines (Ministry of Health 2007) recommend that all health care workers use the three step ABC tool. The first step is to Ask about smoking status, then give Brief advice to stop smoking and finally to provide evidence-based Cessation support or referral to a smoking cessation service.

SUPPORTING EVIDENCE

Preamble

The harmful effects of smoking on health are well documented. Smoking has been identified as a cause of a wide range of diseases and other adverse health effects. These include a range of cancers and cardiovascular diseases, respiratory diseases, fetal deaths and stillbirths, pregnancy complications and other reproductive effects, cataracts, peptic ulcer disease, low bone density and fractures and diminished health status and morbidity (Doll et al 2004; US Surgeon General 2004). In New Zealand smoking is a primary risk factor in one in four of all cancer deaths (Smoke Free Coalition/Te Ohu Auahi Kore undated). Quitting smoking has immediate and long term benefits, even for those who quit late in life (US National Cancer Institute 2011).

Environmental tobacco smoke (passive smoking or second hand smoke) is also well established as having adverse health effects. It increases the risk and frequency of serious respiratory problems in children, such as asthma attacks, lower respiratory tract infections, and increases middle ear infections. Inhaling second-hand smoke may cause lung cancer and coronary heart disease in non-smoking adults (US Surgeon General 2006). New Zealand studies of never smokers living with smokers showed that they had an excess risk of mortality from heart disease and cerebrovascular disease (Hill et al 2004). According to the Smokefree Coalition around 350 New Zealanders die from the effects of others' smoking each year (Smokefree Coalition/Te Ohu Auahi Kore undated). Exposure to second hand smoke is a public health hazard that can be prevented by making homes, workplaces, vehicles and public places completely Smoke free (US Surgeon General 2006).

Smoking in New Zealand

- In 2009 smoking data in New Zealand showed that one in five (21%) adults aged 15-64 years were current smokers, with 19.2% of adults smoking daily (Ministry of Health 2010). A current smoker is someone who has smoked more than 100 cigarettes in their lifetime and at the time of the survey was smoking at least once a month (World Health Organisation 1998).
- Smoking rates in New Zealand continue to decline. The age-standardised prevalence of current smoking in 15-64 year olds fell significantly between 2006 (24.4%) and 2009 (21.8%). There was no difference in the age-standardised prevalence of current smoking between males and females (Ministry of Health 2010).
- Table 1 shows that the prevalence of regular smokers in the South Island DHBs' area is highest in the West Coast DHB area and lowest in the Canterbury DHB area.³

³ Anecdotal evidence suggests that smoking rates may have increased in Canterbury following the earthquakes.

Table 1. Smoking prevalence by South Island District Health Board area (Statistics New Zealand 2006)⁴

| | Nelson Marlborough DHB area (%) | West Coast DHB area (%) | Canterbury DHB area (%) | South Canterbury DHB area (%) | Southern DHB area | | NZ Total (%) |
|-------------------------------|---------------------------------|-------------------------|-------------------------|-------------------------------|--------------------------|------------------------------|--------------|
| | | | | | Southern DHB - Otago (%) | Southern DHB - Southland (%) | |
| Prevalence of regular smokers | 19.3 | 25.7 | 18.8 | 19.8 | 19.4 | 23.8 | 18.9 |

Smoking related disparity and health outcomes

- Māori in all age groups had higher smoking prevalence than non-Māori (Ministry of Health 2011a). Ethnicity data in Table 2 show that the prevalence of smoking amongst Māori is double that of the rest of the population (Ministry of Health 2010).

Table 2. Prevalence of current smokers by ethnicity and sex, 15-64 years (Ministry of Health 2010)

| | Male (%) | Female (%) |
|----------------|----------|------------|
| Māori | 40.2 | 49.3 |
| Pacific | 32.3 | 28.5 |
| European/other | 20.6 | 18.9 |
| Asian | 16.3 | 4.4 |

- Smoking related disease is a major cause of health inequality. Health outcomes include a higher incidence of cancer, cardiovascular and respiratory disease and lower life expectancy for Māori compared to the rest of the population (Ministry of Health 2011b; Ministry of Health 2011c).
- The burden of tobacco related harm is experienced disproportionately by some population groups within XXX district. Smoking prevalence is higher for Māori, Pacific and those living in more deprived areas (Ministry of Health 2010). These priority populations have higher rates of smoking during pregnancy, which poses various health risks to the develop foetus, infant and mother (Alliston 2005).

⁴ These figures were taken from the last census (2006) at which time Otago and Southland DHB were separate entities.

Smoking cessation

- The Ministry of Health is committed to a Smokefree New Zealand and has developed the ABC strategy for smoking cessation which is being rolled out in all DHBs. This strategy is supported by the setting of a national health target, 'Better Help for Smokers to Quit'. The 2012/13 target is 95% of patients who smoke and are seen by a health practitioner in a public hospital and 90% of patients who smoke and are seen by a health practitioner in primary care are offered brief advice and support to quit smoking. Within the target a specialised identified group will include progress towards 90% of pregnant women who identify as smoking at the time of confirmation of pregnancy in general practice or booking with a Lead Maternity Carer are offered advice and support to quit (Ministry of Health 2011d).
- Evidence suggests that providing brief advice, particularly by a doctor, significantly increases the rate of quitting (Stead et al 2008) and long term quitting success (Ministry of Health 2011d). The proportion of successful quit attempts is increased by the provision of effective cessation support, such as medications, including Nicotine Replacement Therapy (NRT), and multi-session support including telephone or face-to-face support (Ministry of Health 2011d; Ministry of Health 2007).
- Research shows that one in every 40 smokers will make a quit attempt simply as a result of receiving brief advice (Ministry of Health 2011e).
- Table 3 shows South Island DHBs' secondary care results for the last quarter.

Table 3. Quarter Four (April-June 2012) results for 'Better help for smokers to quit' health target by DHB for secondary care (Ministry of Health 2012)

| | South Canterbury DHB | Nelson Marlborough DHB | West Coast DHB | Southern DHB | Canterbury DHB |
|--|----------------------|------------------------|----------------|--------------|----------------|
| % of hospitalised smokers given advice to quit | 96 | 96 | 90 | 96 | 90 |
| Ranking (out of 20 DHBs) | 9 | 8 | 18 | 7 | 16 |

Smokefree workplaces

- Workplace Smokefree policies reduce business costs associated with tobacco consumption. These include absenteeism, lost productivity, time spent on breaks, increased building, health and life insurance costs, potential legal costs and cleaning and maintenance costs (IARC 2009). Introducing workplace Smokefree policies reduces tobacco consumption and smoking prevalence within the affected workforce (Edwards et al undated). For instance, smokers have fewer opportunities to smoke, which reduces levels of consumption and encourages quit attempts (IARC 2009). Cessation support should be provided to support

employees who smoke to quit.

- Usually within a few months of implementing Smokefree policies compliance is high and in most places policies become self-enforcing (IARC 2009). Evidence suggests that compliance may be enhanced by media advocacy and public education campaigns that strengthen social norms before and during policy implementation (Ross 2006; US Surgeon General 2006).
- In 2005, the tangible costs of smoking to the New Zealand economy were NZ\$1.7billion. Major components included lost production due to premature mortality or lost production due to smoking-caused morbidity (O’Dea et al 2007).
- A New Zealand cross-sectional survey conducted in 2006 found strong support for Smokefree workplaces. Of 2413 people surveyed 94.3% agreed that people have the right to work in a Smokefree environment and 93.9% agreed that people who work in a non-office environment also have the right to work in a Smokefree environment (Waa and McGough 2006, p.14).

Smokefree role modelling

- Role modelling is an important factor in smoking behaviour (Edwards et al 2012). For example, health professionals who don't smoke may be role models for patients in regards to healthy behaviour. However, medical professionals who smoke may increase public scepticism about the importance of quitting (Smith and Leggat 2007).

Smokefree environments

- The Smoke-free Environments Act 1990 is designed to protect non-smokers against the detrimental effects of other people’s smoking. Other aims of the legislation include Smokefree role modelling and promoting a Smokefree lifestyle as the norm (Ministry of Health 2005a; Ministry of Health 2005b).
- There has been an increasing focus on Smokefree outdoor areas, with a large number (see Table 4 for South Island policies) of councils within New Zealand adopting Smokefree outdoor area policies.
- There is some evidence showing that second hand smoke in outdoor areas is harmful. A recent New Zealand study has found that smoking in outdoor areas does increase particulate levels to a level that could potentially cause health hazards (Wilson et al 2011). Evidence also suggests that smoking has a role modelling effect on teenagers: those who smoke are more likely to have been exposed to smoking than those who don’t smoke (and exposure is likely to have been from outdoor places) (Alesci et al 2003). Therefore, the focus should be on “role modelling and making Smokefree normal” (Smokefree/Auhai Kore Tool Kit undated).
- The rationale for Smokefree outdoor areas is to reduce the visibility of smoking, especially to children, in order to reduce the uptake of smoking. It also has benefits of decreased litter (CanTobacco undated, Halkett and Thomson 2010).
- Table 4 shows how DHBs have engaged with local authorities to develop Smokefree policies within their communities.

Table 4. South Island councils and Smokefree Outdoor Area policies

| Council | Description | Date adopted |
|-----------------------------------|--|-----------------------------|
| Nelson Marlborough DHB | | |
| | | |
| West Coast DHB | | |
| Buller District Council | All Council-owned parks, playgrounds and sports fields | 2011 |
| Grey District Council | All Council-owned parks, playgrounds and sports fields | 2011 |
| Westland District Council | All Council-owned parks, playgrounds and sports fields | 2011 |
| Canterbury DHB | | |
| Christchurch City Council | All playgrounds, skate parks, stadiums and courts, sports fields and public events | 2009 |
| Hurunui District Council | All Council-owned reserves including playgrounds and sportsgrounds | 2012 |
| Waimakariri District Council | All Council-owned playgrounds | 2012 |
| Selwyn District Council | All playgrounds, parks, sports grounds and Council run or sponsored events | 2011 |
| Ashburton District Council | All playgrounds Sports fields in Council-owned parks Skate park | 2007 2009 2011 |
| South Canterbury DHB | | |
| Waimate District Council | All playgrounds | 2009 |
| Timaru District Council | All playgrounds | 2012 |
| Mackenzie District Council | All playgrounds | To be adopted in 2012 |
| Southern DHB | | |
| Dunedin City Council | All playgrounds | To be adopted in 2012 |
| Clutha District Council | All playgrounds, sports fields and council run family events | 2012 |
| Queenstown Lakes District Council | All playgrounds and swimming pools | 2006 |
| Invercargill City Council | All playgrounds All sports fields, Queens Park aviary and animal reserve | 2008 2010 |
| Gore District Council | All playgrounds and parks | Currently under development |

- International evidence indicates that the public are generally in favour of restrictions on smoking in “various outdoor settings” and there has been a gradual increase in support for Smokefree public places over time (Thomson, Wilson and Edwards 2009; Klein et al 2007).
- Locally, the New Zealand public are supportive of Smokefree outdoor areas. For example, three quarters (76.4%) of New Zealand adults believed that it was ‘not at all’ acceptable to smoke at children’s outdoor playgrounds (Cancer Society of New Zealand and Health Sponsorship Council 2008). In another study evaluating Upper Hutt’s smokefree parks policy, 83% of adult park users thought having a Smokefree parks policy was a good idea (Stevenson et al 2008) and similarly an Dunedin study found that 73% of those surveyed were supportive of making playgrounds Smokefree (Harris et al 2009). People who smoke are generally supportive of Smokefree playgrounds (Thomson et al 2009).
- Community support for Smokefree outdoor areas is an important factor in getting councils to endorse outdoor policies (Halkett and Thomson 2010).

References

Alesci, N.L., Forster, J.L., Blaine, T. 2003. Smoking visibility, perceived acceptability, and frequency in various locations among youth and adults. *Preventive Medicine* 36, 272-281.

Alliston, L. 2005. Promoting Smokefree Pregnancies: A Review of International and New Zealand Literature. A report commissioned and funded by the New Zealand Ministry of Health. Wellington: Ministry of Health.

Cancer Society of New Zealand and Health Sponsorship Council. 2008. Smokefree Councils Implementation Kit: A guide for local health promoters. Available:
http://www.stevodesigns.com/fileadmin/clients/cancer_society/pdf/SmokefreeCouncilsKitMain.pdf
Accessed 5.9.12.

CanTobacco. Undated. Smokefree Councils & outdoor areas. Available:
<http://www.cantobacco.org.nz/campaigns/Smokefree-councils-outdoor-areas> Accessed 3.7.12.

Doll, R., Peto, R., Boreham, J. et al. 2004. Mortality in relation to smoking: 50 years' observations on male British doctors. *BMJ* 328, 1519–1528.

Edwards, R., Bullen, C., O'Dea, D. et al. Undated. After the smoke has cleared: evaluation of the impact of a new smokefree law. A report commissioned and funded by the New Zealand Ministry of Health. Wellington: Ministry of Health. Available:
[http://www.moh.govt.nz/notebook/nbbooks.nsf/0/1ab9da3d25500f83cc2572910067edc4/\\$FILE/smokefree-evaluation-report-with-appendices-dec06.pdf](http://www.moh.govt.nz/notebook/nbbooks.nsf/0/1ab9da3d25500f83cc2572910067edc4/$FILE/smokefree-evaluation-report-with-appendices-dec06.pdf) Accessed 3.7.12.

Edwards, R., Peace, J., Stanley, J. et al. 2012. Setting a good example? Changes in smoking prevalence among key occupational groups in New Zealand: evidence From the 1981 and 2006 Censuses. *Nicotine and Tobacco Research* 14, 329-337.

Halkett, L. and Thomson, G. 2010. Getting an outdoor smokefree policy: the case of Kapiti Coast District Council. *New Zealand Medical Journal*. 123(1308), 28-40.

Harris, R., Meffan, N., Pirvu, A. 2009. Smokefree outdoor areas in Dunedin: A Report for Public Health South. Dunedin.

Hill, S., Blakely, T., Kawachi, I. et al. 2004. Increased mortality amongst never-smokers living with smokers: evidence from two New Zealand cohorts 1981-84 and 1996-99. *BMJ* 328, 988-989.

International Agency for Research on Cancer (IARC). 2009. Evaluating the effectiveness of smoke-

free policies. IARC Handbooks of Cancer Prevention: Tobacco Control Volume 13. Lyon: IARC.

Klein, E.G., Forster J.L., McFadden, B. et al. 2007. Minnesota tobacco-free park policies: attitudes of the general public and park officials. *Nicotine & Tobacco Research* 9 (Suppl 1), S49-55.

Ministry of Health. 2005a. Part 4: Background rationale for the Smokefree Law FAQ. Available: <http://www.health.govt.nz/our-work/regulation-health-and-disability-system/smokefree-law/smokefree-law-questions-and-answers> Accessed 3.7.12.

Ministry of Health. 2005b. Smokefree law. Available: <http://www.health.govt.nz/our-work/regulation-health-and-disability-system/Smokefree-law> Accessed 3.7.12.

Ministry of Health. 2007. New Zealand Smoking Cessation Guidelines. Wellington: Ministry of Health.

Ministry of Health. 2010. Tobacco use in New Zealand: key findings from the 2009 New Zealand Tobacco Use Survey. Wellington: Ministry of Health.

Ministry of Health. 2011a. Public Health Services – Tobacco Control Services Tier Level Two Service Specifications. Available: www.nsfl.health.govt.nz Accessed 16.8.12.

Ministry of Health. 2011b. Māori smoking and tobacco use 2011. Wellington: Ministry of Health

Ministry of Health. 2011c. Tatau kura tangata: health of older Māori Chart Book 2011. Wellington: Ministry of Health.

Ministry of Health. 2011d. Health Targets. Available: <http://www.health.govt.nz/new-zealand-health-system/health-targets> Accessed 12.6.12.

Ministry of Health. 2011e. Targeting Smokers: Better Help for Smokers to Quit. Available: <http://www.health.govt.nz/publication/targeting-smokers-better-help-smokers-quit> Accessed 29.08.12.

Ministry of Health. 2012. Health Targets 2011/12 – quarter four results summary. Available: <http://www.health.govt.nz/new-zealand-health-system/health-targets/how-my-dhb-performing/how-my-dhb-performing-2011-12/health-targets-2011-12-quarter-four-results-summary> Accessed 30.08.12.

O’Dea, D., Thomson, G. and Edwards, R. 2007. Report on tobacco taxation in New Zealand. Wellington: ASH and the Smoke-free Coalition. Available:

<http://www.sfc.org.nz/pdfs/TobTaxVolOneNovember.pdf> Accessed 5.6.12.

Ross, H. 2006. Economics of smoke-free policies. In: Smokefree Partnership, ed. Lifting the smokescreen: 10 reasons for a smokefree Europe. Brussels: European Respiratory Society, 1-148.

Smith, D.R., Leggat, P. A. 2007. An international review of tobacco smoking in the medical profession: 1974-2004. BMC Public Health 7, 115.

Smokefree Coalition/ Te Ohu Auahi Kore. 2012. Smokefree Aotearoa/ New Zealand 2025 Logic Model. Available: <http://www.sfc.org.nz/documents/the-roadmap.pdf> Accessed 5.9.12.

Smokefree Coalition/ Te Ohu Auahi Kore. Undated. The health effects of smoking. Available: <http://www.sfc.org.nz/infohealththeeffects.php> Accessed 21.6.12.

Statistics New Zealand. 2006. District Health Board Areas Summary Tables. Available: <http://www.stats.govt.nz/census/about-2006-census/district-health-board-area-summary-tables.aspx> Accessed 11.6.12.

Stead, L.F., Bergson, G., Lancaster, T. 2008. Physician advice for smoking cessation. Cochrane Database of Systematic Reviews 2008, Issue 2. Art. No.: CD000165.

Stevenson, A.M., Bradshaw, R., Cook, J. et al. 2008. Majority of smokers and non-smokers in favour of smokefree parks in New Zealand. New Zealand Medical Journal. 121, 1274.

Thomson, G., Wilson, N., and Edwards, R. 2009. At the frontier of tobacco control: a brief review of public attitudes toward smoke-free outdoor places. Nicotine & Tobacco Research. 11, 584-590.

Thomson, G., Wilson, N., Weerasekera, D. and Edwards, R. 2009. Most smokers support smokefree council-owned playgrounds: national survey data. New Zealand Medical Journal. 122(1291), 122-123.

US National Cancer Institute. 2011. Harms of smoking and health benefits of quitting. Available: <http://www.cancer.gov/cancertopics/factsheet/Tobacco/cessation> Accessed 21.6.2012.

US Surgeon General. 2004. The health consequences of smoking. Atlanta, GA: Centers for Disease Control. Available: http://www.cdc.gov/tobacco/data_statistics/sgr/2004/ Accessed 21.6.2012.

US Surgeon General. 2006. The health consequences of involuntary exposure to tobacco smoke. Atlanta, GA: Centers for Disease Control. Available: http://www.cdc.gov/tobacco/data_statistics/sgr/2006/ Accessed 21.6.2012

Waa, A., McGough, S. 2006. Reducing exposure to second hand smoke: changes associated with the implementation of the amended Smokefree Environments Act 1990: 2003-2006. A report for the Ministry of Health. Wellington: Health Sponsorship Council. Available: http://www.hsc.org.nz/sites/default/files/publications/SFEWorkplace_Final.pdf Accessed 3.7.12.

Wilson, N., Edwards, R. and Parry, R. 2011. A persisting secondhand smoke hazard in urban public places: results from fine particulate (PM_{2.5}) air sampling. *New Zealand Medical Journal*. 124, 34-47.

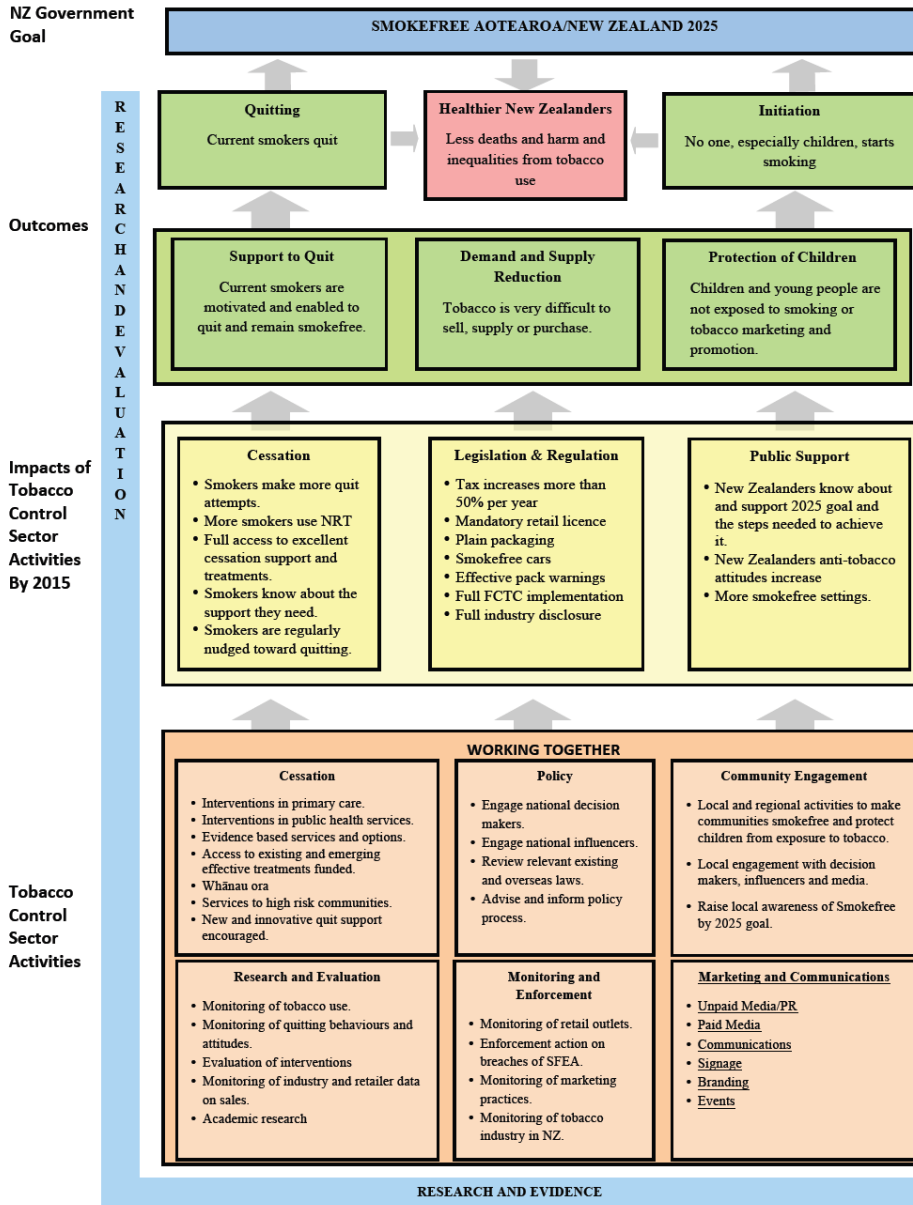
World Health Organisation. 1998. Guidelines for controlling and monitoring the tobacco epidemic. Geneva: World Health Organisation.

Appendix A – Smokefree Aotearoa/ New Zealand Logic Model 2025

Draft 9

07 August 2012

Smokefree Aotearoa/New Zealand 2025 Logic



NB: The impacts and activities are not listed in any particular order of priority.

Smokefree Coalition/ Te Ohu Auahi Kore. 2012. Smokefree Aotearoa/ New Zealand 2025 Logic. Available: <http://www.sfc.org.nz/documents/the-roadmap.pdf> Accessed 5.9.12.

DRAFT WORKPLAN FOR CPH&DSAC 2013 – BASED ON WEST COAST DHB PRIORITY PLAN

| | 24 January | 7 March | 2 May | 6 June | 11 July | 22 August | 10 October | 28 November | 2014 |
|-----------------------------------|---|--|--|---|--|---|--|---|------|
| STANDING ITEMS | Karakia Interests Register Confirmation of Minutes Carried Forward Items | Karakia Interests Register Confirmation of Minutes Carried Forward Items | Karakia Interests Register Confirmation of Minutes Carried Forward Items | Karakia Interests Register Confirmation of Minutes Carried Forward Items | Karakia Interests Register Confirmation of Minutes Carried Forward Items | Karakia Interests Register Confirmation of Minutes Carried Forward Items | Karakia Interests Register Confirmation of Minutes Carried Forward Items | Karakia Interests Register Confirmation of Minutes Carried Forward Items | |
| STANDARD REPORTS | Health Target Q1 report Planning & Funding Update Alliance Update | Māori Health Activity Report Planning & Funding Update Community & Public Health Update Alliance Update BSMC Q2 | Health Target Q2 report Planning & Funding Update Community & Public Health Update Alliance Update | Maori Health Activity Report Planning & Funding Update Community & Public Health Update Alliance Update BSMC Q3 | Health Target Q3 report Planning & Funding Update Community & Public Health Update Alliance Update | Māori Health Activity Report Planning & Funding Update Community & Public Health Update Alliance Update BSMC Q4 | Health Target Q4 report Planning & Funding Update Community & Public Health Update Alliance Update | Māori Health Activity Report Planning & Funding Update Community & Public Health Update Alliance Update BSMC Q1 | |
| PRESENTATIONS | As required | As required | As required | As required | As required | As required | As required | As required | |
| PLANNED ITEMS | Smoke Free Position Statement | | 2012/13 Draft Annual Plan | | | | | | |
| GOVERNANCE AND SECRETARIAT | 2013 Work Plan | | | | | | | 2014 Meeting Dates | |
| DSAC Reporting | As available | As available | As available | As available | As available | As available | As available | As available | |
| INFORMATION ITEMS | Latest Board Agenda Chair's Report to Board from last meeting 2013 Schedule of Meetings | Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan C&PH 6 Monthly report to MoH 2013 Schedule of Meetings | Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2013 Schedule of Meetings | Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2012/13 Final Annual Plan 2013 Schedule of Meetings | Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2013 Schedule of Meetings | Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2013 Schedule of Meetings | Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan C&PH 6 Monthly report to MoH 2013 Schedule of Meetings | Latest Board Agenda Chair's Report to Board from last meeting Committee Work Plan 2014 Schedule of Meetings | |

WEST COAST DISTRICT HEALTH BOARD MEETING
To be held at St John, Waterwalk Road, Greymouth
Friday 7 December 2012 commencing at 10.00am

KARAKIA **10.00am**

ADMINISTRATION **10.05am**

Apologies

1. **Interest Register**

Update Board Interest Register and Declaration of Interest on items to be covered during the meeting.

2. **Confirmation of the Minutes of the Previous Meeting**

- 19 October 2012

3. **Carried Forward/Action List Items**

- There are no carried forward items.

REPORTS **10.10am**

4. **Acting Chair's Update – Verbal Report** *Peter Ballantyne
Acting Chairman* *10.10am – 10.20am*

5. **Chief Executive's Update** *David Meates
Chief Executive* *10.20am – 10.45am*

6. **Clinical Leaders Report** *Dr Carol Atmore
Chief Medical Officer
Karyn Kelly
Director of Nursing and Midwifery
Stella Ward
Executive Director of Allied Health* *10.45am – 10.55am*

7. **Finance Report** *Justine White
General Manager, Finance* *10.55am – 11.05am*

8. **Better Sooner More Convenient & Alliance Leadership Team Update** *Dr Carol Atmore
Chief Medical Officer* *11.05am – 11.15am*

9. **Schedule of Meetings for 2013** *Michael Frampton
Programme Manager* *11.15am - 11.25am*

10. **Report from Committee Meetings**
- CPHAC&DSAC *Elinor Stratford
Chairperson, CPH&DSAC Committee* *11.25am – 11.35am*
- 22 November 2012

- Hospital Advisory Committee *Warren Gilbertson
Chairperson, Hospital Advisory Committee* *11.35am – 11.45am*
- 22 November 2012

- Tatau Pounamu *Elinor Stratford
Board Representative on Tatau Pounamu* *11.45am – 11.55am*
- 22 November 2012

11 Resolution to Exclude the Public

INFORMATION ITEMS

- Confirmed Minutes
 - CPHAC&DSAC Meeting – 11 October 2012
 - HAC Meeting – 11 October 2012
 - Tatau Pounamu Meeting – 11 October 2012
- Schedule of Correspondence

ESTIMATED FINISH TIME

12noon

NEXT MEETING

Friday 8 February commencing at 10.00am

COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE – 22 NOVEMBER 2012



TO: Chair and Members
West Coast District Health Board

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

DATE: 7 December 2012

Report Status – For: Decision Noting Information

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 22 November 2012. Following confirmation of the minutes of that meeting at the 28 January 2013 meeting, full minutes of the 22 November 2012 meeting will be provided to the Board at its 8 February 2013 meeting.

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 – 22 November 2012.

3. SUMMARY

ITEMS OF INTEREST FOR THE BOARD

- Anthony Cook, Chief Executive, West Coast PHO, presented the Pho Quarterly Report. Discussion in particular took place around:
 - Workforce and rural support and Professional Development - a “Weekend Away Conference” for all West Coast GP’s and nurses was held on 17/18 November with a focus on the interface between public and primary health care in relation to the management of adverse lifestyle behaviours and chronic care management.
 - The desire by practices to have more access to Allied Health facilities in Primary Care settings which was one of the drivers of Better Sooner More Convenient. The difficulty in recruiting allied health staff was noted.
 - Charging by practices for services such as writing prescriptions.
 - Waiting times for getting appointments with GP’s and the difficulty around how data around access is measured

- The Planning & Funding Update highlighted the key achievements and issues facing the DHB. An upcoming point of interest was that the Mental Health Service is running a stakeholder meeting later in November to identify the opportunities for change to increase access, responsiveness and flexibility of the wider mental health system, including primary care, NGO’s, SMHS and related sectors.

- Dr Carol Atmore presented the Clinical Leaders Update and commented that the Clinical Board had met for the 3rd time and they are now starting to come together as a group. She also commented on the recent Quality conference held in Auckland and the focus on better patient experiences and better health outcomes for communities at a lower cost. She also commented on the Serious and Sentinel Events report which focussed on hospitals and the Health & Safety Quality Commission are keen to extend this to primary care settings.

- Dr Atmore also presented the Better Sooner More Convenient and Alliance Leadership Team Update. The meeting noted that the process of establishing practice management for DHB primary practice is underway.

The next meeting of the Alliance Leadership Team will be held in December with a focus on next year’s work plan and membership.

A pharmacy group has been developed with representation from all community pharmacies and the hospital pharmacy to develop pharmacy services for the future West Coast health system.

- Gary Coughlan, General Manager, Maori Health provided a verbal update on Maori Health initiatives and provided information around how better input is provided into the Maori Health Plan. Discussion took place regarding the monitoring of the Maori Health Plan and also the need for more alignment between primary and secondary care.

4. APPENDICES

Appendix 1: Agenda – Community & Public Health & Disability Support Advisory Committee – 22 November 2012.

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

COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING

To be held in the Board Room at Corporate Office, Grey Base Hospital, High Street, Greymouth
Thursday 22 November 2012 commencing at 9.00am

ADMINISTRATION 9.00am

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 & Matters Arising**

- 11 October 2012

3. **Carried Forward/ Action Items**

REPORTS/PRESENTATIONS 9.10am

- | | | | |
|----|--|--|-------------------|
| 4. | Primary Health Organisation | Anthony Cooke | 9.10am - 9.30am |
| | ▪ Quarterly Report | <i>Chief Executive, West Coast PHO</i> | |
| 5. | Planning & Funding Update | Carolyn Gullery | 9.30am - 9.45am |
| | | <i>General Manager, Planning & Funding</i> | |
| 6. | Clinical Leaders Update | Clinical Leaders | 9.45am - 10.00am |
| | <i>As provided to the Board 19 October 2012</i> | <i>West Coast DHB</i> | |
| 7. | Finance Report | Justine White | 10.00am - 10.20am |
| | | <i>General Manager, Finance</i> | |
| 8. | Better Sooner More Convenient and Alliance Leadership Team Report | Carolyn Gullery | 10.20am - 10.35am |
| | | <i>General Manager, Planning & Funding</i> | |
| 9. | General Business | Gary Goghlan | 10.35am - 10.45am |
| | Maori Health Initiative – verbal Update | <i>General Manager, Maori Health</i> | |

ESTIMATED FINISH TIME 10.50am

INFORMATION ITEMS

- Chair's Report to last Board meeting
- Community and Public Health and Disability Support Advisory Committee Terms of Appointment
- West Coast DHB Draft 2013 Meeting Schedule

NEXT MEETING

Date of Next Meeting: 2013 – Draft Schedule attached, not yet confirmed

Corporate Office, Board Room at Grey Base Hospital.

WEST COAST DHB –MEETING SCHEDULE FOR 2013

| DATE | MEETING | TIME | VENUE |
|---------------------------|---------------|---------|-----------------------------------|
| Thursday 24 January 2013 | CPHAC & DSAC | 9.00am | Board Room, Corporate Office |
| Thursday 24 January 2013 | HAC | 11.00am | Board Room, Corporate Office |
| Thursday 24 January 2013 | QFARC | 1.30pm | Board Room, Corporate Office |
| Thursday 24 January 2013 | TATAU POUNAMU | 3.30pm | Board Room, Corporate Office |
| Friday 8 February 2013 | BOARD | 10.00am | Board Room, Corporate Office |
| Thursday 7 March 2013 | CPHAC & DSAC | 9.00am | Board Room, Corporate Office |
| Thursday 7 March 2013 | HAC | 11.00am | Board Room, Corporate Office |
| Thursday 7 March 2013 | QFARC | 1.30pm | Board Room, Corporate Office |
| Thursday 7 March 2013 | TATAU POUNAMU | 3.30pm | Board Room, Corporate Office |
| Friday 22 March 2013 | BOARD | 10.00am | St Johns, Waterwalk Rd, Greymouth |
| Thursday 2 May 2013 | CPHAC & DSAC | 9.00am | Board Room, Corporate Office |
| Thursday 2 May 2013 | HAC | 11.00am | Board Room, Corporate Office |
| Thursday 2 May 2013 | QFARC | 1.30pm | Board Room, Corporate Office |
| Thursday 2 May 2013 | TATAU POUNAMU | 3.30pm | Board Room, Corporate Office |
| Friday 10 May 2013 | BOARD | 10.00am | St Johns, Waterwalk Rd, Greymouth |
| Thursday 6 June 2013 | CPHAC & DSAC | 9.00am | Board Room, Corporate Office |
| Thursday 6 June 2013 | HAC | 11.00am | Board Room, Corporate Office |
| Thursday 6 June 2013 | QFARC | 1.30pm | Board Room, Corporate Office |
| Thursday 6 June 2013 | TATAU POUNAMU | 3.30pm | Board Room, Corporate Office |
| Friday 28 June 2013 | BOARD | 10.00am | St Johns, Waterwalk Rd, Greymouth |
| Thursday 11 July 2013 | CPHAC & DSAC | 9.00am | Board Room, Corporate Office |
| Thursday 11 July 2013 | HAC | 11.00am | Board Room, Corporate Office |
| Thursday 11 July 2013 | QFARC | 1.30pm | Board Room, Corporate Office |
| Thursday 11 July 2013 | TATAU POUNAMU | 3.30pm | Board Room, Corporate Office |
| Friday 2 August 2013 | BOARD | 10.00am | St Johns, Waterwalk Rd, Greymouth |
| Thursday 22 August 2013 | CPHAC & DSAC | 9.00am | Board Room, Corporate Office |
| Thursday 22 August 2013 | HAC | 11.00am | Board Room, Corporate Office |
| Thursday 22 August 2013 | QFARC | 1.30pm | Board Room, Corporate Office |
| Thursday 22 August 2013 | TATAU POUNAMU | 3.30pm | Board Room, Corporate Office |
| Friday 13 September 2013 | BOARD | 10.00am | St Johns, Waterwalk Rd, Greymouth |
| Thursday 10 October 2013 | CPHAC & DSAC | 9.00am | Board Room, Corporate Office |
| Thursday 10 October 2013 | HAC | 11.00am | Board Room, Corporate Office |
| Thursday 10 October 2013 | QFARC | 1.30pm | Board Room, Corporate Office |
| Thursday 10 October 2013 | TATAU POUNAMU | 3.30pm | Board Room, Corporate Office |
| Friday 25 October 2013 | BOARD | 10.00am | St Johns, Waterwalk Rd, Greymouth |
| Thursday 28 November 2013 | CPHAC & DSAC | 9.00am | Board Room, Corporate Office |
| Thursday 28 November 2013 | HAC | 11.00am | Board Room, Corporate Office |
| Thursday 28 November 2013 | QFARC | 1.30pm | Board Room, Corporate Office |
| Thursday 28 November 2013 | TATAU POUNAMU | 3.30pm | Board Room, Corporate Office |
| Friday 13 December 2013 | BOARD | 10.00am | Board Room, Corporate Office |

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